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Report on Consultation on Developing a Strategy for Services for Older People in Redcar & Cleveland

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Executive Summary

The purpose of this research is to inform the developing strategy for older people's services in Redcar & Cleveland. The report is based on data collected by Redcar & Cleveland local authority, and illustrates both the quantitative findings arising from the data and the key qualitative themes arising from it. The report also provides a range of illustrative quotations from the user responses, includes postcode and age data information, and summarises the key findings. These findings are compared with national priorities, and considered in relation to recent national reports and relevant academic literature.

The findings (detailed in the summary conclusion) indicate ten priority areas:

Transport; appropriate services to maintain independent living; appropriate housing, remaining in own home and proximity to family and familiar communities; improved home care services; providing for social and emotional needs to combat loneliness and isolation; opportunities for fit older people to continue to contribute to their communities; better dissemination of information re health, welfare and other services; easy access to and local health care; security and safety in their communities; and better support for family carers.

These findings are broadly in line with those found nationally, although concerns with the adequacy of transport, an issue which attracted a lot of negative comment by the users, seems to be considerably more problematic than in the national picture.

1. Introduction

This report is based on data supplied by Redcar & Cleveland local authority, consisting of 103 questionnaires, 22 interviews conducted on a one-to-one basis with service users, and 14 focus groups, of which five included service users. A further 12 responses were included which did not easily fall into the above categories. In total 149 returns were subject to analysis. Due to the wide range of response methodologies adopted findings should be taken as broadly indicative rather than as fully evidenced.

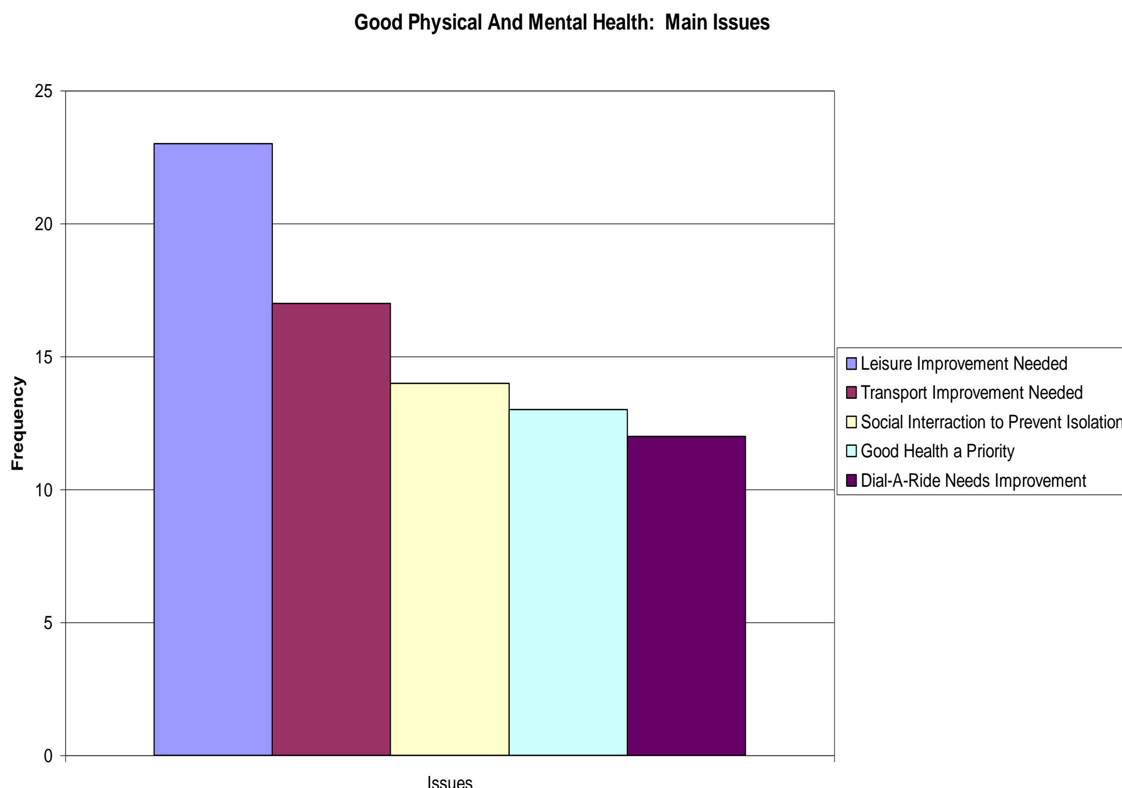
The main body of the report concentrates on findings first of all from the questionnaires, which are illustrated in bar chart form. Following this findings from the interviews are integrated under the five main headings used in the interviews. These are integrated where appropriate as the questions in the interviews did not match exactly to the categories used in the questionnaires. Responses from the focus groups, which were small in number and therefore have limited quantitative validity, are included in Appendix 1, and are also illustrated by bar charts. Appendix 2 contains the postcode and age analyses where these were given.

2. Findings

2.1 Health and Well Being

Discussions under this heading focused around issues of health and general well being, including issues of health care, how health problems affected general well being, and how such issues could be overcome. As illustrated by the chart below, taken from the questionnaires, six main themes emerged: leisure improvements are needed, GP roles in meeting health needs are seen as very important and transport improvement is needed, Dial-a-ride improvement was mentioned as a separate issue, social interaction to prevent isolation needs to be addressed, and good health should be seen as a priority.

Chart 1. Good Physical and Mental Health: Main Issues



Respondents felt that the maintenance and improvement of leisure facilities is important.
“Would like voluntary sector to have more leisure and social activities to get out of the house”.
“My priorities as an active 60 year old are: clean safe environment; good transport; good accessible services and facilities; sport and leisure; good shopping; local theatre; education; less crime”
“Free access to health and fitness centres as promoting keeping fit, flexibility, weight control will all save the NHS money in the long run”

“You need to take a whole approach and invest in the things that make life enjoyable … I would like to see the development of quality shopping and retail outlets. Leisure and culture … the gym facilities are appalling in Saltburn”
“I want to access lots of different activities. When I retire this does not mean I will be old overnight”

Respondents felt that as they became older they increasingly needed good GP support. Some anxiety was expressed re new government proposals about reorganisation, and some concern regarding communication between departments was expressed.
“GP very important in organising help, at our age GP is most important person”
“We think a doctor should be on call day or night anytime … hospitals are too far away”
“It would be nice if our Drs were open on a Saturday morning ...”
“..Developing large medical centres is a retrograde step, the provision of some services in a central position could be beneficial to the community but please keep the individual doctors surgeries”
“Stop putting health centres/clinics (Skelton) in daft locations
“There should be greater liaison between departments with regular disciplinary team meetings. There needs to be better communication from hospital to health and social services”

Transport was clearly a key issue raised.
“People want better transport links – to keep in touch with friends and not be dependent on family so much”
“Few of your proposals can actually be achieved without transport. So please stop looking at issues around improving transport and actually do something”
“Transport is a long problem – I am a wheelchair user. I feel unsafe in taxis. I have numerous appointments at hospital and don’t have anyone to rely on ... the foot clinic in Redcar will not come to my home as they said I was only ‘housebound’ ..”
Linked to the general transport issue were comments about Dial-a Ride.
“Problems with Dial a Ride”
“Access to Dial and Ride. The free bus pass should be extended to this if cannot access bus”
“Dial a Ride takes a long time to answer the phone”

The questionnaires also raised issues of transport. Nearly all of the respondents reported that due to either health or disability problems they now had to rely on others for transport, mostly adult children, and a few relied on day centre transport. This caused feelings of loss of independence, loneliness, boredom and isolation:
“..decision is taken out of my hands as health dictates what I can do”
“a loss of independence and relies on family for transport”
“I still get out and about to day centre but miss the frequency”
“Can’t get out and about as I used to and it makes me very lonely”
“lack of stimulation, more isolation”

Another linked key issue raised was the problem of isolation and the need for social interaction.
"I think it is important elderly people living alone should not feel isolated … luncheon clubs day centres help tremendously"
"Combating social exclusion and isolation should be a top priority for the council in developing a strategy for older people. Improving transport needs and evaluating dial-a-ride services with a regular basis"
"Classes I attended – none of these are available now. Older people enjoyed these classes and the social benefit was important too"
"Would like more people to come to the house so we would have someone to talk to"
"It is important that you ensure older people know what is available and this will require much more 'contact' with them. Circulars and posters in libraries are no use to those who cannot get out to read them."

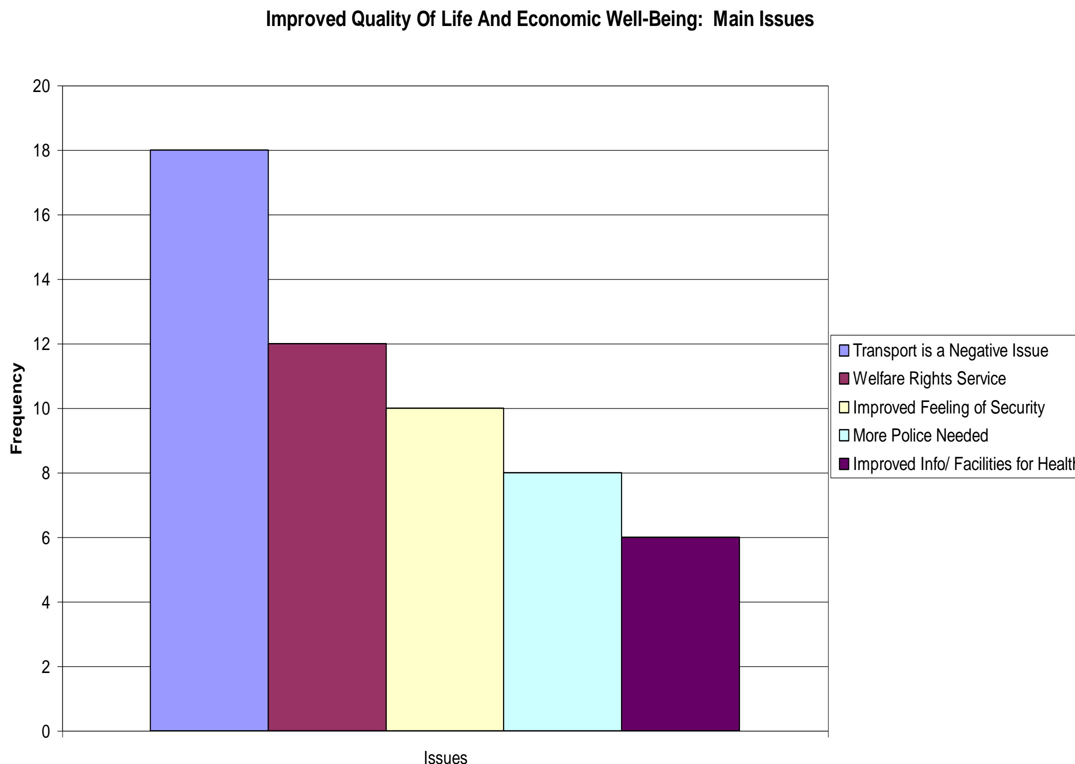
Good health was seen as a priority issue, including preventative measures to ensure the continuation of good health and independence for as long as possible, and treating older people with respect.
"Good physical and mental health as a priority … dealt with in conjunction with appropriate health services based on an individual's health needs, but as a partnership concept"
"All senior citizens should be treated like human beings"
"We must be able to maintain our own lives independently, for longer and to make a contribution for longer. The priority must be prevention. Being 'old' should come at a much later age it is in the mind as well as the body"

