West Dunbartonshire Council
Older People Focus Group

Report on Citizens’ Panel Focus Group Research

by

Hexagon
Research & Consulting

For further information contact:
Jim Patton
Director
Hexagon Research and Consulting
Suite 401
47 Timber Bush
Edinburgh EH6 6QH

Tel: 0131 657 1693

e-mail: jim@hexagonresearch.co.uk

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1. Introduction
The recent Social Work Survey of the West Dunbartonshire Citizens’ Panel confirmed that satisfaction with most services was high. However, as part of a debate on the future delivery of services to older people, Panel members were asked if they would be willing to attend a focus group to discuss facilities and services for care home residents as well as other services for those no longer able to live at home.

This document presents the findings emerging from focus group research among members of the West Dunbartonshire Citizens’ Panel on their experiences of services for the elderly, what the future for service delivery may hold and the most effective way for the Partnership to open a dialogue about future service provision.

Section 2 outlines our approach to the assignment while Section 3 presents the key comments made by respondents.
2. Our Approach
The 2010 Social Work survey of Panel members established that more than a third (362 Panel members) were interested in principle in attending a focus group to discuss facilities and services for care home residents as well as other services for those no longer able to live at home. Our approach to recruiting the focus group is discussed below.

2.1 Recruitment
Letters were issued to thirty Panel members, drawn at random from the list of all those interested in attending a focus group. The letter provided details of the focus group and invited them to call our Freephone number if they were willing to attend the focus group (Appendix 1). The letter stated that the first eight responding would be invited.

One week before the focus group was due to be held, we had received telephone confirmation from eight Panel members that they would like to attend.

2.2 Discussion Guide
It was agreed the discussion would focus on Panel members’ experiences of services for the elderly, what the future for service delivery may hold and the most effective way for the Partnership to open a dialogue about future service provision. Appendix 2 encloses a copy of the final version of the discussion guide agreed with the Council.

2.3 The Focus Group
The focus group was held on the 27th January 2011 at 11.30 am in the Council’s offices at Garshake Road, Dumbarton. All eight respondents attended the discussion (four men and four women).

With the agreement of focus group participants, the discussion was recorded and from this a transcript was made used as the basis for our analysis and reporting purposes.
3. Older People in West Dunbartonshire

This section evaluates the principal comments made by focus group respondents in relation to the following:

- The implications of ‘being older’
- Experience of services for older people
- Future delivery of services
- A dialogue about future delivery of services

3.1 The implications of ‘being older’

Panel members were initially asked about what ‘getting older’ meant to them and the implications this had. The overriding view was that the main implication was a loss of confidence as a result of feeling more frail which would affect their sense of independence:

*For an older person, it’s hard to think about daily life without some kind of threat. My mother is in her eighties and she recently went over on her ankle and broke it. So has lost a lot of confidence and is fearful of going out on her own.*

Focus group respondent

*Having an accident and needing home care really hit my mother hard because all of a sudden she was dependent on others and couldn’t do the things she normally did on her own.*

Focus group respondent

*There is a feeling that life experiences will be much more restricted, that independence will be lost.*

Focus group respondent

*As you become older and more frail you lose confidence. It was very apparent during that spell of cold weather, when a lot of neighbours couldn’t get out the way they normally did.*

Focus group respondent
Older People Focus Group

Respondents also emphasised that older people are very conscious that losing their independence makes them feel they are being a burden to their families:

*My mother died in August and the older she got, the more ill and dependent she became and she hated her family having to take time out of their own lives to look after her.*
Focus group respondent

*My mother resents being a burden on her family who have to be with her if she wants to go out, say to the local shop.*
Focus group respondent

Older persons' concern for their family was also seen in cases where they had to sell their home to fund a move to residential care and a feeling that this need for residential care meant they were unable to leave their family a legacy:

*I know a big concern a lot of older people have is that they will have to sell their house to pay for residential care rather than leave it for their family to inherit. That really causes a lot of distress for the older person, knowing they have worked all their life to buy their home to leave to their family but because they need care in a residential home, all that is lost.*
Focus group respondent

*There’s also an element of finality about it. Even though you probably would not be able to move back to your home after being admitted to a care home, you might still hope it was possible, but that hope would go if you had to sell your home.*
Focus group respondent

Some respondents said they had discussed the increasing frailty of an older relative with them to find out the best way to respond to this. In one case an older person was encouraged to consider sheltered housing. While this was initially difficult, it proved to be a very satisfactory solution for the older person:
It took quite a while to persuade my mother that a move to sheltered housing would be good for her, it would give her more security and more support to stay active. When she eventually moved in, she loved it and it gave her two years of a very good quality of life that she wouldn't have had otherwise.

