Information Provision for Older People in Halton

Age UK Mid Mersey Engagement

June 2019

Supported by:

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1. Background and introduction

Information provision and low-level support are vital elements to ensuring that older people can quickly and effectively access and navigate the services and support they require to maintain their independence and well-being.

Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

"Information is not a luxury, but a commodity we need in some abundance if we are to manage our lives well.

And there are heavy penalties to pay for not having information- wrong decisions, missed opportunities, wasted time and money, even pain.

The irony is that information often exists, somewhere, but does not get to the people who need it in a form that enables them to act on it."

Lord Young of Dartington.

2. Engagement on Information Provision

In May 2019, Age UK Mid Mersey held a focus group with its Older Peoples' Expert Panel to explore the needs and problems faced by older people in relation to information provision. This was requested by the panel as a topic for discussion during a workshop in March 2019. Whilst the panel is aware that there are several agencies working in Halton providing a range of information to older people, they wanted to take a step back and look at how older people access information. Eleven expert Panel members were involved in a deeper discussion and since February 2019, 63 clients have been engaged with regards to gaining a deeper understanding of the issues around information provision (this is an ongoing programme of engagement around issues affecting older people). This report also reflects the views of our Information and Advice Service who speak to several clients per day.

The panel members examined:

- *The barriers older people face in getting information - particularly becoming aware of services which could help them;*
- *Older people's views on what information services they want and their key priorities in terms of vehicle/format*

The Care Act specifies that Local Authorities must ensure that people have sufficient information to make an informed decision about how their needs are met. In Halton there are several providers of information who work jointly, networking and sharing good practice through meetings such as Partners in Prevention to ensure that the most vulnerable people in the community are provided with an accessible and quality service. Specialist organisations such as the Stroke Association, Alzheimers Society, Runcorn and Widnes Cancer Support, Macmillan, Halton Haven, Mind, Vision Support, Carers Centre, Age UK Mid Mersey, Deafness Resource Centre, Red Cross, Sure Start to Later Life, Halton Disability Partnership, Citizen's Advice, Health Improvement Team and many others come together to support older people to maintain the best quality of life that they can in whichever life situation they find themselves; from providing support to a carer, applying for benefits through to help when discharged from hospital.
For the purpose of this study we have consulted with Age UK Mid Mersey Information and Advice Service as well as speaking to individual clients as part of the ongoing engagement work we carry out.

Age UK Mid Mersey's Information and Advice Service in Halton works across the Borough to give a wide range of signposting, information and advice to people over the age of 50, their families and carers.

Type 1 Signposting/information (typically lasting less than 30 minutes)
The client knows what Information they need. Information is provided to the client and they go away and act on this information.

Type 2 Information/advice (typically lasting one hour)
The client may not be clear about what it is they need. For example; they have been told by a friend that they should be eligible for additional income due to poor health.
In this case, Officers would ask further questions to establish if they could be eligible for disability benefits. If it was felt that they fitted the eligibility criteria, the client would be advised to put a claim in for the benefit and they would be provided with the relevant contact details to do so. In many cases support would be provided to complete complicated forms or make relevant phone calls.

Type 3 Casework (typically lasting at least one and half hours per session with clients being seen on more than one occasion)
The client presents with multiple issues, often with long term conditions or sensory impairment. Clients will have access to impartial information for their individual circumstance enabling them to make informed choices about their future. The service takes a holistic approach, looking not just at the initial problem but also at how the client's lifestyle, income and health may be impacting upon the situation. Generally speaking, it is the experience of Information and Advice that this type of client will not move forward without this type of support.

Through talking to clients, we have found generally that self-sufficiency arises through necessity or choice. Some older people are self-sufficient seekers for information; lots more are reliant on other people. As the service moves from type 1 to 3, the volume of clients decreases but the amount of time increases per client as type 3 clients have multiple issues requiring a more holistic approach from the Information and Advice Service.

