The Voice of Experience:
The unmet needs of older people in Barnet

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The Voice of Experience: The unmet needs of older people in Barnet

Abstract

Between February and July 2009 six focus groups of older people were conducted in six locations across Barnet. The participants in the focus groups were either regular attendees at day centres or older people groups which met regularly. The aim of the study was to identify the unmet needs of older people across the Borough. The focus groups identified that need was felt across many domains of older peoples' lives, including health and access to health care, exercise and responsibility for one's own well-being, access to information, companionship, transport and the home environment.

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1.0 Introduction

The London Borough of Barnet was estimated to have a population of 329,700 (The Office for National Statistics, 2009). A breakdown of those figures estimates the over 65 age group to be 45,600 or almost 14% of the total population. According to GLA projections the Borough's 80 years and over population will rise by 13% over the next decade. Within these figures, the comparatively small 90 years and over age group is set to increase by 1,100 (46%) (Office of National Statistics 2009) (appendix 1).

Age Concern London is the leading voluntary organisation in London in the provision of support to older people, with at least one Age Concern charity in each borough. The principles and values of Age Concern promote choice, dignity, independence and inclusion of older people (www.aclondon.org.uk).

In the autumn of 2008 Age Concern Barnet commissioned Middlesex University to carry out an independent piece of research to explore the unmet needs of older people in the London Borough of Barnet. The study was carried out between February and July 2009.

Currently Age Concern Barnet provides a range of services including two well used day centres in the middle and south of the Borough. However the organisation has been reviewing the services offered and wants to offer services which best meet the needs of older people in the Borough. Although existing service users offer a useful perspective the organisation was keen to seek views of older people who did not currently use the service. The aim and objectives of the study are set out below.

Aim**:** To identify the unmet needs of older people in Barnet

Objectives

- To review relevant literature and local data on the needs of older people
- Devise a focus group schedule and seek access to a range of local groups/organisations used by older people
- To explore with older people their perceived needs in planned focus groups
- To produce a written report of the findings for dissemination within Age Concern and other local agencies

This report will briefly examine the context of need, introduce the study design, present and discuss the findings and make recommendations.

2.0 The context of the study

When considering 'need' in older age groups it may be helpful to reflect on what is meant by need? Need is complex and may be linked to perception and expectation, culture and geographical location and also with well-being and social support.

Bradshaw (1972) defined the taxonomy of social need as normative (defined by experts), felt (desired by individual), expressed (felt need turned into action) and comparative (equitable with others).

The type of need explored in the study has been categorised as 'felt need' and it is just one part of the way in which the need of a population can be ascertained (Health and Community Care Committee, 2001). The limitations in this method are that some individuals may underestimate their need, based on their own pre-conceptions of what is due to them. Others may express needs that are over and above what society can reasonably provide.

It is recognised that unmet needs may not mean that such services are not provided but individuals are not aware of them, cannot get to them or believe they are ineligible. Perception of need may alter depending on individual's knowledge of what they can reasonably expect from service providers (Drennan et al, 2007). Needs may be universal, such as the need for shelter or warmth, or it may be specific to one population or culture (Cordingley, Hughes and Challis, 2001).

In identifying the 'needs' of older people they may be unreasonably viewed as being passive receivers of services. However, many older people wish to live independently and in their own homes for as long as possible (Banks et al, 2006) and for some autonomy and the right to decide on their own needs is significant (Hill, Sutton and Cox, 2009).

It has also been reported that the needs of older people go unmet because of withdrawal from society, a disengaging due to ageing, and low expectations of the help available (Walters, Iliffe, Orrell, 2001).Need therefore may be considered to be related to services or facilities that promote the holistic well being of physical, mental and social health.

The needs of populations have previously been assessed in a variety of settings and by different bodies. Needs are frequently assessed, as a means to establish health care provision and costs. The health needs assessment (HNA) process is the means by which information can be gathered on health issues affecting a population. The HNA should engage members of the targeted population and should be used to plan future service provision, to identify inequities in services and to make meaningful changes that will benefit that population (NICE, 2005).

The link between unmet need and inequalities in health is well recognised (DH, 2009; Acheson, 1998). Need may be unmet or unrecognised if the group concerned does not have any presence or visibility; if need is poorly articulated; if public expectation opposes need, if services are provider driven rather than needs led or if financial constraints predominate.

In July 2006 Barnet Patient and Public Involvement Report produced a review of health and social care provision for Barnet's ageing population. They grouped their findings under four headings of access to GPs, other primary care services, support for independent living and communication and diversity. They raised a range of concerns regarding access to GP services, access to day centres and affordable transport.

The well being and support of older people within our communities is at the heart of the Government agenda (Building a Society for all Ages, DH, 2009; A New Ambition for Old Age DH, 2006). From 1 April 2008 The Local Government and Public Involvement in Health Act places a duty on Councils and PCTs to produce a Joint Strategic Needs Assessment (JSNA). Whilst this study was being undertaken the London Borough of Barnet and Barnet Primary Care Trust have jointly produced the Barnet Joint Strategic Needs Assessment 2008/09-2011/12. This joint initiative offers a commitment to supporting independence in older adults through the provision of good information, advice on managing their health needs, good quality housing and maintenance of accommodation (London Borough of Barnet and Barnet PCT 2009).

3.0 Study Design

3.1 Aim

The aim of the study is to identify the unmet needs of older people living in Barnet. The objectives of the study were to review the relevant literature and local data on the needs of older people; to devise a focus group schedule and

seek access to a range of local groups/organisations used by older people; to explore with older people their perceived needs in planned focus groups and to produce a written report of the findings for dissemination within Age Concern Barnet and other local agencies.

Researchers from the School of Health and Social Science at Middlesex University in North London undertook the research. The researchers have some knowledge of the borough of Barnet and have experience of the health, social, independent and voluntary sector services. However, the study is a qualitative exploratory design; it is not to ascertain the demand for services currently provided but to explore what the unmet needs are of older residents of Barnet.

Six focus groups were conducted in six locations across Barnet. The groups were either regular attendees at day centres or older people groups which met regularly but at varying locations. Each group consisted of 6-9 participants who were either self-selected or purposively selected by the managers at the centres. The groups chosen represented the socio-geographical boundaries of the Borough and gave a reasonable cross section of ages and cultures. Five of the focus groups had male and female participants but the group of housebound elderly was exclusively female. Attention was given to geographical spread with interviews being conducted in the West of the Borough, North and South East. Each focus group lasted between 30-90 minutes.

The participants in the study were all older residents of Barnet, attended the groups regularly and were able to contribute to the focus groups. Some participants had mild cognitive impairment but were able to contribute to the discussion. In one group where English was not the first language the day centre manager acted as an interpreter.

Some of the participants had lived in the Borough for many decades; some living in the houses they were brought up in and therefore had lived in the Borough (or its former local authority boundary before Barnet existed) for more than 80 years.