Focus group respondent

3.2 Experience of services for older people
Most focus group respondents had direct experience of social work and health care services for older people, primarily as a carer, and their views tended to be more negative than those of the Panel as a whole. Four main themes emerged:

- Lack of information on services
- Poor communications between agencies
- Inadequate resourcing of services
- Poor management of private care homes

Lack of information on services
The 2010 Social Work survey of the Citizens’ Panel found mixed views on how well the Council’s Social Work Department publicises its services, with half (50%) saying they did not publicise these well enough. This was confirmed by several respondents who had found it difficult to find out how access the right services:

Finding the right services is a real issue. My husband has dementia and I contacted my GP and Social Work who sent someone to our home. But I then got a call from the people who had visited who said they can’t be of any help to us. Even though Social Work had been told my husband has dementia and he needed care getting in and out of the shower, they did not send the correct people to see us. At the moment, I’m getting no help at all.

Focus group respondent

When my mother broke her ankle, it just so happened we asked at the hospital about physiotherapy when she got home. They arranged it all through the hospital for her to get care four times a day; she got a physiotherapist who arranged for her to get a high chair, a walking stick and would have organised a walk in shower
but she already had one. That was great, but if we hadn’t asked when we happened to be at the hospital, I don’t think anyone would have approached us. It’s just not clear if you have to refer yourself for further help after something like an accident or whether the hospital will inform the relevant services.
Focus group respondent

Poor communications between agencies
One of the main concerns respondents had about services centred on a perception of poor communications between the agencies providing care, creating a feeling there is no ‘joined up working’ between them:

I had a friend who had quite a severe stroke and he was taken home from the hospital in an ambulance on a Friday, put in his wheelchair in the living room and the ambulance men left. He then discovered he couldn’t get back out the door; the wheelchair was too wide and he had to wait until the Monday when his home help came in. It’s just another example of there not being any joined up thinking or co-ordination between the people involved in providing care.
Focus group respondent

When my mother was ill, she had an occupational therapy assessment in the hospital but this proved to be useless because a lot of the adaptations for her home were then put in the wrong place. I would have thought it would make more sense to do the assessment in her home, but I guess they want to have the adaptations ready for her being discharged. Unfortunately, she found the adaptations so useless we moved her in with my sister for the rest of her life.
Focus group respondent

When we contacted the Council to get a hand rail, we were passed from pillar to post and it took about three weeks before someone came out to see what we needed. Yet in the meantime, all the arrangements we managed to make through the hospital were provided immediately. There just doesn’t seem to be very much communication between departments or joined up working.
Focus group respondent
Inadequate resourcing of services
Respondents also felt difficulties in service delivery had arisen because of a perception they were inadequately resourced, a problem which they felt would be exacerbated in the future as budget cuts were implemented:

My mother was in sheltered housing and one weekend she fell and lay on the floor for something like three hours because there was not enough staff available to get her back into bed. The weekend warden had been called away and my mother lay there until she returned but then she didn’t have the lifting skills and they had to wait until others arrived. I think it’s a reflection of the cutbacks; there just isn’t enough staff at weekends to deal with problems like this.
Focus group respondent

My brother is 64 and he had a very severe stroke. Through the hospital and Social Work he was given a wheelchair but he could only go round in circles because he was paralysed down one side. So that was clearly no use to him. To help his wife continue to work so she could support the family, they arranged for someone to come in to give him his breakfast, get him dressed and make his lunch. The guy who dressed him and gave him his breakfast came at noon and the guy who made lunch came at one o’clock and wondered why he wouldn’t eat his food? My sister in law is still fighting to get the support at a more reasonable time to help her stay at work. It sounds like it’s all down to the cutbacks and a lack of staff to provide cover at sensible times.
Focus group respondent