Health changes were a key issue raised in the interviews. The majority reported some health problems, although the severity of these varied. The problem of dementia / memory loss or impairment was mentioned quite frequently. The majority also had mobility difficulties or restrictions, and all needed at least some help to carry out daily living tasks. The impact of this was again loss of independence, a need to rely on family, friends and services, lack of activities and not getting out. Several did identify acceptance of care as positive as it enabled them to stay in their own homes, but several reported frustration at the limitations imposed on them by their health:
"I have lost my independence, it's awful"
"… accepted it but get frustrated as unable to be independent … unable to get a can of coke"

2.2 Quality of Life and Economic Well Being

Discussions under this heading included consideration of access to social, leisure and learning activities, income and resources and the provision of good diet, accommodation and the ability to take part in family and community life, and feeling safe. The main issues to emerge from the questionnaires, as illustrated by the chart below, were concerns re the Welfare Rights Service, transport again as a negative issue, a desire for improved feelings of security, improved information and facilities for health, and feelings that more police are needed.

Chart 2. Improved Quality of Life and Economic Well-Being: Main Issues



There seemed to be an issue of people either not knowing about welfare rights or having difficulty accessing information, or feeling they could not get what they felt they needed:
"More should be done to inform people about benefits available"
"Welfare rights department needs to be much more accessible"
"I applied for a disabled facilities grant …was told I am not entitled to have somewhere to sit at a table in my wheelchair … I can no longer enjoy sitting up at the table to eat with my family. This is isolating and affects my dignity"
"What is this access to income and resources how do we find out if we are getting what we can get"
"Take benefits advice into the home"

Transport came out even more strongly as a negative issue in this part of the questionnaire:
"Dial a Ride needs better organisation. Arriva buses won't use request stops to pick up"
"The problem is getting to the bus stop from home a local bus taking in the side roads would be wonderful"
"..the Dial a Ride service has changed for the worse"
"Cheaper accessible transport. Why should carers pay on a bus to accompany the person they care for to hospital or outings?"
"Problems with transport and buses – poor service, long waiting times etc"

There were perceptions of a lack of security from some respondents and a desire for improvements here:
"Cold callers must be made illegal"

“Would feel more safer if could see more Police on the street”
“Anti-social/ no morality people rule the roost in communities. Police need more powers”
“Older people subjected to youths hanging round at the back of properties … people feel frightened”
“Cannot walk outside. I have had trouble with the neighbours ... did get the Crime Prevention Officer involved but nothing changed. Would benefit from extra security”

The need for improved information and facilities for health were again raised in this section, linked to having decent accommodation and a reasonable overall standard of living:
“People should be able to expect a minimum standard of living which ensures their access to quality accommodation … and a decent diet to ensure health”
“Would like training on healthy eating”
“…build homes for life that suit able and disabled … improve homecare”
“Better transport for disabled … getting up and down stairs and getting in and out of bath”
“More training opportunities skills etc to prevent ill health developing”
“Family / friends need to be made aware of support / services”

As above in the responses on security, some respondents felt that more police are needed:
“More police on the beat would be a great improvement and help all citizens feel safer”

There was little comment in the questionnaires on personal finance, but some responses were included in the interviews. The majority of interviewees said that they received help managing their finances, usually from family, but their response to this was mixed, some finding relief at not having the worry of managing financial affairs, and others feeling it contributed to their loss of independence:
”I don’t have to worry as all the bills are paid direct debit”
“Much better impact as I have no money worries”
“I would much rather be able to manage on my own but I can’t”
“Initially it was hard as I felt I’d lost a little more independence but I don’t actually think of it now”
There were no questions which elicited responses on whether respondents had adequate income or not.

The questionnaires did not elicit much response on the ability to take part in family life, but more information was received on this from the interviews. Most respondents still saw family, although this varied in frequency, and not enough to combat loneliness. Several mentioned the loss of a spouse, and others did not see family much because of adult children moving away from the area:
“loneliness my sons do what they can but I am on my own a lot”
“made me a lonely person and I have a lot of time to dwell”
“Family grew up and left the area … I feel lonely as I can’t see them as often as I’d like”

There were a few comments about the need for re housing near to family, which in one case had not been achieved, but also some comment about the benefits of home care services which relieved family members to do other things:
"Family concentrate on visits instead of tasks so more quality time with them" (paid care staff now do tasks such as shopping, washing, bathing)

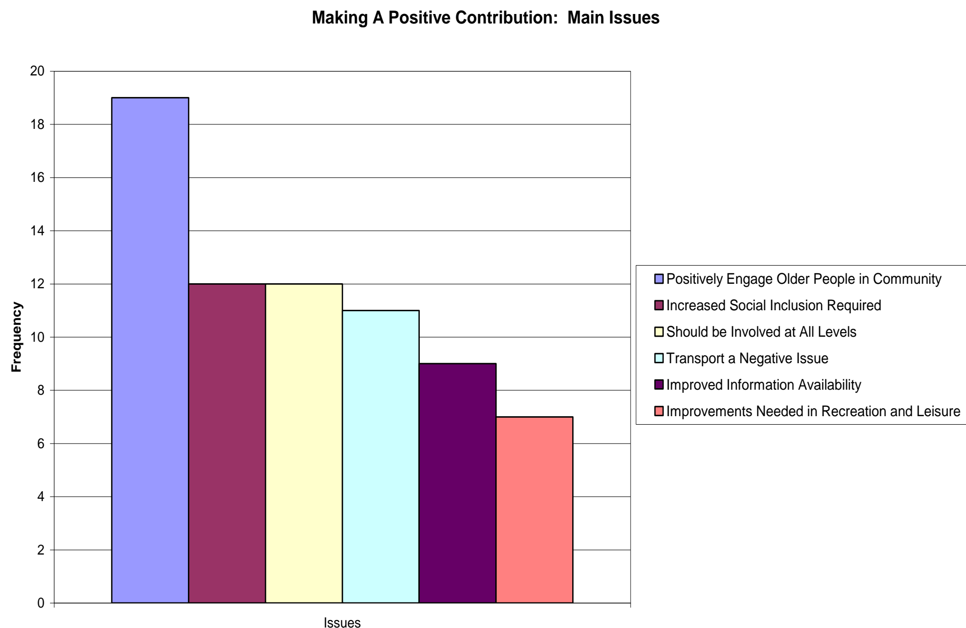
The theme of social isolation comes through quite strongly in the interviews. Respondents reported having to give up activities, due to health or disability, not being able to get out and see people, and difficulty in getting about:
"mainly because I cannot get out on my own to see people. I don't like relying on my sons"
"Lost touch, people ill, died. Can't get out"
"Difficult due to location, no bus route"
"miss social life"

There was a clear difference between the interviewees, in the one-to-one interviews, who had far more health and mobility problems, and who seemed to have very few activities, and the respondents to the questionnaires who on the whole seemed to be still much more active. There was no real indication of what the interviewee group would *like* to be able to do, other than to see more people and therefore not be lonely – "company and conversation" cited by one person.

2.3 Making a Positive Contribution

Issues considered here included questions about whether people were able to actively participate in their community, through voluntary work, social activities or other means, and whether they could engage in and influence local policies which affect their lives. As illustrated by the chart below, the majority felt that it was very important to be able to contribute and be involved. Issues identified were the need for greater social inclusion, transport again was raised as a problem, and improvements are needed in recreation, leisure, information, and access to training and voluntary work.

Chart 3. Making a Positive Contribution: Main Issues



Respondents felt they should be able to participate and be involved, and also that older people have a wealth of experience and time to contribute:
"Older people have a wealth of experience … might not be aware of how much they can contribute to communities. Should be encouraged to take part in local Partnership Boards as they will be able to understand more easily how it can impact on them personally and within their communities"
"It should be an expectation within the mind of the community"
"Older persons should be involved in the policies of the authority"
"Can only be involved if following are accessible and affordable transport; good shopping facilities and leisure, information, good support networks and services, training and education"
"I think older people can actively participate in the community if access to public buildings .. were improved"
"All services need to engage with skills and knowledge of the elderly"
"Retirement will hopefully be the start of a whole new life. The freedom to access things when I want. I may also want to give something back and volunteer with hospitals or with children/ schools. I would like to be respected for my contributions through work but this does not mean I want to be a burden on society …"
"Recognising the positive role older people play in society developing services and facilities in co-operation with older people and other agencies"

In order for this to be possible though the issue of social inclusion for all was raised:
"Listen to people's views in a meaningful way. Develop involvement, don't just pay lip service to it and think you know best. Get out there and develop partnerships break down the barriers and value your citizens"
"Little activity locally. Feel do not have a voice in the wider community"
"Discussions are needed to ensure that as people get older facilities are in place to help them continue to be part of the wider community"

Transport was raised by many as a problem or barrier:
“Transport to get to centre”
“No buses available that go to leisure facilities … buses don’t stop by step on kerb”

Likewise the need for better recreation, leisure and information was repeated:
“Insufficient luncheon clubs and activities for disabled and elderly people in Saltburn”
“I would like a Shopmobility Scheme in Saltburn”
“Would like activities using wheelchairs and would like to do swimming”
“No swimming pool in Redcar”
“Give out info where people can go”