3.2 Data collection and analysis

Each of the six focus groups had unique as well as similar characteristics. Broad themes were identified by many groups, irrespective of their characteristics, notably accessibility of health care and the value placed on the day centres and older peoples' groups. Some groups had a large proportion of participants who lived in social housing and, as might be expected, more of the discussion centred on their needs and expectations of Barnet Homes. Some of the day centres or older peoples' groups were specifically for the Asian or African Caribbean communities. One group was represented by housebound people who came together on a monthly basis in private individuals' homes.

All focus groups were recorded with the use of a digital voice recorder. Open questions were used as triggers to promote discussion and to avoid steering the participants. For a list of trigger questions refer to appendix 2.

3.3 Ethics and consent

Ethics approval was gained from the Health Studies Ethics Sub Committee for Middlesex University (appendix 3). Participant information was circulated and written consent was obtained from all participants (appendix 4).

3.4 Limitations of the Study

The focus groups, conducted within day centres or older peoples' groups, meant that participants were already either receiving some services from Barnet or in contact with other voluntary sector providers. The scale of the study meant that not all ethnic minorities could be represented and although one group of housebound older people formed one of the focus groups, more isolated housebound elderly were not represented other than when participants in the group setting talked about support they offered to more isolated individuals.

4.0 Findings

4.1 The importance of social contact, avoiding isolation and maintaining independence

Unsurprisingly participants in the focus groups valued the social contact afforded by the group they attended. Participants also wanted to bring to the researcher's attention their fears and specific concerns about their existing group and other local services and also to discuss facilities which used to exist in their area and their regret at the loss of those facilities (see example quotes below). The majority of participants were very locally focussed but some participants clearly had experience of other facilities outside the Borough boundary and conveyed a strong sense that they would like something of what was available to older people in other boroughs.

Attendance at the group was identified as very important in providing companionship and reducing loneliness. All groups presented with a sense of belonging and of doing things with a collective group of others. Attendance at the groups varied from monthly to three times a week in some individual instances. The day centre or group provided participants with an outing, and as such, gave a structure to their week which was otherwise lacking.

Attendance was viewed positively

"I come here…and I'm really happy".

The associations and day centres were viewed as a way of maintaining people in their own homes. Without such facilities participants viewed it likely that people would need to be admitted into care homes.

“Certainly (without the association) some people will go into depression, some people will end up in nursing homes”.

For those attending the group for housebound older people it was their only “outing” apart from an assisted shopping run to the local supermarket or hospital appointments. (As will be seen later hospital appointments were viewed as stressful and exhausting and therefore could hardly be described as an “outing”.)

“I really enjoy coming to these events. I have known some of the people here for a very long time.”

It is difficult to find a succinct quote to illustrate the enjoyment of the older people (many over 85 years) in attending the group for housebound people. Rather what the researchers identified from the tape were significant exchanges where participants joked with each other about their ages or general longevity. Several of the participants were very clear about their age in relation to another participant and related this to historical events or their shared personal histories to correctly “date” each other, indicative of significant social connection and ease of communication. The focus group discussion, viewed as a whole, deals with very serious subjects (outliving friends, illness, mental health concerns) but it is also interspersed with very frequent laughter and gentle teasing.

In another group attendance was associated with access to outings further afield:

“When we ask people to like come and join us, they say ‘do you do outings?’ that’s one of the first things they ask, and that’s one of the things that draws people in. You know, they like to join, and get out and about and meet others, you know what I mean? “

In the above case the group organised monthly outings from April to September and, for many participants who did not go on holidays, provided a regular chance to leave the Borough.

One of the other groups expressed a strong wish for more organised “outings” for older people and pointed out that Dial-a-Ride cannot go beyond a nine mile radius.

Others wanted to travel for specific purposes but found it difficult. For example difficulty in visiting relatives even when they lived in the South East,

“*everyone around us gets older…they can’t come and see us and we can’t get to see them…”*

One participant specifically referred to the emphasis that politicians and others put on choice but questioned what choice older people had if facilities (particularly those on open access) were limited.

" It's general, they say, that they try to offer a choice, people should have choices, but the very fact that they can look around and go somewhere as a matter of choice (but if) … facilities are not there they are stuck. I call it the four wall syndrome. A lot of people are confined to their homes because they cannot take part in things because those things are not available to choose from."

Several of the participants viewed themselves as the fortunate ones because they had social contact. However one participant was met with a chorus of agreement when, in a group where ages ranged from 70 years upwards, he stated,

"…most people, the vast majority, somehow get by but at great cost, you know what I mean? They literally suffer loneliness for days, weeks, months on end."

Those with direct support from their immediate family felt it important to highlight themselves as the "lucky ones",

"I was fortunate. My girl was doing all right …."

The "girl" in the quote was now a single retired person and now had her own health problems.

From another group someone referred to themselves as, "a *very lucky lady as I live with my eldest daughter"*. Another participant, "my *daughter…she takes my problems on her shoulders".*

4.2 Concerns

4.2.1 Sheltered housing

In most of the interviews participants expressed anxieties about facilities they currently accessed or knew about and wanted to tell the researchers how that facility met a need.

Throughout the period of the study the London Borough of Barnet was conducting a consultation about the home warden service in sheltered housing with a proposal to replace resident wardens with a "mobile" service. This consultation and the opposition to the proposals was headline news in local papers and therefore, not surprisingly this figured as a topic in four out of the six groups.

Some participants were very cynical about the consultation process,

“But so many consultations, decisions have already been made”.

“We’ve been through all these consultations, it’s like they say ‘okay’ but it’s redundant.”

However other participants felt strongly that this is “different”, *“we have to fight this one”.*

Participants were keen to give concrete examples about why a resident warden was a better service than a mobile service. From the west of the Borough with reference to a private sheltered home,

*“But they have done away with the resident warden at*********, now this 89 year old woman has Parkinson’s and is very deaf, fell recently and pressed her lifeline, she couldn’t hear what they said, and so her 92 year old neighbour happened to come in the morning and found her, because whoever answered the lifeline must’ve said ‘are you all right?’ and didn’t understand she was lying there …”*

From the southeast of the Borough a participant, now in her late eighties, gave her own personal experience of suffering from depression for the first time in her life in her late seventies and referring to the on site warden,

“They looked in briefly every day. This went on for six months. But it made all the difference. I did get through. You never know when you might need the service. I didn’t think I would need it”

4.2.2 Parking charges and impact on day centres

Another topical concern which figured significantly in one interview was the expansion of residents parking zones and the impact this had on facilities for older people. At the day centre there was limited on-site parking and as ethnic minority participants travelled from across the Borough to attend they often used to park in nearby streets.

“When you see we park outside it will cost us four pound a day. Which is quite a lot of money for us old people you know?”

“Many people would just drop out”.

Participants had a practical suggestion that attendees at facilities such as day centres for older people should be issued with a special “pass” which would allow parking for free or at a reduced rate if they were attending the day centre.

Participants expressed a fear that their associations at the day centres were under resourced and even threatened with closure,

"They are trying to cut down, cut down and they haven't given enough grant to us."

