The Role and Future Development of Day Services for Older People in Ireland

Conference Proceedings

National Council on Ageing and Older People
An Chomhairle Náisiúnta um Aosú agus Daoine Aosta

The Role and Future Development of Day Services for Older People in Ireland

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Yvonne McGivern (Editor)

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Foreword

As Chairperson of the National Council on Ageing and Older People, it gives me great pleasure to present the proceedings from the Conference on *The Role and Future Development of Day Services for Older People in Ireland.*

The Conference took place on 27 May 2003 in the Tullamore Court Hotel, Tullamore, County Offaly. Opened by Mr Ivor Callely, TD, Minister for Services for Older People at the Department of Health and Children, it attracted almost 280 delegates from across the statutory, voluntary and private sectors.

The Conference provided the opportunity for delegates to discuss the need for strategic development of day services. It also offered an opportunity to examine the challenges involved in providing essential day services and facilities, in developing different types of day centre, including dementia-specific day centres and social clubs/centres, in addressing the needs of older men and in promoting health in day centres.

I would like to express my appreciation to Minister Callely for his opening address to the Conference, to the Chairs of each of the sessions, and to the Speakers for presenting such excellent, thought-provoking papers. I would also like to thank the Conference delegates for their contribution.

The Council would also like to thank its Director, Mr Bob Carroll, its Research Officer, Ms Sinead Quill, members of the Consultative Committee chaired by Dr Ruth Loane, and Dr Deirdre Haslett of Nua Research Services for their work throughout the research process. A special thanks is due to Ms Michelle Rogers and the Council's administrative team for their work in planning and organising the Conference. Finally, thanks to Ms Gabrielle Jacob who prepared the Proceedings for publication and to Sandwell Third Age Arts for providing the image used on the cover.

Éibhlín Byrne

Introduction

The Structure of the Report

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

The Opening Session included presentations on:

- a framework and context for the development of day services
- findings from a study commissioned by the NCAOP into day service provision
- a health board and a voluntary service provider perspective on the study findings
- the comments and recommendations of the NCAOP arising from the study.

The Second Session comprised a series of parallel workshops aimed at identifying and discussing the challenges and strategies for the development of day services. Presentations covered the following topics:

- addressing the needs of older men
- promoting health in day centres
- providing essential day services and facilities (transport, meals, personal care, physiotherapy)
- developing dementia-specific day centres and supports for family carers of dementia sufferers
- developing social clubs/centres.

Presentations at the final session focused on older men with a view to understanding:

- their attitudes to day services (and their reluctance to use them)
- what this means for the future development of day services.

Opening Session

Alastair Graham outlined a framework for day service development based on two important concepts: dignity and difference. He argued that it is necessary to establish day services that are about lifestyle enhancement: services that are highly individualised, targeted to need, non-stigmatising, able to take advantage of community

resources and interests, driven by the choices and interests of the older person. Alastair argued that the ethos of day services should be informed by a social model of care rather than a medical model. He urged all involved in providing day services to 'imagine better'.

Pat O'Dowd outlined the findings of the Midland Health Board's (MHB) 2002 review of its day care services. The review found that 'day care' means different things in different settings and that there was a need to define an Essential Day Care Package of Services (EDCP), one that is available in all locations. The MHB envisages a future where day care services, which are person-centred, outcome-focused and meet the Board's quality standards, are integrated into a continuum of care that addresses the needs of all older people.

Kathleen Dunleavy described how Killeshandra Day Care Centre in Co. Cavan came to be set up. She outlined the services offered by the Centre and the benefits to and achievements of those using it. She endorsed the recommendations set out in of the NCAOP's Report including: the need to quantify the demand for day services; the importance of evaluation of services that includes consultation with older people; the vital role that transport plays in sustaining day services; and the importance of partnerships between volunteers, older people and health boards in delivering effective services.

Sinead Quill presented the NCAOP's comments and recommendations arising from the research. She outlined the prerequisites for the strategic development of day services:

- the development of guidelines for the operation and management of day service
- the adoption of a standardised and consistent terminology for describing different types of day service facility
- the need for development of day centres based on the Revised Classification set out in the Report
- the identification of types and number of service currently in existence
- clarification of what is meant by a 'day service place'
- a refinement of the recommended number of centres per head of population
- clear direction on responsibility for the development of day services for older people.

Sinead also set out the key components required to achieve the service objectives. These included funding, staffing, transport, addressing the needs of carers, adoption of a social model of care and the use of a partnership approach in developing and operating a continuum of community care services. She also noted the need to develop services for those living in the community who do not wish to use day services.

Parallel Sessions

In Workshop One 'Addressing the Needs of Older Men', **Patsy Smith** outlined the services offered by Older Men's Organisations Ireland (OMO) and how he found that being a member of OMO had had a positive impact on his life. **Mike O'Shea** described an action research project in which he was involved that examined the needs of older men in the Dingle Peninsula, an area with a high suicide rate among this age group. As a result of the research, a men's group was set up. Mike outlined the services offered by the group, including a mobile information service and an education programme. He told of the positive impact the group's services have on the lives of older men in the area. While he acknowledged the need for Government input and funding, he stressed the importance of a community taking steps to look after itself. The discussion that followed the presentations, chaired by **Donal O'Sullivan,** highlighted the importance of addressing a range of issues faced by older men in general, and those living alone in rural areas in particular. The most pressing issues were the high rates of suicide and depression, as well as the general lack of attention that men pay to their health and well-being. Other issues including literacy, economic hardship and the quality and availability of suitable housing.

In Workshop Two 'Promoting Health in Day Centres', **Dr Helen McAvoy** related the findings of a study of the quality of life of older people attending a day centre in Clifden, Co. Galway. The study findings indicated that many of those attending described a good quality of life. Dr McAvoy suggested that service providers could enhance the quality of life of their clients by focusing on preserving mobility and continence, and addressing mental illness and cardiovascular disorders. **Mary Harkin** described the Go For Life programme which aims to promote 'a positive state of physical, mental and social well-being' through its Active Living, Sports Participation and Grant Schemes. The discussion that followed, chaired by **Dr Finbarr Corkery** highlighted the importance of widening

participation in healthy ageing activities and the importance of improving ways of detecting and managing mental health.

In Workshop Three, **Hilary Scanlan** looked at the 'macro' or higher level issues in providing essential day services. She argued that there is a crucial need to establish legislative entitlement to community services, as well as a need to address the unconscious ageism that exists in the health services. She emphasised the need for adequate resources to fund a continuum of community care, as well as the need for research to underpin demands for allocation of resources. She further stressed the need for transport: if there is no bus, there is no day service. **Sheila Kirwin** looked at the day-to-day challenges in providing essential day services. She described the Carnew Community Village and Day Centre, and the services the Centre provides. She outlined the key factors in running a day centre and highlighted some of the challenges facing Carnew, including a lack of transport and staffing problems due to cut backs in the Community Employment (CE) Scheme and the summer employment scheme for third level students. The discussion that followed, chaired by **Mary McDermott,** drew further attention to the need for commitment from senior health board management in establishing day services, as well as the need for adequate funding for the development of services including staffing and transport.

In Workshop Four, **John Grant** outlined the steps involved in setting up a dementia-specific day centre. He drew attention to the need for background research, detailed and accurate costings, and suitable buildings and transport, as well as the importance of having the right staff and level of staffing. He also emphasised the importance of establishing good relationships between staff, older people and their carers. **Veronica McNamara's** comments echoed those of John Grant emphasising that the ideal dementia-specific day centre should have a domestic setting, a transport policy, should be housed in a suitable building and should be run by trained staff. She pointed out that there is a need to increase awareness of dementia among the general public, as well as among health and social care professionals. She stressed the need for adequate funding of services, the development and expansion of respite services, and the evaluation of current provision. The discussion that followed, chaired by **Dr Suzanne Cahill,** further endorsed the importance of addressing the key issues of appropriate care in appropriate settings with adequate staffing levels. The discussion also covered the issue of lack of

availability of counselling for carers and the need to establish an effective counselling service.

In Workshop Five, **Mary Nally** and **Seamus Walsh** in their presentations described the Active Retirement movement. Its aim is to enhance quality of life, improve health and offer social gain to older people. They both described the challenges of running multi-activity Active Retirement Associations (ARAs): the lack of public transport, particularly in rural areas; the lack of suitable venues; the cost of hiring venues; and a reluctance among volunteers to take on positions of leadership or responsibility. Suggestions about how to tackle these issues were made by Seamus, as well as by other participating in the open discussion, chaired by **Noel Byrne**, that followed the presentations. These included strategies for the sharing of premises and transport services. To encourage volunteers to take up leadership roles, Seamus recommended a programme of training, organised by Active Retirement Development Officers.

Final Session

In the final session, **Dr Kate Davidson** presented the findings of a research study she conducted in the UK with her colleagues at the Centre for Research on Ageing and Gender at the University of Surrey. The research found that there is a perception among older men that the only activities at day centres are 'the sort of things that "old women" enjoy doing' e.g. sitting around, chatting or playing Bingo. One research participant described day centres as 'a pink thing rather than a blue thing'. For many, attendance at such a centre was a 'last resort' and would imply that 'you've given up'. Those who did attend saw themselves as active volunteers rather than as passive clients. Dr Davidson found that one centre, successful in attracting men, had changed its name from 'Day Centre' to 'Centre for Retired People'. At this centre, staff do not wear uniforms, facilities include a snooker table and a Computer Club, and the Centre is licensed to sell wine and beer. Men attending this centre described it as 'just like a normal social club'. Dr Davidson and her colleagues suggested that policy changes are needed to make day centres and clubs more attractive to older men. Once 'in', the research showed that men will take part in health-promoting activities such as dancing and indoor bowls. More importantly, Dr Davidson pointed out, they find themselves in an environment that

enhances their quality of life: social involvement increases and social isolation is lessened.

In response, **Dr Maura O'Shea** invited participants to reflect on these findings in relation to the development of day services in Ireland. She highlighted some key facts about older Irish men: their life expectancy is lower than women's; they have an increased risk of suicide; they show greater reluctance to visit health services or take health advice; and they are more vulnerable to social isolation than are women. All of this, she pointed out, is essential to bear in mind in considering the role and future development of day services for older people in Ireland. It is essential to understand what can be done to encourage older men, and in particular lone older men, to use day services. As Dr Davidson's research showed, services must offer socially-based activities that are imaginative, participative and responsive to men’s needs.

Opening Address

Ivor Callely, TD Minister for Services for Older People

I am very pleased to be here today at this important conference on the role and future development of day services for older people in Ireland.

The term ‘older people’ encompasses a vast range of individuals, each shaped by a unique set of life experiences, aspirations and needs. The vast majority of older people are active, healthy and fully participate in our communities. Some people may need some degree of help in caring for themselves at some stage in their life.

I am glad to say that the cornerstone of policy in relation to the care of older people is care in the community, with the overall aim being to support older people in dignity to live in their own community for as long as possible. Nowadays older people are living longer and healthier lives and those lives should have purpose and meaning.

One of the basic needs we all have is the need for contact with others. One of the important functions of day care centres is to offer older people the chance to meet with their peers, and to provide them with a focus for social interaction. Older people can also avail of the practical facilities of day centres, such as meals, baths and showers, medical room, and other health and recreational services.

There is positive acceptance among the general community that older people have been instrumental in building and strengthening the Ireland we enjoy today. The present Government acknowledges the contribution of older people to society and we are fully committed to improving all aspects of their lives by focusing on issues that affect their well-being.

In recent years health and social services for older people have been improved both in hospitals and in the community. Funding – both capital and revenue – has been substantially increased. Much, however, remains to be done if we are to meet emerging needs. I am working with my ministerial colleague, Micheál Martin, to reform the

structures for the delivery of our health services. We have a clear vision of a health service that will adequately respond to all needs at every level. We all want to see a world-class health service. Older people deserve first class facilities and we intend to provide such facilities in appropriate locations.

The emerging knowledge society represents a set of new imperatives and new opportunities for society as a whole. The effective creation, use and dissemination of knowledge is the key to success. eGovernment is about providing citizens with information when and as it is needed. I am a strong supporter – and want to see the development of – eHealth to improve access to health information by all stakeholders.

Today I am delighted to receive the National Council's report on *The Role and Future Development of Day Services for Older People in Ireland.* I congratulate those involved in producing it. It serves to provide policy-makers with the insight of those who receive our services and the front line providers of these services. It will help to inform my Department's approach to the development of day services for older people. I believe it will be vital and important as we enter a period of reform and transformation in the provision and delivery of our health services.

I hope you have meaningful and fruitful conference. Thank you.

Opening Session

Chair: Dr Ruth Loane, Consultant in Old Age Psychiatry, MWHB and Chairperson, NCAOP Day Services Consultative Committee

Dignity and Difference: Context and Theoretic Framework for Day Service Development

Alastair Graham, Project Manager

Introduction

Day services are a significant part of the provision of care for older people and have been so for many years. Voluntary organisations in partnership with statutory services have played a significant role and the contribution made by everyone involved is appreciated and should be applauded. However, service provision, like life, does not stand still. The evolution of human services coupled with the human desire to develop and improve is heralding new thinking and new ideas.

The aim of this paper is to outline a framework for day service development, in accordance with the Preliminary Classification of Day Services for Older People as presented in the NCAOP's Report no. 74. The focus is on day service as an ongoing social support for older people, rather than short-term rehabilitation support or protective supervision. My framework therefore excludes day hospitals and psychiatric day hospitals.

Longevity and modern ageing

We are all aware that one of the most significant advances in western society is the longevity of human life. An intimate partner of longevity is modern ageing. The modern view of ageing should challenge and inspire us to recognise that older people are well able to decide for themselves. They and their families should be meaningfully involved in the planning and delivery of services, and the older users should be empowered to make choices about decisions that affect their lives.

In this climate, older people seek a new vision of care established on the important principles of respect, dignity and choice. This vision of ageing highlights the need for an holistic approach and an acceptance of the importance of home and community care.

This vision introduces a new perspective. The new perspective moves the planning and delivery of care from a service driven approach to a needs led programme of care. This shift is significant as the service offered now places the person who uses the service at the centre.

Individuality and independence

Longevity and modern ageing are now being joined by another phenomenon of modern life – the emergence of individuality and independence in later life. These realities pose challenges for the planners and deliverers of day services for older people. How do we respond?

In a survey carried out recently by the North Western Health Board, it emerges that older people feel confident, their wellness is evident, most do not feel either isolated or lonely and 85 per cent feel part of their local community. Around three quarters do not attend day centres, mainly because they see no need or have no interest in doing so.

