Summary of an Evaluation Report on two Pilot Projects

Co-ordinating Services for the Elderly at Local Level: Swimming against the Tide

National Council for the Elderly

NATIONAL COUNCIL FOR THE ELDERLY

The National Council for the Elderly was established in January 1990 in succession to the National Council for the Aged which began in June, 1981. The terms of reference of the Council are:

To advise the Minister for Health on all aspects of ageing and the welfare of the elderly, either on its own initiative or at the request of the Minister, and in particular on

- *measures to promote the health of the elderly,*
- *the implementation of the recommendations of the report, The Years Ahead — A Policy for the Elderly,*
- *methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for the elderly,*
- *ways of encouraging greater partnership between statutory and voluntary bodies in providing services for the elderly,*
- *meeting the needs of the most vulnerable elderly,*
- *ways of encouraging positive attitudes to life after 65 years and the process of ageing,*
- *ways of encouraging greater participation by elderly people in the life of the community,*
- *models of good practice in the care of the elderly, and*
- *action, based on research, required to plan and develop services for the elderly*

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Co-ordinating Services for the Elderly at Local Level: Swimming against the Tide

By

Michael Browne

NATIONAL COUNCIL FOR THE ELDERLY

Co-ordinating Services for the Elderly at Local Level:
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was prepared for the National Council for the Elderly by
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The full report is available from the Council at

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Price *£1*

SUMMARY OF EVALUATION REPORT ON TWO PILOT PROJECTS

CO-ORDINATING SERVICES FOR THE ELDERLY AT LOCAL LEVEL: SWIMMING AGAINST THE TIDE

Chapter Outline

The report contains eight chapters.

- *Chapter One* sets out the background and origins of the pilot projects.
- *Chapter Two* presents an overview of key issues relating to service co-ordination, as found in the research literature, which are considered relevant to the Irish context. It discusses the general concept of service co-ordination and identifies the problems associated with its operationalisation.
- *Chapter Three* describes the research approach used in the evaluation of the pilot projects.
- *Chapter Four* sets out the committee structures and functions of the pilot projects, traces the main aspects of their establishment and development and summarises the programme of work undertaken by each project.
- *Chapter Five* presents the findings of interviews held with the committee members, both steering and local, of the two projects[1].
- *Chapter Six* presents two case studies of schemes undertaken under the auspices of the pilot projects which point to some of the problems and difficulties associated with the practical implementation of local service co-ordination.

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[1] A more comprehensive account of these findings in respect of each of the project committees (two steering committees and six local committees) is provided in *Co-ordinating Services for the Elderly at Local Level: The Experience and Perceptions of Project Committee Members* which is available from the National Council for the Elderly.

- *Chapter Seven* sets out the findings in respect of the pilot projects based on the researcher's perspectives. It identifies and analyses significant issues and relationships and discusses how these are related to the experience and outcomes of the pilot projects.

- *Chapter Eight* summarises the main findings of the evaluation of the pilot projects and sets out a series of general policy issues arising out of the experience of the pilot projects and the analysis of that experience.

- The *Terms of Reference* for the pilot projects, drawn up by the National Council for the Aged[1], are included as an appendix to the report.

Background, Objectives and Structures of the Pilot Projects

(Chapters 1 and 4)

- One of the pilot projects was located in Dun Laoghaire Borough, a predominantly urban area, which forms part of the Eastern Health Board community care area 1. The other pilot project was located in South Tipperary, a predominantly rural area which forms most of the South Eastern Health Board Tipperary S. R. community care area. The pilot projects were initiated jointly by the health authorities and local authorities in the two project areas in accordance with *Terms of Reference* drawn up by the National Council for the Aged[1] and operated for a four-year period, 1987 to 1991.

- The pilot projects centred on the establishment of formal arrangements for the exchange of expertise, joint planning and joint action at local authority and community care area level in order to improve the delivery of services at local level to elderly persons.

- The design of the projects provided for the establishment of a steering committee in each project area with a broad planning brief covering all aspects of services for the elderly in their catchment area. The inter-agency, inter-professional and inter-sectoral composition of the steering committees was designed to reflect this broad agenda (4.2).