As explained previously, this consultation was initiated as a result of talking to our Expert Panel. They felt that this subject needed to be explored and discussed with reference to older people. It is important to note that although our focus group sessions are structured, we allow for more of a discussion and this is very much led by the participants. Eleven panel members booked onto the session. We also asked several individual clients where they looked for sources of information and had similar discussions with them if they were willing to expand.

The questions asked at the session in May are outlined below:

1. What sort of information is important to you to live a good quality of life?

Health: type of info

Finance: type of info

Social: type of info

2. How do you find out where to get information on activities/health/finances from?

Main sources: discussion.

3. What format do you prefer information in? (Online, face to face, leaflets etc.)

4. Do you feel confident navigating information online?

5. How do you think much older isolated people manage to find information if they aren't online?

6. If all information was online how would you feel about that?

3. Findings

Our main findings are outlined below.

Older people experience barriers in accessing information in three ways:

- **becoming aware** that there is information, advice or advocacy that can help in their situation;

"You don't know what you don't know"

There appears to be concerns around what people think they need and what they really need to know – are people missing out on what they are entitled to? There appears to be definite differences in quality of life for those who access information and those who don't, as illustrated by those who access appropriate benefits, care services and information on travel and social activities.

- **gaining access** to appropriate and comprehensive information and advice; and

- **further assistance and follow up** to act on the information in order to achieve a solution (particularly those with low confidence/sensory impairments)

Health information

The older people we spoke to want information across a range of health and social care services, particularly following the onset of illness (their own or that of family members). Needs for a variety of health information as well as advice about welfare benefits were frequently mentioned in the discussion, as was assistance in filling in complex benefit claim forms.

People look for **"Professional health information backed by the NHS"**. Participants are particularly interested in weight management, exercise and how to live well and what to expect at what age. Other participants mentioned that they would like to know when you *don't* need a GP referral and can self-refer as they felt that this information is still not widely available and that GPs have little time to sit and discuss.

Discharge from hospital packs were another issue mentioned – some felt that certain hospitals had got it right (such as Whiston), but that it could be hit and miss at other hospitals and they felt that made older people without an advocate incredibly vulnerable and unable to speak up when they were leaving to go home from hospital. When asked if participants understood how to access additional support in the community following discharge from hospital, panel members said that they would go through their GP – again, the GP appeared to be a main source of information but there are concerns around time and resource.

One major source of complaint with regards to ongoing support from hospital was follow-up. Participants felt that the onus is very much on the patient to report any issues.

"Sometimes there is no follow up check that the person is okay at home" and **"Care packages can be "bitty" and difficult to pull together to make one package that works".**

A final comment was made that people still not aware of the "Telecare" system and the costs and benefits.

Social Activities/general

There was a great deal of discussion around single travel. More and more people are travelling on their own and participants generally felt that there was not enough information around "how to" travel alone in terms of insurance, keeping costs down , availability of single rooms and information needed on those companies that treat single people fairly.

A lengthy discussion was had around the impact of retirement – there is not enough support available to prepare – with budget reductions– participants felt that they are left to adjust and yet, there seems to be more support on preparing people for work.

Comments were made about older people being provided with almost too much information (information overload) by organisations and the person feeling overwhelmed with it – it needs to be provided at a pace suitable to the individual. One organisation held group sessions for older people being referred to them via a GP - if that organisation explained that there was an opportunity for a one to one after the group, **"You would be more likely to stick with it"**.

Participants felt that GPs do not have time to socially prescribe. But felt that GPs are a "primary" source of information for the most vulnerable or carers with regards to loneliness and isolation.

Information about how social media can benefit older people would be useful – whilst there is a lot of warning about the risks, it might be a good thing to combine the warnings with some positivity.

It was agreed that one point of information (with a telephone number) for social activities would be of benefit – but that this would need to be updated constantly with a staffed contact number as "**There is nothing worse than making the effort to get somewhere to find it closed, especially as you might have had to get two buses!**"

"It's one thing providing the information – it's a whole other thing actually going on your own"

Finance

All participants agreed that this topic is a minefield and felt that this was the most intimidating aspect of information. Benefit forms can be off putting and complex. All of this creates a barrier to claiming the right benefits – much of the information is online, you can save money if you apply online for certain services – it literally costs more in many cases to do things offline. Much of the information around benefits is word-of-mouth and you do need a trusted agency/expert to help you.