Key questions

Are these developments in modern western society – longevity, the modern view of ageing and the individuality and independence of older people – accommodated for older people who attend current day services? Do those who attend find that day service activity operates between ten in the morning and is over by four in the afternoon, perhaps three on Fridays and generally unavailable at the weekend? Does this scheduling match the 39-hour work week for health professionals and management? Is the ethos of day services informed by the medical model?

The medical versus the social model of care

The medical model, as understood in healthcare, is grounded in pathology. While no one would deny the need for medical interventions such interventions are only part of human experience. But such has been the influence of the medical model in the moulding of our consciousness of health matters that we seem to anticipate that for older people, ill

health is part of their past, ill health is part of their present, ill health will be part of their future.

However, I detect a change in this thinking and a desire to examine and develop other models of health and social care. My ideas on a framework for day services are informed by the social model of care with a consciousness of health matters moulded by an holistic philosophy.

In developing my thinking, I have found myself responding to the invitation of Michael Kendrick, an international consultant on human services, who invites health professionals and management to 'imagine better'.

Lifestyle moments

Well, let's start by imagining a new day. As humans, our genes and our life experiences lead us to spend and use days differently. You may be a night owl, an early riser, a bookworm, a talker, a sports fanatic, an outdoor person, an introvert, an extrovert, a loner or a groupie. Now if our day services were to accommodate these factors, what would they be like?

Lifestyle moments are the qualitative experiences that make a difference to our quality of life. They transcend time and give added value. Your lifestyle moment could be for twenty minutes or for two hours.

The North Western Health Board survey found that lifestyle moments for older people included:

- improving their home
- enjoying their grandchildren
- going on holiday
- writing magazine articles
- valuing animals and wildlife
- conversation
- going for a pint.

A person centred approach is important – the process by which older people please themselves through the experience the activity gives them. It is not necessary for staff to become like teachers, or behave as if teacher knows best. It is not necessary to complete the tasks and activities as if they were finished products awaiting stocktaking.

Let's imagine:

- day services without walls
- day services without defined hours
- day services without set locations.

Imagining better creates new opportunities and possibilities for each day, for each lifestyle moment, for use of community resources and interests. We are all going to join the population of older people. Would you like your lifestyle moments to be personalised, flexible, able to change from week to week and be able to add to the things you would like to do? Would you like to do things at the time of day of your choosing? This is not fanciful or foolish. It is about establishing day services that are highly individualised, targeted to need, non-stigmatising, able to take advantage of community resources and interests, driven by the choices and interests of the older person. In short, it's lifestyle enhancement.

Dignity and difference

Such a framework is built on two pillars: the pillar of dignity and the pillar of difference. Dignity acknowledges the value of each human being. Dignity commands respect for each human being. Dignity empowers people to be active participants in their lifestyle decisions. Dignity respects choice. Difference is in the fabric of creation and humankind. Difference acknowledges, respects, recognises and accommodates diversity.

The importance of listening and imagination

We must listen to older people and we must also listen to our inner self. If we really listen to our inner self and to the choices of older people, I am in no doubt the landscape of our current day services will change. I am further convinced that if we trust our imagination and believe in holistic care and our communities, we will find support for our initiatives

and support for the lifestyle moments of older people. I believe that individuals of all ages will join us in a network to provide the individual support older people really require because they and we know it is the right thing to do.

Day Services for Older People in Ireland: Findings from a Study Commissioned by the NCAOP

Dr Deirdre Haslett, Director, Nua Research Services

Introduction and background to the study

The purpose of this paper is to highlight some of the key findings of the consultations with older people, service providers and carers regarding day services for older people run by the statutory and voluntary sectors. These findings are part of a much wider study that examined the classification of day services and the development of service objectives for day services for older people.

In 1987, the Convery report on *Choices in Community Care: Day Centres for the Elderly in the Eastern Health Board* noted that service objectives, including those for day services for older people, had not been adequately developed. Although *The Years Ahead* report in 1988 defined the main purposes of day centres, it did not develop service objectives in such a way as to give direction to service operations and development.

Several factors have contributed to the lack of development of service objectives for day services for older people. One is the historical confusion surrounding the terminology used to describe very different types of day service (and thus leading to older people being directed to facilities that may not be appropriate to their needs). A second is the lack of consultation with those who use day facilities: older people and their carers; those older people in the community who do not use or want to use them; and those who work in them or refer older people to them.

In order to progress the development of service objectives and to further the development of a continuum of day facilities suitable for older people's diverse needs, abilities and preferences, the NCAOP commissioned research to:

- identify the main models of day facility, including their primary and secondary objectives

- consult with older people, their carers and their service providers in revising and developing these objectives for each of the main models
- using these revised objectives, to define criteria for evaluating these objectives
- to formulate recommendations relevant to health and social care policy with regard to the future development of day care services in Ireland.

The focus of the study was to examine those day services that provide ongoing social support for older people, rather than those whose aim is to provide short-term rehabilitation support or protective supervision. This meant that day hospitals and psychiatric day hospitals were not included.

Approach

A Preliminary Classification of Day Services was drawn up. Four models or types of centre were identified and named as:

- day care centres
- day centres
- social clubs
- dementia-specific day centres.

Consultations were carried out with older people who use day facilities, older people in the same communities who do not use these day facilities, family carers of older people, service providers who work in these facilities and Public Health Nurses (PHNs).

Problems were encountered in selecting a representative sample of day services for several reasons:

- the lack of a definitive list of the different types of day service for older people
- the historical and somewhat *ad hoc* nature of the development of day facilities for older people
- the variations in the 'mix' of statutory/voluntary partnership
- the inconsistencies in the labels that are used to describe day facilities.

As a result, the expertise of the Council's Consultative Committee for the study and Directors and Managers of Services for Older People was called upon to identify fifteen

day facilities which would be representative of the range of day facilities throughout Ireland.

To take account of variations in population, and in urban/rural, statutory/voluntary and facility-type dimensions, seven facilities came from the Eastern Region Health Authority area, two from the Southern Health Board area and one each from the remaining six health board areas. Some of the centres were health board facilities, others were managed by voluntary organisations.

Consultations were carried out between June and August 2002 with:

- 78 older people who attend day facilities
- 23 older people in the community who do not attend a facility but where the manager or local PHN felt that attendance would be of benefit to the older person or his/her family carer
- 20 family carers
- 47 service providers at different levels in day facilities
- 14 PHNs.

Following these consultations a Revised Classification of Day Services was drawn up. The revised models were called:

- day care centres
- social clubs/day centres
- social clubs
- dementia-specific day centres.

A set of primary and secondary objectives was established for each centre type and from these, detailed criteria for evaluating the objectives were drawn up. The primary objectives for each are set out below.

Day care centres

- To prevent older people from going into long-term care
- To support independent living among older people
- To provide assistance with personal care and health care
- To facilitate activation/social interaction.

- To provide support and respite for carers
- To provide a forum for health promotion.

Social club/day centres

- To prevent older people from going into long-term care
- To acilitate social interaction /social activities
- To encourage personal development
- To provide a forum for health promotion.

Social clubs

- To prevent older people from going into long-term care
- To facilitate social interaction/ social activities
- To facilitate personal development
- To facilitate empowerment
- To encourage integration into the community
- To provide a forum for health promotion.

Dementia-specific day centres

- To prevent older people from going into long-term care
- To provide protective and appropriate supervision for older people with dementia
- To provide assistance with personal care and health care
- To provide support and respite for carers
- To provide a forum for health promotion.

Challenges for day services development

As well contributing to the development of revised objectives, the Revised Classification and the criteria to be used in evaluating objectives, the study findings also raised a number of challenges to the future development of day facilities for older people. The most important of these are:

- the provision of essential day services and facilities
- the development of dementia-specific day centres and supports for family carers of dementia sufferers
- the development of social clubs/centres

- health promotion in day centres
- addressing the needs of older men.

Essential day services and facilities

Transport

Thirteen of the fifteen services consulted had their own transport, at least in theory. Although most of the buses had wheelchair capacity, in the views of the service providers, one of the main difficulties with collecting and returning older people had to do with traffic issues. Another issue was the capacity of the buses. In one of the centres, the bus is so small that it has to be supplemented by two taxi runs, and very often the taxi sent is not wheelchair compatible and so the older person is not able to use it.

Many of the older people reported that transport is their lifeline. Even though some journeys in the more rural parts of the country can be long (up to a hour each way), none of the older people reported any difficulty with this. On the contrary, they often saw the bus journey as a time for conversation and socialising.

Midday meals

Midday meals were provided in fourteen of the fifteen centres. With the exception of the most active social club, all of the service providers believed that providing a nutritious, well-cooked and well-presented meal was hugely beneficial, nutritionally and socially. In all the centres, with the exception of the social club, there was an emphasis on eating and drinking. The quality and quantity of the food is important, but so also is the social aspect. For many, it is the only time they either eat with others, or eat with others in their own peer group.

For many of the more active older people, who were more in control of when they came and went, the part of the day that often appealed to them included the midday meal. This was encouraged by the service providers as a way of keeping in touch with these older people, who although they were quite active and independent, might have something in their personal lives which made them a little vulnerable. For example, some reported that widowed men, who were still relatively young and healthy, might have a difficulty

with shopping and cooking a proper meal. For them, coming to the centre for an hour or two a few times a week for a meal was a pleasant experience.

With very few exceptions, the older people were very pleased with their meals:

'Food is beautiful, best of food, plenty and piping hot.'

'I come for meal every day and I love it.'

'The meal is great – great to have a day when I don't have to cook my own.'

There were few adverse comments. Most (and they were only six or seven in total) came from those more active older people:

> *'[The] meal is okay but could do with variety just to make it more interesting … Something to spice it up … Monday always the same, Tuesday always the same. On the other hand it's great value.'*
>
> *'Meals are all right as value for money but it would be nice to have a bit of a change. We get soup everyday.'*

Personal care (hair-care, bath/showers, chiropody)

Hair-care

For many service providers, hair-care was seen as an essential service. The facilities varied from well-equipped rooms to a very poor facility where the hairdresser had to work in a toilet. Although the service providers in this centre saw the toilets as spacious and good for the purpose for which they were built, they did not feel that offering hairdressing in this environment is a quality service.

Hair-care, including washing, cutting, setting and drying, is a very important service to many of the older people, particularly, but not exclusively, women. Across all facilities, about a third of the older people consulted used this service, rising to more than a half of the older people attending day care centres. Regardless of the equipment and facilities

available for hair-care, the older people at all the centres, who availed of the service, clearly enjoyed it.

Baths/showers

Thirteen of the fifteen facilities were able to offer baths and/or showers. The facilities for offering this service vary enormously:

> *'Our bathroom is excellent – we designed it ourselves – it is huge, with a Parker bath, and has everything that one could possibly need'*

To the centre where:

> *'We even have to use our tiny shower room for storage and then take it all out every time we want to give someone a shower. It's a real nuisance.'*

For most of the service providers, the bathing and showering service is seen as very important. As one care attendant pointed out:

> *'Even something as simple as coming here once a week for a bath can mean the difference between coping at home and having to go into care.'*

Only about one fifth of the older people consulted in the study regularly had a shower or a bath in the centre. For those people, even though they are in a minority, it is a very important service. Many of them, even where they had carers, pointed out that they find it either very difficult or physically impossible to have a bath or a shower at home:

From the point of view of the family carers this was without doubt the most important service that the centres provided. For many carers the whole process of bathing, showering and hair care is a major difficulty either because of mobility restrictions or because of dementia.

Chiropody

A chiropody service is offered, at least in theory, in thirteen of the fifteen centres. Access to the service and its availability varied, in the view of the service providers, from very satisfactory to very poor. As one manager described it:

> *'Chiropody is very a poor service at present: we only get a couple of hours once a month and we might have maybe fifteen or so all lined up. They don't pay much, but they don't get much either.'*

Another difficulty encountered was that the chiropodist visits on the same day of the week. This often means that those older people attending on a different day routinely miss these visits. In one centre this difficulty has been overcome by arranging with the chiropodist to vary his monthly visit so that he covers all five days. This means that everyone has an opportunity to see the chiropodist at least once every five months. In another centre, where the facilities are good, the service providers complained that it was very difficult to get the chiropodist to attend more than once every three months. From their point of view, this was not satisfactory.

Overall, about a third of the older people consulted used the service and, by and large, found it a useful and important service.

Physiotherapy

Only six of the fifteen facilities visited offered a physiotherapy service and only in three or four of them was it regarded by the service providers as approaching a quality service. In several centres efforts to get a service were unsuccessful. The findings here are mirrored by the Bacon report on *Current and Future Supply and Demand Conditions in the Labour Market for Certain Professional Therapists* (2001).

More than any other service, the lack of physiotherapy created difficulties for some older people. This was the one area in which older people were most critical.

Dementia-specific day centres and supports for family carers of dementia sufferers

Consultations with service providers, family carers and PHNs revealed a huge gap in dementia day services, directly related to lack of funding. Many of these findings concur with those reported by O'Shea and O'Reilly (1999) in *An Action Plan for Dementia*. These include:

- insufficient number of centres
- lack of space; cramped and overcrowded conditions; and demeaning personal care facilities
- understaffing, including lack of cover for nurse manager, and the need for more nursing support
- longer opening hours and weekend opening to support carers
- services to address the problems faced by carers of older people with advanced dementia
- lack of services for crisis situations.
- transport issues
- difficulties in stimulating older people with dementia
- suitable social activity programmes for men and those with early stage dementia.

At present, much of the service provision for this group of older people comes from the voluntary sector. Quality services for older people with special needs, including those with dementia, are expensive relative to day care for other older people. Current funding to the two voluntary organisations in this study covers only sixty per cent of the total cost and is not sufficient to meet current need.

Social club/day centres

Many social club/day centres are run by the voluntary sector. Although many of these voluntary services may have started out only having a social benefit mandate or may be perceived by the health authorities as 'different' to statutory day care centres, due to the chronic lack of day care centres, many social club/day centres end up providing services to, and for, a wide spectrum of older people.

Social club/day centres are providing increasing levels of service in the areas of personal care, paramedical treatments, and even, nursing care. They are providing respite to family carers and providing safe environments. In other words, they are fulfilling many of the day care objectives while at the same time catering for a constant flow of more active older people.

There seems to be a tendency, perhaps because of the comprehensive range of services and activities provided in these social club/day centres, to become villages or 'campuses' for older people. Four of the centres in the study had residential accommodation for older people on the same or a nearby site, one was about to open new residences and another was building them.