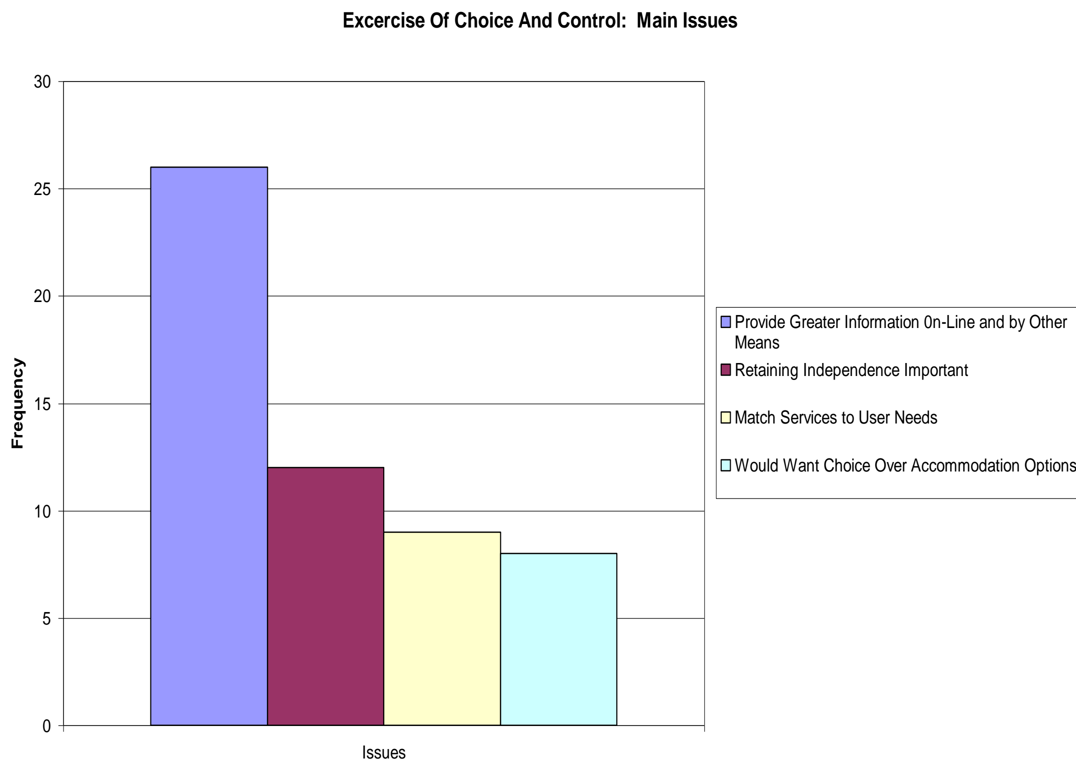
The number of respondents who indicated they were already volunteers was small, but as above some indicated they would like to do this and would benefit from training opportunities. Also indicated was the benefit of breaking down the barriers between older and younger people, and the mutual benefits this would bring:
“Some interaction with young adults should be considered … to help remove older persons increasing fear of young persons which prevents them approaching them”
“…if meeting older people can often give the understanding younger people don’t have”

The responses from the interviewees were more limited in this area. Some had had community roles in the past, but only a couple had any current involvement. Some missed being able to participate, as it added to isolation, and likewise those who responded about work indicated they missed the social life attached to that:
“miss my roles in the community”
“I miss my work mainly the company”
“more time on my own”

2.4 Exercise of Choice and Control

Issues considered here included access to information, the ability to make choices and control services, and the ability to manage risk in their personal lives. As illustrated in the chart below, the main issues identified were the need for more information to be provided, both on line and by other means, the importance of retaining independence, matching services to user needs, and choices about accommodation.

Chart 4. Exercise of Choice and Control: Main Issues



The provision of information in an accessible way is crucial to all service users, and also to all members of the community. Possibly there is duplication of information and confusion when it comes from different sources. While some respondents were happy to use modern sources such as websites, others still wanted direct face to face information.
“Lots of older people are now ‘on line’ and can seek information that way”
“Set up user friendly website to provide access and information and services”
“Access to information is vital – more personal contact or at lest ensuring that knowledge of whom to contact when help is needed is given to each household”
“In some respects there is too much information, a great deal of which is duplicated by different bodies”
“Do home visits to offer advice”
“Don’t know who to ask what is available”
“I can only exercise choice and control if there are options. I require proper information to make choices and someone to talk to to find the information I need”
“There should be some more education for families etc re what could happen re the onset of dementia … what services could be available, positive impacts of home care, de stigmatising”
“What is the ONE number I can ring that will bring in a trained organised team to quickly assess the needs”
“At retirement age people should be sent information about community services directly to their home address”

Retaining independence has been a recurrent them mentioned throughout by respondents:
"There is a need to make sure residents are aware of what is available to ensure that they can stay in their own homes when possible"
"I am pleased about the proposal to provide more care and support to people in their own homes and offer them personal budgets"
"Staying independent, controlling own money and making own decisions help us to feel happy. Don't want people controlling what we do"
"This is simply not true. They are assessed by 'experts' who tell them what services they need …"

Matching services to user needs seems to be an issue, and is linked to the question of real choices:
"People to care – contrary to current housing establishments … would like improved choices, would like to stop having to talk to loads of people"
"All services should be evaluated and monitored. If all services are not standard there is no choice"
"I feel people of a certain age should be able to choose their own services"
"Individual needs and ability must be accounted for"
"The home care services are mediocre and unreliable and there is little choice" [It was unclear if this referred to Local Authority or private sector care services.]
"Older…[people]…should be able to choose and control services and manage risk in their personal lives unless they are obviously unable to do so … people should have more control over the care services … the services need to be far better upgraded"

Accommodation is an important feature of people's lives, and the need for suitable accommodation or adaptation is frequently mentioned, along with the need for families to be able to stay, room for carers to live, (it is not clear from the responses whether this is referring to paid care staff or to other carers) or to be near to family or friends to avoid isolation.
"Priority number 1 houses built should be built to allow for people getting older and consider illness and disabilities … there should be more three bedroom bungalows – adapted to keep families together. People should be able to die at home"
"Unhappy to be in sheltered housing rather than flats – mixed age range. Safety is a major consideration"
"Choice of entering into sheltered accommodation … would wish to continue to live in the scheme … not care home …more bungalows"
"Develop more shared homes in Saltburn to remain close to friends"

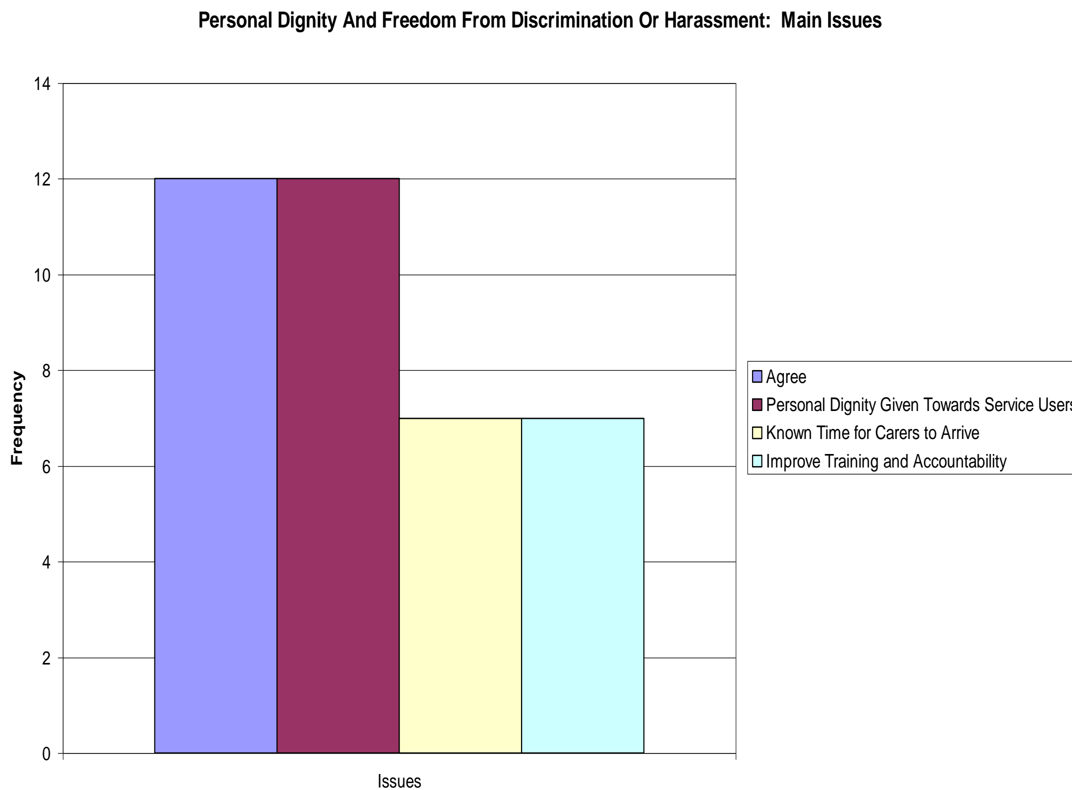
Much of the above seems to go together as can be seen by the following quote:
"I want to make choices about where I live, who I live with, how I spend my money and what care I think I need. I want people who care for me to really understand what maintaining dignity means and practice this in everything they do. I want staff to be well trained, flexible and for them to feel they are really valued – they need to be paid properly"

From the interviews, interestingly although several lived alone nearly all reported feeling safe. Reasons given were that they had lived in the area a long time, knew neighbours, or lived with family and friends around. Several had moved to bungalows or flats to combat mobility problems, and a couple to sheltered accommodation and residential care. These moves were largely regarded as positive, as living and mobility were made easier, and people felt happier and more secure in a smaller property, but there was some sadness expressed at leaving long established homes:
"Difficult being away from friends and making new ones"
"made my life easier living in a bungalow"
"It's made life easier, happier and taken away some of the stress"

2.5 Personal Dignity and Freedom from Harassment or Discrimination

Most respondents felt that personal dignity was an important issue. This is illustrated in the chart below, and also the issues that it was felt might affect this. The main ones seemed to be around the quality and training of staff, whether pay was sufficient to attract and keep the right sort of staff, issues around time of care staff visits, and whether care staff were allocated sufficient time to carry out the necessary duties. If people did not know in advance what time care staff would arrive then it restricted their own freedom and ability to plan their day. Additionally there was concern that people did not know who was going to arrive, care staff frequently changed. The view that overall the home care services required improvement was expressed.