- The functions of the steering committees were:

[1] Now called the National Council for the Elderly.

- the assessment of housing, health and welfare needs of the elderly,
- the proposal of programmes of action for parent bodies to implement,
- the identification of good practice elsewhere which could be emulated in the area,
- the co-ordination of agreed programmes of action,
- the evaluation of programmes implemented,
- the direction of a number of local committees with an action focus, and
- the integration of the private and voluntary sectors in the area.

■ The project structures also provided for the establishment of local committees, representative of the various statutory and voluntary service-providing agencies and disciplines, and ideally with a population of 15,000 to 20,000 people within the project catchment areas (4.2). The tasks assigned to these local committees were:

- improving co-ordination locally,
- identifying local needs and resources,
- maintaining an up-to-date "at risk" register,
- evaluation of existing service delivery,
- advocacy on behalf of elderly clients,
- liaison with local institutional care units,
- making recommendations to steering committee on measures to improve services, and
- offering consultation to local service providers.

■ Both projects established a committee structure which functioned over the four-year period of their existence - four local committees in the

case of the Tipperary S. R. project and two local committees in the case of the Dun Laoghaire project. Each project engaged in a programme of work which, though not as extensive as envisaged in the *Terms of Reference*, was practicable in terms of the limited resources available and the circumstances prevailing. Day care centres were established, voluntary sheltered housing schemes were instigated, the issue of support services for family carers was addressed and a number of key policy issues in respect of service co-ordination and the elderly were highlighted (4.4 and 4.5).

The Experience and Perceptions of Pilot Project Participants (Chapter 5)

- There was a strong similarity in the perceptions and experiences of respondents in both project areas. In both project areas the experience of the local committee personnel was somewhat different than that of their respective steering committees. Specifically, local committees appeared to have experienced more strain and higher levels of frustration than the steering committees. On the other hand, however, all of the local committee members indicated some tangible achievements - the establishment of day care centres, housing schemes, support schemes for family carers.

- There was a high level of personal commitment to the pilot projects among participants. Considerable efforts were made to establish, develop and maintain the projects despite very severe restrictions of time and resources. However, despite these efforts, a picture emerges of a committee process under strain for the duration of the pilot projects.

- There was a strong feeling among participants that there were many positive outcomes from the pilot projects. The view of the majority of members was that important groundwork for the ongoing local co-ordination of services had been carried out and that a number of barriers between agencies and disciplines had been broken down. While all members regarded the pilot projects as a very useful learning experience, some considered that what was achieved did not justify the amount of time and energy that had been expended.

- There was a general consensus that the project committees did not carry out the functions as set out in the *Terms of Reference* in any systematic

way. In general, it was considered that the type of approach to needs assessment envisaged in the *Terms of Reference* was quite beyond the scope of the resources and skills made available to the local committees. It was also felt that the project *Terms of Reference* should have been elaborated and spelled out in more specific terms before the projects were established and that more preparatory work should have been done before the committees were established.

- Participants were in agreement that the project steering committees did not engage in the primary *planning* function assigned to them. Rather, the projects adopted a more *ad hoc* approach to programme development and consideration of issues. This was regarded generally as worthwhile.

- The relationship of the statutory bodies to the pilot project was regarded as one of goodwill and support in principle. This, however, was felt not to have been matched by the provision of resources or support at the higher administrative levels of the agencies involved. While the involvement of the respective health boards in the projects was clearly evident, many respondents were unclear about the local authority involvement. While the local authorities were in theory jointly responsible for establishing the pilot projects, and, while they nominated representatives to all of the committees, their involvement was generally regarded as being marginal to the work of the projects and concerned only with housing issues.

- There was general agreement that the membership of the project committees was in practice less than satisfactory. Neither project succeeded in effectively involving the general hospital sector or the psychiatric services. Representative involvement of the voluntary sector, of the general practitioner service, of the private nursing home sector, of family carers or of older people themselves was not achieved by either project.

