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RETIREMENT VILLAGES IN PERSPECTIVE

**A Study of Service Provision for Older People
in the Waitakere Region**

**A thesis submitted to fulfil the requirements of the degree of
Master of Philosophy in Public Policy**

**Massey University
Albany
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ABSTRACT

This research was prompted by over a decade of personal experience in dealing with older people in hospitals, rest homes, in Retirement Villages and in the community. The focus of the study was about people living in Retirement Villages. This research has been contextualised within the available literature by discussing some prior research regarding informal service provision in New Zealand and by referring to prior international research regarding the role that information dissemination has on service provision for older people. Service provision by the New Zealand Government and others is well documented throughout the literature.

A qualitative method of research: observation, discursive interviews and a focus group discussion, was used to determine what older people know of health and other government services that are available to them. The research was conducted in three Retirement Villages in the Waitakere Region of Auckland, New Zealand. The results of the individual interviews were confirmed after a focus group discussion. Generally all the residents were very happy with life in a Retirement Village and felt empowered to express their views and requests to the manager of the Retirement Village in which they resided. A few of the respondents (all women) said that although they knew that they had the right to, they did not venture to communicate their needs to management because they had been raised in an era when women had no 'voice'. The research confirmed that there is a need for information dissemination to older people about support services that are available to assist them to live independently to facilitate optimum use of these services. The respondents who were solely dependent on financial support from the government were better informed about available services and how to access it than were the respondents who were financially independent.

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ABBREVIATIONS

ACC	Accident Compensation and Rehabilitation Insurance Corporation
ADHB	Auckland District Health Board
ADL	Activities of daily Living
AHB	Area Health Board
AT&R	Assessment Treatment and Rehabilitation
CCMAU	Crown Company Monitoring Advisory Unit
CDHB	Canterbury District Health Board
CHE	Crown Health Enterprise
CSC	Community Services Card
DHB	District Health Board
DN	District Nurse
DSS	Disability Support Service
DT	Dietician
G P	General Practitioner
GMS	General Medical Services Benefit
GRI	Guaranteed Retirement Income
HSS	Home Support Services
IADL	Instrumental Activities for Daily Living
ILE	Independent Life Expectancy
IPCS	Integrated Primary Care Services
MSD	Ministry of Social Development
NZS	New Zealand Superannuation
OECD	Organisation for Economic Co-operation and Development
OPCS	Office of Population, Census and Surveys
OT	Occupational Therapist
PHARMAC	Pharmaceutical Management Agency
PT	Physiotherapist
RHA	Regional Health Authority
PWG	Project Working Group
SCD	Self-care deficit
SLT	Speech and Language Therapist
SNL	Support Need Level
SW	Social Worker
TTE	Taxed Contributions
WINZ	Work and Income New Zealand

INTRODUCTION AND OVERVIEW

As a recent immigrant, with over a decade of experience in service provision for older people, my own experience when entering the aged care industry in New Zealand has been that there is a paucity of information about the available resources for older people, as well as how to link with other service providers. This is borne out by the Te Pumanawa Hauora (1997), report that cites lack of appropriate information and the need for integrated services as barriers to accessing services. A desire to increase my own understanding (in order to provide a more efficient service for older people who are in my care) and to create a source of reference (body of knowledge) for my colleagues, including those whom have been recruited from overseas, was the catalyst for this study. The study was conducted in Retirement Villages situated in the Waitakere Region. Prior to the commencement of this study, the Ethics committee of Massey University Albany campus scrutinised and approved the research protocol.

The Context of the Study

Older people in New Zealand are growing in numbers and as a percentage of the total population (Statistics New Zealand, 2000). This trend will continue to raise the profile of older New Zealanders as a group of critical importance for politicians and for policy makers because of their voting power. A common refrain in research reports spanning the last twenty years, about service provision for older people in the community and elsewhere, has been to point out the involvement of several government departments, voluntary, church and private providers (Scharf, 1995; Jansen, 1997). The lack of any identified organisation with an overall responsibility has been seen as contributing to a lack of co-ordination and focus in community care (Scharf, 1995; Jansen, 1997). While this may have been true in the past, the Ministry of Social Development is now co-ordinating policy development, implementation and evaluation of strategies to improve the quality of life of older people (Ministry of Social Development, 2002a).