When my mother came out of hospital, she wasn’t expected to last long and she wasn’t able to go home so we took her in. She lived with us for two years and we took her into respite care a couple of times. She didn’t want to go initially, but she loved it and it provided a real break for me and my wife. But it’s awfully hard to get respite care; there’s a long waiting list and you need to book it months in advance.
Focus group respondent
Poor management of private care homes
Finally, some respondents were concerned about the quality of management in some residential care homes. In private care homes especially, it was felt poor service provision stemmed from the reliance on low paid temporary staff and a belief there was less training and effective line management:

*I'm concerned when I go into residential care homes about the lack of staff and also that sometimes it's a bit like God's waiting room; the residents are all sitting around looking lost and with no real interest in their surroundings. If you are in a residential home, you still need to be energised and motivated but I'm concerned some homes do not have an ethos where they try to engage with the residents.*
Focus group respondent

*A big part of the problem is how these places are managed. If you want staff to be motivated, they have to be treated well. In one care home I was in, a poor soul shouted for help for twenty minutes but the staff were sitting in a wee corner blethering and they didn't bother their shirt about her. Now, if I thought I was going to end up like that, I'd shoot myself now. That's a scandal which should not be happening in this day and age.*
Focus group respondent

*I work for a recruitment agency and one of our biggest areas of business is in medical and care homes and it's all temporary staff. They have no career prospects and no interest other than picking up a wage and the owners are only interested in a money making business so will only pay the lowest wages possible. It's the profit part that concerns me; I think that places the onus on owners to minimise how much they are spending and that leads to unmotivated staff who do the bare minimum for the residents.*
Focus group respondent

*In my experience there are a couple of homes where they close ranks and it's very hard to get your complaint taken seriously. Recently, I befriended a retired priest who had a carer who fell ill one time and he was taken into respite care in a home in Dumbarton. One Sunday morning, my wife and I were driving and I saw him*
coming down the road with a woman from the home. She was that busy on her mobile phone that she didn’t notice John had just walked right out into the road. Luckily we were able to stop in time. I phoned his carer and told her what happened. She was naturally very angry and got on to the home who closed ranks and said it was mistaken identity; they said it was not John and I was mistaken, end of story.

Focus group respondent

One respondent who had recently visited two care homes found that the quality of provision varied greatly, with one example of a very good standard of care:

This week I have dealt with three families who were bereaved and in two cases their family member lived in a care home. The first was at Hillview in Clydebank, I’m not sure if it’s private or a Council home. It was a horror story, I would rather leave my mother in Belsen. The second one was definitely a Council place, Dalreoch, where the family said the people are angels, that they couldn’t have had better care if they had paid a million pounds. So, while there are the horror stories, you also hear some very positive things too.

Focus group respondent

3.3 Future delivery of services

Respondents were asked to consider what would be the main issues affecting the delivery of services for older people in the future. Concerns over the impact of planned budget cuts were raised by several respondents:

The budget cuts will clearly make matters worse. Apart from anything else, all the charitable organisations will be squeezed which means their services will be cut. The Scottish Government have made statements to say the care budget will not be cut but whether they honour that is another thing. But the first thing that will go is the support to charitable organisations.

Focus group respondent
Even if the budget is not cut, the bottom line is that more people are living longer and will need care at some point. So there's going to be greater demand for services, which is effectively a cut even if the budget remains the same.

Focus group respondent

The cuts are also bound to have an effect on those working in the care sector, more may become demoralised and look to find work elsewhere.

Focus group respondent

The 2010 Social Work survey of Panel members found a very high proportion (91%) in favour of remaining in their own home when they were older, a view which was strongly endorsed by focus group participants and which they felt should change the way services were provided in the future:

There is an experiment going on in West Dunbartonshire just now for young people. The home for young people I worked in before I retired has closed and the staff there have moved into the community. Now they will go into a family and try to resolve problems before the young person is taken into care. If they could do something like that for the elderly which would mean not having to take them out of their own home by providing care at home, it would mean their quality of life would be much better. Before I retired, it was costing £1,300 just to keep a young person for one week. I think care homes cost more than £1,000 per week and that certainly buys an awful lot of home care.