"If the centre it closes it is more problem for the Council. What are we going to do for two hundred and fifty people?"

Several participants had knowledge of nursing home fees and were keen to point out that their voluntary associations were cost effective. Referring to their group a participant said,

"*At the moment they keep us busy for a minimum amount of money…………..whereas a nursing home is very, very expensive".*

4.3 Physical Activity

Although there was nothing in the prompt questions to direct participants to talk about exercise or keeping fit, opportunities for physical activity arose as a topic in several groups. Several groups commented positively on existing opportunities to take exercise, "keep fit" or as they described it to "keep busy" and wanted to see these opportunities expanded.

One of the day centres offered Tai Chi and yoga. Tai Chi classes at this centre are currently funded by Age Concern. A typical comment was,

"You get some exercise; you're not sitting at home".

"Tai Chi is very relaxing and very restful".

"Over eighty-five and still doing Tai Chi".

Currently participants do not pay for this class and there was a strong feeling that this type of exercise should be funded free for older people. There was some discussion of swimming being free for older people in some London boroughs which was welcomed but it was stressed that, *"Swimming is not for everyone….".* However in another group a participant pointed out that he was still swimming in his eighties and knew of someone playing cricket at eighty-seven.

The weekly keep fit class on Graham Park Estate was reported to have up to twenty-five members but the focus group participants felt that more people could be accommodated and would benefit but it wasn't always easy to get people involved . The class had some financial support which was appreciated*,*

"… we're lucky that people give us a grant otherwise we'll do nowt but watch television."

There was acknowledgment that in terms of provision for physical activity for older people that there was more provision and those attitudes were changing. Referring to opportunities for physical activity,

" *……didn't have it before because of older people are older people because they're shut up in a corner very often but it shows there is an awareness, there is an awareness of … and they call it in the NHS a "prevention".*

One participant was keen to share a low cost idea that he had heard about from another borough,

…" I bumped into a bloke who I used to know over in Tower Hamlets, and … all he does is take a cassette player or something like that and plays music and teaches people how to dance in a small room. He gets half a dozen or so people in a little location within his borough and he says he has a whale of time. And he says they don't have to dance he says they just go there and joke like you're doing all the time."

4.4 Health & well being

Health needs featured in every one of the focus groups. Not surprisingly it was the major theme in the group of housebound older people. Contact with the health service was generally seen as time consuming and not as accessible as it used to be and some of the felt need was for previous services to be reinstated. However one group had a nurse from a local GP practice who attended monthly to offer a well person clinic at the day centre. This was highly valued. At first the researcher thought this might be because there would be opportunity for others to act as interpreters at the centre but the participants said this was not the case and emphasised other points, in particular the way they "self organised" the clinic,

"We don't need any appointment….. Since there is somebody from our group, you know, who…who takes the names, who wants to see the nurse, you know. And it's very easy for us; we are in the prayer or doing something else… "

"The doc…nurse's are busy, so you sit there for ten, fifteen minutes, but here, things are easy."

Some participants attributed the fitness of older people at the centre directly to this service. All the participants wanted to see this service expanded. Ideally they would have appreciated a weekly clinic but seemed to recognise that would be too much to ask,

"She can see only limited people, you know in one session a month. One session, once a week she can't come, but twice a month, you know, she can see more people."

In the north of the Borough another group requested a similar type of service,

" if health staff could come to the centre it would be very beneficial."

This participant listed the types of "check ups" which might be beneficial, *"such as blood pressure checks, eye tests and hearing aids".*

It is not clear whether the request was prompted by knowledge of the service on the other side of the Borough or was completely unrelated.

This request seemed to be prompted by the long time it took to get an appointment with the GP. Another concern about GP services related to the number of visits now required to sort out a problem. Participants reported that it used to be possible to get a blood test done at the local health centre but now it involved a sequence of going to the doctors, travelling elsewhere for the blood test and then making another GP appointment.

Another group regretted the loss of a facility,

"In Crescent Road there used…there's a clinic and they used to be a… well... person… you know, a well man… person clinic. And that was very valuable. You know, people could go there and perhaps they'd had, you know, diet advice or advice about what to look for or do for your feet and this and that but you would get health advice and nutrition advice. Again that's all fizzled out, there's nothing there now."

NHS podiatry was another service reported as now less accessible. One participant had received a letter saying that the service previously offered at Oakleigh Road Health Centre in Whetstone had closed *"to save on costs"* and he had been given alternatives some distance away. (It is unclear whether this was stated in the letter or was the participant's perception).

Another issue associated with high levels of stress was waiting for transport to be taken to and from hospital and simply not knowing what was happening.

In the housebound elderly group there was a request for improved design of medication packaging. In this instance the participant was taking ten medicines a day and devoted a part of every Sunday morning to sorting out medication for the week ahead.

4.5 Health impact of refurbishment of housing

The impact on health of having homes refurbished was a significant theme in two groups. One of the participants in the older housebound group had recently had her sheltered housing property refurbished. However she had found the process extremely stressful. Inevitably the process had led to dust and although the workmen cleaned up at the end of the day, the resident still found it was very dusty and seemed to have exhausted herself trying to clean up what was inevitably made dusty the next day,

"It has made me so anxious…I got so that I didn't want to eat …and I have lost a lot of weight." (This participant presented as having a very slight build and rather frail).

A younger person from a group on the other side of the Borough talked about the refurbishment programme in her social housing and the delays,

"drags on and on…over two months, three months prolonged ..and all the time I am getting more and more disabled".

In addition an old bathroom heater had been removed because it did not comply with regulation but there had been a long gap before an acceptable replacement had been installed with resulting exacerbation of a health problem.

In both of the above situations the stress is evident in the tone of voice.

4.6 Domestic Needs

This was a theme in all the interviews. However it predominated in one of the groups where the majority of participants lived in social housing.

4.6.1 Security

"What we need is security; security in our homes".

"the burglars are always two steps ahead of us."

Currently several of the participants only had Yale locks and wanted to see Chubb locks fitted as a standard. They also wanted lockable windows and double glazing.

4.6.2 Bathing and Showering

In three of the six focus groups participants described how they were no longer able to use the bath. In one group this led to a strong call for walk- in- showers, *"to be fitted as standard".* This request seemed to get general approval but then

one participant pointed out that since her husband had suffered a stroke he, *"could not tolerate the shower",* and would have preferred to have a bath. This participant insisted on the importance of individual assessment.

Severely disabled people, who required very specific domestic adaptations, were seen as not having their requirements met (by Barnet Homes). One participant required a shower but was told this would make his flat *"unsellable"* when he died,

"They (Barnet Homes) go by what they feel is right, what they feel they should do; that's the whole problem. They do not listen to the person".

One participant felt that her partner, who was severely disabled following a stroke, required an electronic hoist to get into the bath as the shower, and specifically, water on his head, was intolerable to him. The feasibility assessment concluded that the toilet should be put into the shower. This failed to recognise that others would have to use the shower with the toilet. The recommendations made by the needs assessor were seen by the family as impractical, unacceptable and, *"downright disgusting; it's filthy"*.