Chart 5. Personal Dignity and Freedom From Discrimination or Harassment: Main Issues



The following quotes illustrate these points:

"Anyone who is accessing care services … should expect to be cared for at a standard which protects and maintains privacy and dignity, courtesy and respect should be available to all on an equal basis"
"I have a bath nurse but I do not always get the same person. It is important to me they are all qualified nurses"
"Yes but should be able to know within a certain time these carers…[care staff]… are coming. This is not the carers…[care staff]… fault it is those who arrange their rotas"
"Pay care staff decent wage. Training and accountability is essential"

"Present home care service is poor. There is very little continuity of care and home visits are often late leaving older and disabled people in bed until lunchtime …Council employees need greater training with regard to equality and disability discrimination …"
"Until care services are taken to another level of real care for older people with staff who are professional and worthy of a decent wage nothing will change … the philosophy (in and out as quick as possible) then again minimum wage what do you expect"
"When older residents require assistance with personal care and care workers should be adequately trained to offer the care in a polite and dignified manner. Sufficient time needs to be allocated to ensure that carers…[care staff]… are

not rushed as many older people have difficulties with mobility and even with assistance cannot perform tasks quickly"
"I am extremely concerned that I may at some future point require intimate personal care. I feel that this would impose upon my choices of what time to get up … what and when to eat … this would remove all dignity and independence unless these services could be available to my choice of timetable and with some choice of carers..[care staff]…"

From the interviews, comments on services were mixed. Some were very happy with the services provided:
"…no, they have helped me when I needed them"
"…excellent service which allows me to go on living on my own"
Others felt there were things which could be improved and that the emphasis could be changed, for example help with DIY and gardening (mentioned by a few respondents scattered across the categories). Continuity of staff as above was also raised, and the issue of too much paperwork for carers. Also attention to more social activities and not just the provision of physical care:
"Yes. I would like the care services to do more with regard to activities outside the home. I appreciate that the carers…[care staff]… have to do cooking and personal care for people but people have other needs socially. It would be nice to go shopping with carer…[care staff]… not just to the local shops. It would be nice to get on a bus and go further afield, It would be nice to go to town and shop for clothes or a new carpet or blinds. It would be nice to go for a coffee. There are a lot of things I need but can't do on my own without support"

The interviewees also reported on their outlook, self esteem and what made a good day or a bad day. There were very mixed responses to these questions, ranging from people feeling settled, still enjoying life and still very sociable, to those who felt very lonely and isolated:
"feels fine, still thanking God. Still relies on family for support. Has good family"
"I feel empty. Sometimes I feel useless"
"Support from carers and support workers, CPN has made my life better"
"Poor, to be honest I feel very little"
"I feel lonely, I don't enjoy my life now"
Some were worried about their health, and others felt they had lost confidence, or were worried about their dependence on others:
"fed up of going to hospital"
"I am still a friendly person but I am not confident anymore I suppose I am lonely"
"I feel I can't do as I used to as I'd be a hindrance"
Good days were being taken out, feeling well, visits with family or friends, company and conversation. Bad days were being alone and / or feeling ill.
"bad day = feeling down and lonely"
"bad day is when I'm lonely and in pain"
Loneliness is very frequently mentioned by interviewees under many of the headings.

Focus Groups

2.6 General Views About Old Age

Discussions under this heading focussed around current and future living arrangements, what kind of social life/ leisure activities were undertaken at the moment or would be likely to be undertaken in the future. Issues surrounding current and future social life and activities, those with whom regular contact was present and current and future financial health were also examined. The following main themes emerged: continued residence in existing homes, the provision of increased leisure facilities and the wish for improved security within the residential area. As noted above, transport is an issue in regards to a continuing social life at the moment and in the future and an increase in leisure/ keep fit sessions were expected. The financial future was viewed as problematic by many who responded to this question, with slightly fewer expressing no concern over their future financial health.

Some respondents reported a limited social life compared to that which they had previous experienced:
"Not safe to go out at night."
"People can't get out."
"I have no social life now."
"Knitting, chatting to friends and listening to music."
This is in contrast to the social life recalled.
"Went to the pub once a week with my husband."
"Out for meals."
"Pictures every weekend, walking and watching TV"

A smaller number of respondents reported a varied social life or the possibility for activities:
"Art Class venue has just moved to Village Hall"
"We can access Bingo, Jazz Bands, Bowls, Computers."
"I still manage to get on holidays with my friends and I come to the centre a couple of times a week."

However, many respondents reported the available of public transport as a limitation on their wider social engagement:
"What's the point of free travel if we don't have buses!"
"Transport is a barrier even if you are able to travel."
"Good transport is needed to get to activities. More Dial-A-Ride."
"Bus Services are only put on profitable routes."
"… sometimes don't turn up."
"Shops/ services limited in the area, need to travel out of town, but public transport not suitable."

Respondents reported concerns over their current and future financial health:
"I can't claim for anything – …[personal finances are at]…about the limit...[for claiming means tested benefits]"
"Worry about not having savings – thoughts of the future is worrying…"
"Disability Allowance should be extended past 65 years old."

"…finances are a worry for the future particularly for people who have saved all their lives."
"Feeling worse off through local and national taxes."

Where respondents stated they were financially healthy they tended not to give details as to why although in a small number of cases this was predominantly due to private house sales.

2.7 Changes in Future Physical Health and Its Affects

Not all focus groups were asked about this area. Aspects covered included accommodation in such circumstances and how a change in physical health would affect the individual in general:

Many respondents stated they would prefer to remain in their own homes with adaptions or support:
"My own home with hopefully family caring for me."
"Would want to stay in my own home with adaptions made"
"Neighbours/ friends help – but know they do not see themselves as carers."
"People in homes are institutionalised. They never get outside"
"Support network would be family and friends but we would like back-up and professional input."

Respondents stated in such a case increasing security and safety would become an issue:
"I would have to move and it scares me."
"Will I be able to sell my house and get something smaller."
"I would be stuck so I would like a system where I could get in touch with people."
"If my physical health declined I feel I would need more safety around my home."

If both the respondent and their partner (if appropriate) both had changes in physical or mental health this was viewed as an issue which would result in a decrease in independence. However, there was still a wish to remain in ones home:
"Would want to stay in my own home regardless."
"Houses that are adaptable – as people get older and their needs change."
"Want to retain independence."

2.8 Gaps In Current Services, When Would Heath and Social Care Assistance Be Required and What Services Would Respondents Be Prepared to Pay For?

Not all focus groups were asked for information regarding this area. Respondents clearly identified the loss of local facilities as a current gap in service provision:
"Keep local shops and facilities."
"…there are not a lot of local amenities…"

"Community Centres are important to community…is rumoured to be closing community centres."
"New Health Centre in Redcar – will there be a new service directly to the facility?"
"Shops/ services are limited in the area – need to travel…"
"Closure of Post Office making situation worse."

Information provision and a centralised information sources were identified as a noticeable gap in current provision. This is an issue which will need to be addressed in the successful highlighting of service availability:
"We need more places for people to drop in to talk to someone. They should be saying 'I can arrange for you to…"'
"People finishing work need help and information for when they retire especially if they aren't currently involved in anything."
"People feel Loftus is missed out in the information loop."
"Benefits information would be good."
"You need to join-up Departments for finances."
"I would like number that you can call with everyday problems."

Transport, was again, identified as an issue of concern to respondents:
"Transport is a big problem."
"Better public transport is needed."
"Loftus buses – sometimes don't turn up."
"Local buses to be accessible."
"We need better transport that goes around the houses."

When considering when they would need help from Health and Social Care respondents felt this would address what would be required in order for them to retain their own independence in their own home:
"Care at a time when I need it."
"A helpline would be useful so I can call in a crisis."
"I want to keep my independence. I don't want to be dictated to by the Council."
"My car would be the last thing that goes."

Reflecting the responses given thought this consultation in terms of the services which they would be prepared to pay for the focus group respondents highlighted provision to maintain their own independence:
"Help to maintain independence."
"I'd pay for anything to help me remain independent."
"Someone to help me get around."
"A list of people – bartering – I could do someone's housework if they could do my gardening."

"Take me to the cemetery as cannot go in car as they have closed the gates at Eston cemetery."
"Transport to get me to where I want to go."
"Bus"

Payment for transport was also highlighted by respondents:

“Dial-A-Ride has had to compromise because of financial constraints.”

Respondents would also be will to pay for home care/ home help services including gardening and home maintenance:
“I’d pay for housework – I wouldn’t want to be looking at dust.”
“A ladies companion – someone to share activities with.”
“Someone to come late to put me to bed.”
“Help in the home.”
“Paying someone to do the gardening.”
“I would pay for the garden to be weeded.”

Overall, respondents main concerns are focussed around the desire to remain independent, issues surrounding public transport and the provision and availability of information.

Other Responses

There were a total of 12 responses which could not be reported upon within the three main categories detailed above for methodological reasons:

- The responses did not address issues within the consultation;
- The responses were meaningless ie asked questions about the consultation document but provided no responses;
- Individual responses were completed by a group;
- The responses were records of meetings which did not address the consultation as the issue;
- The responses were from Local Authority staff members answering as service users;
- One response was from a main service provider not a service user;
- The response arrived after the termination of consultation and after data analysis had been concluded.

A set of main themes emerged across these responses; primarily those related to transport, improvements in information availability and the importance of support to remaining independent within ones own home. The increase in costs of leisure/ education courses and their availability were also apparent.

The most frequently raised issue amongst these responses was, as with the other categories of response, concerns regarding transport:

“…not everyone has a car and public transport is poor.”
“Improving public transport especially to outlying estates…in Guisborough is regularly asked for.”
“Help us to get in Saltburn even a small bus around….”
“Lingdale is isolated, the bus service has been altered and it’s hard to get to Redcar now for anything…”
“The main issue is transport to the places they want to go.”
“We need a more comprehensive transport system especially in rural areas.”

Improvements information dissemination and use were detailed by the majority of respondents, these were focussed on health issues and other information needs:

"Reminding older people of the facilities to keep mentally and physically fit should be considered."
"Not all have computers therefore eg leaflet drops and newspaper articles may be the only information available."
"Make access to the information a priority, make it easy."
"Would like advice on Mobility Allowance and…eligibility for a car on the scheme."
"Needs to be more support to raise awareness of the symptoms of diabetes to encourage people to seek help early."
"…the navigation of the Council website…information is hard to find;"

The importance of retaining independence while continuing to live at home with support and adaptions, if required, was raised in a considerable number of responses. This was, understandably, an issue of concern:

"Want to be in own possibly with equipment to help. Want independence to be able to go shopping etc."
"Don't want to be reliant on family as it causes resentment."
"Health, independence and dignity are the most important things, and being in own home."
"Care in your own home."
"It is positive to read within the strategy the level of commitment to continuing with expanding support through assistive technology…"
"Would definitely want to live where I am with adaptions being made."
"I would make provision to move downstairs in my home."
"We need to ensure that people can stay at home with provision, especially stimulation."
"We are looking at homes for life….in the interim we are providing adaptions and equipment so that people do have to need to move home."
"Planning are looking at pressing developers to build bungalows. Strategy should include building…"
"People are choosing new provision across the borough if they need residential care but many more people are being supported to remain at home.

The importance of education/ leisure courses in promoting social engagement was recognised by respondents who had concerns regarding both increasing costs and provision:

"In Guisborough we have only our public swimming pool – there are no other publically owned, easily accessible exercise facilities"
"As far as we know, there is still no exercise on prescription available in Guisborough."
"There is regret that adult learning courses are becoming more difficult to access for older people… Again cost is important here too."

"Adult Learning and Leisure Classes – previous concessions have been removed. This prevents people from attending."
"Concern was expressed that Adult Learning course fees were going up. If people can't or won't pay then classes won't attract the number of people for them to be held and then they will close…"

3. Comparison With CSED (2007) Anticipating Future Needs Toolkit National Findings

3.1 Focus Groups

Well Being

For the focus groups, including service users, in common with national findings educational/ leisure activities were considered important. Increased course fees and the reduction/ absence of activities were not viewed favourably. Many leisure activities were viewed as a means of social engagement by participants.

As nationally, retirement was viewed as a time of loss of social links and social activities. Social activities either diminished or ceased as a result of changing circumstances.