The Office for Senior Citizens, a unit within the Ministry of Social Development, advocates for older people at Cabinet as well as in other government policy forums.

((The increasing proportion of older people means that issues within the portfolio are becoming prominent and are subject to greater political debate and public interest. The scope of the portfolio is broad, incorporating positive ageing, health, retirement income, housing, security, transport and other issues))(Ministry of Social Development, 2002a). The Office for Senior Citizens has received correspondence related primarily to the matters of retirement income including New Zealand Superannuation and supplementary assistance, health services, the Retirement Villages legislation, older driver licensing and the residential subsidy (Ministry of Social Development, 2002a). As a result of this correspondence, and as a consequence of escalating cost of institutional care for older people and the ideology of the reigning political party, the government made a decision to promote ageing in place. Members of a reference group appointed by the Ministry of Social Policy developed a Positive Ageing Strategy and Action Plan, which is revised in July of each year. The Positive Ageing Strategy provides a strategic framework for government policies and services through an agreed set of positive ageing principles (Ministry of Social Development, 2002a).

The Positive Ageing Strategy represents a paradigm shift from encouraging institutionalisation of older people, to promoting independent living in the community. Self-care would be supplemented by informal community (unpaid) care by relatives or other primary carers and would be complemented by formal (paid) services and/or facilities supplied by government appointed agencies and others. The growing proportion of people aged 85+ has given rise to an increased number of older people becoming frail and physically dependent (Cantor and Brennan, 2000). The proportion of two-generation older people is increasing, with a concomitant decrease in carer support being provided by relatives. Policy issues about carer support and respite care have been areas that have been a focus for research in New Zealand (Belgrave and Brown, 1997, Patterson, 1997).

There is a social need for appropriate housing and services for those older people who want to remain in the community but look for a 'home-away-from home'. In New Zealand there are many different types of housing options for people generally,

as well as for older people specifically. These include ordinary housing, serviced flats and Retirement Villages. As the baby-boomers enter retirement age, there is a new trend among older people. They tend to be physically active, involved in the community, seek a socially satisfying environment and look for living conditions that suit their lifestyle. Some of them are looking for a transitional lifestyle. The Retirement Village industry fulfils this market niche.

From 1998–2000 there has been a growth of 13% in the Retirement Village industry from 205 Retirement Villages in 1998 to 303 in 2000 with an estimated population of 21,000 people over the age of 65 in 2000 (Ministry of Social Development, 2002a¹). It is reasonable to assume that while the industry is profitable, it will continue to grow. An aspect of concern is that the ageing population is predicted to continue to grow overall but especially among the old-old (those aged 85+).

The Retirement Village industry caters for the needs of physically active as well as physically dependent older people. One direction the Retirement Village industry has taken is towards providing medium to low density, low maintenance, secure housing that has communal areas for in-house social activities. It also provides transport for shopping or community activities and has a progression of services. Some of these services are part of the contractual agreement between the older person and the village management and some are provided (by the village or others contracted by the village) on a user-pay basis. Provision of care may become a contentious issue in Retirement Villages that have facilities to provide continuity of care on a user pay basis, if the older person has not fully understood this aspect of the contract or took it for granted that continuity of care would be part of the contractual package. Age Concern New Zealand and others have expressed concerns about the need for legislation to govern the management of Retirement Villages in New Zealand (Age Concern New Zealand, 2000). The response of the Ministry of Social Policy has been to develop the Retirement Villages Act 2003 No 112. The aim of this Act is to protect older people who enter into legal contracts when they purchase a unit in the Retirement Village.

¹ Ministry of Social Development, 2002a, Chapter 7: 3.

'The very old and the very young are high users of health services. Per capita health costs increase and accelerate significantly from age 65. While people over 65 make up 12% of the population, they use 37% of total public health expenditure' (Ministry of Social Development, 2002a). The Ministry of Social Development has confirmed the increased use of health services by people aged 60+. 'Since 1997/1998, the proportion of Disability Allowances granted each year which covered people who were aged 60 years or over has increased from 30% to 36%, while the proportion covering people under 15 years has shown a corresponding decrease' (Ministry of Social Development, 2003b: 77). The increasing healthcare requirement of older people clearly is a significant policy issue. It also has cost implications and can impinge on the Retirement Village industry's willingness and/or ability to expand in the area of health care of older people (Scott, 2001). It is essential that New Zealand health services be structured to make the best use of health funding to meet an increasing demand for these services.