"The occupational health suggested to me, she suggested me, can't you take him somewhere else to have the bath."

<u>4.6.3 Home aids and adaptations</u>

The process of home aids and adaptations featured as a theme in three of the six interviews. Experience of the process of receiving help varied with some receiving a relatively fast response and others waiting for long periods. In the same area comments varied from, *"when it works, it works pretty well",* to another person who had spent months, *"going round and round in circles".*

One participant with partial sight had waited over four months for provision of aids after the initial assessment. During that time she had a domestic fire as a result of not being able to see the microwave controls properly. Neither the fire nor a neighbour's request for help had accelerated the process of receiving help. This participant was particularly puzzled by the delay because,

"A gentleman who was seen same time as me has got lots of help ….and he can see a lot more than me".

One participant who had accessed the scheme for replacement of old domestic boilers reported that he had found the scheme very efficient with prompt response to his initial inquiry leading to installation of a new boiler for the cost of £175 with a two year guarantee; *"I would not have afforded it otherwise."*

4.6.4 The “little” things

Some of the expressed needs were very simple,

“I was going to say that I find it difficult living on my own when the light goes and I have to put a bulb in, I can’t get up to… take the things down and wash them”.

“if I carry anything, even four pints of milk it will go on the strain just at the fracture”

In the exchange below group members were trying to be helpful to each other but not really appreciating the concerns of interviewee two who was recovering from a stroke and therefore not able to push a shopping trolley:

Interviewee 1: “You can always use a shopping trolley couldn’t you really”?

Interviewee 3: “I’ve always had a shopping trolley.”

Interviewee 2: “Well (laughs)………

4.7 Information needs

This was a theme which presented in a variety of ways. One of the interesting processes which was observed by the researchers was the way that the focus group themselves became an information giving service as group members answered questions raised or updated information given by other participants.

4.7.1 How to use computers

“In the Camden free journal about a fortnight ago I looked at all the activities listed for pensioners and one caught my eye. A six week course for teaching elderly people how to shop online. Well I was housebound because of the snow and I would have liked to have known how to shop online. This is being done by Hertsmere and Camden but not…not here”.

In the same group someone intervened to say,

“*The Library will do it. A six week course”.*

In another group they thought Barnet did offer courses in on-line shopping but wanted more sessions and would like to see the service at their own day centre,

“What about if computer came to this centre and teaching people you know simple things like the internet, how to use the computers….like shopping internet or telephoning somebody”.

There was quite a range of views about computer use,

"Not everybody can do that. Because not everybody knows how to use the computer."

"Some people don't have a computer in their house. I've got one but we don't bother to use it."

"Because I used to work for the Post Office, nd the Post Office had a computer, centralised computer. I was quite, quite handy with that one. So I'm not afraid, you know? Some people are afraid of computers you know, then you give them first time to look at it, you know."

4.7.2 Information about Age Concern

One focus group started with participants asking lots of questions about Age Concern Barnet itself,

"Do you have to pay for membership? Do they provide transport? Do you have to pay for meals?"

"I live in East Finchley and would like to go."

Many participants in the housebound elderly group relied heavily on the assisted shopping service offered by Age Concern Barnet and several described it as, "*their lifeline*", and joked about using Tesco trolleys as walking aids. In other groups this service was known about by some and not others. In this exchange one well- informed participant gave information to another participant who was struggling with shopping,

Interviewee 5; "They take you; they pick you up when you've done your shopping and then bring you back home. And take your shopping and unload at the door".

*Interviewee 6**: "**I still don't want to resort to that".*

Some participants expressed surprise that Barnet, *"after all these years*," did not know their needs and had high expectations that Age Concern Barnet would know their needs.

"Age Concern should be telling Barnet local government and all the central government, that we have paid our tax and that they should know what we want and provide that need."

Age Concern Barnet was seen as an organisation that had the authority to promote older peoples' needs to Barnet Council.

“We want Age Concern to press for every single, you know, old, senior citizens to have a shower, walk in shower”.

4.7.3 Sources of information

The period immediately prior to the project had seen a lot of changes in local council offices and some participants had clearly not adjusted to changes and were not sure where to go. During the course of the focus groups participants were informing each other about the changes,

“They can now go to the library, they’ve got a reception area there, they can discuss anything to do with their rent, their arrears, anything like that, and that’s now local.”

However the following quote shows that if these changes take a while to permeate for most people, (‘Stag House’ referred to below is no longer open) then for those with cognitive impairment they are particularity difficult:

“..this 91 year old gentleman who lives round the corner is really dying, his brain is going, he thinks because I’ve given him the occasional newsletter that I am something to do with the council, and because he can’t get to Stag House, he comes to me with his housing problems. ….. and his sheets which I’m happy to do, but I spend ages on the telephone because, because he’s getting into a muddle he’s had,…. I don’t know something about an arrears of rent, but there’s nowhere for this man to go.”

This quote is indicative also of how some older people can incrementally assume a lot of responsibility for others.

For some leaflets picked up at the GP surgery had been important sources of information. The participant who replaced his boiler mentioned in the previous section had done so because,

“my wife had seen a leaflet at the Drs. Pure fluke.”

4.8 Transport

Parking in Barnet was seen as difficult, lacking in some areas, and expensive. As mentioned in 4.2.2 short term parking at the day centres was particularly difficult with a lack of pay and display bays as well as the cost of pay and display parking.

For some the ability to continue driving was closely linked to their view of the ageing process. It was vital to be able to drive,

“I don’t find anything difficult”.

"Because I've got a small car, I drive the car you know. .....I last for every three years so far they've reviewed for the second time, so I don't know... after three years time. After 70 your licence is renewed for every three years. Three years yes. So far I'm alright, you know, so after three years what's going to happen I don't know!"

Others did not express this as explicitly but in referring to how it was more difficult to meet their shopping needs used the phrase, *"one is reduced to walking"*.

Dial-a-Ride was a mode of transport that was useful but not always reliable. They did not always "*show up",* it is *"not as good as they could be",* but it is *"free".*
It was reported that changes to the booking system for Dial-a-Ride had meant that block-bookings to take groups of people were not possible and three separate Dial-a-Ride mini vans could arrive at a day centre to pick up three people simultaneously.

Transport to hospitals could be improved. Participants reported waiting for many hours to get home following a hospital appointment. The type of transport now offered by hospitals was a concern to some. This participant was describing a neighbour's inter-hospital journey following a specialist investigation at the Royal Free,

"..some kind of subcontracted ambulance service, I have no idea what, but, this woman, her husband had been waiting, and he is elderly and not very well,..... she must've got back to Luton and Dunstable about 11 o'clock at night on a bitterly cold day. So I wrote to the Royal Free, I got a fulsome apology, but you've no idea."