Unlike the national findings a major issue of concern for the focus groups was the provision and availability of transport links. Transport was felt to be absent or too limited in provision. Dial-A-Ride was subject to comment that it did not extend to a major local NHS hospital, (James Cook Hospital in Middlesbrough.)

Financial provision was, like national findings, viewed as a problematic issue. Some focus group members were concerned they may have to downsize to meet future commitments.

Health and Aging

The maintenance of an independent existence within one's own home was viewed as paramount by members of the focus groups. This was also the case, if, in order to retain such independence, support would be required from the Local Authority or other organisations.

Within this area it was felt there should be easier access to information relating to health conditions both for older people, their families and professional staff, including paid care staff, with whom they came into contact.

It was felt familiarity with adaptive technologies and their use should be a 'matter of course' for the professionals whom user groups came into contact.

As with the national findings a key wish was for 'control of their lives' to remain with older people and for them to play a central role in the decision making process.

Support and Care

As with the national picture support could come from family, friends, neighbours, social services and/ or the NHS. Additionally private sector support was mentioned by some focus group members.

There was a reluctance to involve families in personal care roles, this was felt to be more appropriate for trained, paid care staff. It was felt in such cases that paid care staff should be familiar to the individual and unfamiliar staff should not be too frequent an occurrence. That is, there should be a continuity in terms of paid care staff.

It was felt appropriate for partners to provide personal care if the respondent had a disability but this should be with appropriate support services in place.

It was felt, again, as in national findings, that the majority of care services should be provided by appropriately trained staff.

Accommodation

There was a strong preference for remaining in ones own home for as long as possible with adaptions and support in order to facilitate this outcome.

Major restructuring of facilities within the home was not mentioned by respondents but, one respondent expected they would relocate entirely to the ground floor of their home.

In terms of location area safety was of concern to fewer respondents as was the need to be located closer to facilities. When safety was mentioned this was in regard to lighting of public footpaths and perceived issues of safety through 'youths gathering.'

It was felt there should be an increasing emphasis on the role of planning staff within the local authority to promote the construction of appropriate housing stock to meet future demographic need by developers.

Additional space for family visiting and for paid carers was mentioned by a few respondents who were service users.

Finances

As with the national findings respondents would engage in equity release or selling their home and moving to a smaller property. However, this was a minority view and the majority gave no clear response as to how they would raise extra finances if necessary.

It was a common concern that the state pension was too low and was not keeping pace with rising costs, especially in regards to Council Tax and utilities.

Some respondents felt they were penalised for savings as they were not eligible for some means tested benefits and services as a consequence.

In terms of the services respondents would be willing to pay for, if they had to, services to maintain their independence and for transport were cited. A smaller number would pay for carers (paid care staff.)

3.2 Interviews

Well Being

As with national findings social isolation comes through as a major effect on well-being. The range of activities which were engaged in were also limited compared to those they had previously experienced. The majority of interviewees had some health problems with a majority having some mobility difficulties which required either substantial help or help with all aspects of life.

Health and Aging

The majority used to look after their own health care needs. Interviewees described their health as 'good but......' or 'quite good for my age' The impact of changes in health was to lead to a lack of motivation, frustration and feeling down. The main issue mentioned in terms of other health concerns was dementia and the impact of this on their lives. In terms of the national response there was a focus on loss of mobility and the impact this had on personal health.

Support and Care

Unlike the national findings relationships with family were not defined by the interviewees in terms of care roles. One reason for this was the use of paid care staff to address care needs so families could now visit socially and not to provide care.

In terms of comments on formal care services very few interviewee comments were recorded. Most of those who did make comments were happy with the services received. One interviewee had been unhappy with a previous contractor but was now happy with current care provider.

Accommodation

In terms of response to changes in accommodation, interviewees who responded to this question reported this had been due primarily to changes in health. As with the national results such moves had been determined by a combination of the interviewee, themselves and their partner or family, the GP and Social Services. Unlike the national results which noted that for some such moves caused resentment for all the interviewees in this study the impact of the move was viewed positively.

Finance

As with the national findings those who had handed over their finances over to others control felt relief at doing so. Most seemed relieved not to have to worry. The majority said a family member now looked after, or helped with this area. However, some felt it had contributed to a loss of independence.

Summary of Findings

1. Transport is a substantial issue that needs to be addressed. This was raised across nearly all the questionnaires and interviews. Issues of cost, frequency, transport away from the main routes to allow people to get to their homes, accessibility, and the Dial a Ride service were all of concern. Lack of appropriate transport affects other areas such as the desire to remain independent, participation in community and other activities, and social isolation.

2. The desire to remain independent was strongly expressed, and appropriate services to facilitate this need to be addressed. Scattered across the answers to different questions were comments regarding the wish of people to take responsibility for themselves, not pass this to others.

3. Linked to above the desire for people to be able to remain in their own homes was also strongly expressed:
"Intensive support to ensure people to remain at home…Older people prefer to stay in their own home – often having lived there for several decades"
Housing development policy therefore needs to consider this, including the expressed desires to be housed near to family or in familiar communities.

4. This is linked to two previous issues (2 and 3.) Improved care services, focused on individuals having some choice and control over these, was seen as a requirement. Although some users expressed contentment with current services, many pointed to deficiencies and linked this to poor pay for care staff. This issue will need to be addressed through the control which exists within the personal budget framework and the use of direct payments. Given the lack of responses relating to these two aspects of user choice and control more information may be required to be distributed to service users.

5. Loneliness and isolation, especially in the 'older-old' and those with mobility difficulties, came out very strongly. There is a need to consider how social / emotional needs for contact and company, not just physical needs for e.g. bathing and meal preparation, can be met in these groups.

6. However for the 'younger' older people there was also a strongly felt view that they had a positive role to play in society and that people are not 'old' now when they retire. There is therefore a need for a range of leisure and other services for active older people. One respondent made the point that they were part of the ageing rock generation, and that tea dances were hopelessly out of date!

7. There still seems to be a problem in the dissemination of information and communication about services. Respondents particularly seemed to feel they lacked information about benefits and welfare rights, health facilities and other possible support mechanisms available.

8. Good health care, including easy access to a GP and local services, were also seen as a high priority by most respondents.

9. Security and safety were quite high on the agenda of the respondents to questionnaires, although this did not come out as a major issue of concern of the interviewees, but this needs to be kept under consideration linked to 3. above concerning accommodation.

10. A final point that appeared scattered under various headings was that of support for carers. Several people mentioned, particularly for family carers, that they required better support and respite:
"The support for carers is also poor and access to more respite care would be welcomed"

4. Connections with Relevant Academic and Policy Literature

1. It is documented in various studies that quality of life is affected by people's ability to travel (or not). The National Office of Statistics Report (2005) *Focus on Older People* states this, continuing "Older people's travelling patterns depend in a large measure on their health and general mobility which are likely to be lower as they get older". Further it is noted that car usage declines with age, that less women than men have access to a car, and that the use of public transport increases as people reach the age of 60.

2. The desire for continuing independence and to continue to contribute to society reflects the actuality of the majority of the older population. According to the *Years Ahead Demographic Ageing Task Group Report* "The majority of older people live independently and continue to invest energy into society late into life … for most part … older people are relatively independent. When planning for the support of older people, there is a tendency to paint a more negative picture of the problems of ageing than need be". According to the National Office of Statistics Report (2001) just 4.5% of people aged 65+ were resident in communal establishments (of all types).

3. Some studies have suggested that housing schemes such as sheltered accommodation and residential care do not meet needs adequately and are out of date, and that people prefer to stay in their own homes and communities with support. See for example Blackman, Brodhurst and Convery (2001) *Social Care and Social Exclusion,* and Fisk (1999) *Our Future Home: Housing and the Inclusion of Older People.* However others have found that some housing with care schemes were effective. "Across all schemes, residents spoke about the combination of independence and security that the housing with care scheme offered them. Independence was linked with privacy and having their own accommodation (however small), with the option of participating in the community within the scheme and wider community outside, as and when they chose. The sense of security was not just derived from knowing that help was available from care staff, but also appeared to reflect a range of concerns. These included being alone and therefore more vulnerable, lack of confidence in services outside (particularly home maintenance), security of tenure and fear of crime". Coucher, Hicks, Bevan & Sanderson, (2007) *Comparative Evaluation of Models of Housing with Care for Later Life.*

4. There is some evidence that as the people live longer and the population therefore ages that expectations about the level of services will increase. "As older people's (and their families) expectations about higher quality customer orientated services penetrate the social care sector, there is a possibility that social care costs may raise significantly. This will be an important issue for public policy, but also for families who help to make decisions about the care of their older relatives. It may be the case that the long-term trend for more and more

care dependent people to live in private, voluntary or local authority care homes rather than their families may reverse over time". *Years Ahead Demographic Ageing Task Group Report.*

5. A survey for the Department of Health in 2000, published in 2002, *The Health of Older People* notes that, in terms of psychosocial wellbeing those in private households had more social contact than those in care homes. Complete lack of social support also reflected this pattern. However a high number, nearly half, of those in care homes had some cognitive impairment, while only 5% of those in private homes did so. The Croucher et al (2007) report suggests that housing with care is not able to properly cater for those with dementia type conditions, and that the requirements for such clients should be separately addressed. Blackman, Brodhurst & Convery (2001) note that in comparison with Norway, family care is very common but focused more on emotional and social support, as practical and physical help is provided by social services. Thus isolation and loneliness are reduced, as is stress on family members.

6. With reference to the wider range of services increasingly required for older people, the *Years Ahead Report* notes that "political engagement and protest amongst older people may increase as people carry through changed expectations about rights and responsibilities into later life. It is less likely that public policy can ignore 'grey power' in future " and "The consumer orientations of older people in future may lead to higher expectations about successful retirement transitions with a stronger focus on lifelong learning, voluntary work, leisure and working into later life"

7. As the population ages health and social care demands are likely to increase. The National Office of Statistics (2005) predict a substantial increase in both those aged 65-79, and those over 80. Health problems increase with age, as do disabilities, so future planning needs to take this into account.