Focus group respondent

The big trend with the NHS in England is to see hospitals as a last resort and that efforts are being made to get services out into the community through GP surgeries. Now, there is clearly a cost saving behind that as hospitals are very expensive to run. Maybe providing more care at home for the frail elderly would also be a more cost effective solution and it would be better for the individuals and families involved.

Focus group respondent
**Older People Focus Group**

*My experience of someone being in a care home and someone getting care at home is a huge difference in the quality of care. The care from home helps, who are there because they want to do that type of work, is far better.*

Focus group respondent

*Obviously, some people will need a high level of care and some form of institutional care may be the only option. However, I think greater support to stay at home and more supported housing like sheltered or very sheltered is far preferable to the option of residential care.*

Focus group respondent

*There was a lot more family support in the past so there needs to be greater provision of basic forms of care, such as day care at home or the sort of care you receive in sheltered housing.*

Focus group respondent

However, there was some discussion on the impact on other family members of providing care at home rather than in a care home. One respondent felt it would be very difficult for family members if the older person was suffering from dementia, while another felt it was important the care at home was provided primarily by professionals as this would ensure the older person was less likely to think they were a burden on their family:

*I think the impact on family members providing care for someone living at home depends on what kind of care the person needs. For example, someone with dementia is very difficult for a family member to deal with, but if it's physical care, that is less emotionally challenging.*

Focus group respondent

*At the same time, old people staying at home feel they are being a burden on their family so it's important the bulk of care is provided by professional agencies and not family members.*

Focus group respondent
In the context of the widespread support to live at home when they were older, respondents were asked what they would regard as ‘home’. There was a recognition this would not need to be narrowly defined as the property they currently lived in but would also apply to a move to sheltered housing but not to a move to a residential care home:

*In the continuum running from your original home, to sheltered housing and very sheltered housing and on to a residential care home, it would only be the care home that I wouldn’t be able to call home. I could easily see a move to sheltered or very sheltered housing as a move to a new home and not to institutional care.*

*I agree. Even though you can take your own furniture into some care homes, I think that’s the line where you are no longer living in your own home.*

Focus group respondent

Respondents felt another key trend would be the increasing privatisation of care homes which some felt would produce a result in a poorer service while another felt it would create greater variations in service quality:

*If I needed care in the future, I’d be worried about the prospect of care being privatised even more. I just feel that local authority provision is more reliable and more accountable; they have more of an open door policy compared to private care homes. The service provided is more visible and the staff there are represented by a trades union and are better looked after, so they are more likely to care about their job and their residents. They are also supported by clear policies and structures. I’ve heard some horror stories about private care homes. I don’t know if they are true, but you wonder if the staff there have the same support that local authority care workers get.*

Focus group respondent

*I think there will be greater variation in the quality of provision in the private sector; some places are fantastic but others are a real concern. I agree about the local authority provision and I’d be worried if the care provided by the Council is not there in the future when I might need it.*

Focus group respondent
There was also a strong consensus that older people’s quality of life is affected by other public services and not just those focusing on their health and social care. In particular, local transport, community centres, leisure centres and libraries were all regarded as very important in helping older people stay active:

*Access to local services is very important in keeping older people active and involved in their community. If these services close, older people can become very isolated and that can be detrimental to their health and well being.*

Focus group respondent

*Things like community centres, day centres, libraries, free public transport, leisure centres are all very important in the health of older people and helping them to interact with other people.*

Focus group respondent

*You can get more isolated because you may not be able to drive anymore and public transport can be unreliable or even not very suitable if you are unsteady on your feet. My mother hates going on local buses because she finds it very hard to keep her balance as she tries to find a seat while the bus pulls away from the stop. I suppose it would be too much to ask the driver to wait for all passengers to have taken their seats.*

Focus group respondent

Finally, respondents were asked to consider any solutions to tackle their concerns about the delivery of services in the future. There was a recognition funding would be limited but respondents found it difficult to single out specific services which they felt were more important than others, with only one respondent able to single out caring for those with dementia as a key priority for future spending:

