Evaluation of the Cúltaca role within the Nestling Project, Dundalk

by Brian Harvey

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The Author

Brian Harvey is an independent social researcher working in the fields of poverty, social exclusion, equality, community development, human rights, the world of non-governmental organizations and European integration. He lives in Dublin and works for voluntary and community organizations, government agencies, intergovernmental bodies and trusts and foundations in both parts of Ireland, Britain and continental Europe.

Brian Harvey Social Research
2 Rathdown crescent
Terenure
Dublin 6W, Ireland
Tel 00 353 1 4903039
e-mail: brharvey@iol.ie

Foreword

When, in 2007, Louth County Council, the Health Services Executive in the Northeast and Dundalk Institute of Technology set out on their journey to explore new community-oriented models to foster ageing-in-place, times were different and horizons were brighter. Five years later, with an ever tightening grip of constraints across our social, economic and health care landscape, there is a real urgency to activate our social ingenuity and human energy if we are to have, and share, a smart, sustainable and inclusive future for all ages.

Empowering older people to be able to take more control of their lives and strengthening awareness, access and connectivity to the broad range of services and supports that are available, are central to forming a citizen and person-centred approach that can deliver both improved quality of life and greater system and service effectiveness. Across the cities and communities within the WHO Global Network of Age-Friendly Cities and the regional partners within the European Innovation Partnership for Active and Healthy Ageing, stakeholders are yearning for approaches that can balance individual control and responsiveness with community co-ordination and services integration. As we witness the continuous erosion and shrinkage of the public services footprint, re-vitalising the 3rd sector and its collaborative capabilities, be it through co-operatives, community trusts, villages, or other community interest structures, is now central to framing sustainable solutions.

Case manager, personal advocate, key worker or what ? In the pursuit of alternatives to long term care, the experiment in Louth has borrowed from the 'omtinker' role that operated to such good effect in the Trynwalden in Northern Holland. Cúltaca is an adapted, embedded and transformed implementation of this role, operating in the context of service provision to older people in Dundalk and North Louth, within the framework of the Louth Age-Friendly County Strategy and action plan. This report provides a very timely description of how the role has been integrated into the lives of older people in the area and how it has helped forge connection, combat loneliness, build confidence and strengthen service access. Whatever the future holds for the replication and growth of this type of role, the study provides invaluable insight into the challenges of model adoption, implementation and local adaptation. The report should be of help to all those working to implement age-friendly communities and to anyone seeking to introduce new community-oriented services for older people in Ireland.

Rodd Bond, Director, Netwell Centre

The Netwell Centre

Founded in 2006, The Netwell Centre (www.netwellcentre.org) is situated within the School of Health and Science at the Dundalk Institute of Technology (DkIT), the leading third level educational institution in the North East of Ireland (www.dkit.ie) . Netwell is supported through a broad range of funding sources, seeded by an initial grant from the Atlantic Philanthropies. Netwell is a member of the Global Ageing Research Network.

Netwell's goal is the development of community-oriented models for ageing-in-place, based on the fusion of environmental, technology and integrated community-care models. Netwell has been influential in the development of collaborative stakeholder engagements, including the Great Northern Haven development, the Age Friendly County Initiative and the establishment of Cúltaca or service brokers who work independently and directly with older people. More recently, through the establishment of CASALA, a sister Applied Research Enhancement centre, the team works with industry to achieve product innovation, business competitiveness, and market leadership in the emerging ambient assisted living (AAL) sector (www.casala.ie) .

Together, our activities involve an array of disciplines including the social and behavioural sciences, health and medical sciences, computer science, engineering, design, marketing and business administration. We work across the three interrelated and mutually reinforcing strands of communities, environment and technologies. This is aligned with a 'home in the lab' and 'lab in a home' product and service development framework, including a campus-based gerontechnology lab through to a transition studio and 16 assisted living apartments. In addition, we have compiled a large and diverse 'living lab' of matched groups for follow up surveys, interviews, trials and simulations. CASALA is a member of the European Network of Living Labs. We are in a unique position of being able to provide our partners with a complete concept-to-trial, product and service development environment.

Executive summary and key judgements

The purpose of this evaluation was to review the progress of the Cúltaca model for older people introduced as part of the Nestling Project in Dundalk, co Louth. It is based on approaches to community care for older people developed in Trynwalden in the Netherlands through integrated services for older people (*Doarpstallen*) and service brokers (*Omtinker*, the specific application of the word to Ireland being 'Cúltaca'). Cúltaca facilitates integrated care and support, linking formal and informal systems of care in order to maximize older people's quality of life, independence and control. It is based on the axiom that the best models of care are those that recognize the nature of the challenge of ageing populations and in so doing deliberately adopt a flexible approach to meeting individual needs and preferences of older people requiring support.

This evaluation was carried out in 2012 through a review of the documentation of the Nestling Project; 50 interviews (staff, external experts, clients and participants); and a focus group of 20 volunteers. The core of the Cúltaca is the home visit to the older person in which a comprehensive well-being plan is developed with the person, based on their particular needs and wants. The Cúltaca home visit is designed to empower older people to maximize their independence by providing information on appropriate services, assistance to access them and ongoing peer support to increase their social networks. In addition, follow-up revisits continue until all necessary referrals are successfully completed. At this stage, the home visit is replaced with a volunteer social visit, one hour once a week. The volunteer, in turn, reports back to the Cúltaca if there any changes in the circumstances of the older person.

This evaluation established the baseline model of the project (2008-2012). It comprises a client group of 472 older people with mixed levels of dependency and a home visit baseline of 403 older people, with 1,365 revisits. These ranged from single revisits, to a maximum of 70 re-visits in one case, a substantial caseload averaging 26 re-visits monthly. The two Cúltaca are supported by two workers under the Tús programme and the assistance of other skilled staff, giving a complement of 3.3 Full-Time Equivalents (FTEs); a tripartite management committee; and a force of 52 volunteers assigned to social visiting in the home, supporting the weekly men's and women's groups established by the Cúltaca, worth up to an additional 4.5 FTEs. The financial baseline of the project is €150,000, but it has successfully leveraged additional funds for new projects, including the *Good Morning Louth* telephone service and men's sheds, as well as additional activities to the value of €635,000. This baseline provides the information on which the model may be replicated elsewhere.

The evaluation found that the Cúltaca made a substantial impact on the older people whom it assists. Their referral work is based on person-centred planning with vulnerable older people in their homes, assisted by regular telephone calls to check on well-being. This has facilitated access to such services as pendant alarms and meals services; ensured that older people receive their welfare entitlements; brought concrete improvements in their lives and dealt with sensitive issues such as elder abuse. The findings from this evaluation provide compelling evidence that the social experience of the weekly men's groups, women's groups, the choral group and the regular social outings organized by the Cúltaca reduced loneliness and isolation, provided a sense of purpose and general mutual support for the older

people attending. These social activities helped create new friendships; lift mood; contribute to mental well-being; and prompt recovery from depression. Older people have formed new circles of friends who meet independently from the centre. There are physical health gains, especially for those with arthritis. Taken together they work as a preventative, vigilant and cost-effective approach to ageing-in-place for a growing older population. Crucially, the home visit by the Cúltaca offers an effective model for supporting 'hard to reach' older people.

In examining the external impact, the Cúltaca invested in bilateral engagement with statutory bodies, principally the health services and in multi-lateral engagement through the older people's forum. There have been some concrete gains (e.g. Fair Deal, stopping charges for medical tests and website information), with others in prospect in transport services. There appear to be important process gains in the area of multilateral activity in the form of information sharing and teamwork. It is more difficult to identify substantial gains in the form of issues taken up with the authorities by the forum. Policy engagement with the health services has been impeded by their current upheavals of personnel, their difficulties in operationalizing concepts of teamwork and continued cuts in community, rather than institutional services: it is here where the application of the Dutch model has proved most intractable. At the same time, it is important to recognize that through its approach the project may pave the way for change to come later. It is encouraging to note, even during a time of austerity, of the continued support by the Health Service Executive for Cúltaca, combined with new designs for older people's services in the region.

The evaluation concluded that the model is a successful application of the Trynwalden ideal and is replicable. Cúltaca has a significant but uneven publications output and been reported in the local press. It recommended that ways be found to refresh its promotional and dissemination role as well as to develop new strategies for engagement with the policy-making community. Proposals are presented in the area of product plans, reports, recording, documentation, budgets, mailing lists and to recruit volunteers for new tasks.

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Terms of reference

The Netwell Centre has asked for an evaluation of the role of the Cúltaca for older people, with the intention of determining the efficiency, effectiveness and appropriateness of the model for supporting older people to live as independently as possible at home. The central objective was to identify the key characteristics of effective service delivery and the critical factors that affect delivery in a range of contexts. Specifically, the purpose of the evaluation is to:

- Determine if and how, over time, the manner in which the role of Cúltaca has developed or elaborated its ethos, values and underlying purpose;
- Assess the impact of its work, for example:
    - Improvement in the situation /quality of life of the client group
    - Volunteering – the role of the volunteer/recruitment/training/retention
    - Impact on other services providers, such as HSE / Louth County Council etc
    - Innovative flexible practices
    - Funding/sustainability
    - Changes in policy, public administration
- Measure the outcomes of the work of the Cúltaca (outputs), for example:
    - Programmes (e.g. home visiting)
    - Events
    - Activities
    - Associated project e.g. Men's Sheds / *Good Morning Louth*
- Record the outline history of the evolution of the Cúltaca role, the intent of the founders, its ethos and values
- Measure the level of investment in the role of Cúltaca in terms of:
    - Human resources (staff, volunteers)
    - Funding

The principal evaluation questions are:

- To what extent does the role of Cúltaca meet the needs of older people?
- What are the intended and unintended outcomes of the role of Cúltaca for clients and their families and specifically for the most vulnerable clients?
- How is the role of Cúltaca implemented across different settings?
- What are the key characteristics of effective delivery and what are the critical factors that affect delivery?
- Is there evidence to suggest that other models of intervention are more appropriate?
- What is the range of models providing social support to older people?
- What are the characteristics of effective models?

Method

This evaluation was carried out by the following methods:

- Examination of the documentary records of the Cúltaca;
- Staff interviews (7);
- Interviews with experts in statutory services familiar with the project (5 interviews) and the main funder (1);
- Meetings with the clients of the services. These were:
    - the two Nestling men's groups, involving individual interviews (n=12);
    - the two Nestling women's groups, also involving individual interviews (n= 22);

- The Nestling volunteers, where there was a focus group with participants (n=20);
- Older people visited in own homes in the company of volunteers (n=3).

The fieldwork was carried out in September 2012 and this evaluation is a report of the Cúltaca's evolution at that point.

1 Backdrop

This chapter sets the backdrop for the new role of the Cúltaca for older people in Ireland, set in a European context (1.1) and within the relevant policies and services for older people (1.2). Section 1.3 draws together the key areas of discussion to identify the challenges and opportunities going forward.

1.1 Older people in Europe and Ireland

For many years, Ireland has had the youngest 'older' population (over 65s) in the European Union, with approximately 11% of the population falling into this age group and this continues to be the case. In the rest of Europe, the proportion of older people is on average 17.4% (EU27) and in a small number of countries it is over 20% (namely, Germany and Italy).[1] Older people have become a rising focus of policy interest at European level in recent years as longer life expectancies, coupled with the retirement of the postwar baby-boom generation, has begun the process of the 'greying' of the European population, a phenomenon matched by a long-term decline in the birth rate. The proportion of older people is expected to rise to 30% by 2060 and within that, a significant proportion will be the 'older elderly' (older 80s). These developments have raised concerns as to how Europe can support its older population and provide it with appropriate and sustainable levels of pension income and, where it is needed, care.

Ireland has had the youngest population of all the member states since it joined the European Communities in 1973, in the order of 11%. This continues to hold true with 11.03% of the population aged 65 and over in 2006 and 11.66% in 2011.[2] It has long been predicted that the proportion of older people will begin to rise in Ireland in line with the European trend, albeit later and some distance behind. The last set of population predictions, based on earlier censi, anticipated the older population to reach 13% in 2016, 14.6% in 2021 and eventually 29% by 2050.[3] Earlier predictions did not anticipate continued high in-migration into Ireland in the period from 2006, leading to continued high rates of family formation and giving the youthfulness of the population a fresh lease of life. The most recent European estimates, based on 2010 figures, adjusted the projected 2050 proportion of Irish over-65s to a lower figure, 22%.[4] Nevertheless, the upward trend is not in dispute, but the delay of its onset may give Ireland a longer period in which to anticipate and plan for its consequences.

Looking at the composition of this age group, 28% of older people in Ireland live alone, the proportions rising steadily with age. Two-thirds of them are women, rising to three-quarters from the age 85 and older.[5] Ninety-four per cent of older people live in the community, which means that about 5% live in residential care (the balance are those in religious communities, hospitals or other institutions). The age profile is more relevant, for proportions of those living in nursing homes rise from 7% of 80 year olds to 55% of 100 year olds.

[1] European Commission: *Older, more numerous and diverse Europeans - demography report, 2010*. Brussels, author, 2011.
[2] Central Statistics Office (CSO): *This is Ireland - highlights from Census 2011, part 1*. Dublin & Cork, CSO, 2012. More detailed information is taken from *Profile 2: Older and younger*.
[3] Central Statistics Office*: Regional population projections, 2006-2021*. Cork, Central Statistics Office, 2005; NCB: *2020 vision - Ireland's demographic dividend*. Dublin, author, 2006.
[4] European Commission: *2012 Ageing report - underlying assumptions and projection methodologies*. European Economy, §41, 2011; Lanzieri, Giampaolo: T*he greying of the baby-boomers - a century long biew of ageing in European populations*. Eurostat, Statistics in focus, 23/2011.
[5] Central Statistics Office (CSO): *This is Ireland - highlights from Census 2011, part 1*. Dublin & Cork, CSO, 2012.

The living situation of older people is, in the light of proposed changes to their entitlements, now a matter of lively debate.[6] The proportion of older people living below the poverty line is 9.6%, below the national level of 15.6%. While at one level, this indicates a low overall level of poverty among older people, the picture is complicated. The level of income of older people clusters them around the poverty line, with the proportions rising above or falling below that point fluctuating over time.[7] Within the older population, sub-groups are at exceptional risk of poverty, notably women, the older elderly, older people living alone and those in poor health. Heating is a significant risk factor: 12.4% of pensioners do not have central heating, rising to 20% among over 85s and more than half of all older people reduce their spending on food and clothes in order to pay for heating.[8] Perhaps surprisingly, in light of these statistics, the level of political mobilization of older people in Ireland remains low compared to other European countries.[9]

Both European and Irish policy-makers are divided as to the implications of the greying of the population. The conventional narrative is that ageing poses a significant threat to the financial sustainability of systems of income support and long-term care, requiring reduced expectations and greater personal contributions to both. This perspective has been challenged by those who argue that older people are now healthier, more assertive and self-reliant, less rather than more likely to be a burden on the state and society. In Ireland, this can be seen in the ever rising take-up of positive ageing policies (Active Ageing, *Bealtaine, Go for life*); the rapid growth of active retirement groups; and community education, where older people are the highest subscribers.

