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IMPROVING ACCESS TO COMMUNITY-BASED SERVICES FOR OLDER PEOPLE LIVING AT HOME

RECOMMENDATIONS

THE PROJECT

The project 'Improving access to community services for older people living at home' addressed the specific issue that many older people and their families who are in need of help and care, and are otherwise disadvantaged, often fail to use existing support services. This is often due to the lack of knowledge about opportunities but also due to the negative image of taking up services. Thus access strategies for disadvantaged older people and their families were tested in two areas each in Austria, Lithuania and Poland, using care counselling as an example. Care counselling offers advice for people in need of health and social care.

These strategies involved mediators from within health and social care services such as doctors or social workers, mediators from other areas, such as seniors' associations, cultural or migrant associations or the church as well as networking activities between both fields. During the research process on the access strategies, preliminary data from 539 people was collected, 77% (415) of these people took up care counselling.

The project ran from February 2010 to February 2012 within the PROGRESS-programme of the European Commission and received additional co-funding from the Austrian Ministry for Labour, Social Affairs and Consumer Protection. Seven partners from four European countries (including the United Kingdom) were involved in the project that was coordinated by the Austrian Red Cross.

The aim of this document is to present policy recommendations for policy makers on different levels, as well as to providers of health and social services that wish to address disadvantaged older people and their families.

I) Recommendations on access strategies

1) When testing new access strategies and/or services, all those involved must be aware and convinced of the benefits of involvement for their target groups (e.g. older people and their informal carers) and for the organisations themselves.

2) To reach older people from disadvantaged groups, it is helpful to cooperate with mediators who can be viewed as people that the older person can trust.

3) Cooperation with mediators who do not work within the health and social service sector has proved successful. Thus, those from areas such as local associations, churches, or who are viewed as prominent and respected people in the community should be encouraged.

4) Cooperation with mediators needs the following prerequisites:
- Mediators should be aware of the benefits of their involvement for their target groups, for the community and for themselves.
- Mediators should be a 'person of trust' from the perspective of the target group.
- Mediators should be allocated sufficient time and personnel resources to be able to cooperate with the service provider organisation.
- Mediators should be well-prepared and fully informed about the service to be provided through personal contact by the service provider.

5) The structure of the access strategy must be simple and it is important that a 'chain of trust' between mediators and service providers is established. Importantly, service providers and mediators should be in direct lines of communication with each other and as geographically close as possible to ensure a responsive service.

6) It is important that the target group is informed about the service to be provided face-to-face through the mediator. Written information or information by telephone alone does not suffice.

7) Access to services by older people can be enhanced if those who have used the services endorse them through their informal networks. This 'snowball effect' should be supported systematically by mediators and service providers as it can also contribute to the sustainability of access strategies in the following ways:
- Participants should explicitly be encouraged to pass on the information they have received to relatives, friends and neighbours.
- Possibilities should be explored to involve older volunteers and their informal networks as mediators in access strategies in a systematic fashion. This should involve training and support for older volunteers.

II) Recommendations on services (care counselling)

1) The 'care counselling' service should be provided in a flexible way:
- Clients should be able to choose the time and the place of care counselling.
- While care counselling is usually offered on an individual basis, it should also be possible to offer group counselling if the participants request it. Those providing it should thus be equipped/qualified to offer group counselling.

2) The time between the first contact and the provision of care counselling should be as short as possible.

3) When providing care counselling, possibilities for further contact with clients who might need additional support should be given. This can be a telephone number to call, if they need additional help or other follow-up activities.

III) Recommendations on the implementation process and research (social experimentation)

1) The practical implementation phase should involve a small number of actors and should be carried out in a specific (not too large) region. It is advisable to use existing networks.

2) Enough time has to be foreseen for planning and preparing the practical implementation strategy. This includes choosing and recruiting mediators and counsellors/providers as well as ensuring that all those involved are well informed.

3) The timing of the implementation phase should consider issues such as holiday times, religious holidays etc.

4) Efforts should be made to ensure that the research aspects in such projects do not become a bureaucratic barrier for those involved. The following is suggested:
- When designing the evaluation instruments, the needs of the target group and other actors should be considered with respect to language, clarity and time needed for responding.
- The aims and objectives of the research as well as information on data protection should be explained to all those involved in a transparent and clear way. This should include timelines and responsibilities, as well as contact numbers of principle researchers to enable easy contact if problems arise.
- The person supporting the participants in filling in questionnaires should be carefully chosen to prevent bias.

5) Cooperation between research and service providers can contribute positively to innovation in the field of social services. Projects involving research and social service teams as well as lay people should be encouraged.

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