4.9 Aspirations

Some needs did not fit neatly into the themes and these have been grouped in this final section. One group felt that former council offices were not being leased and were deteriorating and felt that rooms should be rented to older people for activities at low cost,

"there would have been opportunities I think for including a room at low cost, I mean we used to be able to have our meetings at the library, at reasonable cost, and then that cost kept going up and up."

Another participant had accessed a resource centre in Camden,

"..It's a resource centre as well, but it is a drop in centre. You know? And all things happen from there. They have all sorts of social gatherings, they have a cafeteria, and a decent place to sit down and eat. . They've got a... there's a

lounge area, they've got committee meeting rooms and so on……I'd give anything to have just one in Barnet".

5.0 Discussion

This study gives a snapshot, a window, into how older people of diverse ages and ethnicity in the London Borough of Barnet perceive need in 2009. It also highlights what services are valued by older people and what services are poor or lacking. The evidence of shared needs and concerns across the diverse groups are useful pointers for policy makers and service providers who need to consider how to prioritise limited resources.

5.1 The importance of social contact, avoiding isolation and maintaining independence

The focus groups demonstrated a willingness to support one another, to take responsibility for their own health and to organise their own outings. Several of the participants spontaneously expressed the view that without the social structure of attending a group there would be more depression and hospitalisation.

The English Longitudinal Study of Ageing (ELSA) is a ten year programme, 'to explore the unfolding dynamic relationships between health, functioning, social networks and economic position.' The ELSA found that, in the context of independence, control and autonomy were positively correlated with better physical functioning. Other factors associated with reduced control and autonomy were marital status (being divorced or separated); vision and hearing problems; increasing severity of pain; fair to very bad general health; and decreasing wealth. Depression was the most notable health problem that accentuated the loss of control and autonomy (Banks et al, 2006).

This aspect of the study supports the Borough's Joint Strategic Needs Assessment (JSNA) which indicates that better support of existing social groups in the Borough would be a cost effective method of meeting one of the strategic aims of the JSNA, that of investing in independence. In particular it chimes with the pledge, "..to better support them (older people) at an earlier stage based on the principle that early intervention leads to better prevention, enabling a much higher level of self managed care," (Barnet PCT and London Borough of Barnet, 2009. p.48).

Although studies which access older people who already attend social groups can be criticised for failing to represent the views of those who are more isolated (and this is an acknowledged limitation), it is also important to consider how older people who attend social groups can actively assist policymakers and service providers in addressing the needs of the most vulnerable. It was clear from several contributions to the focus groups that those who attended were also very

closely involved in either directly meeting needs of more vulnerable people in the community or were well aware of risk situations. In terms of their own families, several attendees at groups were also carers. This informal “risk assessment” could be more systematically tapped if service providers utilised the focus group approach from time to time rather than paper surveys.

The role of individuals within groups in informing each other was an incidental finding of this study. In the tape transcription it became apparent that the focus groups themselves were being used as an information update and clarification method. Information cascaded or clarified via the groups included changes to council office locations and services, details of services offered by Age Concern itself, IT training provision for older people and changes to parking regulations.

Although the stated aim of the Primary Care Trust and Borough’s JSNA is to support people at an earlier stage as a preventive strategy, this was not the “lived experience” of the participants in these groups. In fact their experience was that the groups and facilities, which they perceived to be assisting their independence, were under threat. In four out of the six groups specific threats to the group were mentioned either directly as a result of funding cuts or as a result of other changes such as the introduction of parking restrictions. Although medical texts may present anxiety as a pathological response to ageing, studies of this type indicate that older people’s anxieties are well founded in their day to day experiences (Hawthorne, 2008). It was notable in one of the groups that a long association with the area meant that the collective memory of the group for services that used to exist was significant.

5.2 Concerns: Sheltered housing and health and social care provision

Some of the participants were active in expressing their needs, and had joined the recent campaigns to prevent the removal of wardens from sheltered housing. Help the Aged have already published Nobody’s Listening (2009) in supporting warden controlled housing and expressed their concern that older people have not been consulted and their views are not being heard.

While this report was being summarised a judicial review of the removal of wardens from Barnet sheltered housing has been called, (www.helptheaged.org.uk/en-gb).

Consulting with older people is at the heart of the new strategy on ageing (HM Government, 2009). However there was cynicism expressed about consultation; participants had actively participated in consultations before and felt it had not made a difference.

It should also be noted that suggestions for meeting needs offered by the participants were often self-moderated or were low cost solutions. For example those who already accessed the nurse led clinic at their own day centre would

have liked this to be a weekly rather than monthly feature but moderated their own request to bi-monthly.

Concerns about provision were also balanced by appreciation of existing provision which they felt very positive about. So for example the funded opportunities for physical activity and the shopping service for housebound older people were reported to the researchers in very positive terms.

In terms of the concerns expressed regarding health and social care provision it was starkly obvious that the concerns expressed in the 2006 report of the Patient and Public Involvement forum (PPI) on health and social care needs had not been addressed. Identical concerns regarding difficulty in making appointments, waiting lists for services such as podiatry were clearly evident in our study. Interestingly the 2006 report mentions the removal of the nurse led centre from a day centre due to a cut in funding by the PCT which was much regretted. In this study the service had been reinitiated with direct funding from an individual GP practice.

This study highlighted further contraction of the podiatry service. In terms of social care the same experience of long delays in obtaining services were also noted in this report as in 2006. When the concerns expressed by older people in our report are set aside the concerns expressed in the 2006 report, the frustration expressed by some participants that they “had already expressed their views” and policymakers had not acted is understandable.

5.3 Physical Activity

The Government’s Strategy on Ageing (HM Government, 2009), offers older people the support, physical check ups and access to affordable or free services that may help them to maintain their physical health. The strategy points to the programme of free swimming for people over 60 that has been launched. If the strategy is accompanied by funding, then the evidence from this study points to a significant willingness to access the opportunity in Barnet.

Existing funding for activities such as Tai Chi and keep fit classes were appreciated. Participants highlighted the role of such activities in terms of their social and mental health benefits rather than the obvious physical health benefits. However as with other provision that they appreciated and wanted to see expanded, discussion of opportunities for physical activity were also overshadowed by concerns that existing provision would be reduced or concerns that significant charges would be introduced. Ideas about how to increase participation in existing activities and about other activities which might be enjoyed were suggested.

In terms of health promotion campaigns related to physical activity with the younger generation (e.g. Change4life) considerable emphasis has been put on

encouraging younger families to consider taking up physical activity. In terms of this report we found a significant "readiness" to access opportunities, a willingness to work with providers to increase participation. It would seem vital to maintain and increase funding in this area as the physical, mental and social benefits are well documented.