Finally, to set a local context, the population of Louth is 122,897, up 10.5% on 2006, rising faster than the national population (8.1%).[10] The proportion of older people in Louth is 11%. The population of Dundalk (town and environs) is 37,816, of whom are 4,374 are aged over 65 years, or 11.56%, also in line with the national average.

1.2 Policies and services for older people

Policies and services for older people are based on two national strategies, *Care of the Aged* (1968) and *The Years Ahead* (1988), in particular. A third policy, the *National Positive Ageing Strategy*, is long overdue but is expected to reiterate these values. These axioms have been re-stated in a broad range of frameworks governing health policies.[11]

Despite the strong formal commitment to community care within Irish health policy, Irish health services have experienced considerable difficulty in prioritizing, organizing and delivering community-based services. In the 1970s, services for older people were moved from the local authorities, where community-based approaches had begun to develop, to health boards, where a more medical model was followed, one in which financial and human allocations were dominated by resource-intensive institutional providers.[12] Few local authorities developed a generic social work service to enable older people in need of

[6] For a recent exposition, see Walsh, K *et al: Report of the Older People's Commission*. Dublin, Society of St Vincent de Paul, 2011.
[7] Daly, Mary: *Measured or missed? Poverty and deprivation among older people in a changing Ireland.* Dublin, Older and Bolder, 2010
[8] Institute of Public Health: *Fuel poverty, older people and cold weather - an all-Ireland analysis*. Dublin & Belfast, 2012.
[9] Acheson, Nick *et al: Social policy, aging and voluntary action*. Dublin, IPA, 2008.
[10] Central Statistics Office: *This is Ireland - highlights from Census 2011, part 1*. Dublin & Cork, CSO, 2012; with further details from *Population classified by area* and *Census 2011 - older and younger*.
[11] Department of Health: *Care of the Aged* (1968); *The years ahead - a policy for the elderly (1988); Shaping a healthier future* (1994); *A plan for women's health 1997-9* (1997); *Adding years to life and life to years - a health promotion strategy for older people* (1998); *National health promotion strategy 2000-5* (2000); *Quality and fairness - a health strategy for you.* (2001). Dublin, author.
[12] Murray calculated that 50% of the health service spending for older people went on residential care, used by only 5% of older people. See Murray, Paul (2006): *It is time for us to finally say goodbye to ageism*. Irish Times, 15th February 2006.

support to continue to live in their own home. Public health nursing services retreated following the abolition of local authority rates (1977), becoming ever more confined to defined medical need.

Many reports of the principal advisory body to government on older people, the National Council for the Aged, highlighted the focus on a medical model and the shortcomings of community care for older people, as did voluntary and community organizations working with older people.[13] The National Council long sought, unsuccessfully, for health services to have defined duties to provide for care in the community for older people.[14] The Council was critical of the way in which community care services for older people were patchy, under-resourced and poorly coordinated. Voluntary organizations, though, provided a substantial range of social, visiting and support services for older people, the principal examples being the Society of St Vincent de Paul (1833), Dublin Care for Old Folk Living Alone (1975), ALONE (1977) and Friends of the Elderly (1980). They offered effective models for social work with older people, but were under-resourced and inadequately linked to statutory services.[15]

Not until the 2000s was there a significant expansion in the provision of home care, home help and related community services for older people. These were supplemented by an idea especially relevant to this study, the introduction in 2005 of a two-year €150m package of services for older people over the period 2006-7. This took the form of 3,100 'care packages', whereby the needs of older people living in the community were objectively assessed and delivered in a systematic way, these services being provided by a mixture of voluntary and community organizations as well as commercial bodies.

The government's commitment to community care was severely tested by the cutbacks that followed the economic and social crisis of 2008. Nationally, home help services were reduced by about a third, taking the form of fewer, shorter and strictly task-orientated visits.[16] In Louth, it is reported that this took the form of fewer home help hours, limited to such services to personal hygiene and care (washing, dressing), with house-keeping reduced and then terminated. Even while this research was under way, the government announced a further cut to home help services.[17] Local authority adaptation grants were reduced, despite their value in keeping older people in their homes as well as preventing accidents and falls.

Throughout this period, the proportion in nursing home or long-term care barely changed: 5.2% in 1968, 5.1% in 2001. About 22,000 people now live in nursing homes in Ireland.[18] Their providers, though, did change, with the reduction of both state provision (90% to 50%) and religious provision and their replacement by private commercial operators, which has considerable implications for their affordability. With the abolition by the government of the National Council for Ageing and Older People, we lack trend information or research on recent changes in the patterns and boundaries of community and residential care in Ireland.

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[13] National Council for Ageing and Older People (2005b): *New reports points to evidence of ageing in Irish health and social services.* Dublin, author; Tansey, Jean (2001): *CareLocal clients - where they live and related issues*. Dublin, author; Boyle, Geraldine (1997): *Community care for older people in Ireland - a conceptual critique of the literature.* Administration, vol 45, #2.

[14] FitzGerald, Eithne (2000): *Community service for independence in old age, rhetoric and reality*. Administration, vol 48, #3.

[15] They are described in detail in Acheson, Nick *et al: Social policy, aging and voluntary action*. Dublin, IPA, 2008.

[16] Walsh, K *et al: Report of the Older People's Commission*. Dublin, Society of St Vincent de Paul, 2011.

[17] Holland, Kitty: *Home helps to protest cuts un hours and pay*. Irish Times, 26th September 2012; see also *Home care cuts*, www.olderandbolder.ie, accessed 18th January 2013. Although the reported Louth reduction in hours was from 8,000 to 4,000hr, there is no readily available documentation to confirm this.

[18] Donnellan, Eithne (2005): *Percentage in nursing homes same as late 1960s*. Irish Times, 28th October 2005. Current figures from Irish Nursing Homes Association, www.nhi.ie, accessed 18th January 2013. A problem here is that the census categorizes nursing homes and children's homes together, so we cannot extract the component of older people therein.

We do, however, have a picture of changes in continental Europe.[19] They record changes not in ownership, but in a shift of use from older people with mild or no disabilities and toward the 'older elderly', with ever more acute conditions (e.g. dementia) and frailty. In the more advanced welfare and social democratic states, the following trends in residential and community services are reported:

- Operationalization of the concept of integrated care, whereby service providers (e.g. health, social services, voluntary and community organizations) coordinate their services effectively in such a way as to deliver a timely, comprehensive service for older people;
- The humanization of residential services and their provision on an ever-smaller scale;
- Extramuralization, with services ever more delivered in the home (e.g. meals-on-wheels);
- The move to 'custom-made' care, whereby services and care packages are customized around the individual needs of each older person which they have a say in defining. Home care is ever more flexible, being delivered after hours and at weekends;
- Democratization, with services accountable to older people's councils organized at local level and, in homes, residents' committees;
- New technologies, especially design-for-all, making it easier, safer and more comfortable for older people to remain in their homes.

1.3 Conclusions

Policies in Ireland are favourable to the development of community care for older people. Despite this, Ireland has experienced considerable difficulty in operationalizing policies which support care in the community and arguably they have lost ground in the most recent years. However, the time lag between the ageing of the European older population and that of Ireland gives the country an unusual window of opportunity to 'get it right' in time. Some of the recent trends in residential services in Europe point the way as to how progress may be made in Ireland.

[19] Ex, Carine; Gorter, Klaas; & Janssen, Uschi: *Providing integrated health and social care for older persons in the Netherlands.* Verwey-Jonker Institute, 2003; Quality Institute for Applied Home Care Innovation: *KITTZ.* Author, Groningen, 2004; ActiveAge: *Discussion paper on independent living, integrated care and individual healthcare budgets and the inter-relationships between them.* Author, 2008.

2 Evolution of the Cúltaca for Older Persons

This chapter traces the origins (2.1), evolution and development (2.2) of the role of the Cúltaca for older persons in Dundalk in County Louth. It concludes with a summary paragraph that reviews the issues raised in the *chapter* and how the role of Cúltaca was adapted to suit the local context in Ireland.

2.1 Origins

The Cúltaca for older people was introduced in Dundalk as a pilot initiative by the Netwell Centre in collaboration with the HSE, based on a model operating in Trynwalden in the Netherlands.[20] As a new model, the role of the Trywalden approach to integrated care became known to the HSE through the CARMEN programme and to the Netwell Centre through the director's work in the field of architecture. In 2006, the director and two HSE managers visited a number of different European initiatives, including the one in Trynwalden to explore new models of working with older people:

> to develop new ideas that would enhance the quality of life and well-being of older people and those who care for them, using more integrated community-oriented services, more sustainable home and neighbourhood design and more age-friendly technologies (Director, Netwell Centre).

Trynwalden is a rural area in the Netherlands with a population of about 9,000 spread across seven villages. Since the mid 1990s, Trynwalden was at the centre of a new approach to integrating housing, welfare, social services and care for older people. This initiative was developed as part of an effort to reverse rural decline in the area and involved the coming together of services providers (including budget pooling) and older people themselves. It attracted additional funding from a government progamme for the modernization of long-term care.[21] At the heart of the personalized services provided under the Trynwalden initiative are the so-called 'Omtinkers', brokers in housing, welfare and care who assist older service users and their families in finding and accessing the right services to satisfy their needs and wishes.

Four independent 'Omtinkers' manage a caseload of approximately 300 older adults. They function outside existing bureaucracies to facilitate access to the most suitable service for the older person, using vouchers within an internal market to buy the most appropriate services.[22] The *Omtinker* also ensures that the older person receives the services they have asked for and need, and pass on any complaints or grievances. In other words, the 'Omtinkers' ensure that the voice of the service users is heard and meets a response.[23]

Five multi-disciplinary teams called *Doarpstallen*, provide care support around the clock in the older person's home. Each team consists of home helps, home carers, nurses, social workers (and others on call, such as physiotherapists and GPs). Additional funding from government enabled the local care home to be replaced with apartments equipped with the

[20] By way of a definitional note, 'Cúltaca' is defined on the project's website as a 'service' [to assist older people] and the general term is used in a larger sense to describe this service and the model. It also has a specific meaning applied to the two 'service brokers', the adaptation of the Dutch word *Omtinker*, who are called 'the Cúltaca'. In each case, the context should make the use and meaning clear.

[21] National Economic and Social Forum (*2005*). *Care for Older People. NESF report no. 32*

[22] *Omtinker* is defined as 'someone who looks after a client', helps them define their needs for care and promotes their emancipation, self-determination and responsibility. Such a role is especially important in the case of clients who may be ill, have intellectual disabilities or who may have received limited education, or where care situations are complex and here the role extends to being 'guide, advisor and guardian', from *Omtinker - introduction*. Noordelike Hogeschool Leeuwarden, course outline, undated.

[23] *Harkin, J. and Huber, J.* (2004) *Eternal Youths: How the Baby Boomers are having their Time Again*. London: Demos. Harvard School of Public Health

latest assistive technology and a central service centre to provide a variety of social services for the whole community. A notable innovation is the 'care hotel', where people can stay after discharge from hospital and are cared for initially by a rehabilitation team and then the community-based multidisciplinary team.[24] According to one study:

> Crucial here is a vision of support, which goes beyond the traditional notion of care. The emphasis is placed on connecting care and nursing, adapted housing, resources and welfare services. Examples of the latter include nursing, housekeeping assistance, a linen service, provision of meals and a shopping service. Even education, clubs and associations providing a broad range of social-recreational activities are available.[25]

A fundamental paradigm shift was the move from supply-led to demand-led provision, in which older people defined their own support needs. Counter-intuitively for health services, this led to a reduction in costs in the range 26% to 33%, apart from further downstream savings in hospital admissions. The *Omtinker* role was also challenging, for it combined an unusual skills mix, a certain level of de-professionalization for the health services field and strong emphasis on personal and communications skills and a cross-discipline approach. One Irish informant familiar with Trynwalden felt that the Dutch took a more liberal definition of risk, returning to the community older people with dependence levels (e.g. due to dementia) that would more likely be in residential care here.

The Trynwalden experience became well known. It inspired a move to small-scale, community-based care in 60 other parts of the Netherlands; the redesign of urban areas, towns and villages; and a lifting of budget restrictions on home-help services. Not all replicates were successful and they found traditional approaches, institutions and systems of care slow to change. The model was welcomed by GPs, but nurses found it a challenging adjustment. The Trwynwalden demonstrator is nevertheless considered a leader in the field and has been followed in other European countries, such as Sweden and Denmark, the latter noting a 30% reduction in long-term care costs.[26] Ideas of service brokers were also developed in Britain for people with disabilities.

2.2 Evolution

With substantial funding from Atlantic Philanthropies (AP), the Netwell Centre in collaboration with Louth County Council and the HSE Northeast used the learning from Trwynwalden to develop the Nestling Project, a test bed for new ideas to enhance the quality of life and well-being of older people and those who care for them. A primary goal of the Nestling Project was to integrate services around the individual needs of the older person towards a social model of living versus an institutional model of care. To this end, the Dutch role of *Omtinker* was adapted to the Irish situation. This was initially described as 'service brokerage' but from an early stage in the project, the title of 'service broker' made way for 'Cúltaca', an Irish word which means 'strong support' or 'back-up'.

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[24] ibid.

[25] Ex, Carine; Gorter, Klaas; & Janssen, Uschi: *Providing integrated health and social care for older persons in the Netherlands*. Verwey-Jonker Institute, 2003.

[26] De Jong, Foeke: *Trynwalden - der'est er weze meist*. Presentation, undated; Harkin, James: *Grey pride*. Financial Times, 9th April 2005; Hogeschool van Arnhem en Nijmegen: *The desirable scale - the relations between scale and social housing quality in assisted living facilities*. Author, undated; Aedes-Arcares: *Housing and services for older people in the Netherlands*. Author, Utrecht, 2003; Ex, Carine; Gorter, Klaas; & Janssen, Uschi: *Providing integrated health and social care for older persons in the Netherlands*. Verwey-Jonker Institute, 2003; Harkin, James & Huber, Julia: *Eternal youths - how the baby boomers are having their time again*. London, Demos, 2004; Empirica: S*ustainable Trynwalden - a local experiment on inverse-focussed services in Friesland, Netherlands*. Seniorwatch, 2001; Hellner, Britt Mari: *Policies promoting health ageing in place in Sweden - home care around the clock*; Mitchell, CGB: *Transportation - independent mobility for older people*; Harkes, Danielle: *Integrated neighbourhood services in the Netherlands - making the neighbourhood a place to stay*; Bakker, Wim: *The Netherlands - community design innovation* from Universal village - livable communities in the 21st Century. Washington DC, American Association for Retired People, 2005; Grantmakers in Ageing: *Ageing with attitude - transforming our communities and our nation*. Author, Dayton Ohio, 2005.