As far as the future development of such centres is concerned, there are a number of key issues to be addressed, including:

- insufficient number of centres
- long waiting lists
- understaffing and anxiety over loss of Community Employment, FÁS and Job Initiative funded jobs
- difficulties in providing quality services, in particular physiotherapy
- the reluctance of older men to attend day services.

Health promotion in day centres

Strategies to promote healthy ageing in the centres visited included, among other things, social activity and exercise programmes. The range of such activities across the fifteen facilities in the study was diverse and included some of the following:

- art and crafts
- computer classes
- conversation including watching and discussing old time videos
- crosswords and games, including bingo, bowling and cards
- gardening, music, dance, drama, reading and poetry writing
- offering a service including knitting lessons, running a second hand clothes shop and running a telephone helpline
- sport including gentle exercise and keep fit classes

- spiritual services
- trips and outings.

Needs of older men

PHNs and older people themselves told us of the reluctance of older men to come to day services. This phenomenon is examined in some detail later in Dr Kate Davidson's paper, *Invisible Men*.

Several PHNs pointed out that this does not apply so much to high dependency men who, through a combination of their own needs and the needs of their carers, may have no alternative to day care other than long-term institutional care. The issue is more apparent with low dependency men, particularly those living alone.

Persuading these older men to attend social club/day centres can be a challenge, despite the wide range of social activities offered. Even those who do attend do not stay long: they tend to come in for the meal and the mealtime company, which they enjoy, and then leave. These men tend to be more physically independent. They can walk or drive their own cars to the centre and the knowledge that they can come and go at anytime makes it easier for them to choose the services and activities they want and/or need and discount the rest.

For those older men who are reliant on centre-provided transport, the services and activities provided in social club/day centres do not appear to be any more attractive than those offered in day care centres.

Although this study involved consultations with 27 older men in total (only four of whom did not attend day services) these consultations, as well as the perspectives of service providers and PHNs suggest that there are real difficulties in persuading older men who are in need of support and who are often struggling to remain in their own homes, to come to day services of any kind.

Conclusions

In spite of these and many other challenges, this study clearly shows that older people want to remain at home and in their communities for as long as possible. A range of quality services, appropriate to their varying needs, abilities and preferences, must be available to them so that they can live out their older years with confidence, dignity and respect.

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A Health Board Perspective on the Study Findings

Pat O'Dowd, Assistant CEO, MHB

Introduction

We live in a changing world. The population in the Midland Health Board (MHB) area is growing, and, as elsewhere in Ireland, the proportion of older people within that population is increasing. At the same time, changes in society and family structure have led to a greater number of older people living alone, with fewer opportunities for social interaction. Social isolation as a risk to health and well-being is one of the most common themes in discussions about ageing in modern societies. Day care is seen as a means of promoting social interaction and reducing social isolation, and delaying the development of dependency.

In order to provide appropriate day services to meet the needs of the growing population of older people in the midland region, the Health Board completed a review of its day care services in 2002. With the publication of the NCAOPs report on *The Role and Future Development of Day Services for Older People in Ireland* we now have further detailed guidance on the strategic direction which day service provision should take.

Health Board review findings: defining an Essential Day Care Package (ECDP)

The Health Board's review group found in the course of its work that 'day care' means different things in different settings. For example, in some locations a package of services will include access to on-site physiotherapy, occupational therapy, chiropody and advice on diet and nutrition, while in other places the range of services will be much more limited. The group believed therefore that there was a need to define what makes up an Essential Day Care Package (EDCP) of services; one that is available in all locations.

It is envisaged that this EDCP should reflect the role of day care and should target in a comprehensive way the needs of all older people. The Health Board's vision is for a

multipurpose centre with the ability to respond to the needs of older people with a complete package of care. The vision includes a future where day care services are integrated into a continuum of care.

The Board believes that a quality day care service should be person-centred and outcome focussed. It should meet best practice protocols to:

- meet the physical needs of older people
- promote social contact and social capital formation
- act by as a catalyst by encouraging others to work with day care centres to improve the social capital of the community
- promote social stimulation in a safe environment for older people with a greater level of dependency
- provide respite to relieve carers
- involve carers in formulating integrated care plans
- involve carers in the delivery of care.

The MHB in its corporate strategy defines quality of service in terms of eight hallmark values:

- access
- aquity
- effectiveness
- efficiency
- appropriateness
- responsiveness
- dignity
- far sightedness.

The Health Board view is that unless services perform well against these eight values they cannot be considered quality services. Appropriate structures and protocols must be in place to ensure equity and access in planning and delivering of day services.

The EDCP will be defined in the short-term by the Day Care Standard for the MHB. The package will include:

- health promotion intervention
- diagnostic interventions

- rehabilitation interventions
- disease prevention interventions
- care interventions
- treatment interventions.

The Day Care Standard will specify a requirement of adherence to evidence-based good practice in developing assessment protocols and instruments to assist the needs assessment process and make it transparent. It will spell out the structure and protocols necessary for needs assessment including:

- needs assessment teams
- information management systems
- appointments of officers and committees
- service planning targets
- monitoring and control procedures
- evaluation mechanisms.

An audit of conformance should ensure that the principles of equity and access are given importance in line with their status as Health Board values.

There is a need to define clearly what the packages of intervention include and what they involve so that managers can cost out and plan their delivery. Staffing issues must be considered, including the need to match staff levels with the level of need of the older people using the day services, and ensure the right mix of staff skills and competencies. It is also important to bear in mind the suitability of the physical environment for delivery of day care. Future capital development programmes should specify separate sitting, dining and rest areas with a common activity room.

Another important step is to put in place a structure for assessing on a periodic basis population need for social and day care, particularly unmet need. The Board plans to set up such a structure under the direction of the Department of Health and Planning.

To quote James Baldwin, 'Not everything that is faced can be changed. But nothing can be changed until it is faced.'

A Voluntary Service Provider's Perspective on the Study Findings

Kathleen Dunleavy, Killeshandra Day Care Centre, Co. Cavan

Background

Killeshandra Social Services was set up in 1974 and continued until the early 1990's purely as a social group. Things changed with the arrival of a new PHN, Sarah Donnelly, who saw the need for more social contact amongst older people in the area. At the time Killeshandra Community Council (KCC) Ltd was developing an area plan and Sarah argued successfully for the inclusion in the plan of a day care service centre. The building was funded by the International Fund for Ireland (IFI) with contributions from the local community and support from the North Eastern Health Board (NEHB). In addition, a one-off contribution was received from the Department of Social, Community and Family Affairs.

Service provision

Today, as a day care service centre, we provide day care for thirty people once every two weeks. This includes transport, a full meal, personal care (including hairdressing and chiropody) and a range of social activities.

Operation and staffing

A voluntary group operates and manages the centre and its services. The NEHB provides financial support; the PHN, the General Practitioner (GP) and the Vocational Education Committee (VEC) provide practical help; and support for catering comes via a post funded through the Jobs Initiative. The NEHB's Project Manager acts as the link between the statutory and voluntary organisations.

Initially the Service was supported for a period of twelve months by a day hospital manager, an assistant and a bus driver for the Health Board. Currently the centre uses local transport, fully trained staff provide personal care and three voluntary workers help

to set up the centre, serve the meals and tidy up. In addition, these voluntary staff greet the older people when they arrive, give them company, care and attention while they are there and help with the social activities.

Activities

The group has taken part in the Go For Life Programme, reminiscence programmes and painting classes. More house-bound older persons take part in bingo and sing-songs, among other things. More active older people go swimming once a week (and have raised €300 for the Special Olympics in a sponsored swim). Three members of the group are involved in a National Partnership Project with the Abbey Theatre, Positive Age and the NEHB. Their involvement helped this project achieve national recognition when their play, *Stories of the Drumlins*, ran for a week in The Peacock Theatre in Dublin.

Benefits

The group and its activities are a testament to the benefits of day service provision. We can report that our members enjoy meeting and socialising with their peers (and being given the opportunity to do this in many different ways), and forming new and lasting friendships. The benefits for many who take part in the activities offered at the centre also include improved mobility and an increase in memory levels.

Comment on recommendations of the NCAOP's report

The Council's report recommends that the health boards endeavour to quantify the demand for various day care services. In our area, needs assessments are on-going. This includes information provided by voluntary groups, the GP and the PHN. As suggested in the report, the voluntary organisations in Cavan/Monaghan liaise with the Project Manager for Services for Older People (Ms Frances O'Callaghan).

We agree with the report that on-going evaluation of service is crucial. This evaluation should include older people as service users, carers, volunteers and PHNs.

The report recommends the implementation of service level agreements between health boards and service providers. This system is already in place in the NEHB area and works very well. We receive financial support based on the service we provide and the number of people that we provide it to.

The report also mentions transport. We agree that transport provision is crucial to sustaining day services in rural areas. Without transport in Killeshandra, the centre would not be able function. The NEHB has recently appointed a Transport Manager for Service to Older People, who is carrying out an analysis of transport provision and a needs analysis in relation to day services.

We also endorse the idea of consulting with older people who attend a centre about the type of social activities they want to take part in. This is something that is done on a regular basis in our centre.

We would also like to emphasise most strongly that the services of a physiotherapist and an occupational therapist would greatly enhance the value and effectiveness of day care services, locally and nationally.

The importance of partnerships in delivering services

Finally, day care services cannot operate in isolation but can only operate effectively when a good working partnership exists between volunteers, older people and health boards.

National Council on Ageing and Older People: Comments and Recommendations Arising from the Study

Sinead Quill, Research Officer, NCAOP

Introduction

The Council has, for a long time, recognised the importance of day services to the fulfilment of Government policy with respect to older people and to the fulfilment of their own self-expressed preferences for remaining in their own homes for as long as possible. In this regard, the Council has made numerous recommendations in recent years that day services should be designated as core services, underpinned by legislation and funding, so that older people are entitled to them as of right. However, in order for these services to be accorded this designation, they must be clearly defined, standardised, strategically developed and quality driven with a view to ensuring older people's health and social gain.

Prerequisites for the strategic development of day services

The Council feels that the strategic development of day services for older people will not be possible unless the following recommendations are acted upon in the short- to medium-term.

Responsibility for the development of day services

Presently, there is no direction with regard to who should be responsible for the development of day services for older people in the community. The Council reiterates one of the recommendations made in *The Years Ahead* (DoH, 1988) that the health boards be legally obliged to provide and support day services for older people.

Guidelines for the operation and management of each type of day service

The Council recommends that guidelines for the operation and management of each type of day service facility detailed in the report should be developed by the Department of Health and Children. This recommendation dates back to *The Years Ahead* (DoH,

1988) and has yet to be acted upon. This report should be used as a basis for the development of such guidelines as it outlines the different types of centres that exist, the primary and secondary objectives for each centre and, in addition, it proposes the structural and process components of service delivery required to fulfil these objectives.

Development of a continuum of day services

The Council believes that the heterogeneity of the older population requires the development of a continuum of day services appropriate to diverse needs and abilities. The research has identified four types of services appropriate to different dependency levels. For example, the dementia-specific day centre caters for the needs of very dependent older people with dementia, while at the other end of the day service continuum, the social club caters for very active and independent older people. The Council recommends that each type of centre be fully resourced and considered as an equal component in the continuum of day services.

The Council recommends that the classification of day services that has been developed by the research be adopted at a regional and national level as a template for the future categorisation of day services. It also recommends that the use of a consistent terminology, such as that proposed by the research, is vital for planning purposes.

Audit of current provision

The strategic development of day services will require a clear knowledge of the services that currently exist. However, there are presently no definitive lists of day services for older people in Ireland. Therefore, the Council recommends that all health boards conduct an audit of the facilities in their respective regions, whether provided by the voluntary, statutory or private sectors. Directories of these services should be made available to anyone wishing to avail of them, whether they are older people, carers or service providers. This will ensure that older people are directed to the service that best suits their needs, abilities and preferences.

Quantifying the demand

The Council proposes that the development of national benchmark figures with regard to the desired number of day services per population will not facilitate service development. This is because there are local, regional and national variations in the population

distribution of older people, the availability of complementary services and in levels of dependency. Instead, the Council recommends that the health boards endeavour to quantify the demand for the different types of day services in their respective regions. Figures should be based on an accurate analysis of need and must include the views of older people themselves regarding their requirements and service preferences.

Appropriate resourcing

Day services will require appropriate resourcing for the number of places they provide. Unfortunately, the definition provided by the DoHC of 'one day's care per person per week' does not give any real direction with regard to the resources required to establish a day service place. For example, the resources required to provide a place in a dementia-specific day centre will be greater than those required to provide a place in a social club/day centre given the higher dependency levels of older people with dementia. The definition of this term will have critical implications for the future development of day services as well as for the planning of services and resource allocations required to achieve service objectives and must be attended to in the short term.

Definition and terminology: types and differing roles of day service provision

It has been stated that one of the weaknesses in the provision of day services for older people has been that their objectives have never been adequately developed in such a way as to give meaningful direction to service development and this has contributed to the ambiguity with regard to definitions of different day services. This has in turn had adverse implications for the development of different types of facility appropriate to the varying needs and preferences of a highly diverse population of older people. In addition, it has also been stated that the objectives of day services detailed in policy documents have hitherto been limited and appear to be based on low expectations for the client group. The primary and secondary objectives for each of the four facilities identified by the research are detailed in the report and the Council recommends that they be adopted regionally and nationally in policy documents, and that they be used as a basis on which services are developed.

The lack of proper definition regarding service objectives has led to a parallel lack of definition regarding the services that are required to meet those objectives. This report provides details of the essential services that are required in each of the different types

of facility. The Council recommends that day services be fully resourced to provide the services necessary to achieve their primary and secondary objectives and that these services be considered as minimum service delivery standards in each of the day services highlighted in the report.

Determining standards and principles of good practice: evaluating the service

Evidence with regard to the evaluation of day services has, to date, been quite piecemeal. In addition, there is no evidence of a clear set of criteria being used to evaluate day services for older people in the Irish context. The Council welcomes proposals made in the National Health Strategy (DoHC, 2001) that evaluations will be carried out in each health board area by monitoring and evaluation units, and recommends that day services for older people be selected for such evaluations, with a view to determining standards and principles of good practice.