*It's impossible to say if some services are sacrosanct and others could be sacrificed because it depends on the needs of the individual.*

Focus group respondent
**Older People Focus Group**

*I think that relatives are not good at caring for someone with dementia. My father went that way and I couldn't cope with seeing a smart, able man reduced in this way. So I think care to support people with dementia must be one of the top priorities.*

Focus group respondent

There were also mixed views on the future role of the voluntary sector. While the work carried out by some was praised, there was a concern the voluntary sector should only be seen as supplementing the work of professional agencies rather than replacing them and there would have to be a sea change in society for the sector to make a major impact on providing care for older people. There was also a concern that people were put off volunteering because of ‘red tape’:

*Voluntary organisations can play a very important role. The British Red Cross are brilliant; they provide transport, take you out for the day. But you have to have information on who these organisations are and what they can do. Maybe there should be a greater effort to promote the work of the voluntary sector so the elderly who need some support know where to go.*

Focus group respondent

*Volunteers and voluntary organisations should only be supplementing the care provided by professional organisations, not replacing them. That's my concern about the idea of The Big Society.*

Focus group respondent

*You can't expect voluntary organisations to provide the sort of regular care which paid professionals can.*

Focus group respondent

*There would need to be a big change in how the public thinks which, at the moment, is governed by only doing something if you are paid for it. That needs to change before the voluntary sector provides a significant part of the social care for older people.*

Focus group respondent
There is also so much red tape these days which puts people off volunteering. You have to be screened for any criminal record.
Focus group respondent

Respondents felt that part of the difficulty with volunteering was for working people to find the time. Consequently, there was widespread support for initiatives such as encouraging befriending between older people:

I think the idea of promoting befriending services between the elderly is a great idea. A lot of people who are working have very busy lives and will find it hard to volunteer, but something like this would encourage older people to be more active while also providing support to other elderly people.
Focus group respondent

3.4 A dialogue about future delivery of services
Respondents were advised West Dunbartonshire Community Health and Care Partnership would be seeking the views of the community over the next few months to form the basis of a strategic approach to the delivery of services for older people. They will be meeting with existing forums as well as using the local press and internet to gather as many views as possible.

Overall, there was widespread agreement with this approach as respondents saw the future delivery of services for older people as a major issue. In particular, it was agreed having a greater dialogue with people in their local communities would be the most effective way forward:

It's a huge concern for the future (services for older people) and I would welcome the Partnership holding meetings and discussions with communities on this.
Focus group respondent
4. Concluding Comments
The 2010 Social Work survey of the Citizens’ Panel found that satisfaction with most services was high, including those for older people. For example, 91% were satisfied with day care for older people, 90% with Homecare services, 89% with residential care for older people and 88% with sheltered housing. The experiences of focus group respondents was more negative but it is important to recognise these are the views of only a single focus group compared to the sample of almost 1,000 residents responding to the survey.

Nevertheless, focus group respondents were particularly concerned about four main aspects of current service delivery; lack of information on services, poor communications between agencies, inadequate resourcing of services and poor management of private care homes.

Thinking of the future, the most immediate concern was the likely impact of budget cuts on service provision at a time when more people were living longer and there would be greater demand for services. There was also a widespread view services should be developed to enable older people to remain at home. Several respondents raised concerns about the prospect of increasing privatisation of care homes as well as the voluntary sector having to take on more of the burden of care from statutory agencies.

Finally, respondents strongly endorsed the Partnership’s interest in seeking the views of the public over the next few months and welcomed the suggestion of local community meetings in particular.

Jim Patton
Hexagon Research and Consulting
February 2011
Appendix 1
Recruitment Letter
Dear Panel Member

**West Dunbartonshire Council Focus Group Discussion**

Thank you for taking part in a recent Citizens’ Panel survey in which you indicated your interest in attending a focus group discussion about facilities and services for care home residents and other services for those no longer to live at home.

Your name was drawn at random from all those who said they would like to attend. We are now writing on behalf of the Council to find out if you would be interested in attending a focus group on:

**Thursday 27th January at 11.30 am in Meeting Room 2 of the Council offices at Garshake Road, Dumbarton**

The discussion will take no more than an hour and any points arising from it will be fed back to West Dunbartonshire Council. However, anything you say will be treated with the strictest confidentiality.