Prior to its introduction, there was considerable discussion on the Cúltaca skillset required, one which would require a demanding mixture of social work, nursing, advocacy, coordination, administrative and communications skills. In the event, the quality of the applicants that came forward for interview was such that the Trynwalden representative on the interview panel recommended two candidates for appointment as 'service brokers'. This proved to be a wise decision, enabling a gender balance, team approach and the best combination of different skillsets (nursing and police). As a first step, both were asked to familiarize themselves with the Trynwalden initiative and related models. The project originally pressed the HSE to ring-fence funding for the multi-disciplinary team that would work with older people, along the lines of the *Doarpstallen* in the Netherlands, but in the event the HSE contribution took the form of funding for one of the two posts.

In September 2007, the two Cúltaca began calling door-to-door to ascertain the needs of older people in the town, a skilled task in itself. Notices were issued of the service in the parish newsletter, but it was essentially cold-calling. Many of these older people were living on their own, isolated and lonely. Some of the older people already had home help or care help, but did not have any assistance to promote their socialization. Many people need support as they age, especially those who face challenges in accessing services. It was quickly apparent that these older people had no other visiting service and that their visits were reaching those older people who face barriers to independent living and positive ageing experiences. The Cúltaca were initially able to offer assistance with welfare entitlements and form-filling, an important area where they quickly won the trust of older people. The client area was originally within a radius of one mile, extended to two miles and finally four miles, but within the town boundary. Over 500 older people were visited or contacted in some way over 2007-2012 and entered on a database. Assistance to individual older people ranged from a simple referral to assisting in multiple and sometimes complex social needs, which may include quite difficult issues (such as elder abuse).

To promote socialization, the Cúltaca had initially intended to simply link older people - through referrals - to the relevant services using a similar service brokerage approach as that used in the Dutch model. However, in practice the barriers to access became apparent from an early stage. In some cases, existing social groups operated waiting lists and typically there was a mismatch between the existing group – for example, 'active retirement groups' and the need of more frail older people. This was one of the early confirmations of the important role which the Cúltaca home visit plays in reaching the 'hard to reach' older people. Significantly, it is the response to the issues that emerged from these engagements with vulnerable older people that sets the role of the Cúltaca apart from service brokerage. Whereas a service brokers works solely on the basis of existing services and therefore accept gaps in provision, the Cúltaca does not; where the Cúltaca identify a service gap in the face of identified need, they atively look for ways to fill the gap. This led to the creation of a number of women's and men's groups, a volunteer network, a telephone information service (Good Morning Louth) and three community men's sheds. The women's and men's groups developed by the Cúltaca are reserved for vulnerable older people, those who are socially isolated, to promote their social contacts and social integration. In turn, the services developed by the Cúltaca provide important referral options when they are working with vulnerable older people during home visits, connecting them to their local community and helping to facilitate independent living. The first meeting of a men's group established by the project was held in the Aiken Barracks, Dundalk in 2008. Subsequently, they moved to The Parlour in the Great Northern Haven, where a second group was created to accommodate demand. An early activity of the men's group concerned railways, for they met close to the original railway yards in the town. The Railway had played an important role in the youth of many of the older men coming along, and it was something in which they were greatly interested. With the assistance of funding from the European Peace programme, a photographic exhibition was organized by the men. This was followed by local council support for the older men to erect a commemoration plaque, after which time the men formed together to establish the Dundalk Railway Heritage Society.

Similar groups were established for women in Ard Na Solais Lis Na Dara, Dundalk, bringing to eight the number of older people groups that meet weekly across Dundalk for social interaction, information sharing and social networking under the guidance of the Cúltaca. Day outings have also became a regular feature. These are organized with the support of a network of local volunteers every 4-5 weeks to a variety of hotels in Louth and Monaghan. All those who attend the social groups established by the Cúltaca, , or are visited by the Cúltaca or supporting volunteers are invited, while friends are welcome to participate. Day outings include a four course dinner followed by musical entertainment. The importance of music in the lives of older people and the contribution it makes to their quality of life became apparent through theses regular outings and, as a result, a suggestion was made to put this on a more systematic basis with the benefit of a tutor.[27] The Nestling choral group was subsequently established and involves over 20 men and women drawn from them.

The home visit to vulnerable older people is at the heart of the role of the project. The target group for home visits is vulnerable older people, typically those who live alone, are over 80 years old and not known to services, with their first contact often at crisis point. This early intervention approach initiates the start of a process that facilitates a relationship of trust to develop between the Cúltaca and the older person and the identification of service needs and a plan for implementation. When the older person's service needs have been met (e.g. they have been supported to access emergency pendants to boost confidence, received advocacy help to navigate the complex social welfare, housing and health care systems) and when any necessary service referrals have been completed, the Cúltaca home visit is replaced by a volunteer social visit. Volunteer social visits are organized for older people with particular needs, for e.g. those with limited mobility who find it difficult to avail of opportunities to attend the Nestling social groups. Volunteer visits are typically one hour, once a week and are designed to provide social interaction and to maintain a continued presence in the home, linking back to the Cúltaca if any changes occur in the person's needs. Social links like are designed to have a positive influence on the older person's well-being and, crucially, to ensure that the older person continues to be 'visible' to services.

Over the period 2007-2012, the role of the Cúltaca evolved to include:

- Home visits, the starting point;
- For those who wished them, volunteer social visits;
- Two social groups for older women;
- Two social groups for older men;
- A mixed social group on Saturday
- A Choral group;
- Social outings every 6-8 weeks, and
- Various arts classes (painting to mosaics, pottery and textiles) as a means to reach out and provide stimulation
- A telephone and information service - *Good morning Louth* - to provide greater reach across the county. Funding for this service has been provided by Cooperation And Working Together (CAWT), with trained volunteers calling older people by pre-arrangement to check on their welfare and to provided information on relevant services and supports. They can discuss any concerns or alert services in the event of a non-response. This started in April 2012 and had an initial call list of 70 older people. The project is in discussion with nursing homes with a view to their residents participating in the service. Its own database is currently in construction, one aim of which is to identify those older people at more risk, for example over 80 or living alone.
- Louth Community Men's Sheds, supported by the International Fund for Ireland (IFI), to develop three sheds across the county; in Dundalk (September 2011),

[27] Irene Barr.

Drogheda (January 2012), Cooley (September 2012) and an allotment shed in Ardee.[28]

Another major part of the Nestling Project concerns the development of the Great Northern Haven (GNH), located in the centre of Dundalk. This purpose-built complex comprises 16 smart apartments and a Parlour – a living room for residents and local groups to meet. These apartments have been installed with smart home technology (sensors, actuators and biomedical monitors) and special wiring to enable residents to control and operate an assortment of appliances and other household features throughout the house. In all, there are over 2,000 sensors and actuators throughout the GNH. The development and testing of these technologies is managed by Netwell's sister research centre Casala (Centre for Affective Solutions for Ambient Living Awareness), based in DkIT.

The work of the Nestling project is endorsed in the Louth Age Friendly County Strategy (2009) which sets out the objectives of Louth County Council to develop an age-friendly society, with structures and services that are accessible to and inclusive of older people with varying needs and capacities. Having the council on-board in this way provided a significant boost to the Nestling project in facilitating inter-agency collaboration and endorsing the project's efforts to promote ageing-in-place. The new structures developed by the council include an Older People's Forum, a representative body for older people, a Service Providers Forum and an Age Friendly Alliance, a partnership where all agencies work together to promote and maintain the best possible health and well-being of older people.

2.3 Conclusions

The Cúltaca for older people is an adaptation of the pioneering Dutch experiment in Trynwalden into assisted independent living, coupled with a new vision for the social services to facilitate independent living, the *Omtinker* role. Trynwalden marked a significant expansion of the axioms of care in the community by introducing new technologies, creating the role of *Omtinker* and inverting the logic of care by replacing a supply-led system with demand-led.

In contrast to many new interventions which can take years to become established, the Cúltaca, with the assistance of Atlantic Philanthropies, made a rapid start in Ireland. This new role demonstrated a considerable capacity for adaptation and organic growth, evidenced by the Nestling volunteer network, the development of services to respond to the needs of vulnerable older people; the men's and women's social groups, the classes which support life-long learning through social networks, and, more recently, by the Men's Sheds and *Good morning Louth*.

The role of the Cúltaca is not intended to be a direct copy of the Trynwalden experiment and inevitably there would be differences in the course of its adaptation to the quite different social policy environment of Ireland. The most striking points of comparison are these:

- The Irish social housing experiment is smaller, 16 beds rather than the much larger scale of re-housing involved in the Netherlands (100);
- The *Omtinker* role was followed quite closely, especially the skills mix, although likewise smaller in scale. The decision to appoint two, rather than one, was a critical success;
- The Irish project did not have the same broad oversight arrangements, which included a council of older people;

[28] These are new projects and will be mentioned but not evaluated as part of this research. A separate evaluation of *Good morning Louth* is already initiated. For a background on men's sheds, see Torris, Larry & Carragher, Lucia: *Senior men's learning and well-being through Irish men's sheds*. DkIT & Irish Men's Sheds Association, 2012.

- The Irish health services were not able to set down a direct equivalent of the type of teamwork outlined by the *Doarpstallen*, although Cúltaca does work with a wide range of health professionals;
- In establishing social groups, the Irish project appears to have a stronger emphasis on socialization.

3 Current stage of development

Chapter 2 described the inspirational model for Nestling project, Trynwalden and then the initial development of the role of the project, with a brief outline of its subsequent trajectory. This chapter looks in more detail at the work of the Cúltaca under a number of headings: activities (3.1), the client group (3.2), management, staffing and volunteers (3.3), concluding with documentation and dissemination (3.4). Finally, the resources are estimated (3.5) and conclusions are drawn (3.6).

3.1 Activities

The following are the principal activities of the project, starting with the home visit and the social visit. There is an important distinction between them: the home visit is the starting point for the provision of the service; while the social visit, delivered by the volunteer, is by definition social in function.

The Cultaca Home Visit

The heart of its role, the home visit targets the most vulnerable older people, typically those who live alone, are over 80 years old and not known to services, with their first contact often at crisis point. The visit is an introduction that leads, based on a relationship of trust, to the identification of need, a plan with the older person as to the level and nature of the service that the older person will subsequently receive. The home visit is designed to be preventative, to give advice and guidance about services, activities and possibilities for support to facilitate older people make the best use of their own resources and sustain their independence for as long as possible. The overall intention is to improve the quality of life for excluded older people and prevent the need for high-cost intensive care services. This is a unique role in Ireland in contrast to volunteering and befriending schemes which are relatively common in Ireland. So far, the project has established a baseline home visit list of 403 older people, with 1,365 revisits.[29] These varied from single revisits, to a maximum of 70 re-visits in one case. This is clearly a substantial caseload averaging 26 re-visits monthly.

The Volunteer Social Visit

Volunteers are only introduced into the home after the services, entitlements, needs and wants are addressed. Their main purpose is to provide social interaction and connectivity, but they will refer any issues that arise to the Cúltaca. The volunteer social visit is concentrated on the most vulnerable older people (e.g. frail, isolated, homebound, living alone) in need of companionship. Currently, 25 volunteers provide weekly social visits to 40 older people for one hour each week. Whereas the social home visit is designed principally to address loneliness, it also provides a means for the Cúltaca to maintain a continued and regular presence in the home. They also have a volunteer network.

The Nestling Social Groups

Social groups are an important mechanism to help give older people a sense of belonging in and a voice in the community, develop their capacity to respond to their own needs and provide support to each other. The social groups established by the project are designed to provide social contact for older people who, while not physically housebound, have nonetheless largely withdrawn from the community. These groups are intended to support socially isolated people to regain the confidence to engage in their community. In all, about 80 older people benefit from these groups regularly. The normal format for the group is tea/coffee/biscuits followed by an activity, which takes the form of exercise (e.g. tai chi, line

[29] The database available for this research covers the period 1st April 2008 to 13th July 2012, 51 full months.

dancing, yoga, reflexology) or a visiting speaker (e.g. home security, fire safety, social welfare entitlements, local history, cookery demonstration, beautician) or others (e.g. computers, art, drawing, papermaché, quizes, visit to Leinster House, *Bealtaine*). The groups are facilitated by two Tús workers and by volunteers.

The Men's Group	Currently there are two men's groups that meet each Tuesday (one in the morning and the other in the afternoon): both have 20 members each.[30] A third group meets on a Saturday morning. This is largely men, but women also attend this group as weekend can be particularly lonely for some older people.
The Women's Groups	Currently there are two women's groups, each with 20 members, meeting once a week on a Wednesday and Thursday. Meetings provide an important opportunity to exchange a wide range of information as well as enjoy organized activities.
The Choral Group	Low self-confidence can affect older people's ability to engage in activities. Group singing can help enable people to regain a sense of confidence and self-esteem that may have been lost through illness, disability or bereavement. The Choral Group is made up of older people from the men's and women's groups. Currently the group has 22 members. They meets every Monday evening and enjoy the support of a qualified tutor. The group now makes regular performances as part of the entertainment for organized group outings.

Day trips

These take the form of visits to places of interest, usually every 4-6 weeks in Louth, Armagh or Monaghan, always accompanied by a meal out and entertainment. Those coming are drawn from the Nestling groups; older people visited in their homes; and residents in day centres, active retirement groups and other senior citizens groups from across the county. Large numbers benefit from these outings each year. In 2008, numbers were low but grew, year on year as the project became more embedded in older people's services. In 2009, there were 10 outings (176 participants), 13 in 2010 (922 participants), 9 in 2011 (890 participants) and 9 in 2012 (1,090 participants). Outings are self-financing, a typical charge being in €20.

Advocacy

Advocacy is intended to promote change – changes in attitudes, policies and actions. Given the low priority traditionally given to older people's services in Ireland, the project seeks to raise awareness of older people's needs and to promote change in service providers, government, and, more generally, the public, including older people. For this reason, the project contributed to the National Advocacy Programme, certified by the FETAC Level 6 advocacy course. Within Dundalk, it provides independent advocacy for older people at panel meetings on the Fair Deal and for residents in St Oliver Plunkett Hospital. This involves visiting residents weekly and befriending them, while assisting them to know their rights and entitlements. Residents are also encouraged to join in the outings.

[30] This group also has the more formal name of The Seagull Club and it receives HSE grant aid under this title.

Referrals and signposting

Referrals and signposting are important aspect of the work of the Cúltaca. Much time is devoted to advising older people and guiding them about services, activities and possibilities for support to facilitate them to make the best use of their own resources and sustain their independence for as long as possible. Where possible, older people are encouraged to 'do it for themselves', with signposting to services intended as a means to empower the person to develop a voice that can be heard. It is only when it is clear that assistance is necessary that the Cúltaca advocate on behalf of the person. They regularly signpost to a wide range of services and make referral commonly to public health nurses, occupational therapy, physiotherapy and meals-on-wheels, but also to the county council (adaptations), citizen's information, St Vincent de Paul, Eircom, social workers, Gardai and dementia services. Home safety and security is an important part of having peace of mind for older people. Consequently, the project manages, for residents of the Great Northern Haven, the *Seniors Alert* personal alarm system, which involves registration and grant-processing through the Department of the Environment, Community and Local Government.[31]

3.2 The client group

This first section outlined the core activities of the project. This would be a useful point at which to provide more detail on the clients assisted. The client group is composed of the 504 older people currently entered on the database, who comprise those visited; members of the men's groups; women's groups; and those helped in other ways by the project. The outings draw in a wider group of older people from the town and further afield, but they are not entered on the database and we do not have a profile of them.