Problem Statement

The increasing number of older people in New Zealand has led to a growing demand for long term living facilities in the form of Retirement Villages. Older people living in a Retirement Village may be independent now, but within several years they may not be able to walk without assistance and require other support to remain independent. The state does make provision for services and financial support for those older people who have been assessed to need long-term assistance due to a disability, and who cannot afford to purchase such services. On average, levels of disability and need for support increases with age yet many older people with a disability or who are ill do not access formal support services at all (Ministry of Social Policy, 2000). Support services are under-utilised for a variety of reasons one of which is cited to be the fact that General Practitioners who are in most cases the Primary Health Provider, may not be aware of the range of benefits that such people are entitled to (Williams, 1989). Another reason is that older people face barriers to accessing services themselves due to the lack of publicity about existing services (Ministry of Social Policy, 2000).

Hypothesis

There is a difference between the availability of government-funded services, and knowledge and use of such services, by people who live independently in Retirement Villages.

Ethical Issues

Consent was obtained from the Ethics Committee of Massey University prior to conducting the research. The nature of the research was explained to the residents' committees and the managers of the participating Retirement Villages. The manager of each participating village gave written consent for me to have access to the village to conduct the research and provided me with a list of names of residents who had expressed interest in taking part in the research. Each participant was contacted to explain the study, answer any questions and to give them an information sheet detailing the research process. They were informed of their right to withdraw from the study (Addendum Two). Appointments for the interviews were then set up. In the case of the focus group the participants were asked to sign a form stating that they would honour the confidentiality of the information received during a group session. They were informed that I could not guaranteed anonymity within the group.

Overall Purpose of The Research

The purpose of the research is to establish whether there is a difference between the availability of government-funded services, and knowledge and use of such services, by people who live independently in Retirement Villages. An exploratory descriptive research design was chosen because it meets two of the three basic purposes of this type of research:

1. To satisfy the researcher's curiosity and desire for better understanding,
2. To test the feasibility of undertaking a more careful study, and

3. To show the path of prior research and how the current project is linked to it (Babbie, 1992: 90).

In addition, this research is breaking new ground: it evaluates the perceived service needs and usage of services provided by the government and others to older people who live independently in Retirement Villages. Breaking new ground is appropriate for exploratory research (Babbie, 1992: 91).

The objectives of the study were:

1. To do a literature review in order to:

- Analyse demographic trends in to obtain a clearer understanding of the composition and dynamics of the older population in New Zealand, and to obtain a snapshot of what the population in Retirement Villages was likely to be like.
- Explain the nature of public policy, the Positive Ageing Strategy and its relation to ageing in place in Retirement Villages.
- Review prior knowledge of services and facilities for older people, including formal and informal support service delivery in the community and Retirement Villages, in order to integrate and summarise what is already known in that area.
- To review prior relevant research to establish the current thinking of service provision for older people in New Zealand and elsewhere.

2. To establish why some older people choose to live in a Retirement Village rather than remain in their own home.

3. To establish whether older people are engaged in doing formal and/or informal work.

4. To determine which services the independent living older people in Retirement Villages expect the government to provide through individual and focus group discussions.

5. To explore the dissemination of information to older people, especially those who live in Retirement Villages.
6. To raise policy issues based on the literature review as well as the research report.

The Research

The study is about people living in Retirement Villages. In its focus on older peoples' knowledge of, and use of support services that are provided by the New Zealand Government and others, this research is designed to use qualitative methods of study (observation, discursive interviews and a focus group discussion) to determine what older people know of health and other government support services that are available to enable them to live independently for as long as possible.