**Each resident who attends the discussion group will receive £25** to cover any expenses and to say thank-you for being involved.

We can only accommodate the first eight people responding to this invitation, so please call us **free** on **0800 121 4897** if you would like to attend.

Yours Sincerely

*Jim Patton*
Director
Appendix 2
Discussion Guide
Older People’s Focus Group Discussion Guide: Thursday 27th January 2011

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<tr>
<th>Introduction</th>
<th>Welcome respondents</th>
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<tr>
<td></td>
<td>Outline purpose of discussion: to begin to debate the particular issues affecting older people such as social care, housing, transport, anti-poverty activity, leisure services, social integration and the role of older people in the community.</td>
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<td>Stress confidentiality of discussion</td>
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<th>Being Older</th>
<th>What does ‘being older’ mean/what are the main implications of being older?</th>
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<td>Prompt:</td>
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<td>• Need for more care</td>
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<td>• Greater reliance of Care and Health Services</td>
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<td>• More support needed to continue living independently</td>
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<td>Are people preparing for being older? How are they doing this?</td>
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<td>Prompt:</td>
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<td></td>
<td>• Discussing their changing needs with their family</td>
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<td>• Looking at options to help keep them independent</td>
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<tr>
<th>Experience of services for older people and their carers</th>
<th>Health and Social Care deliver a wide range of services for older people and their carers. Have you any direct experience of any of these services?</th>
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<tr>
<td>Prompt:</td>
<td><strong>Home based community care support e.g.</strong></td>
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<td>• Home Care</td>
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<td>• Community Older People’s Team</td>
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<td>• Equipment and adaptations</td>
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<td>• Community/District Nursing services</td>
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<td>• Physiotherapy</td>
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<td>• Speech and Language Therapy</td>
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<td>• OT</td>
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**Housing Support e.g.**

- Community alarms
- Sheltered housing
- Residential nursing home
- NHS continuing in patient care

**General information and support services e.g.**
### Older People Focus Group

- **Counselling and advice**
- **Advocacy and representation**
- **Support to carers**

How well do you feel these services are delivered?

<table>
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<th>Future delivery of services</th>
<th>What do you think are the main issues which will influence how services for older people are delivered in the future?</th>
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<td>Prompt:</td>
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<td><em>Changes to the amount of funding that is available</em></td>
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<td><em>Increasing demand from older people (more are living longer)</em></td>
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<td><em>Rise in dementia (and need for more care)</em></td>
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<td><em>Increasing demand to live at home</em></td>
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<td></td>
<td><em>Increasing demands on carers (if more older people choose to live at home)</em></td>
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Overall, do you feel there will be greater demands on the services for older people and their carers?

Have you any thoughts on how the service can respond to this (assuming funding is limited)?

Should there be a focus on some services over others?
Which ones?

Is there a role for the wider community to help deliver services?

**Prompt**
- WRVS providing meals on wheels;
- community members providing carer support for example community phone call rota to vulnerable people - daily/weekly to check they ok
- community TV to provide information to people in their own homes
- befriending between older people in the same communities
- better use of IT to keep older people in contact with each other via social networking

The next section deals with some specific issues which may affect how services are delivered in the future.

**Housing**
Where do older people want to live in later years?

What do people understand by “at home”?

**Prompt**
- Is being “at home” the same as living within a supported setting such as sheltered housing, in a care home or in hospital?

**Day care/respite**
Should it always be the Council / NHS who are providing day care/respite?
Is there a role for volunteers?
### Transport
Are there specific issues for older people in relation to transport?
Does this impact on their ability to be active citizens?

### Leisure services
Are there specific issues for older people accessing and using leisure services?
Does this impact on their ability to be active citizens?

### Future dialogue
The Council is keen to open a dialogue about the future delivery of services for older people.

Have you any ideas how this would work?

**Prompt**
*West Dunbartonshire Community Health and Care Partnership are seeking views of the community over the next few months to form the basis of a strategic approach to the delivery of services for older people. They will be meeting with existing forums as well as using the local press and internet to gather as many views as possible.*

### Close
Report to the Partnership

Thanks respondents and close