Clients are predominantly female, 62%. The project attracts more women than men, but this should be seen in the context of (1) the greater number of women in the age group (2) the poor health and early mortality of many men and (3) gender-cultural patterns whereby men are slow to socialize in these kinds of groups. The age range is 55 to 99, the two most popular years of birth being 1935 and 1929. The following table, 1, details the age range:

Table 1: Age of clients

50s	1%
60s	10%
70s	27%
80s	43%
90s	19%

Percentages in this and subsequent tables rounded

The age range is concentrated on the 80s. The next most important measurement is the dependency level and this is given in table 2.

Table 2: Dependency level

High	11%
Medium	13%
Low	28%
Independent	47%

[31] Before the title and brand Cúltaca was established, 'The Seagull club' was the organizational vehicle used to describe the men's and women's groups and outings. The club is the body which applies for health service grants, for which purpose it acquired a charity number and registered as a company.

Almost half the group is independent. A quarter, though, has a high to medium level of dependency, but this is a critical group, for home supports are essential for its members to continue to live in the community. Some additional earlier information is also available on their living arrangements: 55% live on their own, a critical group, 15% with another older person and the rest, 30% with one or more family members.[32]

We have information on referrals and this is detailed in table 3.

Table 3: Source of referral

Direct approach by Cúltaca	37%
Public Health Nurse	24%
Self	16%
Neighbour	15%
Family	8%

Most, over a third, come through having been called to their door or someone suggesting that such a call be made. The next most common source of referral is the Public Health Nurse (PHN), a quarter, with descending amounts self-referred, from neighbours and family. The PHN source is important, the 'medical' visitor ensuring the client receive a 'social' service. The level of neighbourly referrals is significant, for it pre-supposes a level of knowledge of the Cúltaca in the community.

Those visited in their home are generally the frailer of those assisted, with varying levels of medical issues (e.g. hard of hearing, arthritis). Some have limited mobility and require aids (e.g. frames), which may limit their ability to get out and about, though some do manage to participate in outings and events. Some say that they 'can't walk far' or 'find it difficult to climb up a bus', while one had arthritis in her hands that prevents her from safely cooking. Many appear to be widowed. Contacts with neighbours vary, from 'knowing everyone on the street' to having contact with only a few. Some have HSE assistance in the form of a carer, which is highly valued and they seem well satisfied with the quality and extent of HSE assistance, while others have meals delivered. The arrival of *Good morning Louth* has already made a welcome difference and the service is considered reliable, helpful and professional (one client accidentally knocked the phone off and she was checked on with impressive speed).

Social isolation is a common issue affecting older people with whom the Cúltaca are in contact, something which is also noted in the wider literature. :

> *Many elderly men, living alone or with an elderly partner, seldom if ever leave their homes. Social interaction with their contemporaries is limited or non-existent. Some older men express a wish to meet with others in a social setting. Other men like volunteers to meet them in their own home. Others are quite content at home and do not wish to interact socially (Cúltaca, 2nd Annual Report, 2009).*

Older people living on their own are vulnerable to loneliness, boredom, self-neglect and poor standards of self-care and hygiene. It is apparent that some of those visited hardly ever leave the house and were it not for volunteer visitors might not have a conversation with anyone from one end of the week to the other. The comment below provides a sense of the perceptions of vulnerability of clients:

> *Some of them are people unknown to anybody. They are people living on their own with no support. A long time ago, people knew all their neighbours and everyone on the street, but this is no longer the case. There are many people who the public health nurses don't know and they*

[32] Carragher, Lucia & Bond, Rodd: *Cúltaca promoting empowerment of older people*. Conference Older people as active participants in the community and in long term care settings, 16-17 November 2011.

don't visit or knock on people's doors any more. They are isolated and wary of going out or opening their door to people.

Some older people live in quite poor circumstances. A small number live in cold houses, principally those living in older houses (one lived downstairs, the upstairs closed off, without heating, kept warm by a heavy coat and the only heat came from a two-ring cooker). Some appear to have money, but will not spend it and volunteers came across some cases where their family expropriated their money. One 70-year old retreated to bed at 8pm to save on heat.

We do not have a statistical profile of the health of the clients, but it appears to cross a wide range. Some are in good physical and mental health, outgoing and gregarious. The men's group included a small number who had suffered strokes, while the women's group includes a significant number with problems of arthritis. Many recently-bereaved women reported depression and de-motivation. Some reported 'memory loss' and what may medically be regarded as early, preliminary signs of dementia. For some of those visited, multiple ailments can accumulate to cause depression.

In line with other research, experience of the project confirms that older people have a strong preference to remain in the community. Even though nursing or residential home care can be of high quality, most have a dread of nursing homes or residential care, fearing institutionalization, depression, isolation ('being forgotten there') and a loss of personal identity. As one person commented: 'If someone looks out for you, you don't *need* a nursing home'. Volunteers pointed to changes in the home help service, now limited to a half hour and the pressure this puts on carers to get their work completed in this time allocated, making the volunteer social visit all the more important.

The social groups comprise the more mobile older people. The age range in the women's group is generally younger, ranging from 57 to 87 but the main group being in their 60s and 70s. The men's group is generally older, up to 88. Many participants come from lower socio-economic groups and some live in the town's local authority estates. Many of the men and women worked in occupations typical of working-class communities, such as the factories in the town (e.g. brewery, railways, shoes) or trades (e.g. painting, decorating). One or two were in more professional occupations (e.g. telecoms, photography, ESB). A substantial number left to work in England (e.g. coach-building) and returned when they retired. Although some of the women had been workers in the home - and some had large families - many other women had worked all their lives, for example in service industries. A striking feature is the significant number of widows, where husbands had died in their 60s, soon after leaving work. They have joined groups such as these, normally after an interval of months or years, to re-build their lives. This profile is entirely in line with other recent profiles of older people using similar services.[33]

3.3 Management, staffing and volunteers

Next, we look at the evolution of the management and staffing that supports the work of the project. The board of the Nestling, which includes the Cúltaca, comprises an original tripartite board of DkIT, the HSE and Dundalk Town Council. This arrangement was made in a Memorandum Of Understanding (MOU) which set down their shared mission, values and constituencies.[34] It committed the parties to develop a 12-unit housing scheme (which became the Great Northern Haven); to 'develop a client-centric integrated care demonstration model based on the broker principle' (which became the Cúltaca); and to build the project's capability and reach through evidence development, innovation, awareness, continuous process improvement, geographic expansion, service intensification,

[33] Walsh, K *et al: Report of the Older People's Commission*. Dublin, Society of St Vincent de Paul, 2011.
[34] *Collaboration partnership The Nestling Project Memorandum of Understanding between the Dundalk Town Council, HSE - Dublin northeast, Dundalk Institute of Technology.* Unpublished document, 3rd April 2006.

advocacy and public policy development. The MOU set down the expectations of each party, with the town council to resource the housing scheme, the HSE to ring-fence resources for the Cúltaca and DkIT to provide management and infrastructure. The MOU committed each party to send a delegate to the bimonthly tripartite board, though such meetings are now less frequent. Originally, provision was made for a steering committee that includes these three parties and also the University of Ulster and Dublin City University. In 2008, proposals were presented for a new governance structure,[35] with a broader board and five subcommittees (Great Northern Haven, services, age-friendly counties, applied research and development, governance) but the original one remains in place. Its records are not published, but interviews with key individuals provide a picture of how the Nestling project is managed and planned.

The Nestling project is managed by the director of the Netwell Centre[36] who directs the work of the staff and other personnel involved, principally the two Cúltaca[37] who are in turn responsible for and manage the workers on the Tús scheme[38] and volunteer network. There is a significant contribution by other members of the Netwell staff:

- The research officer, who has carried out distinct research tasks associated with the project and works closely with the Cúltaca;[39]
- The financial manager;[40]
- Two administrators, who deal with logistics, diarying, publicity and the website.[41]

Volunteering is a key aspect of the project, both for social visiting and to support the social groups and outings. The recruitment of volunteers began in late 2008 and the project registered with the Drogheda Volunteer Service and later with the Louth Volunteers Service. A total of 173 people have now volunteered. Most come by themselves, through newspaper advertisements or through the volunteer services. Some are DkIT undergraduate students: of these, a small number are students who volunteer as a placement, or prospective professional carers seeking work experience. We have some statistical details on how they are recruited (table 4):

Table 4: Recruitment sources of volunteers

Source	No.	%
Self	61	35%
Drogheda Volunteer Service	40	23%
Argus newspaper	31	18%
Existing volunteers	11	6%
Other	30	17%
Total	173	

Source: Volunteer database

These figures show clearly that over a third find their own way to the project (though we are not be sure how), which is quite normal in Ireland. The Volunteer Service appears to be a successful source, contributing almost a quarter of volunteers. Newspapers are not often a good source of recruitment for voluntary organizations, but they appear to be so here, providing almost a fifth.

[35] Bond, Rodd: *Toward a reorganized governance structure for the Nestling project.* Author, unpublished paper, 2008.
[36] Rodd Bond, Centre Director.
[37] Ann Marron and Pat Kerins.
[38] Bernie Markey and Michael Mulvanna. They work 20hr/week each, assisting in the men's and women's groups and the outings.
[39] Dr Lucia Carragher, Social Policy Research Fellow.
[40] Stuart Quinn, Finance Manager.
[41] Yolanda Connolly (Centre Administrator) and Breda Connor (Senior Programme Administrator).

The development of the volunteer network, benefitted from the services of a paid volunteer coordinator over eight months during 2010-11 who enabled the service to establish a formal link with Drogheda Volunteer Service for the purposes of recruiting and vetting volunteers; developed and implemented volunteer policies and procedures; and met with all volunteers on a weekly basis to provide support. The role of coordinator was subsequently filled through the Job Bridge, the new 6-9 month national internship scheme.

Prior to becoming a volunteer, prospective volunteers are presented with a volunteer pack, called for interview and, if suitable, proceed to Garda vetting, which they must receive before they start. Volunteers sign a formal *Agreement*, which includes a confidentiality statement. They are given a *Volunteer role description*, explaining procedures for recruitment, student volunteers, equal opportunities, data protection, communications and what to do when *When talking with a client*. Volunteers are provided with three or four training evenings (for example, talks from nurses and guards). Discussions are under way with The Birches to provide more specific training for volunteers in dementia and for the local Alzheimer Society volunteers to become involved in social visits. Much importance is placed on recognizing the work and achievements of volunteers. This takes a number of forms, including through:

- awards (e.g., nominating volunteers for awards, including the prestigious *Volunteer of the Year*);
- celebrations, including dinners once or twice a year;
- media attention, including newsletter and reports in local newspapers;
- the personal touch, including thanking volunteers at the end of the year and offering festive greetings; and
- identifying particular skills in volunteers and asking them to take on more responsibility.

We have some information on the volunteers through a recent study (n=49).[42] The typical volunteer is a woman in her mid-forties. The age range crosses 16 to 76, with a mean of 44.1. Gender is 72% female, family status is evenly divided between single and family, while 26% are unemployed. Research into their motivation found that they were principally motivated by humanitarian and social concerns.

When vetting procedures are fulfilled, volunteers are matched to individual older people and to support various project activities. Taking account of preferences and interests, volunteers are matched to: social visits in the homes of older people (an hour a week is expected); the men's groups or women's groups; outings; or other activities (e.g. computer instruction). Table 5 lists the assignments of the current group of active volunteers, which gives us a profile of the deployment of the current volunteer network.

Table 5: Deployment of volunteers

Social home visits	21
Mens' and women's groups	12
Good morning Louth	7
Home visit + task	4
Other	8
Total	52

[42] Redina, Oksana & Carragher, Lucia: *Motivations of volunteers supporting older adults living in the community*. Dundalk, DkIT, 2011.

In summary, the current volunteer network is 52, of whom half are assigned to social visits (25), the principal form of activity, while 12 are deployed to the men's groups and women's groups and to the remaining other activities. Volunteers are not recruited for board, administrative, publicity, or communications tasks. They are asked to contributed between 1hour to 3 hours weekly, so this gives as an annualized (48-week) imputed value of 2,496 to 7,488hr, or 1.48 to 4.45 Full-time equivalents (FTEs).

Volunteers who assist older people by visiting them in their home normally spend an hour visiting. The core of the visit is social chat about family, events in the neighbourhood, what's going on in the town and personal interests (e.g. following the soaps on television). Some volunteers will bring their clients out for a family visit. One volunteer takes an elderly lady to visit her husband's grave, something which brings her great comfort.

All volunteers emphasized how much they gained from their volunteering experience. Many spoke of how much they love it, it 'gives them a high', they 'gain so much' from their chats with older people and 'it's great fun'.

A critical issue is how well the project manages volunteers. The 3rd Annual Report records a 'constant turnover of volunteers' due to people looking for an activity while suddenly out of work; seeking work experience so as to enter the workforce; or students looking for placement or work experience. The volunteer database gives us some figures on this, as shown in Table 6.

Table 6: Volunteer status

Active	52
Pending*	18
Stopped	40
Inactive	62
Total recruited**	173

* Awaiting gardai clearance and assignment
** Data not available on one case

This gives us an overall loss (stopped or inactive) of 102 out of 154, at first sight high (66%). This should be seen in the context that voluntary organizations have a natural wastage of volunteers due to career change, other changes in the volunteers' circumstances, as well as those who find the work unsuitable. If we annualize this loss figure, it comes in much lower, at 17.2%, which is a more positive outcome.[43]

3.4 Documentation, publications, promotion and dissemination

This chapter on the current evolution of the project's role concludes with an examination of what may be bundled together under documentation, publications, promotion and dissemination. This comprises:

- Databases;
- Website;
- Media;
- Reports, publications and papers;
- Other forms of dissemination (3.4.1-5). Each is reviewed in turn.

Databases

[43] The first volunteer was recruited in December 2008 and the database was up to date to September 2012, or 46 months. The total turnover figure is derived from the proportion stopped or inactive (102) as a proportion of the total recruited, minus those pending (154) (66%). The annualized turnover figure is obtained from obtaining a monthly figure (66 divided by 46 = 3.34%) times months (12) (=17.2%)

The Nestling Project has three databases, one for Cúltaca clients, the other for volunteers, information from which was presented earlier and one for the *Good morning Louth* service. They are given priority and are important for the management of the project, documenting its work and as a research tool.