5.4 The health impact of refurbishment of housing

Just over a decade ago the possible hazards associated with transferring older people from one care setting to another was brought into sharp focus in the London Borough of Barnet with the publication of the report " Deaths of Eight Patients Following their Transfer from Napsbury Hospital to Elmstead House Nursing Home,"(Barnet Health Authority 1997). In 2000 a study by Bryan et al which looked at movement of vulnerable people with learning disabilities found an "increase in overall risk of unintentional weight gain and loss". Although both reports highlighted significant omissions on the part of care staff, they also highlighted that "moving house" is stressful at any age, and may have very significant consequences in older age groups/vulnerable adults. One of the themes which emerged in two of the focus groups was the psychological consequence of refurbishment. In these situations residents remained in their own homes but there may be similar stressors to house moving as "having the builders in" can be a stressor at any age. In both instances the residents were grateful that the refurbishments were being undertaken but found the process highly stressful. In one instance for the very elderly resident who lived in sheltered accommodation the psychological stress had led to physical consequences including loss of weight. In view of her evident frailty it would not be unreasonable to suggest that the building works could lead to significant health deterioration.

Age Concern England published a report called "Moving On" which provided landlords with a model of good practice when moving residents due to the closure or refurbishment of a sheltered housing scheme. It is maybe a report which should be updated and re-released. At a local level the need for a proactive and supportive project management if refurbishment works are to be undertaken in housing where residents are very elderly, infirm or have significant disability seems essential.

5.5 Domestic Needs

These needs presented in the groups in a variety of ways typically with small references to specific areas of difficulty such as changing light bulbs or difficulty in using the bath. However in one group where residents lived predominantly in social housing there were significant concerns about security. Clearly if residents are concerned about such a fundamental issue then this requires action before other needs can be addressed.

In terms of specific issues raised such as changing light bulbs there was overlap between this theme and issues regarding information in that there is an existing service which helps with small jobs (handyperson scheme) but knowledge of the scheme may not be widespread. Likewise one of the recommendations of the 2006 PPI report was for, “Access to a list of approved agencies, voluntary and commercial, to help with things such as changing of light bulbs and other DIY jobs, gardening, decorating,” and whilst this does exist on the London Borough of Barnet website, again knowledge of this provision may be limited.

A common theme across several groups was how they no longer were able to get into a bath. In one group this led to a specific request for showers to be installed as a housing “standard”. Increasingly new housing does have showers installed however as one participant noted, unless these showers are of a “walk in” design then many people with disability may find them equally difficult to use. In addition it should be noted that one participant mentioned that her husband who had a stroke found he could not “tolerate” a shower’.

Another specific area where there was a request for assistance arose from the housebound elderly group who asked for better and more accessible packaging of medication. This is an ongoing issue and under regular review from NHS National Patient Safety Agency. This concern may reflect lack of information as pharmacists within Barnet already provide a range of services to make medicines more easily manageable for those who are taking multiple medicines.

5.6 Information needs

An important feature to emerge from this study was the way that participants updated each other including details of services and location of services. In recent years the NHS has effectively used the Expert Patient scheme (DH, 2001) to harness the abilities of those who effectively manage their own care to act as support and advisors to others. In this study there were clearly “Local information sources” who could play a strategic role in dissemination of information about existing services. This could be a funded project and it could also have the double role of providing useful feedback to service providers.

The role of IT was a theme in several groups and it was clear that existing provision to support use of IT by older people was not always known about. Discussion of this topic did not raise the same enthusiasm as discussion of opportunities such as physical activities and outings. However there was openness to consider this option. It is also interesting to note that older people who had used IT in their working lives were not always transferring this to their home environment. It was not clear whether this was a matter of choice or cost.

5.8 Transport

Banks et al (2006), reporting for ELSA, found that the use of public transport was infrequent in people who had impaired activities of daily living. The report recommended the use of transport in older age groups should be kept under review to prevent isolation (Banks et al, 2006).

Participants in this study relied on a range of methods to get about. Many participants relied on walking (or as one participant stated "one is reduced to walking") and therefore they had a very sharp focus on local access and therefore, for example, the removal of a podiatry service from Whetstone to alternative provision at High Barnet and North Finchley was very significant as the two alternatives required more bus journeys and walks from bus stops which made the whole provision less accessible.

For those still able to use their car it was evident that the expansion of parking restrictions in the Borough was having a disproportionate effect compared to younger or more mobile groups. It was not a minor inconvenience and small expense rather it was seen a major financial outlay and something which threatened their whole social structure.

Dial-a-Ride as a service was appreciated and used by partipants in the study. However this was tempered by a view that as a service it had become less flexible and more bureaucratic.

5.9 Comparative need-aspirations

In Bradshaw's 1972 the taxonomy of social need his final category of need was comparative need (equitable with others). It was noteworthy that the participants in this research study were very locally focussed. Only two individuals talked about provision which was available outside the Borough boundary. One group had a striking collective memory of what used to be available in the local area and therefore were making comparisons with services which used to be available. Likewise the group that discussed Dial-a-Ride were commenting on how the service had changed. However these last two examples were about historical comparisons and would not fit with Bradshaw's concept of comparative need which was related to the question of "equitable with others." It is not clear why participants in this study did not refer to what was available elsewhere- it may simply reflect a lack of knowledge about other areas and the fact that participants did not often leave the Borough.

It is useful to look at the two individuals who did make comparisons. First it was perceived that other boroughs had a greater facility for dropping in/open access centres. This individual aspired to one "resource centre" in Barnet for older people. This aspiration might reflect the difficulty highlighted in the PPI report of 2006, "Day centre places have been steadily reducing in Barnet and, together

with home help, are accessible only to those meeting increasingly stringent eligibility criteria. Those assessed as having "low or moderate" needs do not get any service "(p.11).

Does the question need to be asked what resource exists in Barnet for those older people who want to be socially involved and who want to self organise rather than be assessed for a service?

The other areas of comparative need which were raised in the discussion was the reference to physical activity/music sessions offered in Tower Hamlets and a less specific request for Barnet to look at what Hertsmere offered older people .

6.0 Conclusion and Recommendations

6.1 Conclusion

The participants in this study gave a rich insight into their lives and how it is to get older. The discussions generated in the focus groups gave a sense that the associations and groups the participants belonged to create a support network and offer companionship. The informal communication between members of the focus groups, possibly not explicit in the findings, demonstrated a good deal of history between members including a sharing of their bereavements and the struggles they had faced.

Older people may often be viewed as 'in need'; however this study portrayed a group of people who did not look for unlimited help and services to support them in their later years, but who offered suggestions and initiatives that were sensitive to limited resources. Many of the older people did not wish to be the passive recipients of services, rather many would be happy to take the lead in planning the services and in guiding policy makers.

The focus groups give an evocative account of the changes that have occurred over time and the effects of those changes on the ability for older people to live their lives the way they should wish to. Such groups could be used with great efficacy when any agency is involved in initiatives concerning the needs of older people.

6.2 Recommendations

Much of the information in this report has already or can be, used to inform existing planning for the needs of older people in the Borough. In particular there is a major consultation currently taking place on the Local Development Framework for the Borough,(up until 2/1/10 but with further opportunity later in 2010 for comment on more detailed policies) This large scale framework is underpinned by 14 polices of which several are relevant to this study. In

particular the findings of this study should be used to inform the following 3 policies

- Providing quality homes and housing choice in Barnet
- Enabling integrated and community facilities and uses
- Providing integrated and efficient travel

However the authors felt it was necessary to make some specific recommendations which are outlined below.