- The resources available to the projects were considered to have been inadequate. Members pointed to the general climate of service cutbacks which militated against a developmental approach. The lack of time for statutory committee members to engage in project work and the unsatisfactory nature of the administrative and secretarial back-up provided for the project committees were regarded as definite constraints. The absence of a development worker during phase one of the Dun Laoghaire project and until the final year of the Tipperary S. R. project was perceived as a distinct drawback.

- Better information exchange, greater appreciation of other people's roles and difficulties, and improved teamwork and communication were

regarded as the main achievements of the projects. There was a general recognition that a climate of co-operation had developed among the personnel involved. Participants considered that some worthwhile schemes had been put in place as a result of the project and that many relevant policy issues and gaps in service provision had been identified and brought to the attention of the relevant statutory bodies.

- There was a general consensus among participants that local service co-ordination and specifically the type of committee process envisaged in the pilot projects would be greatly enhanced by:

  - the clear identification of realistic tasks and goals at the outset in accordance with available resources;
  - the presence of a project development worker from the beginning;
  - some induction process for committee members;
  - the provision of basic budgets for committees;
  - the provision of basic training in committee procedures;
  - the provision of secretarial and administrative support services and staff time appropriate to meeting the tasks and goals specified;
  - the provision of resources by parent statutory bodies to encourage and promote co-ordinated development and teamwork.

Main Outcomes and Policy Issues Emerging

(Chapters 7 and 8)

- It is a tribute to the commitment and goodwill of the people involved that the projects continued for four years, that some new services were put in place, that important gaps in service provision were identified and that useful information exchange and improvements in inter-agency, inter-sectoral and inter-professional working relationships occurred at local level over the period.

- In practice, considerable difficulties were experienced in respect of the establishment and development of the pilot projects. Committee functions set out in the *Terms of Reference* were not carried out systematically in either project area. However, a co-ordinated approach

was initiated and a platform was established in both project areas for ongoing local service co-ordination.

- The projects did not succeed in adequately involving the voluntary sector, the general practitioner service, the private sector, family carers or elderly persons in their own right. In addition, the involvement of the general hospital sector and the psychiatric services of the health boards was unsatisfactory.

- The experience of the pilot projects reflected the complexity of the co-ordination task and pointed to the major structural and institutional barriers which need to be overcome if effective service co-ordination at local level is to occur. Such barriers arise because of a number of factors:

  - Government Departments with separate functional responsibilities;
  - a highly centralised administrative system which tends to limit the scope for innovative development at local level;
  - conventional status differences between professions which inhibit creative and effective inter-disciplinary working;
  - agency traditions and discrete functional responsibilities put limits on inter-agency collaboration at local level;
  - the absence of a clearly articulated policy on partnership with strategies for the effective involvement of the non-statutory sectors - voluntary and private - in the planning and policy-making mechanisms of the State.