Website

The project has its own sub-side on the Netwell Centre website.[44] This has pages on:

- Services;
- Activities (e.g. social groups, choral group);
- Background; and
- Past events (list of outings, with photographs from some individual events); with sidebars for:
- About us;
- Projects;
- Latest news (e.g. *Good morning Louth*, men's sheds)
- News and events (recent and future events);
- Job vacancies (e.g. research)
- Links (Great Northern Haven, Volunteers, CASALA)
- Contact us (phone and e-mail)

A download is available of the Cúltaca brochure. The site offers Facebook and RSS feeds. We do not have information readily available on site usage (number of hits, hits per page, origin, duration).

Media

The project has been extensively publicized locally. The project keeps a record of electronic events and a scrapbook folder of photographs of events, outings, posters and press clippings. They are summarized in the following table, 7:

Table 7: Media record

Radio	Dundalk FM (2008, 2009, 2010). RTE Radio 1 (2012)
Press	*Social club gets donation boost*. Argus, 18th November 2009. *Weather makes elderly prisoners in their own homes*. Argus, 13th January 2010. *New friendships formed at outing*. Argus, 3rd March 2010. *Nestling project visitors visit Mullaghbawn*. Examiner, November 2010. *Over 400 enjoy Fairways concert*. Dundalk Democrat, 20th October 2010. *Fairways dinner for senior citizens*. Dundalk Democrat, 26th January 2011. *Fairways treat seniors to belated Christmas*. Argus, 2nd February 2011. *Nestling project members meet with President*. Argus, 9th February 2011. *Cúltaca volunteer awarded Inspirational Life Certificate*. Dundalk Leader, 23rd February 2011. *Strictly dancing nest egg for the Nestling project*. Argus, 29th June 2011. *Making Dundalk better place for older people*. Argus, 7th September 2011. *Friendly volunteers lend a listening ear*. Argus, 7th September 2011. *Fine food and musical entertainment combine for Positive ageing week*. Argus, 5th October 2011. *Choir seeking new members*. Dundalk Town, 1st November 2011. *Nestling project party*. Argus, 14th December 2011. *New phone support services for elderly*. Argus, 15th February 2012. *Arresting outing to Croke Park*. Argus, 7th March 2012. *Minister praised county's age friendly initiatives*. Argus, 30th May 2012.

[44] http://netwellcentre.org/cultaca.html

In connection with the work with home support workers, the project published three newsletters (June 2010 and November 2010 (two), but they were not continued.

Reports, publications and papers

Reports comprise a mixed range of brochures, reports, submissions, presentations and academic papers. These are listed in table 8:

Table 8: Publications

A2 size poster	*Cúltaca - connecting services,* an organigram
A5 colour brochures:	*Cúltaca - empowering older people,* outlining its role *Cúltaca - a strong support for older people,* outlining its activities
Powerpoint presentations:	Co Louth Older People's Forum Louth Age Friendly County Transport Forum *Cúltaca*. Dundalk, 2008. *Encouraging participation*. St Gerard's Active Retirement Group, Dundalk, 2008. *Supporting older people*, 2011. *Supporting older people,* 2010. *The service broker - Cúltaca*, undated.
Local presentations:	Louth hospital physiotherapy department, 2008 St Patrick's Cathedral, 2009 Health promotion and social care students, DkIT, 2008, 2009, 2010, 2011 North Louth branch, Alzheimer's Ireland, 2009
Annual reports:	Four internal annual reports: 2008, 2009, 2010, 2011
Submissions:	*Cúltaca - catalysts for change toward an age-friendly society,* Seanad hearing on older people Law Reform Commission (on carers) *National Positive Ageing Strategy* (texts are not readily available) SEUPB (on PEACE and INTERREG Programmes)
Training manual & DVD	*Empowering people in later life*
Academic presentations to symposia, conferences, workshops, including posters:[45]	*Nearly home - ageing places and the Nestling project*, conference Showcasing ageing and disability research, 2008 *Person-centredness - a new model of home support delivery* and *Person-centred community care - exploring the experiences of home support services*. British Society of Gerontology, Bristol, 2008. *Cost benefit analysis of integrated home care*, DkIT, 2008. *Health promotion behaviours of community based adults over 50*. DkIT, 2008. *Exploring the experience of home support workers*. Dundalk, 2008 *Home care workers survey*, Louth Community Care, 2009 *Examination of the capacity for cultural change in Irish primary care*, Planning Together conference, Belfast; World Congress of Gerontology and Geriatrics, France, 2009 *Are older people living alone at risk in terms of health or health service use?* Gerontological Society of America, 2010; and Britain, 2010. *Civic engagement and older adults - how effective are older people's fora?* Conference Sociology on the move, Gothenburg, Sweden, 2010. *Cost-benefit analysis of integrated home care*. International Society for Gerontology, Vancouver, Canada, 2010. *Cúltaca promoting empowerment of older people*. Conference Older people as active participants in the community and in long term care settings, 2011.

The training manual *Empowering people in later life* is a substantial publication, 65 pages (PDF). It is designed to support the training programme, but is useful to a much wider

[45] Many presentations have been made to external bodies over the past five years (55 papers and 11 posters). These are those which are known or presumed to draw most from the Cúltaca.

audience of statutory and voluntary organizations working with older people. It has sections on the Cúltaca idea; how to deliver the types of services provided (e.g. home visits, outings, choral group, records); and other issues such as ethics. Practical exercises and discussion points are included.

Other research and dissemination

The project has promoted its role to a broad range both of older people and other services for them by providing information notices for doctors' surgeries, church bulletins, post offices, chemists, shops, health centres and services. The project has also hosted visits by other organizations interested to learn of its experience, such as Newry & Mourne Council, which is now giving consideration as to how it could in turn develop the Cúltaca model in Northern Ireland. The Southern Health and Social Care Trust is reported to have subsequently adopted some key elements of the Cúltaca, namely home visits, small social groups and day trips.

3.5 Resources, human and financial

As noted earlier, initial and subsequent funding came from Atlantic Philanthropies (AP). This funding, €3.6m over 2006-11, is for the Netwell Centre as a whole, including Great Northern Haven and its technological supports. The Cúltaca does not have a self-contained budget therein. Additional funding for this role comes from:

- The HSE, which pays the salary for one Cúltaca;
- HSE section 39 grant (€4,000 annually);
- HSE lottery grant (€4,000 in 2011);
- FAS, which covers the cost of the two Tús staff.

Older people are asked to contribute to each meeting they attend (€1, to cover tea, coffee and biscuits) and to the cost of outings, which are self-financing (typically €20).
The cost of the social groups and outings is estimated as €20,731.69, from which the income comprises HSE grant, member's donations and contributions; the outgoing comprising the cost of outings (the main element) and weekly activities.[46]

In 2009, the project was awarded €29,955 under the Peace programme to advance its work with care workers and the following year a further €32,150 to recruit a coordinator to develop the volunteer carer network. In addition, Cooperation And Working Together (CAWT) provided funding of €148,000 for the *Good morning Louth* service, while the International Fund for Ireland provided €425,000 for three men's sheds (this is for a number of years). Because these are new projects, they will not be included in the further calculations, but it is important to note the ability of the project to leverage funds from other sources (e.g. Peace programme), a total of €635,000.

The human resources of the project comprise:

- The two Cúltaca, the only two full-time staff (2.0 Full Time Equivalents (FTEs));
- The two part-time Tús staff (1.0 FTE);[47]
- The time of the director as manager of the project (0.1);
- Smaller contributions of time from the research fellow, the two administrative staff and the finance manager (0.2) (overall total, 3.3).[48]
- The contribution of volunteers, calculated at between 1.48 and 4.45 FTEs annually.

[46] These figures based on the Seagull Club accounts (see footnote 32).
[47] Their participation is cost neutral and off-books. There are no costs to the project, but the project does not receive a training, supervision or management grant. Their allowances are covered by FAS.
[48] Estimated figures based in information supplied during interviews.

The nature of those human resources is also important, for the level of skills input is high. The complex and demanding skillset of the Cúltaca role has already been discussed. Although the Tús programme is established by Government as a work experience and skills gain programme, the tasks involved require a high existing level of organizational and personal communication skills, which, judging by both the comments of older people and observations by the researcher, were amply supplied. The director is not only a project manager, but an visionary of service, architecture and design for older people, his role involving high-level negotiations with funders, health services and local authorities. There is a significant skills contribution by the research fellow, an expert in social policy and administration, to the thinking and ideas of the project, research and disseminating its outcomes.

It is important to estimate the financial size of the project, especially if the case is to be made for it to be replicated further afield. The key elements are:

- The two full-time Cúltaca salaries;
- Their associated costs: travel, telephone, computer, employer 10.7% PRSI;
- The Tús workers;
- The time contributions of other staff, listed above.

The estimated baseline total is in the order of €150,000.[49] The project is delivered by 3.3 FTE staff, with the significant volunteer input measured earlier. To re-iterate a point made above, these figures should be seen in the context of the high skills levels, which are one of its most striking features of the project.

3.6 Conclusions

This chapter has, first, enabled us to get a picture of the services provided by the project and a profile of the client group. An especially informative table is Table 2, for it indicates the mixed range of dependency, more than half having varying levels of dependency. It is probably reasonable to conclude that whereas the social groups cater for those who are most independent, home visiting concentrates on those with rising levels of dependency.

The chapter, second, enables us to build an operational picture of 'the Cúltaca model', or how the Trynwalden concept was transferred to Ireland. We have a measure of its size and scale. Over 2008-12, it developed a client base in the order of 472, with 403 home visits, 25 (social visiting) and 80 (groups); a staff complement of 3.3, including two full-time staff and two scheme workers; a light, tripartite management structure; a volunteer force of 52 providing between 1.48 and 4.45 FTEs; a financial baseline of €150,000, but with substantial leveraging ability, €635,000. Third, the project has a substantial product range, from posters, presentations, brochure, contributions to academic events, as well as website and has managed to attract the interest of local and national media. The impact of the project is the focus of the next chapter.

[49] Figure supplied by the finance manager. This is a minimal figure, for it does not include some infrastructure costs, such as offices and payroll (supplied by DkIT); technical support; the use of meeting rooms for the men's and women's groups, supplied by Great Northern Haven and Cluid respectively; nor FAS support.

4 Impact

This chapter begins the process of assessing the impact of the Cúltaca, starting with the referral work (4.1) and then that of the social groups (4.2). The impact of the project on external bodies are then examined (4.3). Conclusions are drawn (4.4).

People want to age-in-place but the supports and services to facilitate this tend to be reactive rather than proactive. They are also siloed and fragmented, often funded by many different sources. A key element of the Cúltaca model is the proactive approach that coordinates and anticipates needs, incorporating disparate elements that shape the ageing experience— lack of information, support to access services, monitoring and technology, health care, day care and social interactions— into cohesive responses that promote a better quality of life for an ageing population. This can be seen in a number of ways in which the role of Cúltaca has impacted.

4.1 Impact of referral work

First, as noted earlier, home visits and referral work are at the core of the role of the service broker. These details are important, for they mark the practical ways in which the project concretely helps older people. The outcomes are displayed in this chart. The main areas of referral are covered here, but there are others where the volumes are smaller. First, the chart looks at precisely how the project has been able to help older people through home visits and referrals.

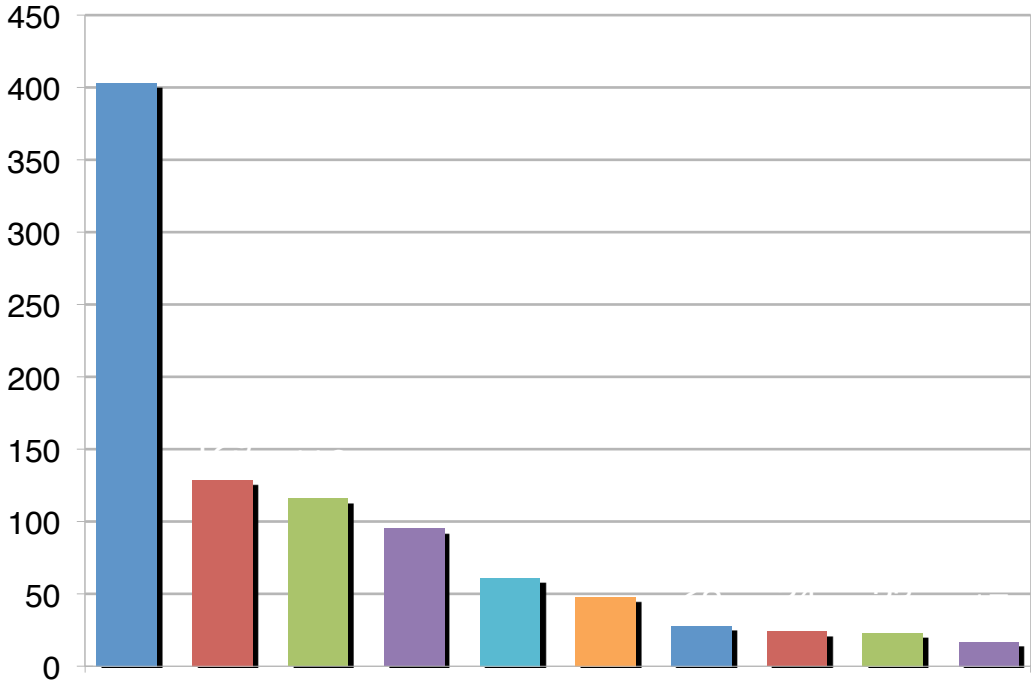

Chart: Cultaca home visits and referrals, by heading, in descending order

From this chart, it is possible to extract the baseline figure of home visits (403), the core of the service. From this group, we can see the principal referrals: day trips (129), pendants (116), followed by women's groups and men's groups (95, 61), with smaller numbers for home visits (48), entitlements (28), meals (24), *Good morning Louth* (23) and suspected elder

abuse (17). Apart from the pendants, the top referral areas are for socialization (day trips, women's groups, men's groups and home visits). This is perhaps the most important finding, indicating that older people's needs are primarily social and explaining why this is such a high focus in the project. Entitlements comprise a relatively small area of need, indicating that take-up may already be relatively high. Although suspected abuse is a small figure, the risk level in such cases may be high, so this is a significant area.
In addition, there are likely to be significant benefits from referrals from and to HSE multi-disciplinary staff, for example PHNs, occupational therapists, physiotherapists, social workers and the early discharge team, even though this evaluation lacks the scope to capture them.