6. Bibliography and Further Relevant Literature

Blackman, T, Brodhurst, S and Convery, J (2001) *Social Care and Social Exclusion*, London, Palgrave

Care Services Efficiency Delivery (CSED) (2007) *Demand Forecasting and Capacity Planning: Anticipating Future Needs Toolkit*, (Version 1.0)

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Department of Health (2002) *The 2000 Health Survey for England: The Health of Older People*, HMSO

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Office for National Statistics (2005) *Focus on Older People*, TSO

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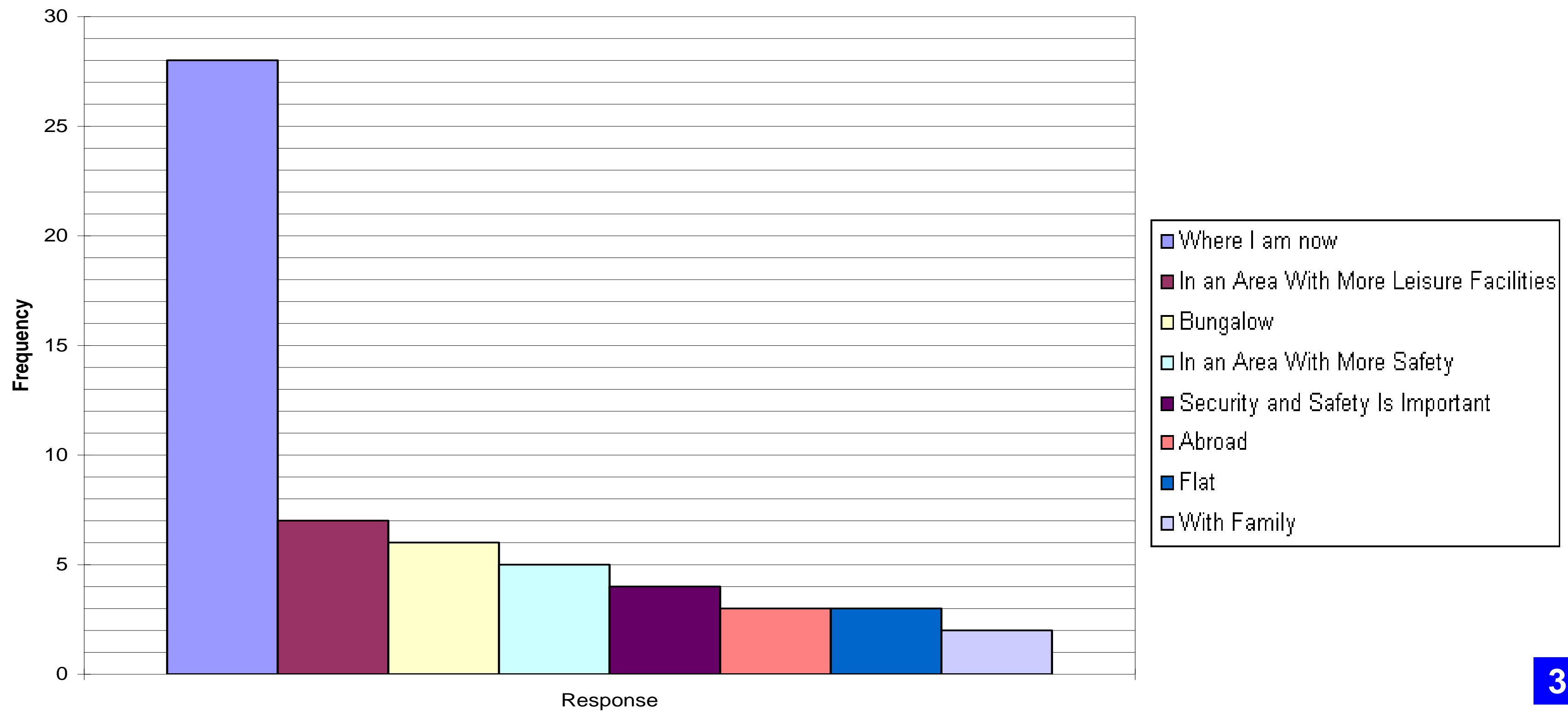
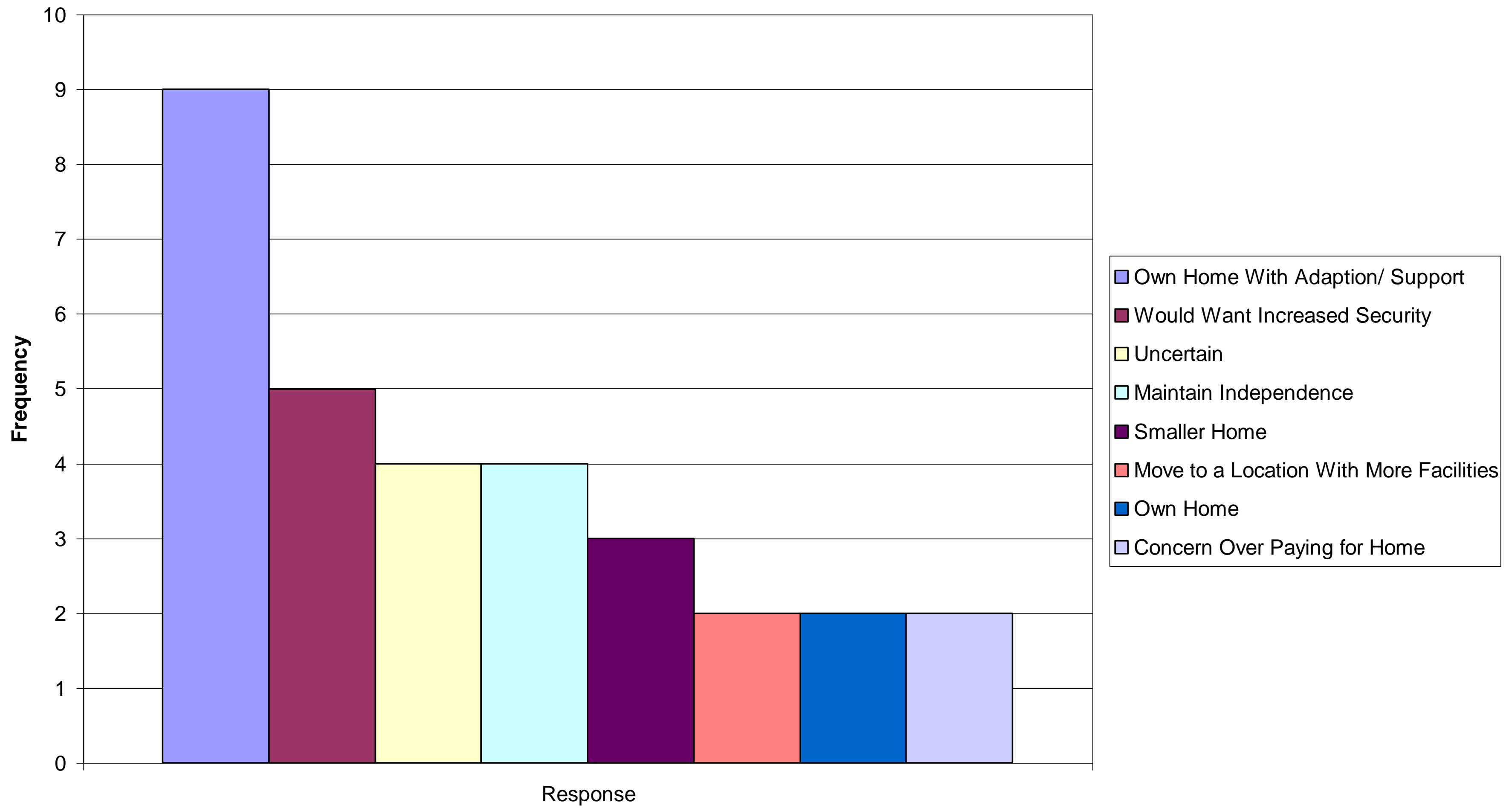
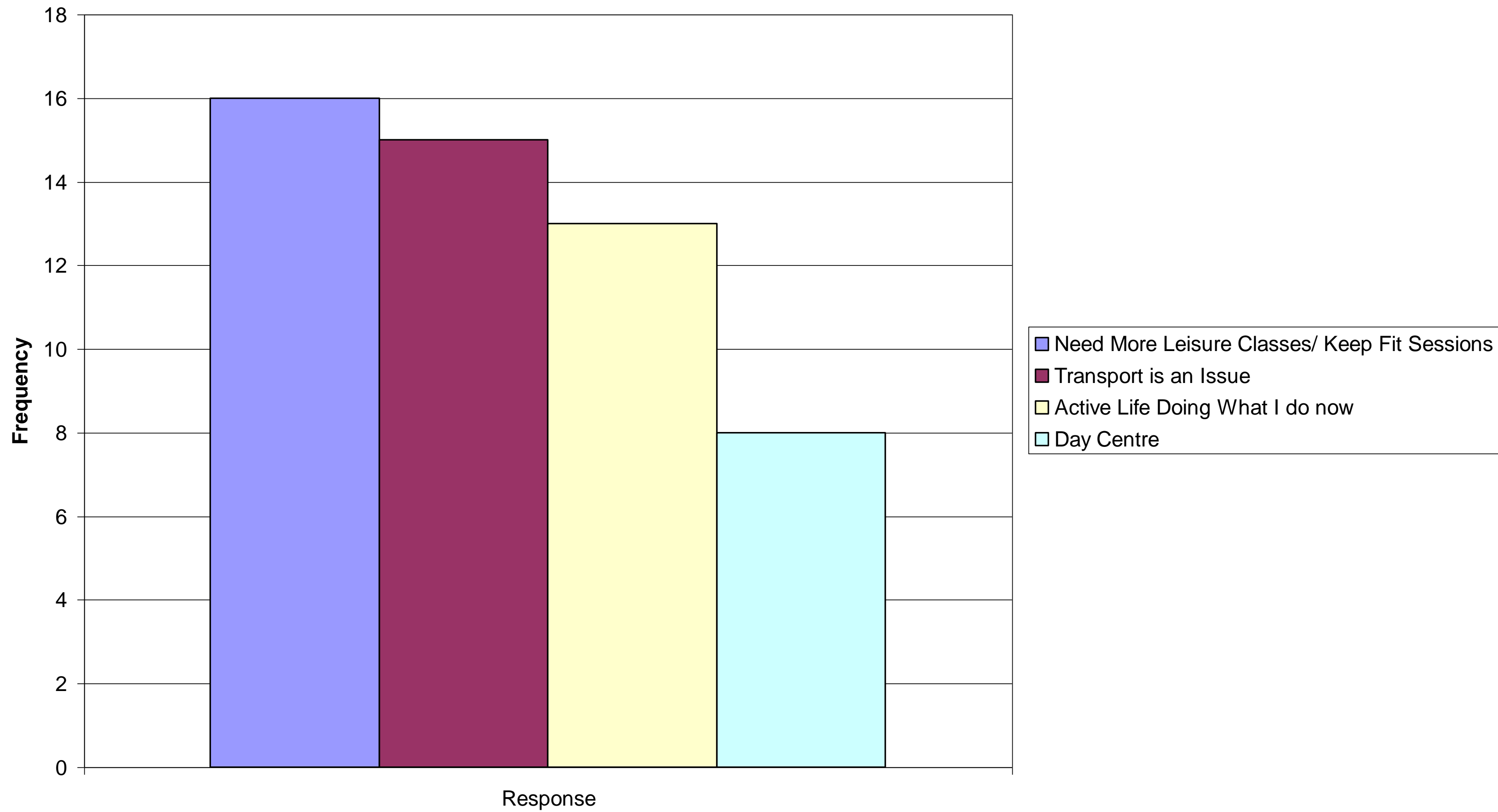
7. Appendices