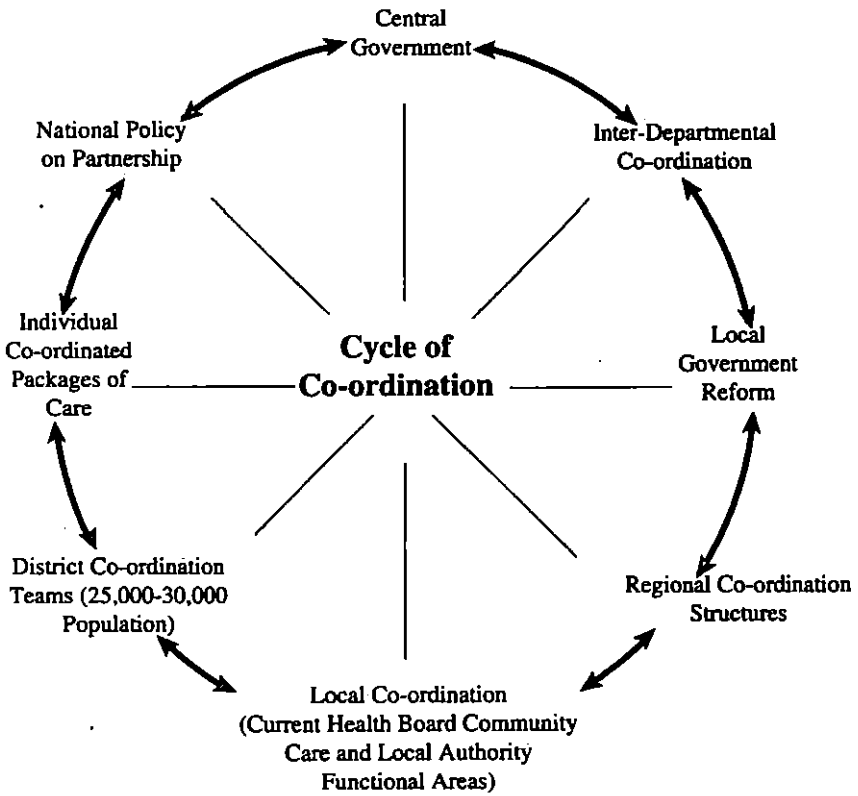
- The experience and outcomes of the pilot projects points to the need to develop an ethos of co-ordination throughout the whole of the administrative system. (See Figure 8.1). This requires:

  - inter-Departmental co-ordination;
  - a national policy on partnership;
  - local government reform;
  - structures for co-ordination at local and district levels;
  - inter-disciplinary packages of care for those in need.

- Three key factors may be identified as pre-disposing towards innovative development in the area of service co-ordination at local level:
  - specific resources for joint working;
  - induction and training in inter-disciplinary teamwork;
  - the presence of a key development worker.

FIGURE 8.1

Dimensions of service co-ordination



SUMMARY OF NATIONAL COUNCIL FOR THE ELDERLY RECOMMENDATIONS ARISING FROM THE EVALUATION REPORT

The recommendations which follow are intended to stimulate a constructive discussion at all levels on the development of service co-ordination policy as outlined in *The Years Ahead* report[1].

(a) Promoting an Ethos of Co-ordination at National Level: an Agenda for Action

The recommendation contained in *The Years Ahead* report (Department of Health, 1988), that the Departments of Health, the Environment and Social Welfare agree administrative arrangements to ensure co-ordination of policy towards the elderly at national level, should be implemented immediately. Policy issues arising from the working of such an arrangement should be highlighted in a discussion document and brought to the attention of Government.

The three Departments should also consider the joint sponsorship of further research into the area of local service co-ordination - and into such good practice as may exist - with a view to monitoring progress and identifying ways in which national policies might facilitate appropriate measures at local level.

A key task on the agenda of such an interdepartmental discussion should be to distinguish between measures to be taken at different levels. In this context discussions between Departments would be rendered more concrete if the experience of certain schemes which already involve co-ordinated action were reviewed.

(b) Facilitating Co-ordinated Development

(i) Enabling Legislation

Joint action between agencies at local level was anticipated to a limited extent in the Health Act, 1970. For example, Section 25 of the Act provides generally for assigning health board functions or powers to

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[1] Department of Health, *The Years Ahead: A Policy for the Elderly*, The Stationery Office, Dublin, 1988.

local authorities. More use might be made of such provision in order to give a firm statutory backing to new initiatives in co-ordination. The need for additional legislation should be addressed where existing provisions are inadequate.

(ii) Joint Financing

In addition to statutory measures aimed at enabling joint action and co-ordination to take place, there should be a method of providing joint financing for such initiatives. The key element in such financing is that it would be conditional on the initiative having a meaningful degree of collaboration between statutory agencies or between agencies in the statutory, voluntary, private or informal sectors.

(iii) Terms of Reference

Terms of reference for joint initiatives should be worked out in realistic and concrete terms with specific objectives, tasks and methods of work. These should be agreed at the most senior management level of the jointly contracting agencies who may then be expected to give their fullest backing to the personnel involved.

(iv) Development Workers

Health boards and local authorities engaging in co-ordinated development of services should deploy a development worker on a full-time basis to facilitate and develop collaborative arrangements for service planning and delivery. Such development workers should have appropriate direction and adequate administrative and secretarial back-up services.