The project has therefore provided a significant level of socialization and practical assistance to older people. These are statistical measures, but the annual reports give us a more qualitative impression of the nature of this work, as follows:

- Referral of a woman, who was self-treating a leg ulcer, to a PHN, of whose services she had been unaware;
- Intervention with the audiology clinic for an elderly woman with poor hearing, who was caring for her 91-year old blind husband but whose communications she found difficult to hear. The waiting list was 18 months, but the service broker managed to get an appointment in three weeks;
- Referral to the occupational therapist service of a woman whose motorized bath was not functioning due to an incorrect battery, leading to its replacement;
- Obtaining the repair of an electronic watch with audio updates for a blind man;
- Obtaining a carer's allowance for an elderly woman caring for a dependent husband;
- Assisting an elderly woman carer to obtain a grant for a permanent ramp for her wheelchair-bound husband;
- Referrals to the Society of St Vincent de Paul of older people for pendant alarms and the repair of malfunctioning alarms;
- Arranging, with Eircom, for the installing of large-digit telephones;
- Referral of clients to a wheelchair taxi service of which they had been unaware;
- Installation of sensors to the doors of clients at risk of wandering as a result of dementia ((1st Annual report, 2008; 2nd annual report, 2009).

The project appears to play an important role in the field of dementia. The Cúltaca can identify early signs of dementia; and refer cases to the The Birches day centre. This is especially important where older people, or family members, may be slow to identify the early onset of dementia or reluctant to address the consequences. Moreover, the type of social engagement offered by the men's and women's groups provides a stimulus that may delay the onset of dementia and, much later, possible entry into long-term care. In the field of dementia, social engagement is known to have a mood-lifting effect and enables undamaged memory to recover. Conversely, lack of social engagement may permit withdrawal and depression.

We get a third level of detail from volunteers and older people themselves. In the first instance, social visiting is valued for its primary, social purpose, the conversation that takes place. Older people like the opportunity to chat with a visitor once a week and they refer to it as 'fun', enjoyable and 'you couldn't have nicer people come to see you', or 'it's a pleasure when she comes'. One especially remarked on the way in which her visitor had got her a card for her birthday and how this made a big difference for her. Second, visitors may help older people to get services, suggesting to the Cúltaca additional services they may need (visitors do not have the authority to make referrals directly). An example was found of an elderly women who was assisted with getting in home care, a security camera, the conversion of her bathroom to a walk-in shower, pendant, insulation and now the *Good*

morning Louth service, a level of help with which she is now very pleased. Some of these took some time ('the security camera took ages'). Another had arranged for the priest to visit her regularly. Several referred to how the quality of their lives had now improved. Third, they had developed a level of confidence and say 'If I need more help, I'll ask for it'. Many commented on how if they asked for the help of the Cúltaca, it happened. 'If they say they'll do it, they'll do it'.

One older person spoke at length on the difference the service had made for her. When first contacted by the Cúltaca, she had lost both her husband and her daughter, her son had cancer, while she herself had been in hospital several weeks for an operation and had arthritis. According to herself, she was 'depressed. I didn't want to live'. She recalled that when her social visitor first came, she was 'sitting up in the afternoon, but in her pyjamas, the bed not even made. The place was untidy. I was very down. Not talking. Not going out. Not interested in anything'. The service broker first arranged, with her, for her bed clothes to be washed, which may have been an important marker for her recovery; and for her visitor to begin a conversation with her. It took several months - it was not immediate - for her to change and then over time, she bucked up. Now, she says:

> *'I dress properly and even put on necklaces. I get my hair done, which I had let go. I love it when people come to see me. I go out and do my own shopping again now and chat to all the shopkeepers. I got my shoes repaired. When I was robbed, I used my credit union money to get in a proper alarm with a panic button'.*

Next, we look at the impact of the project of the social groups, the Tuesday to Thursday groups or 'the clubs', the choir and the outings.

4.2 Impact on social groups

Second, in following a demand led approach rather than working solely with existing provision, Cúltaca has developed a number of services to respond to the needs of vulnerable older people. Participation in the social groups developed by the Cultaca is highly appreciated and most participants come every week ('I'd never miss it', many said), go on the outings and a small number join the choral group. Others spoke of how they finished their tasks early so as to be there in good time. Medical appointments or illness were the main reasons one might not go. All, without exception, spoke of how they were made to fell welcome at the very beginning ('welcomed with a smile'), were introduced to the other members and this got their participation off to a flying start. A small number knew no one in the group before; some knew some members of the group already; while others met people from the town that they recalled from childhood. Both the men and women found the talks and activities interesting and stimulating (*How to protect your home, Stone age man*, flower arranging, quizzes) and also valued the exercises (e.g. relaxation, tai chi, line dancing). They learned new information and even skills (how to do text messaging). All spoke enthusiastically of the outings and how much they meant to them. The project has attempted to extend the social networks of older people to north of the border and the groups had recently made a visit to the north, to the Orange Order and Drumcree, which had left a lasting impression on many. Older people considered that the groups and outings were well run and organized and they spoke appreciatively of the helpfulness and kindness of the volunteers. Although all were asked, few had any criticisms, complaints or points of dissatisfaction (the need for accessibility on outings was a point made forcibly). Many would like two meetings a week. Some suggested some additional activities (e.g. accordion, zoo trip, computers, painting). Quite a number praised the organizers for *not* having bingo. All were happy to pay their €1 for tea/coffee/biscuits daily, considered it value for money, but some found the charge for the outings (e.g. €20) a strain.

The socialization value of the groups was highly appreciated by the men and women and this is what they said:

'I knew no one and now I've made new friends here.'
'I love coming and meeting the others. Wouldn't miss it.'
'You meet other people and have a conversation with them.'
'The company is the main benefit.'
'I like the banter, the chit chat, talking about the things that interest us like football.'
'It's a good crowd to go with.'
'I like listening to other people. Some of them need help too.'

Many spoke of how it was the most important event in the week for them ('I dress up for it'). Its value was appreciated equally by participants who lived alone (the majority) and those living with a spouse, family member (son or daughter) or who had a carer. For most, it was the only social outing of the week. Some have limited mobility and only a small number has a car and is able to drive. Some women attended St Gerard's Senior Citizens, the Redemptorists and the Redeemers, the other older people's groups in the town. A small number of women participate in the local Active Retirement Association, but one had a bad experience there, it was not considered as welcoming and all said that they liked the Cúltaca group more. When asked to elaborate on the social value of the group, these were typical comments:

'It stopped me sitting at home. It keeps your mind going.'
'Otherwise I'd be sitting at home, looking at the four walls or TV.'
'There's not much to do otherwise. Breaks the monotony. Not much else to go to.'
'Only for this group, I'd hardly meet anyone at all. It can be hard to motivate yourself.'
'Otherwise, I don't get out and about very much. It's a break to look forward to.'
'It keeps us going.'

This motivational role of the clubs is worth exploring a little more, for it suggests its value in addressing depression. Indeed, several women were explicit about this:

'I wasn't bothered to do things when my husband died. I even sold the car.'
'It's something to motivate you and gets you out of the house. I was down.'
'I went through a lot of depression, especially in the second half of the morning. But that's when the club is now and it gets me out now. It was a great help in lifting my depression. I'm doing well now.'
'I was a widow living alone. I didn't go out and I was hard to persuade to get out. Now I go every week and on the outings.'
'My husband had died, I was living alone, I was low.'
'I used to get depressed, things got to me. But not really now, I'm kept busy.'

One spoke of how, in her mother's time, widows had just been abandoned to their isolation, but 'it's great now'. Some of these benefits were also apparent to spouses, children or carers:

'They are delighted I come to the club.'
'My wife thinks it's important.'
'My daughter thought it would be good for me to get out of the house.'
'My husband is my carer. He loves to see me going and makes sure I'm all ready each time.'

They welcomed the way in which they had such a meaningful activity to go to. All said they would miss it greatly if it were not there:

'Without it, I'd be very lonely. I'd be isolated.'
'I'd be lost without it. I'd be sitting in the corner.'
'It would be a big downer without it. You need something to get you out.'
'It's important to us.'

They emphasized how many new friends they had made there, especially the women. They meet other members 'down the town' (men) or in the shops (women) and say hello to them. Several men and women organize themselves to come together, either in the case of one being less mobile, or so as to share the costs of a taxi, generally €5 split between two, three or

four. The clubs do seem to have generated important social activity outside the actual meetings, which indicates an additional level of impact, according to what participants said:

> *I meet up with some of the other lads and we go for coffee once a week.*
> *These women are all my friends now. Groups of us go out for coffee together.*
> *People look out for each other now.*

Many spoke of the role of the Cúltaca and remained grateful to them for having introduced them to the group. A number of spoke of their information sessions and how useful they were. Several commented on how Ann Marron ran regular sessions to check with people's needs for health and local authority services and this had raised some important issues, such as blood test charges and bin collections. A couple spoke of how they had obtained the *How sweet home* service. Only one used the term 'advocate' for them, saying how important they were to ensure that they got the right form of medical care and help with the paperwork of dealing with the authorities. Those were the voices of clients, but this is what volunteers observe:

- We notice friendships forming, which is wonderful to see. They share taxis together to come to and from the meetings.
- The men's group grew in social interaction to the point that they have good craic together.
- They learn about ageing, so they can handle it better.
- We helped victims of crime regain their confidence, to the point that they say 'I'm alright now': coming to the group makes them feel less vulnerable.
- Some are frail. You notice some getting weaker and the memory going. But without this, they'd be sitting at home and decline would be faster. And they remember us.
- There are important fitness and flexibility gains in the exercises.

They noticed considerable changes in the behaviour of older people: 'Their body language is more assertive, self-confident, the old passivity is gone', they said. Still, they set the groups in the context of their aspirations and expectations. Older people spoke of how they were 'easily pleased', a coded way of saying that they considered their desire for services to be modest ('the next generation might be different', one warned). They seemed to accept that theirs was not an assertive generation, confirming other research cited earlier.[50] They were very much aware of the situation facing the country at present and 'You can't look for more now. You're lucky to be getting what you're getting', or another 'I haven't asked for help, but you can't ask now'. Although a number benefitted from home help services, an equal number was reluctant to ask and determined to carry on without external assistance as long as their health permitted. One had a bad experience of community health services (her PHN had left her in a bad condition) but said 'I wouldn't have the nerve to ask for help again'. One paid a €150 taxi fare to attend hospital in Dublin rather than 'trouble the HSE for help'. The older people met in the course of this research had a strong self-perception of what they needed in order to remain in their own homes (a certain level of home care; social contact, security, appliances to assist in mobility) and once they had that, were content, one saying that after that, 'we shouldn't be complaining' and they had sufficient.

4.3 Impact on external bodies

The Trynwalden model was, as noted earlier, based on a significant paradigm shift from supply-driven to demand-driven community care. This means that:

> *Clients are given more opportunities and financial scope to make their own choices regarding the desired care. Funding is linked to the client who has a health request. This completely*

[50] Walsh, *op cit*, 2011.

> *changes the position of the client. Instead of having to adopt a waiting stance, they show more initiative in organizing care in such a way that it meets their needs in the best way possible.*[51]

This paradigm defined the new role of the *Omtinker*, for whom a brief was written and became a defined training course in the Hogeschool in Leeuwarden. The *Omtinker* role, as iterated by Cúltaca in 2007, included a lengthy description of the support, advice, assistance and advocacy role expected with older people, but also a broader social policy role, to make suggestions to improve services, to stimulate community and service providers to fill gaps, advise on deficiencies in services and to contribute to the development of a new policy aimed at more integrated care and social structures.[52] The project stated, as requirements for the Cúltaca model to progress, that home support hours must be ring-fenced so that a team approach can be developed; that there must be support from HSE management to enable the team to develop as a unit; and that consideration be given to home support workers functioning in blocks of hours to deliver care on a team basis.

The project subsequently elaborated on these changes. In *The service broker - Cúltaca*, the project described how it aimed to 'reduce the emphasis on health and increase the emphasis on care and welfare'. In *Supporting older people*, it refers to the 'older person involved in decision-making on tasks' and gave a case study of clients (named Bridget and Eileen) whose *time+task* assistance was altered as a result of the Cúltaca intervention. Before, she received five 20min daily lunchtime visits, mainly vacuuming, with assistance in shopping and the collection of medication. Now, she gets 40min daily for hygiene and breakfast, one 40min block for shopping and medication, one 30min session for cleaning and one 40min block for vacuuming. The new service is more varied, comes at hours more suitable to her, pays attention to services she needs more (hygiene and breakfast) and provides fewer less important functions (vacuuming). In the second case, Eileen received 4hr home help a week, one hour daily Monday to Thursday to empty the commode and clean the house. Now she receives two 30min visits for personal care; three 15min morning visits for continence care and five 15min evening visits for continence care. This is the same number of hours, but much more adapted to her personal needs. As the project put it:

> *'Currently the public health nurse assesses the older person and identifies areas of need. The director and assistant directors of public health decide on the allocation of care hours. Based on these decisions, the home support service delivers the approved hours. Such delivery is based on home support worker availability. In [our] model, the approved hours will be passed to a new home support team who will decide the most appropriate timing of visits with the older person and the tasks to be accomplished on each visit. Members of the self-directed team, who will meet weekly, include carers, a PHN, home helps and welfare activity people (1st Annual report, 2008).'*

Under the new model, the changes were expected to be as follows:

- Visits may be shorter, more frequent and more task specific (e.g. personal hygiene, cleaning, meals-on-wheels). The hours are likely to stay the same;
- Visits are timed around the wishes of older people rather than the availability of the worker;
- There is an important role for a welfare activities visitor, whose role will be listening and communication;
- For the older person, there will be less dependence on a single home support worker (who may be unavailable from time to time) and more dependence on a team;
- There will be regular team review, so as to adapt the service to the client's changing needs;
- A shared recording and documentation system (1st Annual report, 2009).

[51] *Omtinker - introduction*. Noordelike Hogeschool Leeuwarden, undated.
[52] Nestling project: *Service broker post.* Undated, §2.2.

By autumn 2009, the project had worked with 25 clients on the one hand and the public services (PHN and home support staff) on the other to help re-define their care needs. The outcomes were, in Cúltaca's experience:

> *'The effect this had was to empower public health nurses to make changes in the delivery of the service in line with the health care needs of the client. Home support workers felt empowered to document interventions in the home and make recommendations to improve the delivery of service. Some public health nurses resented this situation and felt that home support staff were dictating to them (2nd annual report, 2009)'.*

The written narrative on this aspect of Cúltaca's work is difficult to locate after this point, but from what is known, there have been difficulties in prompting the scale of shift in thinking and service delivery implied by the new model, although the relationship between the two Cúltaca and individual HSE staff has been and is good. Although the Cúltaca participated in case management conferences early in the project, this was replaced by a referral system to individual staff (e.g. PHNs). On the HSE side, there has been little or no progress with regard to the team approach (the *Doarpstallen* in the Dutch model), even though, 'teamwork' has been well-established policy and rhetoric in the health services for many years. Although the HSE formally delivers services through multi-disciplinary *teams*, it is not clear what degree of *teamwork* actually takes place. Although case conferencing does take place, such meetings appear to be *ad hoc* and structured, systematic teamwork does not appear to have developed. 'Teamwork is loose, still virtual, at an early stage, under-resourced and not helped by the redundancy programme and non-replacement of maternity leave or sick leave staff', said one contributor to the interview programme. We do not have information on policy meetings with the HSE since the early period of the project. Finally, far from moving to a demand-led model, HSE provision of community supports is still supply-led, with the level of supply reducing sharply. Not only that, but the supply comprises ever more task-led functions (e.g. washing, dressing) and ever less socialization (home help is limited to defined tasks in a short period, with almost no time for personal communication). The cuts in health services following the economic crisis in 2008 impacted negatively on services for older people. The 2nd annual report noted tersely that 'time allocations have been reduced and social interaction not addressed'. The most recent round of health service cuts (September 2012) hit community care services for older people, not institutional ones.