<u>Reducing isolation and maintaining independence</u>

The London Borough of Barnet Joint Strategic Needs Assessment (JSNA) pledges to "better support older people at an earlier stage based on the principle that early intervention leads to better prevention, enabling a much higher level of self-managed care" (Barnet PCT and London Borough of Barnet 2009.P48). However participants in this study expressed a high level of concern that existing facilities that they accessed which promoted independence might have funding withdrawn/ reduced.

Recommendation 1
That policymakers, social and health care commissioners continue to prioritise and enhance funding to day centres/older people groups as a key strategy for reducing isolation and maintaining independence and well being for older people in the Borough.

Recommendation 2
As part of the current consultation on the Barnet Local Development Framework that a specific proposal should be made by Age Concern Barnet and others that in the, "Enabling integrated community facilities and uses" section of the framework, that facilities across the Borough which could be used as open access resource spaces for older people should be clearly identified and specific policies to retain them for those uses be promoted.

Recommendation 3
That existing opportunities for physical activity (e.g. Tai Chi classes) for older people in the Borough should have their funding maintained and increased in line with the population increase.

Recommendation 4
That policymakers should seek advice from older people about what additional opportunities for physical/cultural activity could be developed. In the first instance the low cost suggestion made in this report for dance and music (p 9) should be explored.

Recommendation 5
That policymakers should note the strong support for wardens in sheltered housing and take note of views expressed in this report as part of the current review of this service in the Borough.

Information Needs

Effective dissemination of information is never straightforward and may be particularly challenging to older isolated members of a community. It would seem from this study that some older people themselves often have the best insight into these challenges. In the NHS the 'Expert Patient' scheme has allowed patients with long term conditions to support each other.

Recommendation 6
Local groups where older people meet should nominate an existing group member who is knowledgeable about services in their area and willing to be involved in a borough communication strategy to increase awareness of existing facilities/services for older people .Commissioners of health and social care should ensure that this older person should receive training, support and payment for acting as an "expert information disseminator".

Managing stress associated with refurbishment work in social housing and sheltered accommodation

Recommendation 7
That Age Concern at a National level revisit and update the 1999 report "Moving On" which provided landlords with a model of good practice when moving residents due to closure or refurbishment of a sheltered housing scheme with a particular view to looking at the issues when the older person has to continue to live in the premises during the refurbishment. Age Concern at a local level should discuss with relevant providers how proactive and supportive project management could be enhanced to reduce the stress associated with this process.

Transport needs

Recommendation 1-4 above will not be meaningful unless older people have transport options which meet their needs.

Recommendation 8
Buildings which provide facilities used by older people need to be served by public transport. We recommend a mapping exercise to review existing transport routes to current facilities used by older people's centres/groups, identifying new or extended routes and the location of convenient bus stops.

Recommendation 9

Changes to Controlled Parking Zones can have a huge impact on access to day centres by older people. Consideration should be given to a mechanism which would allow day centre users free parking.

Appendix 1

Office of National Statistics (ONS) population projections for Barnet

Year	0-19	20-39	40-59	60-79	80+	ALL AGES
2008	83,900	102,300	86,600	47,500	14,300	334,600
2009	85,100	102,500	87,600	48,600	14,400	338,100
2010	86,200	102,700	88,900	49,100	14,800	341,600
2011	87,400	103,200	89,900	49,800	15,000	345,100
2012	88,300	103,400	91,200	50,400	15,300	348,600
2013	89,400	103,500	92,600	50,900	15,400	351,900
2014	90,300	103,700	93,700	51,700	15,600	355,100
2015	91,300	104,100	94,800	52,300	15,800	358,400
2016	92,200	104,600	95,800	53,100	16,100	361,600
2017	93,100	104,900	96,400	54,000	16,400	364,800
2018	94,300	105,000	97,000	54,900	16,700	368,000
2019	95,400	105,100	97,600	55,900	17,000	371,200
2020	96,400	105,200	98,300	57,000	17,400	374,300
2021	97,400	105,100	98,900	58,200	17,600	377,300
2022	98,300	105,400	99,300	59,500	17,800	380,200
2023	99,000	105,500	99,500	60,700	18,300	383,100
2024	99,500	105,400	99,900	61,900	18,900	385,800
2025	100,100	105,500	100,300	63,200	19,400	388,500
2026	100,400	105,700	100,500	64,600	20,000	391,100
2027	100,500	106,000	100,700	65,600	21,000	393,700
2028	100,600	106,100	101,300	66,500	21,800	396,200
2029	100,600	106,200	101,700	67,500	22,600	398,600
2030	100,600	106,700	102,200	68,400	23,200	401,000
2031	100,600	107,100	102,900	69,300	23,800	403,400

Source: Subnational Population Projections Unit, ONS: Crown Copyright. Crown copyright material is reproduced with the permission of the Controller Office of Public Sector Information (OPSI)

Appendix 2

Identifying the unmet needs of Older People in Barnet trigger questions

Explanation that project is interested in unmet needs – these may be related to health needs, social needs, personal needs, other needs i.e. whatever they identify as needs

Possible trigger questions

In the past month are there things that you have wanted to do but couldn't because of unmet needs/restrictions which you would have liked to do?

In the past month are there things you would have liked to do but you decided that you couldn't because of your health or other limitations?

Are there things that you would like to do but have decided that they are not longer possible because of your age?

Follow up questions to look at compromises that people make to "cope". (This is important as the literature mentions that many people gradually adjust expectations to "fit" with the limitations).

NB Respondents may discuss services but keep the focus on needs rather than services.

Appendix 3: Ethics Approval

School of Health and
Social Sciences
The Archway Campus
Furnival Building
10 Highgate Hill
London N19 5LW

To: Kate Brown & Alison Harris

Date: 16th December 2008

Dear Kate and Alison

Re: Kate Brown & Alison Harris, Application 536. *'Identifying the unmet needs of older people in Barnet'*.
Category A2 & A3 – Principal Investigator, Kate Brown

The ethics subcommittee (Health Studies) considered your application on 27th November 2008. On behalf of the committee, I am pleased to inform you that your application has been approved. However, please note that the committee must be informed if any changes in the protocol need to be made at any stage.

I wish you all the very best with your project. The committee will be delighted to receive a copy of the final report.

Yours sincerely

Dr John M Foster
Chair of Ethics Sub-committee (Health Studies)

Appendix 4: Participant Information Sheet

MIDDLESEX UNIVERSITY
SCHOOL OF HEALTH AND SOCIAL SCIENCES

HEALTH STUDIES ETHICS SUB-COMMITTEE

PARTICIPANT INFORMATION SHEET

1. Study title

Identifying the unmet needs of older people in Barnet

2. Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

3. What is the purpose of the study?

Currently Age Concern Barnet provides a range of services including two well used day centres in the middle and south of the Borough. However the organisation has been reviewing the service offered and wants to offer a service which best meets the needs of older people in the Borough. Although existing service users offer a useful perspective the organisation is keen to seek views of older people who do not currently use the service.