In view of current public spending constraints, it might be necessary to initially assign certain of the tasks of a development worker to existing employees of the health boards.

(v) Induction Courses

Health boards and local authorities should arrange induction and training programmes for all personnel becoming involved in co-ordination initiatives and inter-disciplinary teams and should ensure that there is an adequate lead-in period for such personnel. This is particularly

important when the initiative involves the systematic identification of the local service needs of the elderly population and the joint planning of services in a comprehensive way. The induction and training procedures should be appropriate to the tasks envisaged.

(c) *Education for Co-ordination and Inter-Disciplinary Teamwork*

Health boards and local authorities should collectively pool resources in order to develop a comprehensive education and training programme in inter-agency co-operation and inter-disciplinary working. Such a programme might be organised in conjunction with the Institute of Public Administration.

(d) *Integrating the Non-Statutory Sectors in a Co-ordinated Approach*

(i) The Voluntary Sector

Health boards should assign personnel, one in each community care area, to work with and facilitate the development and organisation of voluntary bodies and networks providing services for the elderly and to facilitate their more effective and representative involvement in service planning and provision. While using district electoral divisions as units for the purposes of local area co-ordination, development workers should be sensitive to existing church/parish catchment area boundaries, particularly when fostering good neighbour and community surveillance schemes in rural areas.

(ii) The General Practitioner Service

The Department of Health should enter into negotiations with the Irish College of General Practitioners with a view to developing mechanisms for the representative and systematic involvement of general practitioners in planned local service co-ordination.

(iii) The Private Sector

Health boards should enter into discussions with the private nursing home sector with a view to identifying mechanisms for complementary and co-operative working.

(e) Co-Ordination Between Health Boards and Local Authorities

Meetings should be held between the Health Board Chief Executive Officers and the relevant County Manager to discuss co-ordination issues. The Health Board Programme Managers, the relevant Director of Community Care, the Local Authority Housing Officer and other relevant personnel should be involved in such meetings as deemed appropriate.

(f) Health Board Administration and the Elderly

(i) Programme Structure

Problems will continue to arise from the current programme division of services in the health boards. This is part of a more general issue which has been discussed in the report of the Commission on Health Funding and the reports of the Dublin Hospital Initiative Group. We support much of the thinking behind these reports which appears to accord with the recommendations of the WHO on providing an integrated and comprehensive range of health services under area managements with responsibility for health promotion, community and hospital services.

While we are not advocating the creation of a special programme for the elderly, we feel that there is merit in the recommendation contained in *The Years Ahead* that "the health and welfare needs of the elderly be considered as a distinct but integral part of a new planning system for the health services." Specific duties in relation to planning services for the elderly should be assigned to specified personnel at health board level, with or without other duties depending on the size of the board. The person in this position would also liaise with Co-ordinators of Services for the Elderly at community care area level and with hospital administrators.

The Co-ordinator of Services for the Elderly at community care area level should be the key liaison person at local level between community care services, acute hospital services and continuing nursing care services in long stay units. It is very important that those occupying this post receive the time, budgetary resources and authority necessary to establish new ways of working at local level.

(ii) Co-ordinated Packages of Care

Health boards should adopt a policy of seeking to co-ordinate packages of care for selected individual elderly persons in need of a high level of

care. Such packages of care would be individually tailored and would involve the optimal use of available support services - statutory, voluntary and family-based. Careful piloting of such a policy would be required and this might be done in selected areas under the direction of Co-ordinators of Services for the Elderly. A more precise model of case management for policy purposes could thus be developed.

(iii) Liaison Between Hospital Services and Community-based Services

The Department of Health should constitute a small working party to examine in detail the interface between hospital services and community-based services across existing programmes and to make recommendations for improving liaison between the two.