The Council recommends that a crucial component of the evaluation process should be consultation with users of day services and their carers, because day service objectives are predominantly related to how well the services meet the needs of these groups. However, research has noted that older people tend to be less critical of services and service providers than other groups, and usually have lower expectations of what services can provide. Older people must be encouraged to critically evaluate the services that they receive. The Council recommends the use of a variety of research techniques that have been detailed in the report in order to elicit critical responses to service delivery from older people. In addition, the Council recommends that a complaints mechanism should be firmly established within each day facility and that staff and service users be made aware of it. In addition, there should be clear signposts with regard to the effective communication of complaints and grievances.

Barriers to the effective delivery of day services

The research also identified several barriers to effective delivery including funding and its level of security, staffing, transport, carers' needs and activities programmes in the centres.

Funding

Community services for older people are often referred to as the Cinderella of the health service and it is widely recognised that day services are the most neglected area of community care. Therefore, the Council recommends a large sustained investment in each of the day services detailed in the report. In addition, funding for day services has, historically, been discretionary because health boards have no statutory obligation to support community services. Furthermore, lack of clarity of funding relationships between health boards and voluntary organisations, one of the largest providers of day services for older people, has had direct negative implications for the level and quality of services provided in these centres. Therefore, the Council welcomes the commitments made in the National Health Strategy that service agreements between health boards and the voluntary sector will be extended to all service providers and associated performance indicators will be introduced. In addition, the Council reiterates and develops a number of recommendations that it has made in the past with regard to the relationship between voluntary day service providers and the health boards. These include the following:

- there should be standardised grant application procedures for voluntary organisations wishing to set up day services with clearly defined criteria for grant eligibility
- service level agreements should govern funding arrangements between health boards and service providers and should, at a minimum cover the following:
    - stated service objectives
    - evidence of needs assessments having been carried out
    - number and type of staff to be employed
    - quantity and type of services to be offered
    - breakdown of costs
    - number of clients to receive the service
    - amount of funding to be allocated with funding dates/intervals specified
- there should be a standardised approach within health boards to charging day service users
- funding levels to service providers should be adequate to cover the following:
    - payment of day service supervisors and staff as appropriate
    - staff recruitment and training

- recruitment, training and support of volunteers
- transport costs
- provision and maintenance of minimum standard buildings and facilities
- insurance cover
- provision of nutritious meals and snacks
- the costs of providing therapeutic services including chiropody, physiotherapy, speech and language therapy, and occupational therapy as needed
- provision of a range of social activities reflecting the preferences of the clientele.

Staffing

Difficulties with attracting and retaining staff at all levels were common in all the day facilities that were visited. The Council recommends that staff ratios in day facilities be increased so that stated objectives may be achieved. This should be preceded by further research to establish norms and standards for staffing levels in the different types of day service for older people.

Depending on the type of centre, a specific complement of trained staff is required to ensure that the service objectives are being met. This is particularly relevant in the more care-oriented centres. The lack of availability of qualified physiotherapists and chiropodists was identified as a critical deficit. With regard to physiotherapists, the Council endorses the recommendations made by Bacon (2001) and urges that they be acted on in the short- to medium-term to alleviate current shortages.

The Council also urges immediate action to remedy increasing problems regarding the availability of chiropody services in day service settings. In order to increase the number of chiropodists eligible to work for the health boards, the Council recommends that negotiations with organisations representing chiropodists be given priority to resolve current difficulties regarding registration of chiropodists in Ireland. The Council also recommends that current fee levels and payment structures be conducive to attracting and retaining chiropodists in public service.

The research also highlighted staff shortages in other areas. It was noted that a lack of care attendants and volunteers mean that some service providers were under increasing strain to provide a minimum service for the older people attending the centres.

Community, voluntary and volunteer service provision becomes even more important when public resources are constrained. The Council recommends that explicit measures be developed and funded to encourage the wider public to volunteer for services for older people. The contribution of volunteers must be acknowledged and investment made in recruiting, training and supporting them. One option is for health boards to fund volunteer bureaux that could provide volunteers for a variety of settings in any one area or region.

Concern was also expressed that FÁS and Community Employment (CE) Schemes, that provide staff for the centres, are constantly under threat of termination. If these schemes are to be cut back or eliminated, the Council recommends that the health boards compensate day service providers adequately so that they can source their own staff.

While the Council acknowledges the importance and potential of the social economy in providing community services for older people, it recommends that the primary responsibility for ensuring the availability of needed services remain with the health boards.

Transport

In Ireland, access to services often depends on where you live and it has often been stated that in this regard, transport acts as a rationing device. This research confirms previous findings that transport is crucial to facilitating access to day services. The research has indicated that transport that is centre-owned or centre-controlled is required to enable older people to access day services and the Council recommends that dedicated funding be allocated to this end.

Social activities

Cumulatively, a wide range of social activities was provided in the centres. However, at an individual level, many service providers expressed a certain degree of frustration that the older people in the centres, above all other activities, preferred to sit and chat with each other rather than become engaged in more active pursuits. However, during the preparation of the report, it was noted that if the older people wanted to sit and chat, then they should be given that option. It was also noted, though, that the preferences expressed by older people for less active pursuits may have been based on the services

currently available to them rather then on a range of possible activities that could be provided in the centres. Therefore, the Council recommends that older people be provided with a real and meaningful choice of social activities in the centres.

In this regard, it is worth noting that the social club that was visited during the research provides a good example of the range of activities that can be provided by a day service, even though the dependency levels of the older attendees were similar to those in some of the day care centres.

The crucial difference between the social club and the other centres visited was that the emphasis in the social club was more on the emotional, spiritual and personal development of the older person. The overriding principle is an emphasis on respecting individual differences and promoting choices. The underlying philosophy is that people never outgrow the capacity to learn and to experience. The Council supports a recommendation made by Convery (1987) that day services for older people should adopt a social model (rather than a medical service model more appropriate to day hospital services) with emphasis placed on activation, socialisation and maximisation of older people's functional ability. Services should reflect their interests and abilities, and capitalise on their life experiences.

Furthermore, the Council recommends that service providers consult with older people about their preferences regarding the services and activities they would like to avail of in day service settings. The Council recommends that older men in particular be targeted and consulted with regard to their service preferences and their ideas about what a day service may ideally offer them.

Carers' needs

Service providers, particularly in the more care-oriented centres, felt that opening hours did not facilitate carers who wished or needed to work outside the home. The Council recommends that day services should be funded adequately to enable them to open for a sufficient time each day to accommodate the carers most in need of services. Increased resourcing of day services should be accompanied by increased funding of other respite services, including home sitting, weekend and intermittent respite services, to alleviate the burden on carers.

The future development of day services: working together

The future development of day services will require more integration, greater collaboration and the development of partnerships at a variety of levels. Day services should not operate in isolation from other elements in the continuum of community care services and it is vital to make the best use of all existing resources that are available to centres. The relevant providers in this continuum of community care include physiotherapists, chiropodists, occupational therapists, ophthalmologists, dieticians, social workers and pharmacists to name a few. The Council recommends the establishment of critical links with these providers in the community to ensure that pathways to care and opportunity can be identified and developed for all members in the centres. The Council envisages that the development of Primary Care Teams will facilitate the adoption of such a partnership approach and urges the Primary Care Task Force to consider strongly the future relationship between these teams and day services in its current programme of work.

Within day services themselves, the Council recommends that a partnership approach be adopted between staff and the older members of the centres so that they can become partners in their own care, as recommended in the National Health Strategy (DoHC, 2001). The role of the services in health promotion and information provision on health, social care and welfare services is critical in this regard. This would remove the traditional emphasis on the custodial aspects of care. Consistent with the democratic model of consumer consultation that has been advocated in the *HeSSOP* report (Garavan *et al.*, 2001), a prerequisite for this partnership approach is consultation with older people themselves and the Council recommends that older people be empowered to play a major role in shaping the services that they receive.

The Council also recommends that a partnership approach be adopted between the health boards and the voluntary sector to develop and support day services. It further recommends that health boards signal their commitment to better partnership by encouraging representation of voluntary organisations on health boards. Legislation regarding the composition of health boards may need to be amended in light of this recommendation. In addition, the Council recommends the establishment of liaison officers from health boards to provide information and to assist voluntary providers with

areas that they may have difficulty in gathering information about, such as health and safety issues.

The Council recommends that day services forge partnerships with carers because they are best placed to identify the changing needs of and care pathways for their loved ones. In addition, many carers are older people themselves and day service providers must also be aware of their changing needs. Caring for older people can be a source of considerable strain, as well as psychological and emotional distress. A combination of such pressures may contribute to situations of elder abuse. In addition, social isolation may increase older people's vulnerability to potential abuse. The Council therefore recommends that all health and social service providers, including day service staff, become aware of both the signs of elder abuse and the appropriate responses to suspected abuse. Structures should be developed by each health board to include training programmes so that they can equip staff with the necessary information and skills, as recommended in *Protecting Our Future* (Working Group on Elder Abuse, 2002).

Finally, partnership between day services and the wider community is critical for the future development of these services. The Council recommends that, in the current climate of fiscal constraints, the most pragmatic approach to partnership is to conduct an audit of services already available in a community, with a view to investigating how they could be combined or consolidated to increase provision. For example, school buses that are usually only used in the morning and afternoon could also be used to take older people to and from day services.

Day services within the wider continuum of community care

It is the expressed wish of older people to remain in their own homes for as long as possible. It is therefore reasonable to assume (and has been borne out by the research) that some older people will have no interest in attending day services that are available outside of their own homes. Men in particular are difficult to attract to centres. The research found that dissatisfaction with the activities on offer was cited as one of the main reasons for their non-attendance. However, it must also be acknowledged that, for some men, a reorientation of activities may be insufficient to attract their attendance. This highlights the necessity to re-think how men will be encouraged to become partners

in their own care. Consultations with men in this regard are crucial – it is only by asking older men what services they want and how they want them to be provided will their needs and preferences be accommodated and their health status improved.

The Council recommends that other community services be developed for older people who do not wish to attend day services in local centres. It further proposes that, with current service provision at such a low level, a large sustained investment in domiciliary community care services such as home help, home support, meals-on-wheels, nursing, occupational therapy, physiotherapy and social work is necessary. The Council reasserts a recommendation that it has consistently made that such services should be designated as core services and should be underpinned by legislation and funding so that older people are entitled to them as of right.

The following quotations, one from an older person and one a carer, highlight the benefit of day services and reinforce why these services should be resourced fully in order to achieve their objectives.

> *If I didn't have this place I would be lost … [it] keeps my mind going … [I] love the company, the craic.*

> *At the beginning there was no light at the end of the tunnel, but now it is possible to keep her [my mother] at home because I know that I have the service if and when I need it.*

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Parallel Sessions

Challenges and Strategies for Day Services Development

Workshop One:
Addressing the Needs of Older Men

Chair: Donal O'Sullivan, Coordinator, Probus

Speaker: Patsy Smith, Older Men's Organisation, Centre for Social Gain, Co. Cavan

Introduction

Before retiring I worked as manager of the North East Cattle Breeding Society. It was always my ambition to retire, to relax and enjoy life while still young enough to do so, as soon as the children were educated and if finances allowed. I was involved in community work and being a keen gardener I planned to spend much of my time with the spade and the lawnmower. I soon realised, however, that I would need some other interest to pass the time. Living in a rural part of County Cavan the options were few and at times I felt very isolated.

Older Men's Organisations (OMO) Ireland

After about six months of retirement, I heard about OMO Ireland, an organisation for older men with a local branch in St Phelim's Complex in Cavan. I made enquiries, was impressed with their aims and objectives and joined up. I found that it gave me the chance to get involved in activities with men of my own age. OMO offers a range of activities including men's health programmes, woodwork classes, computer classes, history talks and day trips. Transport is provided. The organisation also gives us the opportunity to meet our counterparts from all over Ireland, to exchange stories and experiences.

OMO offers a great outlet for and encouragement to older men, especially those living alone and those in remote rural areas, those who may not get many opportunities to socialise. For me, being a member of OMO has provided me with education,

entertainment and health awareness, as well as many new friends. I would encourage more men to join: it has a lot to offer older men, and older men have a lot to offer in return.

Speaker: Mike O'Shea, Dochas, Dingle Peninsula Men's Action Group

Introduction

In the local Strategic Area Plan it was noted that there were, according to the 1991 Census, over 540 single men aged over fifty living in the Dingle Peninsula, and that among this group the suicide rate was very high. It was felt that research was needed to understand the issues involved so that effective action could be taken to improve the lives of these older men.

A group of ten of us, myself included, who belonged to this age group, set out to conduct the research. We held a public meeting to announce the research and to encourage people to take part in it. We discussed what the research might find, and what might happen as a result of it. Although we tried to avoid making any assumptions we hoped that a men's group might be one of the outcomes. By the end of the meeting, however, we realised that we already had a men's group. Aware that time was of the essence – we did not want more suicides – we held our inaugural meeting there and then.

The work of the men's group

The aim of the group is threefold:

- to identify and enable men, in particular men living alone, to deal with issues of importance to them
- to promote social contact and interaction for members
- to provide a crisis intervention or support for members.

Our first meeting was on a Monday. By Friday we had four calls saying, 'I'm in trouble, sort me out.' A lot of the problems we dealt with then were problems with social services, with the health board, having benefits stopped or difficulty getting a medical card. Initially one of our members gave advice along the lines of, 'Do this, do that, then come back to us.' But a couple of the requests we received were from people who were not very well. They said to us, 'I can't go on with this.' So we invited them to write us a letter asking us to take on their case and act for them. This approach worked well. We found that an

organisation dealing with another organisation can make things happen: if you are a person on your own dealing with a large organisation you can feel worn down.

The research

The research took twelve months to complete. It was difficult getting people to talk to us: it was like dragging rats out of a hole. People did not trust us initially. Our way through this was to say, 'We are not them. We are you. We are us. We have the same problems you have. We are recovering alcoholics, we are depressed, we are out of work.'

The key findings

Once we got people talking, we thought that we would hear a lot of complaints about services but in fact people told us they were very happy with the services they received. We explored this further and what we found was really a fear that if they complained about a service, it would be taken from them.

The research also showed that there are significant distances between people:

- geographic distances – it is a rural area and many live in isolated places. Even if you live two miles out of town, you may be isolated because there is no bus service
- economic distances – there are low and erratic levels of economic activity in the area. Work is seasonal, whether you are a farmer, a fisherman or in the tourism business. From September to February we have problems with inactivity, bad weather and depression
- psychological distances – living alone puts you at a distance from others. We found that people dealt with this in different ways; one way was to avoid intimacy.