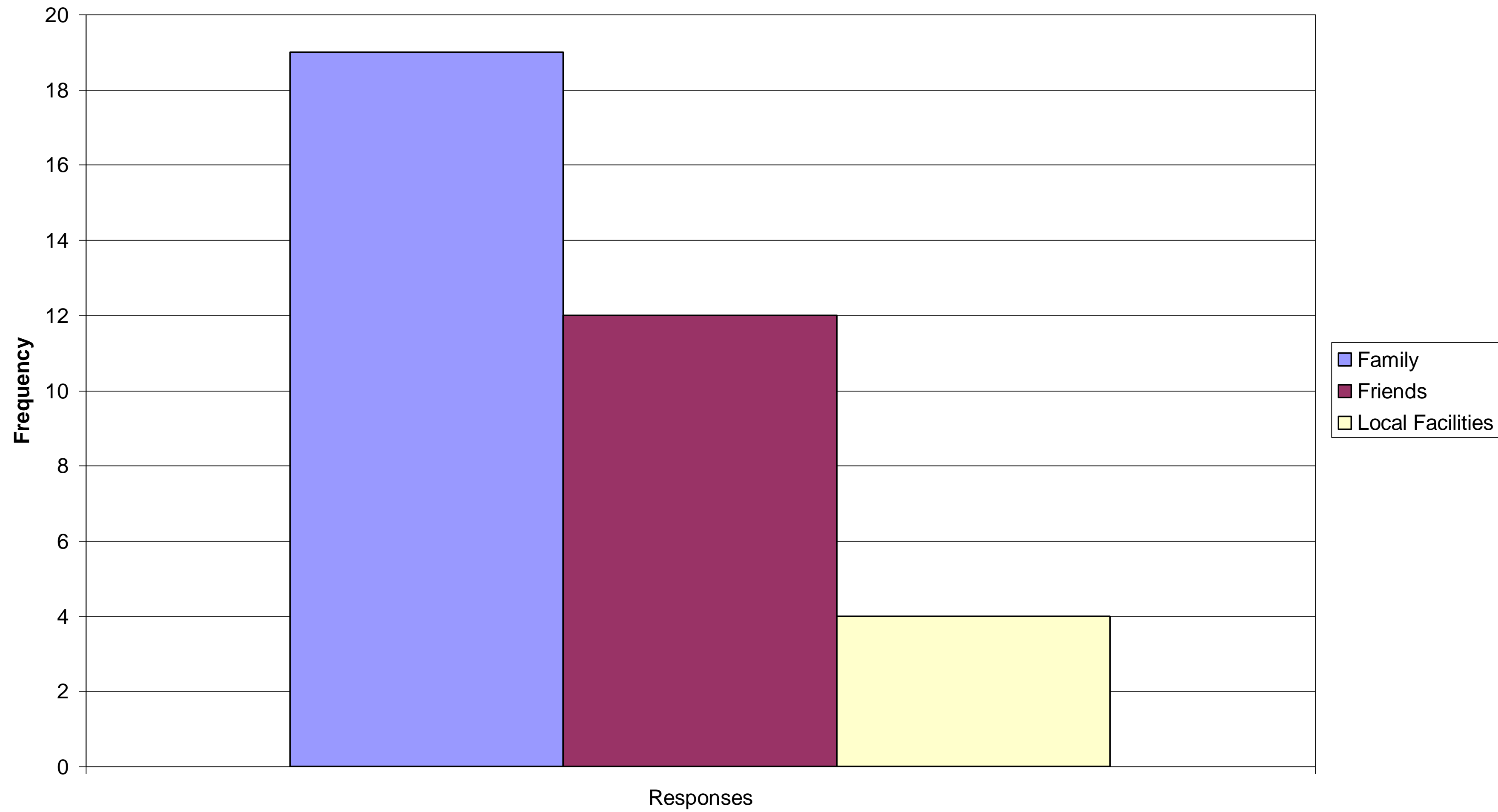
Appendix 1

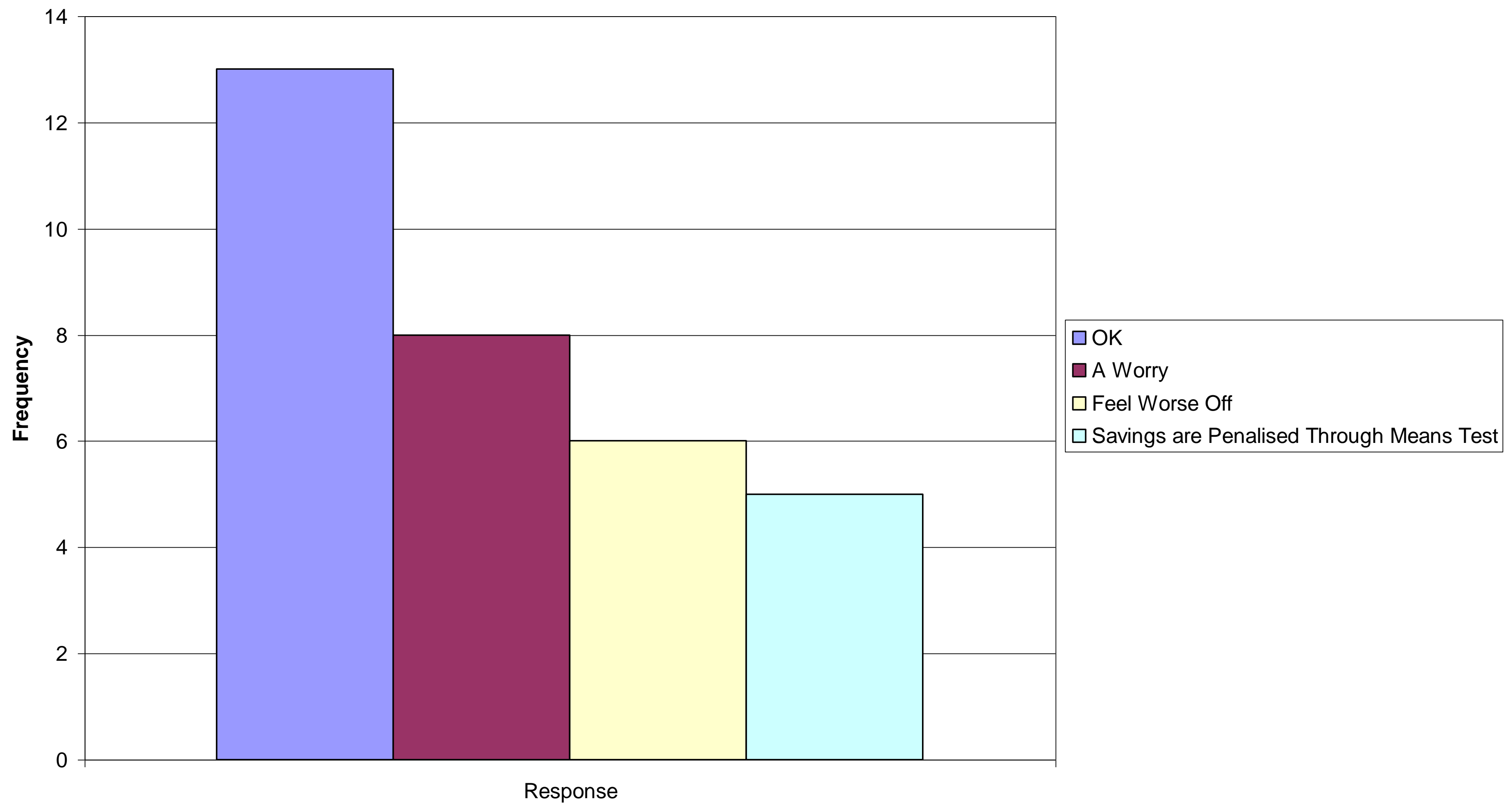
Focus Group Responses: Redcar and Cleveland Consultation