Older people lacked information about reliable tradespeople who could do household repairs, cleaning or gardening. They felt that they were open to scams and that information on avoiding this is useful although they conceded that, even with this, many older people are vulnerable due to lack of confidence.

The thought of claiming benefits can be off putting – previously in life, one wouldn't have needed benefits and there is also the uncertainty of older life which can complicate matters. The marketing information should encourage people to claim without judgement or making them feel that they are "needy".

"Not so bad, if you are doing it for someone else!"

How do you find out where to get information on activities/health/finances from?

Participants discussed how best to get information out to people so that you can help them. They agreed that for some people, it can take time to build up those relationships and break down the barriers.

"It's not a case of just talking once"

This type of engagement provides individual person-centred support to older people facing difficulties in particular those struggling to cope with life changing events, e.g. bereavement, illness, divorce, retirement, going into care etc.

There is a lot of pride within this group – some Age UK Mid Mersey clients won't even have a blue badge because they don't want to be seen as older/needing support.

All agreed that community groups are important for disseminating info and one participant mentioned that he carries out a "role call". **"Is anyone not here? Do we need to call on them? Are they okay?"**

Within the group of Information and Advice clients engaged it would appear that local knowledge, GP surgeries, friends and less frequently community groups were cited as main ways that people found out where to get information, with several citing hospital staff such as ambulance staff when being transported to hospital as important. Age UK Mid Mersey clients value the active approach taken by health and social care staff who advised them of additional services they could receive.

One participant mentioned the importance of having a "paper record" so that you can remember where you got the information and a copy of what was discussed – **"You do forget"**.

What doesn't help is that many agencies work in the area and **"Nobody is joining the dots….services are still disjointed".**

There were several good examples of where information about available support can reach people mentioned – GPs, shops, hairdressers, chemists and prescription delivery services, carers and care organisations, free local newsletter (e.g. Inside Halton), Age UK Mid Mersey, Direct Link, SureStart, neighbourhood schemes, community groups, churches, libraries.
Participants want to see all agencies working together to promote each other.

"Many older people develop trust with an information provider and they have that local knowledge where to go – almost like a routine or a habit"

What format do you prefer information in?

Most of the focus group participants are comfortable with searching and finding information online. All participants felt that the best way to inform, in an ideal world, is face to face or over the phone with a well-designed leaflet coming close second. All information must be either regular and/or timely depending on the issue. As previously stated, most participants and Age UK Mid Mersey clients would feel a lot happier if somebody provided them with a sheet of paper with all the contacts and what was discussed during the appointment.

Unlike the Expert Panel, most Age UK Mid Mersey clients that were engaged do not use digital technologies and search engines to look up information.

Many of these people have a genuine fear of technology and do not have access to a PC or tablet. Many Age UK Mid Mersey clients value the personal assistance provided, especially those whose ability to seek out information for themselves is restricted. Continuity helps to instil trust and confidence that the problem will be resolved.

When asked if they would prefer information to be subject or agency based – participants responded with *BOTH*. Subject based is easier to understand in the first place but this must be delivered by a trusted Agency to instil trust. The perceived trustworthiness of the information provider was also important. In some topic areas, the independence of the advice giver was valued; in others, it was their expertise. Although, most participants repeated that working together and ensuring that there was no duplication was important.

Language used is important – it needs to be positive where possible. For example – many older people would not wish to be described as "elderly frail people".

If information must be online, Expert Panel participants were okay with this but they pointed out that due to the group of older people that do not access information online, websites are not always easy to navigate, **"You can get lost – closing tabs down – only to find you've got to start again!"**

People worry about scams. Does education about scams work or is it about vulnerability and confidence? It was agreed that it's probably a combination of the two. It is about **"…being savvy – can you teach savviness?"** and **"Assertive friend needed!"**

"People have different capacities and those who are vulnerable have to trust others which can make them all too open to being scammed".

Do you feel confident navigating information online? And If all information was online how do you feel about that?