We found that housing is also a particular problem. There is a lack of suitable housing (and very little public housing), the standard of many houses is poor and for many their housing tenure is insecure. Many rent privately-owned homes that are used in the summer for tourists. This means that they have to leave them to find other accommodation in May before returning again at the end of the season.

Action taken as a result of the research

Based on the findings of the research we felt that there was a need for a kind of unofficial infrastructure – something that fits in between the user and the provider, something or someone that makes a connection between the two, someone to act as mediator. This is now one of the roles of our group. People talk to us, we find the person they need to talk to, and if need be we sort things out for them. We help each other. Members of the group are taking advocacy training to help us help those with alcohol dependency, depression and suicide, for example.

We found that access to information was a problem: people cannot get it, or they cannot understand it or they are afraid of it. Our solution has been to set up a mobile office. At present it comprises a laptop computer with a mobile Internet connection, although we have plans to have a mobile van service. We can visit a person at home, discuss his needs, connect to the Internet, download the necessary forms, fill them in there and then and return them via the Internet. We also plan to teach literacy skills via the Internet.

To address the issue of geographic distances we helped set up a rural transport system. We now have a bus service three days a week. To address economic issues we are planning to set up an off-season work force. We are in negotiation with FÁS to see how we can run a mobile task force to do community work without those taking part losing social benefits. We have set up a housing association with a view to building low cost eco-friendly houses on a self-build basis, with the backing of the local council.

The research also showed that people were interested in further education. To address this we are launching an education programme in September 2003. Older men, however, told us that were not interested in further education, saying they were too old to learn anything new. We have turned this on its head by saying to these older men, ‘Look at all the stuff you know – pass it on.’ We have found that we have been able to match what younger people want with what older people can teach. Indeed, most of the teachers are people who belong to our group. We have also set up a drama group – we believe that this is a good way of helping people examine their feelings.

Conclusions

Trust, dignity, self worth: these are words I keep hearing. That these are lacking says something about our society. How did we let it get that way? Forty years ago in Ventry they had a ‘Bachelor’s Night’. All the single men would go to the tailor’s house to discuss men’s things and play cards. In Kenmare the priest would read out a list of the bachelors and the spinsters, and encourage them to get together. These are examples of a community looking after itself. It is important – vital – to have Government input and Government-funded services, but it is even more important that the community plays a part and starts to look after itself again. To quote the Welsh poet, Dylan Thomas, ‘Old age should rage and fight at the closing of the day.’ I think they should.

Discussion: Challenges and Strategies

In the discussion that followed the presentations participants identified several challenges in tackling the needs of older men and strategies for addressing these.

Literacy

Challenge

- To improve the level of literacy among older men, and to improve their confidence in themselves and their ability to communicate.

Strategy

- Offer literacy courses and consider using eLearning initiatives.
- Train those dealing with older men how to communicate effectively with them and how to establish trustful, confidential relationships.
- Offer various ways or channels through which older men can communicate.

Economic hardship

Challenge

- To alleviate economic hardship and/or feelings of economic insecurity.

Strategy

- Increase awareness of entitlement to social benefits and increase the ability of older men to access these entitlements.
- Make information more readily available, use the mobile office approach outlined above, and increase the use of advocacy or intermediaries to help this process.
- Encourage older men to spend money on themselves. Try to change, or at least not encourage, an expectation of leaving money or assets to children or grandchildren if this means that the older person does not enjoy a good standard of living.

Isolation, social exclusion, suicide and depression

Challenge

- To address the feelings of isolation and loneliness that many older men experience.

- To do something to reduce the relatively high levels of depression and suicide among this group.

Strategy

- Include and integrate men to a greater extent in the life of the community.
- Increase the number of organisations and services for older men, and increase awareness of those that already exist.
- Establish outreach services, staffed by people who know what it is like to feel isolated and lonely.
- Increase awareness of the risk of suicide, and awareness of the risk factors and take steps to address these, including systems for crisis intervention.

Health

Challenge

- To improve men's awareness of potential health problems.
- To get them to talk more about their health concerns.
- To get those who have a health problem, or who are at risk, to accept this and take action.

Strategy

- Establish education and awareness programmes in activity clubs.
- Involve general practitioners and older men themselves as health promoters.

Housing

Challenge

- To improve housing conditions and availability of suitable housing for older people.

Strategy

- Develop a housing policy.
- Research and evaluate housing need now, in order to have in place suitable housing before the need arises.
- Appoint a housing officer for older people to the highlight need and push for provision.
- Offer grants for housing improvement, for self-build and community-run or housing association housing, including sheltered housing schemes.

Transport

Challenge

- To improve transport provision in order to ereduce isolation and encourage participation.

Strategy

- Develop or extend a rural transport initiative or system.

Workshop Two:
Promoting Health in Day Centres

Chair: Dr Finbarr Corkery, The Medigroup, Cork

Speaker: Dr Helen McAvoy, Healthy Ageing Programme Advisor, NCAOP

Introduction

Healthy ageing is about three things:

- increasing the number of illness- and disability-free years in later life
- reducing the disabling effects of illness
- maximising older people's potential for self-development and autonomy.

The health promotion strategy for older people seeks to address four key areas:

1. specific diseases, accidents and suicide
2. lifestyle, including nutrition and smoking
3. physical environment
4. social environment.

Research: Clifden Day Service

We undertook a study of quality of life among a sample of older people attending a day service in Clifden, County Galway: a rural area with minimal public transport, low incomes and a high proportion of older people living alone. The centre operates on a community-based referrals system. A multidisciplinary team provides, among other things, rehabilitation, group exercise sessions and health education. Length of attendance at the centre varies.

The aim of the research was to examine a range of issues in an attempt to understand which ones affect quality of life, in order to offer advice to day service providers on what they might do to improve it.

We looked at the following things:

- living circumstances, including carers
- social class (socio-economic group)
- level of independence, including use of mobility aids, cognition, and difficulty reading small print and hearing conversation (sensory impairment)
- health, including self-rated health, health satisfaction, quality of life, past diagnoses, health lifestyle and depression.

The findings

We found that the average age of those attending the day centre was 79 years, and that almost three quarters (74 per cent) of attendees were women. One in eight (12 per cent) was married. About a third (31 per cent) lived alone.

Most attendees were independent at basic activities of daily living. The most common challenges to independence were urinary continence (58 per cent), bathing (36 per cent) and managing stairs (26 per cent). About four out of ten (41 per cent) had a cognitive impairment. Around one in five (21 per cent) had difficulty reading small print and six out of ten (61 per cent) had difficulty hearing conversation. We found high levels of depressive symptoms: about a third (30 per cent) of those attending the centre were depressed.

Conclusions

Most of those who attend rural day care describe a good quality of life. Those with a greater degree of dependence, incontinence, mobility problems and dressing difficulties had lower ratings of quality of life. We found, however, that cognitive and sensory impairments were not related to quality of life. We would recommend therefore that day care service providers who want to enhance the quality of life of those attending their centre may best place their focus on preserving mobility and continence, and addressing mental illness and cardio-vascular disorders.

Speaker: Mary Harkin. Director, Go For Life, Age and Opportunity

Introduction

Go for Life is the national programme for sport and physical activity for older people. It is an Age and Opportunity initiative funded by the Irish Sports Council. It is targeted at older people who are independent and healthy: some of whom may not be physically active on a regular basis, and others who are regularly active and physically quite fit. It aims to have *more older people more active, more often.*

Go for Life is delivered in partnership with regional health boards and, more recently, with the growing network of Local Sports Partnerships.

Why is sport and physical activity so important forolder people?

From the age of thirty years, we can expect a decrease of one per cent every year in aerobic fitness, range of movement, balance and strength. Physical inactivity increases the rate of all of this wear and tear on our bodies; physical activity slows it down. The World Health Organisation (WHO) recommends that older adults should accumulate thirty minutes of physical activity every day to help them to stay healthy and independent as they grow older.

The Go for Life Programme is designed to promote health enhancing physical activity. It focuses on the key components of physical fitness for older people: aerobic fitness; joint mobility; muscle strength; and balance.

Go for Life, however, is not just about the physical benefits of physical activity. Like the WHO, Go for Life promotes health as 'a positive state of physical, mental and social well-being'. The psychological benefits of Go for Life activities are improved sleep, reduced stress and less anxiety. Above all, Go for Life promotes social well-being and builds into its programme encouragement for participants to get a sense of being involved and belonging to a group as well as opportunities for communication,

friendship, fun, enjoyment and adventure. Time for a cup of tea and a chat is part of every Go for Life session.

Go for Life in action

In order to cater for the different needs of our large population of older adults, the Go for Life campaign consists of three key strands:

- the Active Living programme
- the Sports Participation programme
- the National Grant Scheme for Sport and Physical Activity for Older People.

Active Living

Go for Life not only aims to involve more older adults in participating sport and physical activity but also in planning and leading it within their own groups. Go for Life tutors deliver regular Physical Activity Leaders (PALs) workshops throughout the country with the assistance of health boards, Vocational Education Committees (VECs) and Local Sports Partnerships. The aim of the PALs workshops is to provide information, ideas and skills to leaders so that they can plan and lead sessions within their own groups of older people (e.g. senior citizens groups, Active Retirement Associations, ICA guilds, day care centres).

The aim of the Active Living programme is to increase participation in health-enhancing physical activity for older adults who, though independent, are not engaged in physical activity on a regular basis. There are four workshops currently available under the Active Living programme:

- Basic Principles – the main aims of this workshop are to introduce participants to the Go for Life campaign, propose procedures regarding the checking, screening and monitoring of participant's well-being before and during physical activity sessions, and enable the PAL to lead a Warm Up routine suitable for older people
- Sit-Fit – the main aims of this workshop are to explore a range of chair-based activities suitable for healthy older adults and enable the PAL to plan a variety of physical activities for groups of older people in a seated position

- Better Balance – the main aims of this workshop are to explore a range of activities geared to improve older people's balance and enable the PAL to promote the balance of participants during activity sessions
- Going Strong – the main aims of this workshop are to explore a range of activities geared to improve older people's strength and enable the PAL to promote the strength of participants during activity sessions.

Sports Participation

The aim of the Sports Participation programme is to promote greater involvement in organised sport for older adults who regularly engage in physical activity and can be described as physically fit. There are currently three workshops available under the Sports Participation programme:

- Stepping and Strolling – the main aims of this workshop are to explore a range of activities geared to motivate older people to walk more often and enable the PAL to incorporate walking activities into activity sessions
- Rolling and Bowling – the main aims of this workshop are to explore a range of bowling games/sports suitable for older people and enable the PAL to introduce a range of bowling activities to older people
- Pitching and Tossing – the main aims of this workshop are to explore a range of pitching and tossing games or sports suitable for older people and enable the PAL to introduce a range of pitching and tossing activities to older people.

Further workshops are currently in development under the Sports Participation programme and these will include Club Planning and Bats and Racquets.

Any PAL who has completed all of the Active Living workshops and all of the Sports Participation workshops may attend a PALs Skills workshop. This workshop aims to outline the range of skills needed for successful leadership of activity sessions for older people; enable the PAL to plan safe and enjoyable physical activity sessions for older people; and enable the PAL to plan a five week physical activity programme suitable for older people.

National Grant Scheme

The aim of the Grant Scheme is to increase physical activity opportunities for older people by supporting ARAs, senior citizen's clubs, ICA guilds, day centres, community centres and sports clubs. In December 2002, grant aid in excess of €300,000 was awarded to 500 groups nationwide to help them promote sport and physical activity for older people in their areas. A number of grants (71) have been awarded to day centres. The grant aid is being used to buy sports equipment, to fund sport and activity programmes and to contribute towards the cost of organising a local sports fest. A new round of the Grant Scheme will be administered by Go for Life in Autumn 2003.

Conclusion

The Go for Life Programme is unusual in that it is relevant to all groups run by and involving older people. It fits in wherever there is a group with an interest in physical activity and someone willing to lead that group. It works regardless of whether a group has ten or a hundred members. It also works with groups with limited mobility. To date, hundreds of PALs around the country have attended Go for Life workshops and are bringing new skills and ideas back to their own groups. There is continued enthusiasm among groups of older people for all of the Go for Life activities, showing that age is no barrier to enjoying the many benefits of being physically active.

Discussion: Challenges and Strategies

In the discussion that followed the presentations two main challenges were identified and some strategies were suggested for meeting these.

Widening participation in health ageing activities

Challenge

- To widen participation in healthy ageing activities.
- To increase awareness and interest of people in healthy activities/exercise as part of a healthier lifestyle.
- To engage more people and to encourage them to be more active more often.

Strategy

- Develop a centrally funded healthy ageing policy that will enable people to get involved and one that will support their involvement.
- Increase the availability of information about healthy ageing activities with leaflets in day centres and other places where older people go.
- Train staff and members of day centres to run health-enhancing activity classes and to impart the knowledge to other members.
- Implement health board dietary recommendations and introduce visiting dieticians i.e. have them come to you rather than you go to them.

Improving mental health

Challenge

- To improve the detection and management of mental health status

Strategy

- Develop integrated psychological services.
- Use a case management approach and appoint a key worker.
- Include the older person in ordinary social activities as well as therapeutic ones.
- Offer support services for, and develop partnerships with, family care giver.

Workshop Three:
Providing Essential Day Services and Facilities

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

Speaker: Hilary Scanlan, Care Group Coordinator, Kerry Community Services, SHB

There are many things we need to consider in providing essential day services and facilities. In this short paper we look at the 'macro' or higher-level issues. In Sheila Kirwin's paper, which follows, we look at the day-to-day challenges.

There is a crucial need to establish legislative entitlement to community services. We must also address the unconscious ageism that exists in the health services.

Resources are an absolute need: you cannot have anything if you do not have the resources to fund it. For example, a new day centre in Kerry for those with Alzheimer's Disease cannot open because there is no budget to run it. Without adequate resources it will never be possible to achieve what is needed to bring standards up to a level that will benefit the growing numbers of older people. We need research to underpin demands for allocation of resources. We need to think about the issue of annual funding. especially when we are working with ten year plans. We need to be clear about what we want and we need to set the bar high: we should not take a minimalist approach in terms of resource allocation. At the same time we need to weigh up the ideal versus the pragmatic. Person-centred services, offering real choice, are the ideal but we need the resources to support them.

We need to think about our Duty of Care as professionals. How far should we take this?