To set the above comments in context, however, introducing any new model is challenging and, in Ireland's case, particularly given the dominance of the medical model of care. Traditionally, Ireland's response to the needs of older people has been almost exclusively medical, with decision making power focused in the hands of the clinicians and resources largely directed toward in-patient care. The Cúltaca experiment adopted and adapted a social model of care to fit side-by-side with the medical model in the Irish context, rebalancing decision-making power in order to move towards a holistic, person-centred care which supports ageing-in-place. The transition to a modern community based model of care, informed by the social model, requires new knowledge, skills and approach that is understandably a challenge to professionals working within traditional services. Increased working between the Cúltaca and home care workers, PHNs, social workers, occupational therapists, physiotherapists supports this transition.

The HSE has been badly disrupted by cutbacks and organizational upheaval, with four different home support managers in as many years, challenges that have called for flexibility and innovation. Consequently, methods of remote working have been the typical means by which partners have held discussions about the Nestling Project and the development of the Cúltaca role over the past three years. While meeting in person is often preferable, nonetheless, with good facilities for e.g. video conferencing, holding an effective and productive meeting entirely online can be a feasible option. Features like file sharing and screen sharing have also proved advantageous in 'live' meetings.

While the resource constraints on the HSE mean that some services such as home care remain supply-led, the HSE nonetheless is supporting developments towards demand led services for older people (through the social groups, day trips, meals-in-wheels and contained funding of one Cúltaca post), representing a significant commitment to developing a social model of care which is more proactive than reactive. The decision of the HSE to continue its financial support, at a time of austerity, is especially welcome.

From an economic perspective, evidence suggests that community-based services are more cost-effective than inpatient services.[53] To explore this, the finance manager made a cost benefit analysis of community vs residential care.[54] The study followed five frail older people, in their eighties and nineties, some with acute mental and physical needs, over a lengthy period (up to two years), measuring their well-being before and after. The main findings were that:

- The costs of annual home care were substantial, two to three times that of the pension level, but €22,270 less than residential care;
- The clinically measured wellbeing of four of the clients improved in the course of their receiving home care during the period;
- In the one case where well-being deteriorated, there was evidence that home care was under-provided and inadequate, leading to speculation that had it been provided at a timely or appropriate level, then a negative outcome would have been avoided;
- Needs assessment for home support was based primarily on a physical assessment and physical needs. There was little, apart from referral to voluntary organizations, to assist older people with cognitive impairments.

The figures for home care appear to be high compared to the cost of the social interventions offered by the Cúltaca. Next, we attempt to measure the impact of Cúltaca on external bodies and the degree to which it has prompted changes in services, approaches, ideas and values. The section *Cúltaca influencing policy and practice* in the training manual describes how the project attempts to influence policy and practice through making itself known in the local community and through representation on local bodies, notably the Age Friendly County Initiative and its Older People's Forum. The project approached this through a mixture of its media work (chapter 3, above), direct bilateral work with statutory bodies and representational work (multilateral activities) (4.3.1-2).

4.4 Bilateral activities

The project has engaged in a substantial body of bilateral activity, principally with the health services. The purpose of doing so is to raise both the Cúltaca role, based on the model from Trynwalden and to raise individual concerns of older people assisted by the project. There is a list of meetings with HSE services from September 2007 to August 2008; with voluntary and statutory organizations from October 2007 to May 2009; with the Town Council (November 2007), RAPID (May 2008) and the Gardai (December 2007 and July 2008), but any subsequent meetings are not logged. The annual reports list meetings with the HSE (28 from September 2007 to September 2008); other service providers (26, in the same period); the town council (2); the gardai (2); trade unions (3) and GPs (1). We do not, though, have a record of these meetings, nor their outcomes, so it is not possible to come to conclusions. It is not clear if a lack of documentation after autumn 2008 reflects a lack of meetings or a lack of logging.

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[53] Jones, J; Wilson, A; Parker, H; Wynn, A; Jagger, C; Spiers, N; & Parker, G: *Economic evaluation of Hospital at Home versus hospital care: cost minimization analysis of data from randomized controlled trial.* British Medical Journal, 319: 1547-1550, 1999.

[54] Unpublished paper, presented as Bond, R; Carragher, L; Quinn, S; O'Hanlon, A: *Cost-benefit analysis of integrated home care*. International Society for Gerontology, Vancouver, Canada, May 2010.

4.5 Multilateral activities

The project obtained representation on:

- The Fair Deal Local Placement Panel (casework consideration of candidates);
- Consultative committee of the Great Northern Haven (same purpose);
- The Age Friendly Alliance and its;
    - Social Policy Forum (SPF);
    - Co Louth Older People's Executive Forum (OPF) and its:
        - Working Group for Age Friendly Website;
        - Volunteer Working Group;
        - Transport Working Group;
        - Service Providers Working Group;
- Community & Voluntary Forum of the county (discontinued, the reasons given being its limited value and the need to spend more time on the Older People's Forum).

In addition, the Director of Netwell is a member of the Ageing Well Network at national level and at European level is a member of Age Platform Europe.

On the Fair Deal committee, Cúltaca was able to contribute its first-hand evidence of the circumstances of its clients so that more informed decisions could be made. The committee also proved to be an important test of the principles of the project, for a practice developed in which older people in long-stay beds with no home to go (sometimes labelled pejoratively as 'bed blockers' in the popular press) were automatically referred to the Fair Deal Committee (about 45 beds were involved across the co Louth hospitals). The service broker on several occasions successfully opposed the transfer of these older people to residential care when they could be cared for in the community and when they were not high dependency.

The Cúltaca made a significant investment in the Older People's Forum. They participated in its sub-committees (e.g. transport, security, physical environment, website, volunteering), workshops and presentations (e.g. security) and meetings with service providers (e.g. Rural Transport Programme (RTP)). A pilot survey is under way to test the possibility of extending the RTP to isolated older people in rural co. Louth, while further discussions are under way to connect the RTP to the schedule of hospital appointments for older people. The work of the website sub-committee led to the setting up of an information site for older people in the county.

Cúltaca made a presentation to the forum of the issues arising from its work and to do so, solicited the views of 77 older people. The presentation was an articulation of their principal concerns, such as health, transport, the physical environment, door-to-door scams, security issues, commercial services on offer to older people (Dexascans), ambulance services and lengthy waiting list for hearing aids and cataracts.[55] The forum raised with the authorities the practice reported by clients of doctors charging medical card holders €10 for blood tests: this led to a circular (011/11) being issued by the HSE in June 2012 asking doctors to cease the practice or face investigation, a successful campaign. The Cúltaca participants believe that involvement in the forum has led to a much improved information flow about the situation of older people and a sense of teamwork between voluntary and statutory providers (although, due to personnel changes the HSE presence may have been less than desired). This is slow work, some of which, especially attitudinal change, takes time to come to fruition.

[55] Marron, Ann & Kerins, Pat: *Supporting older people*. Nestling Project, 7th December 2011.

What is less certain is the overall impact of participation in the older person's forum. Although the forum was the first to be established under the Age-Friendly County process and although a prime function of the forum is to feed issues of concern into the political and administrative system for action, there is little evidence yet of substantial changes on the part of the statutory services.[56] This is not to criticize the Cúltaca participation, but rather to raise questions as to how the forum itself can in future be more impactful in improving the welfare of older people and how that can be measured.

4.6 Conclusions

This chapter documented the concrete and practical ways in which older people have been assisted, leading to a significantly improved quality of life both individually and collectively. The impact of the service on the clients of the men's and women's groups (and associated outings and choral group) has been as follows:

- There are social gains for older people in widening their circle of friends, providing a space for interaction and the provision of mutual support. The clubs generate self-forming social groups in turn. They are a practical way of combatting loneliness and isolation;
- The groups provide an important structure, role and sense of purpose in the lives of older people who for the most part do not have other outlets. They have a 'mood-lifting' role which is noticed by their own families and by the volunteers. They appear to be a significant contribution to mental well-being;
- The groups have an important role in lifting participants from depression, especially so in the case of widows. This is not an observation, but the words of participants themselves;
- There are health gains from exercises, especially for those with arthritis;
- The knowledge of older people about their world is improved and some report skill gains;
- Older people are better informed of their entitlements, many of them obtaining onward benefits as a result. These in turn may improve health, security and quality of life; and reduce poverty;
- The advocacy role, an important consideration in the light of the *Omtinker* brief and the original purpose of Cúltaca, is shaped by the modest aspirations of older people and their generational, cultural lack of assertiveness.

Many older people spoke of how, without Cúltaca, or a similar service, old people would be 'lost' (a word not only used by older people themselves, but by professionals): they would be isolated, vulnerable to boredom and depression, they would lose confidence, their particular issues would not be addressed and their quality of life would decline. Although there have been no clinical trials of the benefits of the service, there is a conviction among both project participants and health professionals that the service is more than likely to have led to much improved mental health, reduced medication and reduced dependance.

It is also clear that the service is professionally provided, well organized, affordable and highly valued. The personal qualities of the volunteers are highly rated. Statutory services praised the service for being person-centred, one-to-one, approach, 'an effective, unobtrusive soft-end service, building a quality relationship with older people, skilled in the detection of needs among older people, rooted in the local community and the needs of older people', admired its volunteer base, volunteer input, providing a quality service at low cost. The quality of atmosphere and the good-humoured interaction of participants was also apparent to this observer.

[56] See *Evaluation of Age Friendly County Initiatives*. Unpublished paper, Ageing Well Network, Dublin, 2012.

The external impact has proved problematical to measure. The project invested in bilateral engagement with statutory bodies, principally the health services and in multi-lateral engagement through the older people's forum. There have been some concrete gains in the form of Fair Deal, charges for tests and website information for older people, with others in prospect in transport services. There appear to be important process gains in the area of multilateral activity in the form of information sharing and teamwork. It is difficult to identify substantial gains in the form of issues taken up with the authorities by the forum. Policy engagement with the health services has been impeded by their current reorganization, their failure to operationalize concepts of teamwork and decisions to impose health cuts on community, rather than institutional services, the reverse of the direction favoured by the project. This has been the part of the Dutch model whose application to Ireland has proved most intractable. At the same time, it is important to recognize the slow rate of change and that through its approach the project may pave the way for change to come later. It is encouraging to note the continued support of the HSE for Cúltaca, combined with the new designs for older people's services in Drogheda and Ardee.

Finally, although the purpose of the project is to assist older people, the spending associated with its activities will have generated important economic benefits for the local economy, for example:

- Outings, which are of benefit to bus companies and hotels;
- Social groups, which require transport (e.g. taxis);
- Home meals delivered by local delis;
- Rental on premises e.g. men's sheds, *Good morning Louth*, Lis na Dara;
- Suppliers of aids, appliances and information technology;
- Tutors and other contributors to educational activities.

5 Issues arising

Three issues have arisen in the course of this research, the principal ones being the impact of the model on policy and practice affecting older people (5.1) and, connected to this, the promotion of the project (5.2) and its replicability (5.3). Conclusions are drawn (5.4). This chapter includes a critical analysis - that is one of the purposes of evaluation - but it should be seen in the context of the high quality of service illustrated in the previous chapter. The critical comments focus primarily on organizational, policy engagement and presentational issues. Older people spoke eloquently in their own words of the substantial social benefit of this project to their lives, one moreover delivered to the highest professional standards and it is important that this broader picture be borne in mind.

5.1 Engagement on issues of policy and practice

The previous chapter outlined the significant beneficial impact which the project had made on the lives of those it seeks to help (4.1 to 4.2). It is also clear that the project has made less progress in changing the manner in which services for older people are planned and delivered (4.3). This process of engagement is a critical one and was given some priority in the original proposal to Atlantic Philanthropies (03.3, 03.6).

External bodies perceive that the role of the Cúltaca is well known in County Louth in general and in Dundalk in particular, especially among those organizations that participate in the Age Friendly Counties initiative.[57] Cúltaca is known as a service - and a quality, professional service at that - but is not seen as presenting itself assertively as game-changing model in Irish health and social services. Although it has been successful in obtaining media coverage, most of the coverage is 'soft' (people and events) and unchallenging (issues). Although the website refers to the Trynwalden model, these reference are quite limited. As a result, there is the danger that Cúltaca is seen as 'just another project', albeit a worthy and successful one. These sentiments were reflected among the volunteers, none of whom saw Cúltaca as 'very challenging'. There is a perception that Cúltaca has probably not yet entered the main discourse of health and social service professionals, those who determine how health and social services are developed for older people, policy-makers and those who write about these matters. It had 'low visibility' there. However, it may be the case that to do so would be premature. As one interviewee put it, 'as with any new role, it takes time, evidence and influence to convince policymakers and practitioners of its value'. The evidence presented in this report which identifies the strong links which the Cúltaca have developed with the full range of services needed to facilitate independent living and a good quality of life; the Cúltaca will now be in a much stronger position to make its case, locally, nationally and internationally.

Interestingly, Cúltaca was welcomed by those in the statutory services as much for its ideas and model as for the quality of its on-the-ground work. They valued it for:

- Innovation, in an area where there has been too little;
- Its potential to promote paradigm shift;
- The idea of setting down a new, recognized social pathway in health and community care;
- The possibility of establishing new metrics for measuring wellbeing and quality of life;
- Its style, its independence and the level of trust given to it by older people.

[57] It was a salutary reminder though when volunteers were asked about their prior knowledge of Cúltaca before they volunteered: some volunteers said they had 'never heard of it before', while others had 'only a hazy notion'.

Volunteers have the benefit of being both involved and having a distance from the project at the same time, so their views will have their own perspective. They felt that Cúltaca must work harder to get this kind of service higher up the political priorities and get politicians on their side. Cúltaca should challenge the language of the 'old people timebomb' heard in the media and get them to look on older people as the asset to the community that they are.

In section 4.3, how Cúltaca attempted to influence external bodies was oultlined. This comprised a mixture of bilateral and multilateral engagements, principally in county Louth and, at the other extreme, an engagement with the academic community (Table 9). The bilateral engagement has proved difficult, especially due to the current upheavals in the HSE, while the multi-lateral engagement, for example the Older People's Forum where Cúltaca prepared a menu of action points, has yielded only a few concrete outcomes, although more are in prospect. What is not clear is the precise strategy followed by Cúltaca in both engagements and what outcomes have been planned. The *mezza* level is the part of the engagement that is least apparent. Although Cúltaca reached out to the Seanad, made two policy submissions and held discussions with the National Treatment Purchase Fund, there appears to be little other engagement with national level policy-makers in the field of health and social services for older people (e.g. senior national level HSE, Department of Health, NGOs or the Irish academic community concerned with older people). Whilst doing so clearly has time, staff and resource implications, there is little prospect of the Cúltaca model making ground without some such engagement. Such activities can, in any case, prove to be financially productive and attract both statutory and philanthropic support ('money follows ideas'). Cúltaca faces a choice of whether and how it should begin this mezza-level engagement.