Individual interviews were conducted on sixteen people who lived in three Retirement Villages in different locations in the Waitakere Region. An interview guide schedule based on the objectives of the research was used. The questions were open ended in order to give the respondents the opportunity to answer in as much or as little detail as they wanted to. In order to keep the respondents focused during the interview, probing questions were asked relating to comments they made. Any line of enquiry that arose during the interview was followed up by further questions. If the questions were not clear enough, an adaptation was made to the question before the next interview. The question relating to whether the respondents worked, for example, was misconstrued by the first person that was interviewed, thus a working definition of what could be classified as 'work' was developed and incorporated in subsequent interviews. The interview schedule was refined as the research progressed with the view of making the information that was obtained from the research more credible.

It was decided to use a focus group of eight people to verify the information obtained from the individual interviews. They were selected from the original sample group of sixteen people who participated in the individual interviews. This approach was selected so that the focus group was then able to take ownership of the results of the individual interviews. By presenting them with information in a summarized form it stimulated them to debate issues, ask questions for clarification, add to what people

said, verbalize anecdotes about their own experiences of service provision by the government and other service providers that served to affirm or add to the topic that was being discussed.

This methodology allowed for demystifying the discrepancy that appears to exist between the availability, knowledge and usage of services that are available to assist older people to live independently for as long as possible.

Organisation of the Thesis

The literature and policy review is dealt with in Chapter One to Chapter Six and the research project is dealt with in Chapter Seven to Chapter Nine.

Chapter One provides a snapshot of the scale and demographic structure of the older population of New Zealand. It identifies some of the consequences of current demographic changes and links it to the growing demand for Retirement Villages with the concomitant need for policy development to ensure that older people have access to appropriate services that will enable them to age in place.

Chapter Two explains the nature and purpose of public policy. It highlights that social policies affect the welfare of citizens but that there is tension between the responsibility of the state, the individual and the community to ensure that older people are enabled to contribute to appropriate policy development. The Positive Ageing Strategy is identified as an enabling policy that strives to assist older people to age with dignity while remaining active community members. The need for suitable houses and appropriate healthcare are identified as cornerstones of the Positive Ageing Strategy.

Chapter Three describes housing options for older people who live in New Zealand and links it to the Positive Ageing Strategy that emphasises that ‘for older people to maintain independence, it is important that they have housing appropriate to their needs’ (Ministry of Social Development, 2002a, Chapter 4: 2). It provides an international perspective on housing as well as the development of the concept of a continuum of care. The strategy for a continuum of care is linked to the Retirement

Village industry in order to analyse strategies/policies that have been put into place to encourage older people to live in their own homes for as long as possible.

Chapter Four describes Retirement Villages in general and examines Retirement Villages in the Waitakere Region. It analyses advertisements and other public information about these Retirement Villages². It reports on the services offered by the villages and reviews the legislative aspect and the governance of Retirement Villages. The chapter concludes that older people who live in Retirement Villages are no different to those older people who live in the community. They have the right to access the same health and other support services to enable them to age in place. In order to do this they need to have access to information about the relevant services.

Chapter Five addresses the importance of formal and informal healthcare because the need for and usage of health services increases with age. The significance of informal care is explored as well as trends and policy developments in healthcare provision for older people who live independently. The problem of access to healthcare is discussed in order to emphasise that people need to be aware of what healthcare services are available and should be kept informed by means of appropriate information dissemination in order to make informed decisions.

Chapter Six expands on community services for older people within a community context. It identifies and describes the roles of some of the key role players in the provision of care services: the doctor, social worker, the Ministry of Health, and the Ministry of Social Development. The fact that the Ministry of Health has identified (and is addressing) the issue that there is a paucity of information about government and other resources, and that older people need to be empowered by making information available and accessible, is discussed.

Chapter Seven links the problems identified by the literature review in relation to access to services, to the research question. These questions also form the basis of the interview guide that was used as an instrument to do qualitative research to focus

² Described in Addendum One

on how the respondents experience and perceive service provision in Retirement Villages and what they think the role of the government and others are with regard to service delivery.

Chapter Eight documents the research results. Common themes were identified in the responses of the individual as well as the comments of the focus group. This allowed the responses to be quantified. Some responses were quoted verbatim which allows one to gain insight into the attitudes that some older people have toward being labelled by society as 'beneficiaries', and why some older people are reluctant to make use of support services provided by the government.

Chapter Nine is an analysis of the research results and links it to research objectives as well as to the literature review. The findings of the study are weighed against the research hypothesis and some issues that may impact on future policy direction are raised.