We need to think about providing a continuum of care, based on the social model of care rather than on the medical model, establishing networks of older people, generic social clubs, active retired groups, social satellite centres and day care centres providing

appropriate levels of service. We need to work with communities to achieve sustainable development. In the Southern Health Board we have Community Work departments to support this partnership. In Kerry we aim to have at least forty social centres in order to offer a continuum of care. Finally, but not least, there is the issue of transport: if there is no bus, there is no centre: it is not a service, it is a necessity. Research is vital to promote greater understanding and awareness.

To quote Victor Hugo, there is ‘nothing in the world is as powerful as an idea whose time has come’ and day care should be viewed as such by all concerned with the well-being of our older citizens.

Speaker: Sheila Kirwin, Nurse, Carnew Day Centre, Co. Wicklow

Introduction

Carnew Community Care was founded in 1984. It is a community village funded by FÁS, the Eastern Regional Health Authority (ERHA), Government grants, Lotto grants, fundraising and rental on houses. It consists of 28 houses for older people and a day centre attended by around three hundred people each week. It is run by a voluntary committee assisted by the Daughters of Charity.

Services provided

The day centre provides a range of services including meals, meals on wheels for house-bound residents, physiotherapy, nursing (five days a week), a dietician (on request) chiropody (two on a monthly basis), hairdressing (two sessions a week), laundry, security system and an emergency response telephone, creative and physical activities, a home-help service for residents and a weekly Citizens Information Service. The centre also offers its premises and its services to outside groups and agencies including The Alzheimer's Society (who use it for respite care one day a week), Sunbeam House Services for Adult Learning Disability and the Psychiatric Service from Newcastle Hospital. The day centre is also the base for the Home First Project, designed in consultation with the local community and run by the PHN. It aims to keep people well by involving them in 'activity with a purpose' and social interaction.

The changing age profile of the population together with the changing concepts of ageing in the last twenty years or so has meant that living well at home, with social support underpinned by person-led initiatives, had become the norm. People nowadays do not want to be 'cared for'; they want to be 'cared about'. One of the actions taken by the centre to reflect this a name change from 'day care centre' to 'day centre'.

Challenges

One of the main challenges we face is finding funding for staff. A number of avenues have been cut off (for example the summer employment scheme for third level students) or reduced (for example the CE scheme). This has had a major impact: we have lost the talent and energy that those on these schemes brought to their work. We will also have face in the not too distant future the loss of the Daughters of Charity; no young religious sisters are joining to replace those currently working at the centre.

Another major challenge is the lack of transport. We have found this to be a significant problem for the users of our centre. There is one bus per week to and from town and no taxi service whatsoever.

Key ingredients for running a day centre

We have found that the following are key to the effective running of a day centre:

- good records and accounts which underpin all applications to the statutory authorities
- good working relationships with volunteers, with the health board and with health professionals
- good relationships with carers
- good relationships with local schools
- consulting with and listening to the needs of older people.

Discussion: Challenges and Strategies

In the discussion following the presentations the following points were made.

Commitment of senior management

- The commitment of the Director of Services for Older People is vital to the success of any centre. It would seem that the attitudes to day care provision of those in senior management are gradually changing.

Funding

- Public-private partnership in the provision of day care can be effective. One such centre in Lucan, Co. Dublin.
- The waiting time between application for and awarding of a Disabled Persons Grant (in some cases, up to one year) is unacceptable and must be improved.

Staffing

- The ending of the CE scheme should be challenged under equality legislation. It should be recognised that community employment is effectively sheltered employment i.e. that may of those working in CE schemes would not find work in the wider commercial environment.

Transport

- There is a need to extend free transport entitlement to day centres. Although expensive a day centre cannot run without it. A scheme on Valencia Island has recently negotiated free transport for older people but it was a long process to achieve it.
- A pilot project is running in Cavan/Monaghan in which school buses are being used to transport older people to day centres.

Evaluation and consultation

- In evaluating day centre services, note should be taken of their value to the community.
- Older people using day care must be consulted and must have an input into decisions being made about service provision. It is no longer acceptable that decisions are made on the basis of what others say is good for the older person.

Workshop Four:
Developing Dementia-Specific Day Centres and Supports for Family Carers and Dementia Sufferers

Chair: Dr Suzanne Cahill, Director, Dementia Services Information and Development Centre, St James's Hospital, Dublin

Speaker: John Grant, CEO, West of Ireland Alzheimer Foundation

Introduction

There are three main reasons why it is important to develop dementia-specific day care:

- to look after those suffering from Alzheimer's Disease in a friendly environment
- to give carers a break from caring
- to help the carer continue caring at home.

To set up a dementia-specific day centre, here is what we would recommend based on our own experience.

Research

First of all, you need to determine the size of the population in your area, the split between urban or rural and the number of potential clients you might have. We also advise that you talk to PHNs and GPs to get a picture of the needs in the area. It is also advisable to talk to carers to find out about their needs and to discover whether or not they would use the day care service, and how often they might use it.

Raise awareness

The next step is to raise awareness of the project in the local community: hold public meetings; form a committee. You need to start fundraising.

Find a suitable building

The next step is to find a suitable building in a suitable location, to buy or rent. There are many issues you need to think about here: how accessible the locationis ; how accessible the building is; whether it can be made secure and safe. Also consider whether the building is to be used solely as a day centre or will it have other uses.

Creating a day centre

Once you have found a building you need to think about creating a homely atmosphere: interior décor – colour and style of furniture – is important. You also need to think about heating and lighting. You need to think about the number and type of rooms you need – toilets, bathrooms, kitchen, walkabout areas and so on – and how they should be fitted out.

Costing it out

This brings us to cost. It is vital that the project costs are thoroughly researched: the cost of buying or renting the building; insurance; fit out and purchase of equipment including special furniture and activity aids; the costs of providing meals; staff costs; and transport costs.

Staffing

The choice of staff for the centre can mean the difference between a very successful centre and a mediocre one. Things to be considered include the use of voluntary versus paid staff. It is also important to remember that it may be necessary to train staff in care-giving, as well as about dementia and Alzheimer's Disease.

Transport

Transport – getting people to and from the centre – is another critical factor in the success of a centre. Carers themselves can find it difficult to get access to transport, often relying on others. They may have difficulty travelling alone with their relative. Transport is expensive to provide. Our advice is to look for a generous donor.

Other services and supports

It is important also to think about the other supports the centre might provide including in-home support, respite care, counselling for carers and training for carers.

Get to know your clients

Once your centre is up and running, it is important to get to know your clients, their life history, their likes and dislikes, and their relatives' names. It is important to establish relationships with the clients and their carers. It is also important to provide activities based around stimulation, reminiscence and relaxation.

Speaker: Veronica McNamara, Development Officer, The Alzheimer Society of Ireland

Introduction

In many cases the full burden of care for those with a diagnosis of dementia falls on their families. If living at home is to be a realistic option, carers and those with dementia must be adequately supported by appropriate and accessible resources.

The ideal

The ideal is that such a service is determined more by the service user than by the service provider, that it is client-centred. Unfortunately, this is not always the case. In addition, to be effective the service must be well planned and accessible. We believe that dementia-specific day care should have a domestic setting, should have a transport policy, should be housed in a suitable building and should be run by trained staff.

Challenges and priorities

There are a number of challenges to be faced before an adequate level of service provision is achieved. Not least of these is increasing awareness of dementia among the general public and among medical, nursing and ancillary staff.

Other priorities include the following:

- the provision of adequate funding of services
- the availability of locally based, flexible services
- the introduction of the case management model
- the development and expansion of respite services
- the funding of an epidemiological study and review
- evaluation of current provision
- promotion of healthy ageing.

Discussion: Challenges and Strategies

The following key issues were identified in the discussion that followed.

Type of care

- There is a need to offer those with a diagnosis of dementia a supportive environment that both minimises and compensates for the disability.
- The type of care provided should be driven by the needs of the older person, not by the service providers. In other words it should be person-centred. To achieve this, it is vital that there is effective communication between service providers and service users at all levels of the service.
- While care that includes physiotherapy is important for dementia sufferers it should be noted that sometimes having separate therapeutic programmes distances them unnecessarily from other older people. It is important to encourage those with a dementia diagnosis to take part in 'normal' active pursuits, such as gardening.
- Dementia-specific centres should be encouraged to become involved in the delivery of home supports.
- The availability of residential care for older people with dementia is vital and adequate provision must be made.
- Access to respite care is crucial for the older person and his or her carer. The nature of this care should be dictated by need. Approaches to the delivery of respite care should be flexible. The ability to 'buy in' respite care from a private nursing home, although expensive, should be an option, as should the ability to buy in additional in-home help.

Staff

- The staff of a dementia-specific day centre are one the most important components in its success: having the right staff (kind, considerate and able to relate to the older person and his/her carer) and the right number of staff. Lack of staff has been found to be a consistent problem.

Counselling for carers

- Currently there is a lack of availability of counselling for carers of older people with dementia. It is important that counselling is widely available.
- In order to develop an effective counselling service (and acquire funding for it), it is important to understand what counselling can achieve (i.e. the 'outcome measurements'). There is a need for research in this area.

Safety and security

- The safety and security of older people with a dementia diagnosis, particularly in relation to wandering, should be considered.
- Information on risk assessment should be available.

Transport

- The availability of transport is a vital ingredient in the success of dementia-specific day centres.

Workshop Five:
Developing Social Clubs/Centres

Chair: Noel Byrne, Westgate Foundation

Speaker: Mary Nally, Chair, Summerhill Active Retirement Group

Introduction

Reaching retirement can be a stressful time, especially if the retirement has not been planned. For some, retirement means a loss of identity, no longer being recognised by the job that they did. Retirement need not be a negative experience and it should not mean retirement from life. Active retirement groups provide an opportunity for older people to integrate and interact with each other, to make new friends, share experiences and embrace new challenges. Participating in an active retirement group can help the retired person rebuild his or her identity. Active retirement groups are particularly beneficial to the recently retired, to the lonely and isolated older person, to the older person living alone, to the widowed, or to those whose families have grown up and moved on.

Getting started

There are several key issues that should be considered in planning and setting up an active retired group. Some questions to think about include the following:

- what services and/or facilities will the group provide?
- who will it target as members?
- what are their needs?
- when and how often will they meet?
- where will they meet?

Venue

Premises are vital. It is important to establish a base for the group – it helps the group develop its identity. Factors to consider include the accessibility of the premises, the adequacy of the facilities and their ability to meet the group's needs. For example, is there enough space for the intended activities? Are there facilities for making tea and coffee? Ideally there should be a meeting area, somewhere that members can call their own. If possible there should be an office (with a computer and a telephone) from where activities and events can be coordinated.

Activities

When developing activities, the key is to be innovative and creative. Retirement is not just about bingo and outings, it is about a lot more than that. It is about giving something back, contributing to the community, and doing things for ourselves and for others. It is about pushing back the boundaries and making an impact. It is about changing attitudes towards older people, gaining recognition for the contributions that they can and do make within their communities.

The activities of the group should represent this. For example, the activities of Summerhill Active Retirement Group have included: health initiatives; personal care services including chiropody and aromatherapy, and exercise and fitness programmes; intergenerational and intercultural programmes; teaching knitting in local schools; life-long learning initiatives and events including IT classes; mentoring programmes; art and drama; volunteering opportunities; holidays and exchanges; providing a Senior Help Line; a laundry service; a Millennium bus; and a resource centre.

Our organisation has also been involved in lobbying for the rights of older people, for the social inclusion of older people, and for opportunities and facilities for them. We have done this over a period of years at local, national and international levels through conferences, seminars, information sessions, and innovative programmes and projects.

Challenges

Most active retirement groups face three main challenges: access to and availability of funding; premises; and transport. Funding is vital and it can be a constant battle to maintain it. It can be time-consuming scanning local and national newspapers for notices of grants available, but from our experience this is time well spent.

When applying for funding it is important to ensure that:

- the group meets the criteria set out in the application
- the proposal is clearly thought out
- aims, objectives and targets are achievable within the time frame specified
- the project gives value for money.

Funding can be obtained from many sources: there are many annual funding schemes available for example from local health authorities, health boards, FÁS, and the Department of Social, Community and Family Affairs.

In addition, it may be possible to develop a project in partnership with other groups, agencies, communities and/or schools. This partnership can lead to a sharing of resources and expertise, and an increase in the numbers benefiting from the activity or event.

Conclusion

Active retirement groups play a very important role in the lives of their members – enhancing quality of life, helping them to develop new interests, building confidence and self-esteem, and improving health and social gain. Many studies have shown that mental stimulation and physical activity go hand in hand with good health and well-being.

Firmly believing that to keep the brain working we need to keep the brain challenged, we at Summerhill Active Retirement Group aim to develop projects that will encourage and captivate our members. We believe that active retirement groups, social clubs and centres that encourage participation in social and community life not only benefit the participants but they also benefit the community by promoting and encouraging the

concept of community, combating social exclusion, breaking down barriers and helping people to embrace new challenges and opportunities.

Speaker: Seamus Walsh, Development Officer, Federation of Active Retirement Associations

Introduction

The active retirement movement aims to help older people lead a full, happy and healthy retirement. It offers organised opportunities to take part in a wide range of activities including holidays, outings, socials, creative and learning programmes, sports and community work. Membership is open to anyone over 55 years of age. The Federation of Active Retirement Associations has 230 branches in 24 of the 26 counties (Leitrim and Westmeath being the exceptions) with a membership of some 16,000. Only a fifth of these are men, but the proportion is rising.

Challenges

There are three main challenges in running these multi-activity groups:

- lack of public transport, particularly in rural areas
- lack of suitable venues and the cost of hiring venues
- reluctance among volunteers to take on positions of leadership or responsibility.

Recommendations

In order to help overcome transport difficulties, we would suggest that it may be worth investigating the use of school transport, Garda vans, or An Post or Eircom vans. In addition, we would recommend that groups seek out health board grants for transport. As far as venues are concerned we would recommend the use of parish facilities, school halls and sports halls. To encourage volunteers to take up leadership roles we would recommend a programme of training, organised by Active Retirement Development Officers. This training would aim to help committee members acquire leadership skills and help organising committees adopt a 'near professional' approach to running the social club/centre, for example in chairing meetings, delegating tasks and responsibilities, keeping minutes and organising finance and accounts. In our view, good leaders make good social clubs/centres a reality.

Discussion: Challenges and Strategies

Following the presentations the discussion identified several challenges and suggested strategies for overcoming these.

Funding

Challenge

- To find and secure funding for setting up and running social clubs/centres.

Strategy

- Increase awareness of sources of funding.
- Appoint someone to scan the local and national press for funding opportunities.
- Raise money by charging a small amount for the services and activities available in social clubs/centres.