5.2 Documentation and promotion

As chapter 3 noted, Cúltaca has gone to some lengths to document and promote itself and this is seen in its publications (e.g. brochures), training material (manual and DVD), press work (local newspapers), the website and papers presented. These are all important means of 'getting the message across', but they fall short of what could be done if the project is to reach out to those who guide the development of our health and social services and if the Cúltaca model is to be explained to them to its fullest (5.1). The original, 2006 proposal, had an extensive dissemination plan (§5.2) and structures to accompany them.

Here, there are some gaps in the current documentation of the project:

- There is no organogram of its structure, which means that its institutional base, staffing and management arrangements may be fully understood;
- Although annual reports are compiled and include much useful information, they are published neither in hard copy nor made available on the website;
- Logs do not appear to be available of website use (including source of origin, hits by page and duration), which means that we do not have a picture of external interest which could be an important guide in subsequent promotion;
- Although bilateral meetings took place with the authorities to autumn 2008 and the project participates in multilateral activities, the transactions and outcomes of these meetings do not appear to be recorded and if there are meetings after that point, there is no log. There is no project journal;
- The training DVD, which is a useful portrayal of the model, does not appear to be available for download from the website;
- Key documents explaining the Cúltaca model and its implications do not appear to be available in hard (printed format) or soft copy (for downloading). Examples are the presentation to Seanad Eireann, the submission to the *Positive ageing strategy* and the submission to the Law Reform Commission;

- A mailing list of policy-makers who should be targeted did not seem to be available so that the Cúltaca model and its implications may be better promoted;
- Board minutes and decisions do not appear to be published, so we are not familiar with decisions made nor the decision-making process.

Although there was an original dissemination plan, its current status is uncertain and at this stage appears to be neither a promotional plan, nor a promotional budget, nor accompanying architecture. Although Cúltaca has clearly presented product, there is no evident product plan, nor a listing of products that should be generated in various formats for the coming period of time.

This is turn raises the issue as to the lack of a separate budget for Cúltaca within the Netwell Centre. While there may be administrative convenience, there are a number of problems with this arrangement. First, it makes the size of the Cúltaca model difficult to establish (chapter 3 has attempted to measure a baseline financial size), which in turn makes it difficult to explain to others; and second, it makes it difficult to plan the priorities within the project itself and, in this case, ensure it has a sufficient promotional budget.

Taking a stronger promotional role would have some implications for documentation:

- Allocation of time to recording transactions with the statutory authorities and for the start of a project journal (which could be on-line);
- Making available more documentation as a resource on-line, for example policy submissions. A resource and publications section, with downloads, would be useful, along with the practice of putting new materials on this site as they arise;
- The development of a mailing list of policy-makers, practice professionals and those who form the discourse on policies and services for older people.

This would have modest implications for the time of existing staff. An alternate approach is to involve volunteers in some of these tasks. The current *Volunteers needed* advertisement refers only to befriending and assisting services, although the website also refers to research volunteering. So far, the project has largely sought and attracted volunteers motivated by social and humanitarian concerns, but there is scope to explore the extension of the volunteer pool to wider roles such as promotion, documentation, website management and campaigning roles to support the engagement suggested in 5.1. As indicated earlier, Cúltaca at this stage has accumulated considerable skills and experience in recruiting volunteers, so this is a reasonable possibility.

5.3 Replication of this model

The terms of reference invited consideration of some key evaluation questions, asking whether and how the model could be replicated. Many of these questions have effectively been answered in earlier text, so here the conclusions are summarized:

- *To what extent does the Cúltaca model meet the needs of older people?* It has a substantial impact, principally social, but also in mental and physical health, outlined in ch. 4. *What are the intended and unintended outcomes of the Cúltaca service for clients and their families and specifically for the most vulnerable clients?* The principal gains have been social, principally developed through the men's and women's groups, which had not been part of the original proposal. It has impacted significantly on disadvantaged clients. Crucially, it facilitates integrated services and promotes demand led services for older people.
- *How is the service implemented across different settings?* The main problem has been the lack of change in the statutory services and unfulfilled multidisciplinary teams.

- *What is the range of models providing social support to older people?* The principal precursors were noted in 1.2, but although they had high volunteer input, they were inadequately resourced by or linked to statutory services.
- *Is there evidence to suggest that other models of service intervention are more appropriate?* Not arising from this study. This approach still has much unfulfilled potential, especially if the multi-disciplinary teams evolve and if there is to be the investment originally planned in documentation and dissemination.
- *What are the key characteristics of effective service delivery and what are the critical factors that affect delivery? What are the characteristics of effective models?* The principal characteristics that have proven this model are:
    - The value of a paradigm as a driving force, with a vision to sustain the project;
    - A social entrepreneur to lead and put together an institutional/financial package at the start;
    - Champions within the system, for Cúltaca benefitted from significant assistance from within both the HSE and the county council;
    - The use of two Cúltaca, with complementary skills and a rich skills set;
    - Smaller, but skilled and important contributions from other staff;
    - The ability to enlist volunteers to carry out key tasks.

These findings do give us a sufficient base to suggest the possibility and desirability of multiplying the model elsewhere. If we first consider local replication, the project estimates that there are about 13,000 older people (over 65s) in co. Louth, of whom about a third (4,250) could benefit from a service of the type it provides. Currently, the service works with about 400 older people at any one time and this appears to be a reasonable caseload for its current service brokers, volunteers and management. If, for the sake of argument, one were to extend the service to the rest of the county, in this case its two other natural sub-divisions (Drogheda and south Louth; mid-Louth), the county could accommodate either three Cúltaca-type projects or alternately scale up the existing service to six service brokers and new groups of volunteers, men's groups and women's groups and other associated activities. As noted earlier, this project has a slim system of management and supervision, so larger staff numbers would have implications for both.

Turning further afield to the rest of the country, the establishment of Cúltaca-type projects would depend on social entrepreneurs or existing older people's organizations setting up such a service (e.g. Age Action Ireland). Another possible home is the county-based Age-Friendly County Initiatives, though they are established to bring older people's groups and issues together, rather than to provide services directly themselves. An encouraging development in recent years is the growing number of funders, mainly philanthropic, prepared to support social entrepreneurs, improving the chances of replication.

5.4 Conclusions

This chapter looked at the three key issues arising from this project. Earlier chapters looked at the quality of service provided and its impact, chapter 4 finding a high performance and impacts that improve the quality of life for older people. We also know, from earlier analysis, those critical success factors likely to enable the model to be successfully replicated. (5.3). The two problem areas that have arisen from this evaluation are the interconnected ones of the engagement with issues of policy and practice (5.1) and how documentation and promotion may best support that engagement (5.2).

6 Conclusions and recommendations

Here, the evaluation sums up its conclusions (6.1) and makes recommendations for future direction (6.2). Some concluding remarks are made (6.3).

6.1 Conclusions

The main conclusions of this research are as follows:

- Cúltaca provides a service of high-volume service of high quality for older people, both to those living in their own homes and those who participate in social groups (men's groups, women's groups, outings, choral society). Over half the group has a level of dependency;
- Qualitative research, principally interviews with older people but supplemented by the views of volunteers, staff and external experts familiar with the service, indicate that it is impactful on older people and highly valued by them. It has brought distinct gains in social and mental well-being, mood, socialization patterns, physical and mental health;
- The service broker role has brought considerable practical value in the form of pendants, welfare entitlements and referral to specific help (e.g. elder abuse);
- The service is regarded as professional and well run both by older people themselves and external experts familiar with it;
- There is a high level of voluntary input, bringing much added value to the service;
- The service has presented a substantial, but unplanned and uneven disseminated publications product;
- It has been successful in recruiting and retaining quality volunteers;
- It has been successful in leveraging in additional external resources which have enabled new services to be established (*Good Morning Louth* and men's sheds).

We have been able to make a reasonably precise model of the Cúltaca at this stage in its evolution:

- Client group of 403 older people, with 1,365 visits, averaging 26 monthly;
- Baseline activities of visiting service, two men's and two women's groups, day trips, choral society;
- A baseline financial figure for operations of €150,000;
- A staffing of 3.3, the core of which comprises two Cúltaca and two part-time Tús workers, assisted by smaller but important contributions from others;
- A sophisticated skill set for the coalface work, supplemented by those in management, research and administration;
- 52 volunteers deployed to assist in visiting, social groups and outings, with a value of between 1.48 to 4.45 FTEs.

The Cúltaca represents a successful adaptation of the Dutch Trynwalden exemplar. Critical success factors in its establishment in Ireland were its 3-sided management structure, achieving buy-in from the local authority and health service, DkIT and the driving role of a social entrepreneur. An early learning point was the importance of a minimum of two service brokers working as a team. Important differences in Irish health services have limited the potential impact compared to Trynwalden. The *Doarpstallen* teamwork service is not matched in Ireland and Irish health services remain - services like this excepted - attached to supply-led medicalized approaches, which have become more entrenched in the current economic and social crisis. Despite an investment in the area, Cúltaca's bilateral and multilateral engagements with other actors in co Louth have led to process rather than impact gains. Cúltaca has invested in making its case to the academic community, but insufficiently addressed the *mezza* level of policy-makers, practitioners and NGOs working with older people at national level, what is called the 'policy community' around older people.[58] This group was outlined in §5.2 of the 2006 proposal, there called 'the audience'.

Cúltaca has been successful and impactful as a service assisting older people, bringing a new approach, skillset and values. It has been less successful in promoting itself as an exemplar for similar approaches in Ireland. Cúltaca has reached an important point in the evolution of its organizational trajectory where it has provided a well-established, recognized and impactful service. It is possible that in doing so, some elements planned in the original dissemination plan (§5.2) may have suffered. It has reached a settled point where it is in a good position to consider how it can take a more challenging, affirmative role for the model which it has developed and influence both policy and good practice of working with older people across health and social services across the island. This will require the addressing of a number of issues concerning role, planning, organization, product and promotion.

6.2 Recommendations

The first recommendation is that Cúltaca set aside time for a conversation about the future role of the organization and the degree to which it should promote its model nationally and across health and social services and how it may best refresh the original objectives and architecture set down in 2006 (§5.2). This is a discussion which should involve its stakeholders, staff, volunteers, older people and other organizations with an interest in the issue in co Louth in general and Dundalk in particular. Assuming this were approved, the next steps would be to draw up:

- A strategy of engagement with local bodies (of the type outlined in 4.3.1 - 2), identifying the bodies with which to engage, the purpose and objectives of that engagement, the information necessary to sustain it, the outcomes expected and what system will be used to measure them;
- A strategy of engagement with the policy community that defines the state's policies and services for older people and the resources necessary to sustain them. This would identify the bodies and individuals concerned, the approaches to be made, the documentation required, the implications for time, staff and volunteers. The Ageing Well Network, which oversees the Age Friendly County Initiative, is familiar with this field and may be able to offer useful advice;
- A promotional plan, so as to bring the Cúltaca model to the attention of the policy community around older people. This could combine a mixture of publications, academic papers, popular papers, media work and conferencing activity, possibly starting modestly with seminar work and so on. Part of this work could be devoted to inspiring the replication of the model in other parts of the country.

[58] For a description and analysis of this policy community, see Acheson, Nick *et al: Social policy, aging and voluntary action*. Dublin, IPA, 2008.

Second, recommendations are made to achieve greater consistency and value-added in the recording, documentation and publication work of the project, as follows:

- Drawing up of a product plan, to list the project's intended outputs over the following year, with a budget. Its primary purpose is to support the strategies for engagement with local and national bodies;
- Development of a self-contained budget for Cúltaca, which will enable its distinct model to be tracked as it evolves;
- Publication of the annual report both in hard and soft copy, both as an essential narrative of the project and as part of its process of accountability. This would include its annual budget and accounts. The annual report should have an important policy function, drawing out the policy and practice issues arising from its work and be a key element in the project's promotional work;
- Publication of board decisions and accompanying documentation;
- Development on the website of a 'resources and publications' sections, where all the project's documentation will routinely be placed;
- Logging of website access, with the statistics circulated quarterly and annually;
- Development and publication of an organigram;
- The detailed recording of all the project's bilateral and multilateral engagements and transactions;
- Commencement and development of a project journal, probably most usefully on-line;
- Re-editing of the training DVD as a promotional tool, made available on the website and other outlets (e.g. YouTube);
- Development of a mailing list of the policy community, with arrangements for its continuous updating;
- Widening the recruitment of volunteers for some of these tasks.

6.3 Concluding remarks

The Cúltaca is, as noted earlier, the successful adaptation of a European model of working with older people to the Irish situation. Such adaptations are rare, in a country which has normally followed Atlantic example in preference to the proven social outcomes of the continental European welfare states and social democracies. Cúltaca benefitted doubly from the high level of buy-in from the statutory authorities, the driving force of its founder, a quick process of establishment and substantial philanthropic support. It represents a significant, new approach to working with older people, one which has already encountered the difficult realities of the Irish health services in the 2010s. Ideas and models can be powerful forces of change and Cúltaca is now, with its quality of service well proven, in a strong position to press forward.

Appendix 1

Questions for focus group with volunteers

First, can you say a little about yourself and how long you have been a volunteer?
How did you learn about the Cúltaca?
    What, if anything, did you know about it beforehand?
What persuaded or motivated you to be involved?
Could you describe the process of induction?
    Was it appropriate/professional/intrusive/too light?
    What were your first impressions?
What was your first experience of meeting older people?
What is your impression of the situation of the older people participating in the project (e.g. their well-being, health)?
What do you benefit from your experience as a volunteer?
How do you think older people benefit from the project?
    What changes have you noticed in older people as a result of their participation?
What is your view about how the project is managed? (e.g. professionalism, friendliness?)
    Are there ways in which it could be better run, things that should be changed?
What are its strengths and weaknesses?
How has Cúltaca turned out for you compared to your original expectations?
Any further comments or suggestions?

Appendix 2

Questions for older people (women's group, men's group)

First, can you tell me about yourself, where you live, how you get here.
How did you hear about the Cúltaca? How did you come to be involved?
What can you remember about the first meeting?
    What were your first impressions?
    Were you made feel welcome?
What for you have been the main benefits of participating?
Have you made any/many new friends here?
Do you participate in outings (and do you like them?)
Do you participate in other older people's groups (and can you tell me about them? How do they compare?)
What would you do if this group did not exist?
How well is the group run?
What are it strengths and weaknesses? Its best aspects?
Are there any problem areas or issues?
    Would you feel free to bring comments or criticisms if you had them?
Any further comments or suggestions?