This research aims to find out more about the needs of older people as identified by older people themselves. These needs could be physical, domestic, social or emotional, or indeed totally unexpected.

4. Why have I been chosen?

We are interested in your views because as an older person and a resident of Barnet you may well have ideas about the needs of older people in this borough. This research is focussed on identifying those needs.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent

form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

6. What will happen to me if I take part?

You will be invited to a focus group of 6-7 other older people to meet with a researcher to discuss your thoughts and experiences in relation to the needs of older people. The focus group will last between one and one and a half hours and the discussion will be tape-recorded or video-taped with your permission. Every effort will be made to ensure that the venue is comfortable and convenient for you and refreshments will be provided. If you are unable to attend the focus group the researcher can come to your home and conduct a one to one interview with you. Whilst your views will be recorded by the researchers the final report will not disclose your name or identity.

7. What do I have to do?

Please indicate on the reply slip if you are interested in taking part in this study. The return address is given on the reply slip.

8. What are the possible disadvantages and risks of taking part?

There are no anticipated disadvantages in taking part. Every endeavour will be made to ensure that you are not inconvenienced and that the interviews and focus groups do not overrun.

Whilst it is the aim of Age Concern Barnet to ensure that services meet the needs of older people, this project will only provide planning information for services that may be provided in the future.

9. What are the possible benefits of taking part?

Your views may help shape services for older people in the future.

10. **Will my taking part in this study be kept confidential?**

All data will be stored in compliance with the Data Protection Act 2003. All tapes and transcripts will be kept in a locked drawer when not in use. The tapes and transcripts will be destroyed after they have been written up in the study. Your name will not be used in the write up of the study.

11. What will happen to the results of the research study?

The results from the study will be reported back to Age Concern Barnet who in turn intends to share them with other services in the Borough.

12. Who has reviewed the study?

The Health Studies Ethics Sub Committee of the Middlesex University has reviewed this study.

13. Contact for further information

Kate Brown, Principal Lecturer/ Researcher
Work address: Furnival Building
The Archway Campus, London N19 5LW
Tel 0208 411 6930
Email k.brown@mdx.ac.uk

Alison Harris, Senior Lecturer/ Researcher
Work address: Furnival Building
The Archway Campus, London N19 5LW
Tel 0208 411 4681
Email a.x.harris@mdx.ac.uk

Thank you for reading this.

Research Study: Identifying the unmet needs of older people in Barnet

I should be interested in taking part in the above research study and would be happy for a researcher to contact me

Name ……………………………….. Signature…………………………..

Address: ……………………………………………………………………..

Contact Number: ……………………………. Date ……………………….

Please return to Kate Brown, Principal Lecturer, Middlesex University, Archway Campus, Highgate Hill, London. N19 5LW

References

Acheson Inquiry. (1998). Independent Inquiry into Inequalities in Health Report. The Stationary Office.

Age Concern England (1999) Moving On: Good Practice Guidelines for Involving Residents in the Closure or Refurbishment of Sheltered Housing, London, Age Concern England.

Bai YL, Chiou CP, Chang YY, Lam HC. (2008). Correlates of depression in type 2 diabetic elderly patients: a correlational study. International Journal of Nursing Studies. Apr;45(4):571-9.

Banks J, Breeze E, Lessof C & Nazroo J (eds.). (2008). Living in the 21st century: Older people in England. The 2006 English Longitudinal Study of Ageing (Wave 3). Institute for Fiscal Studies. Analysis of the third wave of data from the English Longitudinal Study of Ageing. Available from: www.ifs.org.uk/elsa/publications.php.

Banks J, Marmot M, Oldfield Z et al. (2006). Disease and Disadvantage in the United States and in England. JAMA. 295(17): 2037-2045.

Barnet Health Authority. (1997). Deaths of Eight Patients Following their Transfer from Napsbury Hospital to Elmstead House Nursing Home. Barnet Health Authority (London).

Barnet Patient and Public Involvement Report. (2006). Available from www.barnet.nhs.uk.

Bradshaw (1972). A Taxonomy of Social Need. New Society. (March). P.640-3.

Breeze E & Lang I. (2008). Physical functioning in a community context. Chapter 3. Living in the 21st century: Older people in England. The 2006 English Longitudinal Study of Ageing (Wave 3). Institute for Fiscal Studies. Analysis of the third wave of data from the English Longitudinal Study of Ageing. Available from: www.ifs.org.uk/elsa/report08/ch3.pdf.

Bryan, F, Allan, T and Russell, L. (2000). The move from a long-stay learning disabilities hospital to community homes: A comparison of clients' nutritional status. Journal of Human Nutrition Dietetics, Vol 13; 265-270.

Change4life. (2009). Available from: www.nhs.uk/change4life.

Cordingley, Hughes and Challis. (2001). Unmet need and older people. Towards a synthesis of user and provider views. York: Joseph Rowntree Foundation.

DH. (2009). Tackling Health Inequalities: 10 Years On – A review of developments in tackling health inequalities in England over the last 10 years. HM Government. Available from: www.dh.gov.uk.

DH. (2009). Building a Society for all Ages. Available from: www.dh.gov.uk.

DH. (2006). A New Ambition for Old Age. Available from: www.dh.gov.uk.

DH. (2001). The expert patient: a new approach to chronic disease management for the 21st century. Available from www.dh.gov.uk.

Drennan V; Walters K; Lenihan P; Cohen S; Myerson S; Iliffe S. (2007). Priorities in identifying unmet need in older people attending general practice: a nominal group technique study. Family Practice. 24; (5); 454-460.

Hawthorne G. (2008). Perceived social isolation in a community sample: its prevalence and correlates with aspects of peoples' lives. Social Psychiatry and Psychiatric Epidemiology. Feb; 43 (2); 140-50.

Health and Community Care Committee. (2001). Unmet Need. The Scottish Parliament.

Help the Aged. (2009). Nobody's Listening. Available from: http://www.helptheaged.org.uk/en-gb.

Hill K, Sutton L and Cox L. (2009), Managing Resources in Later Life. York: Joseph Rowntree Foundation.

HM Government . July 2009. Building a society for all ages. Cm 7655.

London Borough of Barnet and Barnet Primary Care Trust. (2009). Barnet Joint Strategic Needs Assessment 2008/09-2011/12. Available from: www.barnet.gov.uk.

London Borough of Barnet & Barnet Primary Care Trust. (2008). Older adults' partnership board.

NICE. (2005). Health needs assessment: A practical guide. Available from: www.nice.org.uk.

Office for National Statistics. Available from: www.ons.gov.uk.

Walters K, Iliffe S & Orrell M. (2001). An exploration of self-seeking behaviour in older people with unmet needs. Family Practice. 18; 277-282.

www.aclondon.org.uk. Age Concern London. Home page.