Venues

Challenge

- To find suitable premises.

Strategy

- Think around the problem and think about sharing resources.
- Think about renting not owning.
- Make use of local resources such as schools, public buildings, GAA clubs and other social clubs (for example the Postal Workers' Club).

Transport

Challenge

- To have affordable transport

Strategy

- Think around the problem and make use of local resources and service providers including school buses.
- Use private or voluntary sector providers.

- Offer vouchers rather than travel passes to those in rural areas and places with limited public transport for use in private buses and taxis.
- Investigate whether organisations such as An Post or Eircom would donate older vehicles.

Final Session

Chair: Cllr Éibhlin Byrne, Chairperson, NCAOP

Keynote Address

Invisible Men: Understanding Older Men's Organisational Affiliations

Kate Davidson, Tom Daly and Sara Arber, Centre for Research on Ageing and Gender (CRAG), Department of Sociology, University of Surrey

Introduction

Recent years have seen increasing interest from statutory and non-statutory service providers in the relative invisibility of older men as users of clubs and centres specifically organised for older people. While men are active in a variety of civic and social organisations (Arber *et al.*, 2002; Perren *et al.*, 2003) is known about why they apparently shun groups such as luncheon clubs and day centres. This paper examines organisational involvement of older men in the community, focusing on the influence of partnership status and class[1]. Our findings raise important policy implications for service providers if they are to respond to the health and social needs of older men in terms of what older men themselves perceive as appropriate provision.

Recent work on ageing has identified the 'feminisation' of later life {Arber and Ginn, 1993). This reflected both older women's high visibility in health and welfare provision (Bernard, 1998), and that, in virtually all societies, women outnumber men among the older population (Kinsella, 1997). The 2001 UK Census reveals that over the age of 65, for every 100 men there are 129 women. This rises to 100 men to 346 women at the age of 90 (Census 2001, 2002). The majority of older men are married: over the age of 65, 72 per cent of men compared to 39 per cent of women live with their spouse (ONS,

[1] This paper is based on our 2003 journal article: 'Older Men, Social Integration and Organisational Activities', *Social Policy and Society* (vol. 2.2:81-9). The article presents findings from a research project on older men, their social worlds and health behaviours, as part of the Economic and Social Research Council (ESRC) Growing Older Programme. Award Number LS 480 25 4033.

2000). Demographic trends show that in the UK, an increasing proportion of men over the age of 65 will live alone in their later years.

The social support that accompanies marriage enhances quality of life for both men and women, and research has shown that marriage may exert a health protective effect especially for men (Goldman *et al.*, 1995).Older men in particular face distinct challenges in maintaining social networks on the dissolution of their marriage, whether from death or divorce. Solo living in old age is associated with an increased likelihood of experiencing loneliness, social isolation and depression (Wenger *et al.*, 1996; Victor *et al.*, 2002). Older men without partners, for example, are more likely to enter residential care, despite having lower average levels of disability than lone older women (Arber and Ginn, 1995; Tinker, 1997). At all ages over 50, divorced and separated men followed by widowed men report poorer health than single or married/cohabiting men (Thomas *et al.*, 1998). However, until comparatively recently, the significance of marital status to the lives of older men has been largely overlooked in social policy investigations (Arber *et al.*, forthcoming). Even less attention has been paid to organised community support systems which may help maintain independence and ameliorate loneliness, particularly for the burgeoning group of older men who live alone in their later years.

Communal support systems and older people

Research by Wenger *et al.* (1996) identified the importance attached to the support mechanisms of communal social exchange for older women. Statutory and voluntary organisations providing social facilities are presently geared mainly towards the needs of lone older widows. There is little social infrastructure in place for men who live alone in later life.

There is a body of literature on communal social care support for older people, such as offered by day centres and luncheon clubs run by local authorities and charitable institutions (Hodgson, 2000; Thewlis, 2001). However, this takes a social policy perspective, focusing on passive notions of what can be *done for* older people. The sparse and somewhat dated literature on active compared with passive involvement in leisure activities (Backman and Crompton, 1990) has addressed cessation of participation, rather than the level of passivity/activity among members of different types

of organisations. Correspondingly, comparatively little is known about active participation of older people in non-welfare-orientated communal social settings and how this participation may be influenced by gender, age, social class and marital status (Davidson *et al.*, 2001). A fuller understanding of why older men attend such organisations may shed light on why they tend to shun welfare-orientated organised settings.

Gender differences in social networks

Throughout their adult lives, women tend to have a larger, neighbourhood-based network of friends and support systems than men, and are also more likely to maintain a substantial proportion of these networks after retirement and/or widowhood (O'Connor, 1992;Chambers, 2000). These friendships take place both within the home (Russell, 1999)and among social group organisations (Bennett and Morgan, 1993). Men, on the other hand, tend to have employment-based friendships that are more likely to be reduced or lost on retirement (Miller, 1983; Adams, 1994).

Widowed men have been found to rely more heavily, and for a longer period, on their family after bereavement than widows, who are more likely to have a long established support network in place (Davidson, 2001). Unlike widowed men, divorced men are less likely to have a close relationship with their adult children (Perren and Davidson, 2002). Analysis of the 1999 British Household Panel Survey shows that divorced and never married men were the least likely to participate in any social organisation (Perren *et al.*, 2003). These findings for older men contrast with older women, who regardless of age, marital and socio-economic status are more likely than men to report regular, satisfactory support from a wide range of sources, for example from social clubs, neighbours and friends as well as children (Scott and Wenger, 1995). These gender and marital status differences have implications for the ability of older people to develop social networks both within and outside the domestic sphere.

Aims

This paper examines older men's involvement in different types of formal social organisation, in order to better understand why older men appear to avoid traditionally

run organisations specifically geared for older people. We also examine to what extent social organisations provide a source of support for widowed, divorced and never married older men, the groups most likely to lack informal social support networks.

Methods

A list of 37 different types of social group and organisation within a ten mile radius of a town in south-east England was acquired from a variety of sources including the Citizen Advice Bureau, the Internet and local knowledge. These organisations comprised voluntary, local authority, church and military social clubs; sports and leisure clubs; pensioners groups and the University of the Third Age (U3A). Three organisations (the Women's Royal Voluntary Service, the Townswoman's Guild and the Women's Institute) had women-only membership and were not included. The remaining 34 organisations were contacted and 25 managers/secretaries agreed to our visit.

We experienced particular difficulty in gaining access to private sports/leisure clubs, because committees or other intermediaries needed to be approached for permission to visit. Whereas, the managers of statutory and voluntary clubs specifically for older people were enthusiastic at our interest and encouraged a visit. An initial telephone or written contact was followed by a lengthy visit during the day and/or evening. Some organisations were visited more than once in order to obtain interviews with a selection of members. The managers, or in some cases the Secretary or Treasurer, were interviewed and asked about the age, gender balance and occupational profile of the membership, as well as the size and primary function of the club. In every club visited, between one and five older men (depending on availability) were interviewed individually about their involvement, including length of membership, frequency of attendance and degree of active participation in events. The interviews were not tape-recorded but notes were taken during the visit, with permission of the interviewee. Detailed fieldnotes on the location, time of day, ambiance, attitude of the managers/members etc., were made immediately following the visit.

We also carried out semi-structured interviews with 30 married or cohabiting, 33 widowed, 12 divorced or separated and ten never married men (a total of 85). These interviews were carried out on a one-to-one basis, usually in the respondent's home and were tape-recorded and fully transcribed. The sample was selected principally from the

age-sex registers of two general practices but also from those responding to posters and flyers placed in different types of organisation that include older people, other GP practices, leisure centres and day centres.

Active and passive functions of social organisations

The clubs frequented by older people can be categorised not only by age and gender of their membership but by the extent to which they have active or passive functions. We found that the older men had usually belonged to the same organisations for many years. Most of these organisations fulfilled the dual purpose of providing social interaction and a forum in which to be active (such as sports) and/or 'useful' such as carrying out voluntary work. In contrast, the clubs that had a predominance (over 80 per cent) of women members were perceived as providers of passive pursuits – rather than members *doing* for others, members are *done to* by others. We will first discuss the types of social organisations attended by older men.

Social clubs and activity

Many organisations attended by older men are exclusively male but include a range of age groups. These organisations, such as the Freemasons, the Lions and Rotary Clubs serve a dual purpose. Members can enjoy social interaction as well as being able to carry out 'useful' or 'welfare' work both within and outside the membership. Being useful conflates with the masculine imperative of work, routine and profitable use of time (Mac an Ghaill, 1996), particularly for the generations born during the first four decades of the 20th century (Savishinsky, 2000). Membership of these clubs and organisations tends to be middle class men, who have often been involved with local businesses.

Although an important source of socialising, the Royal British Legion is different from other organisations as it was set up primarily for the welfare of veterans of the First World War, and continued its work after the Second World War and subsequent military campaigns. The vast majority of members are men from the non-commissioned ranks, and therefore, unlike other male orientated clubs and organisations, the membership is predominantly working-class.

The clubs that were frequented by a range of age groups and also included women were more likely to have middle-class membership and were the most difficult organisations to access for the study. The greater the degree of human capital of members, which includes health, physical fitness, social integration and economic resources, the more power the men had to resist involvement in our research, which they perceived both to have no relevance and to be of no benefit to them. Many of these clubs were private sports and leisure clubs, and here, physical ability, or lack of disability, and access to financial resources were essential to membership.

Social clubs and passivity

There was a perception among the older men that the only 'activities' at day centres involved sitting around, chatting or playing bingo – the sort of things that 'old women' enjoy doing. One manager said,

> *For men there's a stigma attached to coming here. They see the place as a ghetto of old people. And I think men feel threatened by the presence of all these old women.*

We asked older men who belonged to clubs other than those specifically for older people, if they were likely to attend a day centre or luncheon club. One 79-year-old man at a golf club said,

> *I wouldn't be seen dead in a place like that – it means you've had it, you've given up.*

Another 73-year-old man at the Royal British Legion, said,

> *I don't need to go there, I'm not using a stick yet!*

Some managers of clubs for older people reported that the few men under the age of 75 who did attend, tended to do so for a short period during the day, just 'bouncing in' usually to take advantage of an inexpensive lunch and then go on to a pub together, or to the Royal British Legion. Of those who stayed, most saw their attendance as 'active' and part of the volunteer force, drivers, helpers or activity organisers, rather than as passive clients. The few men that we saw at the clubs were older and frailer, and tended to be more solitary, reading the newspaper or dozing in their chairs. Of the 85 men

interviewed in the community, only two (one widowed and one never married) said they would occasionally go for a cheap lunch. The following responses were typical of the remainder.

Jack: 66, married

> *It never occurred to me, no. Well I might do, I suppose, if I was left on my own, or something, but not at the moment, no.*

Gareth: 71, widowed

> *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 through the window is enough for me!*

Mostly, the men said they had nothing in common with people who frequented the day centre, whether this related to socio-economic circumstances, mental and physical health, or age.

Kevin: 75, widowed

> *No, I don't think so. I suppose the social activity I've got, there is always the golf club and that's where I meet people and you know with quite similar backgrounds. A lot of civil servants and so on.*

There is, however, a recognition that the centres ‘do good’, but that the ‘doing good’ is not relevant to them, and their sense of autonomy and independence.

Bert: 65, never married

> *I suppose maybe a bit of snobbishness. I don't feel a need for it. Yes, they do good work. They offer opportunities for social contact and they have a mini-bus which brings people in. Services such as hairdressing. And those who haven't got a bath, there's a bath there I understand. Cheap meals which are adequate, but at the moment I don't feel the need to go there. … I suppose if I got past doing my own cooking, then I might go, because it's so close, just go around there.*

Dan: 72, divorced

> *Well I really feel that my own personal view people in day centres are just sitting there waiting to die. … I think so yes. I mean okay maybe I will be pleased to go there at 90, I don't know. If you look at them they are all sort of people that - I mean I am very lucky, I have got my health haven't I?*

Generally, they said there was no ‘need’ to go, and could only envisage attending as a ‘last resort’ if they were unable to look after themselves.

David: 73, never married

> *I don't know probably if, probably if I got really incapacitated and forgetting. People would take me perhaps by car to the day centre to get me out but it’s not something I would do while I can nosey around and get about, yes.*

Clyde: 68, married

> *I've never felt the need. I've always imagined them sitting rather, oh I won't express my views. No I haven't and I don't believe with my perception of what they are like, I need to say much more. … Well I wouldn't expect to find lively company there and I would like lively company please.*

Paul: 67, divorced

> *I think it's a sad thing that people actually have to go to day centres but they do, some of them are jolly places but they don't appeal to me naturally.*

In essence, the clubs did not ‘appeal’ to the older men we interviewed. Our research suggests that only when men deemed themselves ‘too old’ or ‘too sick’, at which point they were more likely to be less active, did they contemplate attending an organisation geared specifically to the needs of older people. Toby (80, married) summed it up, when asked what he thought could be done to make day centres more appealing to men:

So obviously one has got to try to convince them that it is a good place to go. Again, you have to consider the fact I was talking to you about pink and blue earlier. Day centres tend to be a pink thing, not a blue thing. Clubs would be a blue, not a pink.

Making day centres 'a blue thing'

Nevertheless, there were some exceptions, such as a club for older people whose membership was over a third male. Run jointly by the local borough council and Age Concern, the recently appointed Manager had changed the name from 'day centre' to the 'centre for retired people'. Care assistants and helpers no longer wore a uniform, thus minimising the 'regimented' and 'medical' atmosphere within the centre. There was a snooker table, used almost exclusively by the men, likewise a computer club, and the centre was licensed to sell wine and beer. The centre attracted members from outside the transport catchment area (wherein transport was free or subsidised), and the manager was particularly pleased that members were prepared to pay for their transport costs, in order to attend. Nevertheless few, except two very elderly men (both in their 90s, widowed and living in adjacent sheltered accommodation), were middle-class. Most older men were married and attended with their spouse. The men interviewed reported that the atmosphere was "just like a *normal* social club" (our emphasis). This perception – that day centres are not 'normal'- should be acknowledged by agencies seeking to facilitate social interaction particularly among vulnerable groups of older men.