(iv) Co-ordinating Services at District Level

Health boards should ensure that adequate resources, personnel and administrative structures are made available to districts (25,000 - 30,000 population) where co-ordination mechanisms are to be established in accordance with *The Years Ahead* report bearing in mind the complexity of the co-ordination task. Local co-ordination committees and district teams should also have some finances directly at their disposal and should be able to arrange basic training courses as required.

(v) Day Care Centres

Problems have often arisen in relation to the successful establishment and targeting of day care centres. Day centres typically require the co-ordination of transport services, the appropriate mix of professional personnel and a combination of voluntary and statutory inputs. Health boards should address these issues and establish stronger mechanisms for the development of imaginative day care programmes involving a range of disciplines and for more effectively integrating the voluntary sector in the joint provision of such day centres.

(g) Family Carers Allowance

The Minister for Social Welfare has decided to review the Carer's Allowance. In this context the Council would refer to its research on carers (National Council for the Aged[1], 1988) where it recommended:

[1] Now called the National Council for the Elderly.

a) a broadening and reform of the Prescribed Relatives' Allowance provided by the Department of Social Welfare, and

b) the introduction of a constant care allowance from the Department of Health for carers providing care for heavily dependent persons at home.

The replacement of the Prescribed Relatives' Allowance by the Carer's Allowance in October 1990 did not adequately address the needs identified by the Council. The *combination* of a means test and the requirement that the carer provide constant care takes no account of the extraordinary burden of care carried by up to one third of carers. These, the carers of the *most heavily dependent* - often demented or incontinent - elderly, ought to receive support from the State in return for their caring contribution, without a strict means test. This matter ought to be jointly reviewed by the Departments of Health and Social Welfare.

(h) Housing Design for the Elderly

The Design Guidelines of the Department of the Environment on "Elderly Person Dwellings" and the National Rehabilitation Board Guidelines on housing design for the disabled are important bases on which to further the development of appropriate new and adapted housing services for the elderly. Local authorities, voluntary housing associations and private developers should promote consultation between architects, occupational therapists and potential users on the design aspects of housing for the elderly. Formal links should be strengthened between health boards and local authorities for this purpose.

(i) Further Research on Co-ordination

The National Council for the Elderly should continue to undertake research as appropriate on local service co-ordination for the elderly and continue to advise on co-ordination issues.

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NATIONAL COUNCIL FOR THE ELDERLY REPORTS:

1. *Day Hospital Care*, April 1982.
2. *Retirement: A General Review*, December 1982.
3. *First Annual Report*, December 1982.
4. *Community Services for the Elderly*, September 1983.
5. *Retirement Age: Fixed or Flexible* (Seminar Proceedings), October 1983.
6. *The World of the Elderly: The Rural Experience*, May 1984.
7. *Incomes of the Elderly in Ireland: And an Analysis of the State's Contribution*, May 1984.
8. *Report on its Three Year Term of Office*, June 1984.
9. *Home from Home? Report on Boarding Out Schemes for Older People in Ireland*, November 1985.
10. *Housing of the Elderly in Ireland*, December 1985.
11. *Institutional Care of the Elderly in Ireland*, December 1985.
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13. *Nursing Homes in the Republic of Ireland: A Study of the Private and Voluntary Sector*, September 1986.
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16. *Attitudes of Young People to Ageing and the Elderly*, March 1987.
17. *Choices in Community Care: Day Centres for the Elderly in the Eastern Health Board*, September 1987.
18. *Caring for the Elderly. Part I. A Study of Carers at Home and in the Community*, June 1988.
19. *Caring for the Elderly. Part II. The Caring Process: A Study of Carers in the Home*, November 1988.
20. *Sheltered Housing in Ireland: Its Role and Contribution in the Care of Elderly*, May 1989.
21. *Report on its Second Term of Office*, May 1989.
22. *The Role and Future Development of Nursing Homes in Ireland*, September 1991.
23. *Co-ordinating Services for the Elderly at Local Level: Swimming Against the Tide*, September 1992.

NATIONAL COUNCIL FOR THE ELDERLY FACT SHEETS:

Fact Sheet 1 — Caring for the Elderly at Home.
Fact Sheet 2 — Carers: You Matter Too!

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