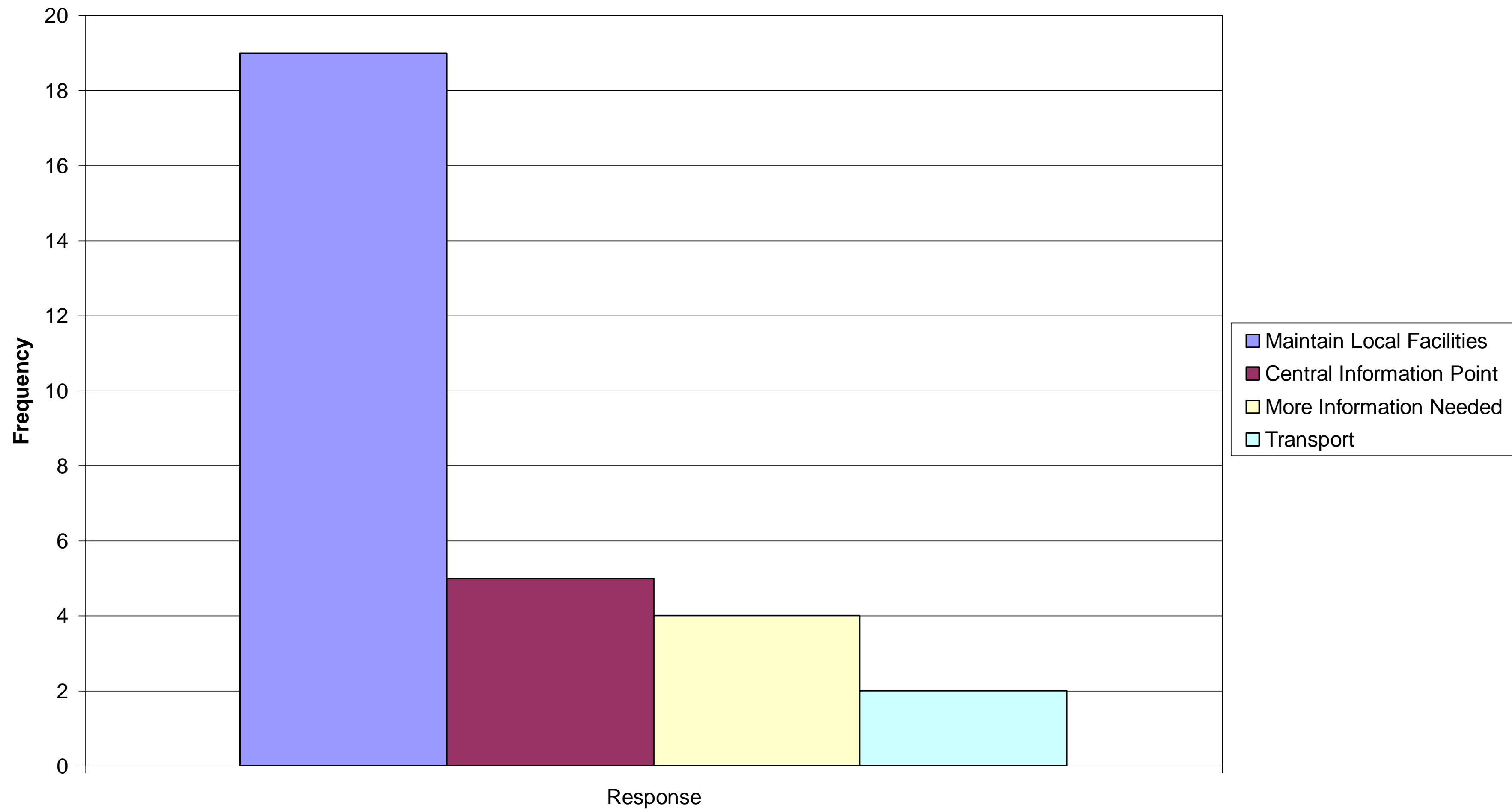


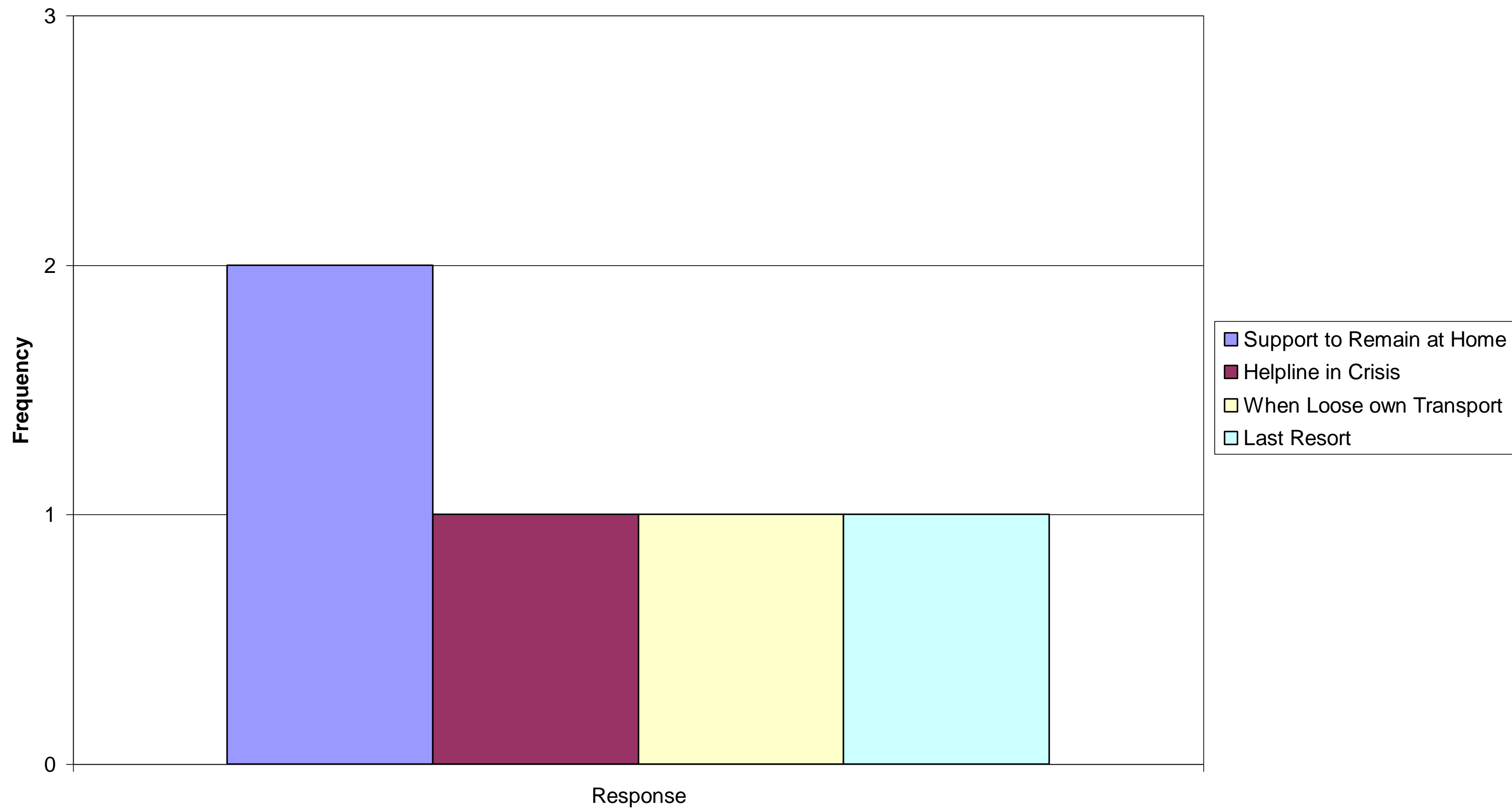

If You Had A Change In Physical Health Where Would You Live: Main Issues
Frequency
10
9
8
7
6
5
4
3
2
1
0
Response
Own Home With Adaption/ Support
Would Want Increased Security
Uncertain
Maintain Independence
Smaller Home
Move to a Location With More Facilities
Own Home
Concern Over Paying for Home

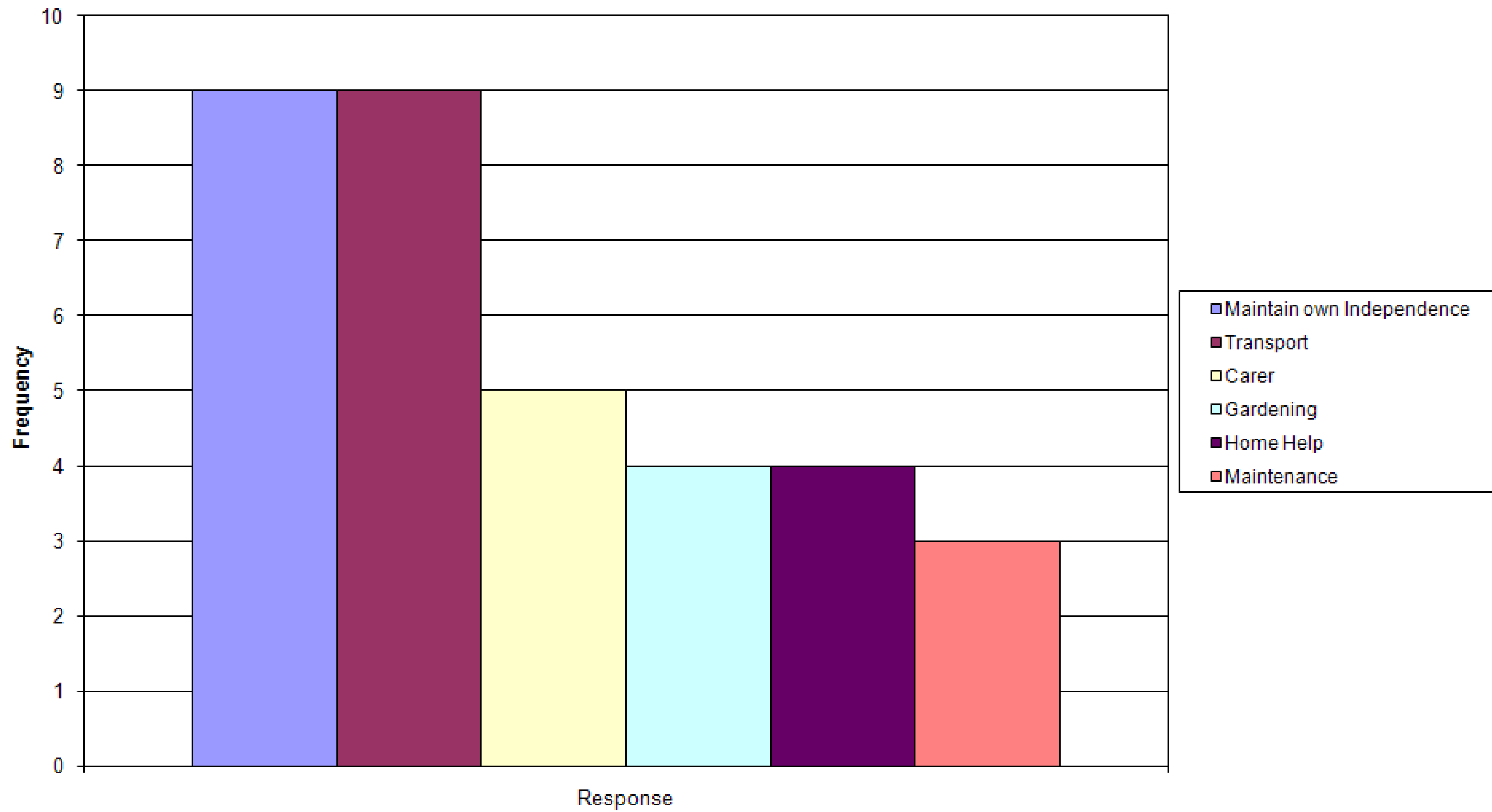

What Sort Of Social Life Do You Have Now/ Expect In The Future
Frequency
18
16
14
12
10
8
6
4
2
0
Response
Need More Leisure Classes/ Keep Fit Sessions
Transport is an Issue
Active Life Doing What I do now
Day Centre


Who Are You In Regular Contact With?
Frequency
20
18
16
14
12
10
8
6
4
2
0
Responses
Family
Friends
Local Facilities


Will You Be Financially Healthy?
Frequency
14
12
10
8
6
4
2
0
Response
OK
A Worry
Feel Worse Off
Savings are Penalised Through Means Test


What Are The Current Gaps In Provision: Main Issues
Frequency
20
18
16
14
12
10
8
6
4
2
0
Response
Maintain Local Facilities
Central Information Point
More Information Needed
Transport


When Will You Need Help From Health And Social Care
Frequency
3
2
1
0
Response
Support to Remain at Home
Helpline in Crisis
When Loose own Transport
Last Resort


What Services Would You Be Prepared To Pay For?
Frequency
10
9
8
7
6
5
4
3
2
1
0
Response
Maintain own Independence
Transport
Carer
Gardening
Home Help
Maintenance

Appendix 2

Redcar and Cleveland Consultation: Demographics

Table 1: Recorded Age Range of Respondents

Age Range	Frequency	Percent
26-45	4	5.1
46-55	22	27.8
56-65	19	24.1
66-75	17	21.5
76-85	11	13.9
85+	6	7.6
Total	79	100.0

Table 2: Recorded Location of Respondents (By Main Postcode Area)

Locality	Frequency	Percent
TS6	12	16.4
TS7	3	4.1
TS8	0	0.0
TS9	0	0.0
TS10	22	30.1
TS11	7	9.6
TS12	15	20.5
TS13	2	2.7
TS14	9	12.3
TS1	2	2.7
SR7	1	1.4
Total	73	100.0