Again, most of the Expert Panel would be comfortable with this, however WIFI, tablets, PCs are not affordable to everyone and they all agreed that many older people are literally, **"…terrified of technology - it feels like you have less control"** and **"This would be rather limiting and, dare I say, rather boring!"**

"If website designers spoke to older people – they might learn a thing or two about how to make things more accessible!"
Participants also pointed out that printed information is not always perfect – there can be issues with text, format, colour and so forth; with costs and distribution being expensive.

How do you think much older isolated people manage to find information if they aren't online?

General comments were made about how the community has changed – people seem less friendly and welcoming, **"No one smiles or says hello"**, **"People are not as polite and there is less eye contact".** They felt that this attitude could be more prevalent in urban areas. People are less likely to offer help – **"It's more a case of "Well, you know where I am!""**.
For those that are truly isolated, they are faced with a double edged sword – too trusting but yet the need to trust. They don't always have the option to speak to neighbours. A trusted agency or joint approach helps – participants preferred this approach as the local authority can seem **"authoritarian"**
"Goodness only knows where someone who has no one and who is ill or has sensory issues gets the help they need and the right information!"
All participants agreed that this is where working together with other agencies and organisations helps, **"The local postman may well know where the truly isolated people are".**
An example of good practice is where GP surgeries invite agencies into the surgery to support their work.

An additional Question – What would be the worst case scenario for information provision?

"Phone number with loads of number options!"

"Online - this isn't ideal for many older people"

"Quiet, barely audible automated messages"

"Foreign accent"

"Trying to prove that you're not a robot!"

"Cold callers – especially to those people that are just delighted that someone has called them"

4. Key messages and Recommendations from this consultation

No single solution could meet all the needs expressed by older people in Halton. The partnerships providing information in Halton are doing well. However, there appears to be a gap for some older people in terms of being aware of where to go for sources information and what information they actually need.

- Many older people are very unsure of what information they need. They simply need help and it is up to the professionals to help them to get the right help in the right format and at the right time – all with the appropriate consent.
- Older people value information that is topic based, however, they prefer this information to be delivered by a trusted agency with a specialism. They do, however, want to see agencies working together to support each other and to avoid duplication or conflicting information.
- It is not enough to provide information – many older people need support in using that information effectively.
- Older people want support that helps to relate information to particular circumstances and assistance to obtain the services they needed. The information provided needs to continue to be available at a point of change or crisis in their lives.
- Older people do not appear to differentiate between information, advice and advocacy - they see it simply as help.
- Online information may well be the future and many older people are comfortable and recognise this, but there is still a group of older people who do not have access to IT and do not trust it. Will this replace a friendly face when that person is particularly vulnerable?
- Older people have diverse approaches to obtaining information. Different modes and styles of information suit people at different times and in relation to different topics. Again, organisations need to be mindful of this.
- A follow-up service is appreciated, ensuring a solution is achieved, rather than simply being referred on to yet another potential source of information. Older people generally desire continuity of contact and to avoid having to retell their story to new people. The personal touch is important - it is resource intense but makes such a difference with face to face being the ultimate in service provision.
- Knowledge about a service is pointless if it cannot be accessed because appropriate means of transport are not available or staff shortages/resources mean that the service is not currently available, or that it costs too much to access.

- Some directories of services tend to be agency-based rather than issue or topic-based, making it difficult to obtain information about diverse needs and always out of date. So whilst many older people like a paper version of information, directories might not be the best solution.
- Feedback is incredibly important to groups like the panel – if they feel listened to and effective, people are more likely to engage.
- Provision needs to be made available to those with sensory impairments as highlighted in the introduction. All local organisations need to work together to share assets in preventing barriers to this extensive group of older people.
- The volume of information available can be as problematic as an absence of information. Examples of information overload were cited – organisations need to be aware of this.
- If information must be provided online then it must be designed with older people in mind – many issues around trust and scams and getting "lost" once they click off a tab and not being able to get back to where they are. Online might work better once a person has become confident and has passed through the crisis phase in their life.

End of Report