Prior Research in New Zealand.

New Zealand is recognised as being innovative in the field of social policy development. Prior to commencing with the research I endeavoured to establish what relevant or related research had been done in New Zealand to avoid repetition, and also to build on the body of knowledge that is available. Older age (85 years and older) is associated with disability, therefore particular attention was paid to research related to the care-provision that may be needed by this age group.

The 1996 Household Disability Survey recorded 66% of women and men aged 75 and over, as identifying having a disability (Health Funding Authority and Ministry of Health, 1998). From a national sample of 3000, Abbott and Koopman-Boyden (1996), found that over one-third of the total adult population is providing regular informal care to older people, with people who are retired, unemployed and homemakers providing the largest amount of care (Ministry of Social Policy, 1999: 10). The key factor influencing family care is agreed to be not family size but having a spouse or daughter (Ministry of Social Policy, 1997: 30).

In 1996, Waitemata Health carried out the most substantial New Zealand study to date of home-based services as an alternative to institutional care (Richmond and Moore, 1997). This Case Management Study of 186 clients, conducted by Belgrave and Brown found that carers in the home suffered considerably more non-financial cost, such as stress and social isolation. The drudgery of providing day-to-day care was significant and ongoing. Often this was compounded by the level of disability of the person being cared for (Belgrave and Brown, 1997). The study found no statistical difference in activities of daily living or support needs between those receiving care at home and those in institutions. Those in the home care group who made use of support services were more satisfied with their living arrangements (Ministry of Social Policy, 1999: 11). In a survey done by Patterson (1997), not one of the research respondents had heard about the 28-day alternate care scheme funded the Department of Social Welfare. This scheme aims to provide relief for caregivers.

Barker (2000), demonstrates that beneficiaries share the same diversity of views regarding the provision of welfare as could be expected from the general population. There are barriers to accessing support services such as lack of culturally appropriate services, lack of information and the need for integrated services (Te Pumanawa Hauora, 1997).

Prior Research In Other Countries

Prior research in other countries was explored in order to glean information about international trends in information dissemination about services for older people. Representatives of organisations run by and for older people in Slough formed a Project Working Group with the University of Reading research team (Quinn, Snowling and Denicolo, 2003). The study examined the needs and problems of various communities of older people in Slough in relation to information, advice and advocacy. The study found that:

- older people experienced barriers in accessing information in three stages by:

1. **becoming aware** that there was advice or advocacy that could help in their situation,
 2. **gaining access** to appropriate and comprehensive information and advice, and
 3. **receiving practical assistance** to act on information and achieve a solution.
- They welcomed advice that helped relate information to their particular circumstances and how to obtain services they needed.
 - Older people valued information that was topic based rather than agency based.
 - They wanted timely information, often at a point of change or crisis in their lives. They desired continuity of contact to avoid having to retell their story to new people. A follow up service was also appreciated, ensuring a solution was achieved, rather than simply being referred on to yet another potential source of information.
 - The study also found that services struggled to provide accurate and comprehensible information to other people, in the absence of resources to develop and maintain information databases. Older people's preferred solutions included: an information bank to provide a comprehensive and updated source of information, and an information centre to provide a point of contact for older people (Quinn, Snowling and Denicolo, 2003).

In 1998, the Health Education Authority in the United Kingdom commissioned the Policy Studies Institute to carry out qualitative research among professionals that explored the barriers that prevented them from conducting health promotion activities among older people. Interviewees said that older people needed better and more accessible information, in the form of a national campaign, well designed material and innovative ways of dissemination. Older people needed information on home safety, health promotion, benefits and services (Health Education Authority, 2003).

According to Bodie (1997), some older people taking part in a series of focus groups felt that there was not enough information available about health and social care.

One suggestion was that it might be more appropriate to provide information verbally to older people, allowing for questions and discussion. This is supported by the findings of Tinker et al (1994), who found that word of mouth was cited as the most important source of information about services. Toffaleti (1997), found that older people in a survey were more likely to turn to their friends and family for advice and information than to professionals. Only one in ten thought that they would turn to the local authority. In another piece of focus group research (Beattie, 1997) a group of older Irish people suggested that a health visitor focusing on older people could act as a source of advice and assistance.