Interestingly, another day centre we visited was also considered 'normal' by the members, and was frequented by more men than all the day centres or luncheon clubs except the one mentioned above. As a result of a local authority initiative, there were adjoining but separate facilities that catered for people with dementia and other mental health problems. This meant that the atmosphere within the centre itself was more lively, encouraging such activities as line dancing and indoor bowls, enjoyed by both men and women. The average age of membership tended to be younger than in the clubs where older people with mental health problems shared the rooms and facilities. It was the view of those managing the service that segregating older mentally infirm people increased the attraction for younger, fitter, members. This finding may have implications for

integrated and non-integrated service provision for older people with mental frailty and is worthy of further investigation.

Conclusion

Our findings have important implications for service provision in the community, which has at its core, the commitment that older people should be independent for as long as possible (Arksey, 2002). It has been argued that clubs geared to responding to the health and social needs of older people provide a locus of social interaction and information that helps frail older men and women maintain independence (Thewlis, 2001). However, our findings suggest that partnership status, class and notions of appropriate masculine behaviour influenced the choice of organisation to which older men belonged. Men who belong to social clubs and other organisations in later life tend to have joined when they were younger, and are involved with dual purpose social/function orientated organisations, are still married and tend to be middle-class. We suggest that the importance of activity and 'doing something useful' does not diminish with advancing age as long as the older man maintains reasonable health and mobility. If older men are no longer sufficiently mobile to be able to continue with their long-standing organisational activities, they are less likely than older women to take advantage of clubs specifically geared to the needs of older people. Clubs which catered for 'women and old people' were viewed as a last resort or, more commonly, a place they 'wouldn't be seen dead in'. However, there are lessons to be learned from the club we studied where older men attended and considered it to be a 'normal' organisation.

We suggest that policy changes are needed to make day centres, luncheon clubs and other clubs specifically aimed at older people more congenial for older men so that they do not feel they are 'yielding up' their individuality, or admitting some sort of 'defeat' by attending. Once attracted to leisure interests not associated with women's activities, our research reveals that men are more amenable to partaking in health promoting pursuits such as ballroom and line dancing, and indoor bowls. More importantly, they find themselves in an environment that enhances quality of life owing to increased social involvement and concomitant reduction in social isolation. To attract older men attention should be paid by local authority and voluntary organisations to offering suitable facilities

and activities so that they may be supported in leading socially integrated and independent lives within the community.

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Response to Keynote Address

Dr Maura O'Shea, Department of Public Health, WHB

Dr Davidson outlined some very interesting facts about older men and their reluctance to attend day centres. It is, I think, worthwhile to reflect on these in relation to the development of day services for older people in Ireland.

The population of older people in Ireland is increasing. Men, on average, live seven years less than women: they have an average life expectancy of 72 years compared to 79 years for women. Some of the factors that contribute to this lower life expectancy include heart disease and cancer, which are the main causes of death in men. In addition, four times as many men as women are killed in car accidents. The rate of suicide among men is three times greater than it is among women. In the last ten years or so the suicide rate among men has increased fifteen fold. It has doubled over the past 25 years and stands now at 18 per 100,000 of the population. This increase is particularly noticeable among older men and, in particular, among older men living in rural areas. The risk factors for suicide are being male, age, unemployment, social isolation, being recently widowed and never having married, and chronic illness.

It is also a fact that men are less likely than women to use health services: they do not present for health checks or follow-up checks following treatment; they rarely make an appointment to see a doctor; and having a full physical every two years is not a practice among men. Indeed, the majority of men – young and old – believe that they are invincible and tend to ignore health warnings on road safety, workplace safety and safe sex.

Lone older men are more susceptible to social isolation and risky health behaviours than are married men. I believe that this is something we should bear in mind when we talk about the role and future development of day services in Ireland. We have to encourage older men, and in particular lone older men, to use these services. In order to attract men and encourage them to take part, these services must offer socially-based activities that are imaginative, participative and responsive to men's needs.

Closing Remarks

Bob Carroll, Director, NCAOP

Thanks to Dr Kate Davidson for a most helpful paper that will inform our thinking about and planning of day services provision in the future. A key question arising for me is: if day centres are pink things, do we want to mix some blue or should we look to develop separate blue centres?

Thanks also to Dr Maura O'Shea for highlighting from her experience some of the issues of importance in the future development of day services for older people in Ireland.

The WHO document on Active Ageing published last year at the World Assembly on Ageing reminds us that gender, together with culture, is a cross cutting determinant of active ageing:

> *Gender is a 'lens' through which to consider the appropriateness of various policy options and how they will affect the well-being of both men and women.*

To the chairpersons and speakers, and to all of you who were participants at the workshops, thank you for your contributions to important discussions on different kinds of day service, and on promoting health in them.

Thanks also to Dr Deirdre Haslett without whose work in preparing the report the conference would not have had the focus it had, or taken the directions it did.

Thanks to Pat O'Dowd and Kathleen Dunleavy. It was most helpful to complement the findings from the scientific research with a health board perspective from Pat O'Dowd and a voluntary service provider's perspective from Kathleen Dunleavy.

Thanks to Sinead Quill and the Consultative Committee. The day services research project was overseen in a consultative capacity by a most excellent Consultative

Committee, who gave of their time freely under the expert chairing of Dr Ruth Loane and with the assistance of our Research Officer, Sinead Quill. We thank each of them for their assistance, and Sinead too for her presentation this morning.

Without a framework, we flounder in whatever we do. It is always most valuable to stand back and critically reappraise the frameworks we use. This is most important when considering services for older people who are so often the victims of negative stereotyping and ageist behaviour. We should always keep under review what we do on behalf of older people, to ensure that the human dignity of each person remains paramount. We thank Alastair Graham for getting our thoughts going in the right direction on these matters at the beginning of the day.

To the hotel staff for their help and to Council staff all of who pulled together under Michelle Rogers' leadership to make this conference the organisational success it was. We thank Michelle and Samantha Kenny most particularly for their meticulous planning and organisational endeavours.

Speakers' Biographies

Cllr Éibhlin Byrne

Cllr Eibhlin Byrne currently works with Depaul Trust, an organisation that manages hostels for the homeless in Dublin. She has been an active member in a voluntary capacity with a number of organisations including the Society of St Vincent de Paul and the Dublin Rape Crisis Centre. A graduate of University College Dublin, she holds a number of degrees including a Masters Degree in Equality Studies. She was appointed Chairperson of the National Council on Ageing and Older People by the Minister for Health and Children in 2003.

Noel Byrne

Noel Byrne is the CEO of the Westgate Foundation and co-founder/director of Ballincollig Senior Citizens Club. The Foundation, which was launched in 2002, provides a full range of services for older people in Ballincollig and surrounding areas including day care facilities, residential accommodation and a variety of activities. Noel is a current member of the National Council on Ageing and Older People.

Dr Suzanne Cahill

Dr Suzanne Cahill is the Director of Dementia Services Information and Development Centre at St James' Hospital Dublin. She also lectures in gerontology on an Aged Care Policy course at Trinity College Dublin. Her background is in social work practice, teaching and research. Before returning to Ireland in 1999, she worked for many years in Australia. Her current interests include dementia and quality standards, family care-giving, assistive technologies, and dementia and elder abuse.

Dr Finbarr Corkery

Dr Finbarr Corkery is a general practitioner with the Medigroup in Cork. He has a long-standing interest and expertise in the care of older people as medical director of St

Patrick's, a 64-bed hospital in Cork that provides extended and respite care. He was a member of the National Council on Ageing and Older People from 1990 to 1994.

Dr Kate Davidson

Dr Kate Davidson is a lecturer at the University of Surrey and is course director of MSc courses in ageing. She is also co-director of the Centre for Research on Ageing and Gender (CRAG) at the university. Her background is in nursing and health-visiting, and her particular areas of expertise are qualitative research with older people, focusing on their health and social relationships.

Kathleen Dunleavy

Kathleen Dunleavy joined Killeshandra Social Services at its inception in 1974 and has been a voluntary member ever since. During that time she has held various positions including secretary and vice-chairperson. She has been chairperson for the last twelve years. The organisation has developed from a purely social gathering once a month to the present situation where full day-care services are offered one a fortnight.

Alastair Graham

Alastair has been involved for a number of years with services for older people in both the voluntary and statutory sectors. He is currently undertaking project work for the Eastern Regional Health Authority (ERHA) and the North Western Health Board (NWHB) on the development and implementation of quality integrated person-centred services for older people.

John Grant

John Grant is the CEO of the West of Ireland Alzheimer Foundation, a group which pioneered the In Home Support Service for Alzheimer patients and built Ireland's first purpose-built respite home. The Foundation now provides over 11,000 day beds for Alzheimer patients and carers in the west. It recently won the FÁS National Initiative Award for its work.

Mary Harkin

Mary Harkin works with Age and Opportunity and is programme director of Go for Life, the National Programme for Sport and Physical Activity for Older People, an Age and Opportunity initiative funded by the Irish Sports Council. The idea of Go for Life is based on research which challenges sedentary lifestyles in older age. It aims to show the physical, psychological and social benefits of remaining physically active in older age.

Dr Deirdre Haslett

Dr Deirdre Haslett is founder and director of Nua Research Services, an independent research consultancy. Since its foundation in 1993, Nua Research Services has worked with a diverse range of social, educational and health agencies in the Republic of Ireland and Northern Ireland.

Sheila Kirwin

Since 1990, Sheila Kirwin has worked as a nurse in the community and as activities coordinator at the Carnew Day Centre, County Wicklow. At Carnew she works alongside the Daughters of Charity and a local committee that has developed the Carnew Day Centre and Community Village. She is also a member of the Home First project team.

Dr Ruth Loane

Dr Ruth Loane is a graduate of Trinity College Dublin. She trained in psychiatry in the Western and Eastern Health Boards. She undertok higher specialist training in old age psychiatry and general psychiatry in St Mary's Hospital, London. She was appointed Consultant in Old Age Psychiatry in Limerick in 1998.

Dr Helen McAvoy

Dr. Helen McAvoy is currently leading the development of the National Council on Ageing and Older People's Healthy Ageing Programme. She worked in the clinical rehabilitation of older people in Ireland and Australia before undertaking a Masters in Health Promotion with the Centre for Health Promotion Studies in 1999. Her MD thesis

examined the role of day care in maintaining the health and quality of life of older people in Connemara.

Mary McDermott

Mary McDermott is Regional Director of Services for Older People in the Western Health Board. She was involved in the preparation of the Board's recent five year strategy for the promotion of the health of older people and the provision of health and social care services to them. She is a current member of the National Council on Ageing and Older People.

Veronica McNamara

Veronica McNamara is a native of Cork. She is a registered General Nurse, Psychiatric Nurse and Midwife. As a former Director of Nursing, she has worked for both the Department of Health and within the private sector. She is also a former Manager of a Cosmetic Surgery company. Veronica is currently employed as Eastern Regional Officer with the Alzheimer Society of Ireland.

Mary Nally

Mary Nally is a nurse with special interest and experience in the care of older people. She has extensive experience in community-based caring services and in caring for hospitalised older people. She established the Summerhill Active Retirement Group in 1988 and has led many innovative developments aimed at fostering the contribution of older people to community development. Mary is a current member of the National Council on Ageing and Older People.

Dr Maura O'Shea

Dr Maura O'Shea is a pubic health specialist with an interest in older people and older men's health. She is the author of a study on older people at risk and in long stay care in Co. Galway. She was a member of the Western Health Board Men's Health Strategy

Group. The strategy, *Us Men, Our Health* identified, among other things, issues facing men over 65 and made recommendations to address these issues.

Mike O'Shea

Mike O'Shea is a native of Dingle, Co Kerry. He is a retired school principal and his background is in education and counselling. He is treasurer and founder member of the Dingle Peninsula Men's Group.

Donal O'Sullivan

Donal O'Sullivan is currently PROBUS Liaison Officer and organiser for much of Ireland. A retired Garda officer and member of Rotary International for several years, he hs been responsible for organising PROBUS clubs in several centres in his native Kerry.

Sinead Quill

Sinead Quill is Research Officer for the National Council on Ageing and Older People. She has an MSc in Applied Social Research from TCD.

Hilary Scanlan

Hilary Scanlan has extensive experience in the community and voluntary sectors having worked as both a social worker and community worker. She currently works as care group coordinator in Kerry Community Services. She was closely involved in preparing the Southern Health *Board's Ageing with Confidence Implementation Plan* in 2000. The plan advocates the development of a range of day centres and social satellite centres in the region.

Patsy Smith

Patsy Smith is a native of County Cavan. Before retiring he worked as manager of the North Eastern Cattle Breeding Society. His ambition was to retire as soon as his children were educated so that he could do the things he enjoyed such as gardening, fishing, attending and watching sport, golf, travel, computer training and community work.

Seamus Walsh

Seamus Walsh was appointed Eastern Region Development Officer for FARA in 2002. A retired ESB administrative officer, he was co-founder and first chairperson of Castleknock ARA. He was elected to the position of Treasurer for FARA in 2000.

Terms of Reference

Terms of Reference

The National Council on Ageing and Older People was established on 19 March 1997 in succession to the National Council for the Elderly (January 1990 to March 1997) and the National Council for the Aged (June 1981 to January 1990).

The functions of the Council are as follows:

1. To advise the Minster for Health on all aspects of ageing and the welfare of older people, either at its own initiative or at the request of the Minister and in particular on:
   (a) measures to promote the health of older people;
   (b) measures to promote the social inclusion of older people;
   (c) the implementation of the recommendations contained in policy reports commissioned by the Minister for Health;
   (d) methods of ensuring coordination between public bodies at national and local level in the planning and provision of services for older people;
   (e) methods of encouraging greater partnership between statutory and voluntary bodies in providing services for older people;
   (f) meeting the needs of the most vulnerable older people;
   (g) means of encouraging positive attitudes to life after 65 years and the
   (h) means of encouraging greater participation by older people;
   (i) whatever action, based on research, is required to plan and develop services for older people.
2. To assist the development of national and regional policies and strategies designed to produce health gain and social gain for older people by:
   (a) undertaking research on the lifestyle and the needs of older people in Ireland;
   (b) identifying and promoting models of good practice in the care of older people and service delivery to them;
   c) providing information and advice based on research findings to those involved in the development and/or implementation of policies and

services pertaining to the health, well-being and autonomy of older people;

d) liaising with statutory, voluntary and professional bodies involved in the development and/or implementation of national and regional policies which have as their object health gain or social gain for older people**.**

3. To promote the health, welfare and autonomy of older people.
4. To promote a better understanding of ageing and older people in Ireland.
5. To liaise with international bodies which have functions similar to the functions of the Council.

The Council may also advise other Ministers, at their request, on aspects of ageing and the welfare of older people which are within the functions of the Council.

Membership

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