Information Provision for an Age-Friendly Community

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Abstract A community designed to ensure people age well must provide appropriate information in order to ensure seniors stay healthy and secure and are able to participate fully in their community. The aim of this research is to understand issues impacting on older people's capacity to access relevant information. This paper reports on early phases of action research designed to build ageing well initiatives at the local level in two cities in the south-east Queensland region of Australia. In both places, a range of stakeholders from seniors' groups, service providers and different levels of government formed working action groups to explore criteria for improved systems of information dissemination to seniors. Many seniors report that they are not well-informed and, presumably as a result, not well connected with their community. Our research identifies both a range of barriers for seniors to accessing information and also their preferences regarding information provision. Local solutions proposed to address these barriers and preferences are outlined. It is proposed that applying the principles of information provision

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elaborated in this research would begin to address some perennial challenges for older people and enhance their social inclusion.

Introduction

In 1975, Childers noted, "probably one of the most serious problems facing elderly people today is the lack of information and knowledge about existing programs and the available community resources which could meet some of their needs" (p. 84). More than three decades later, despite the dawning of the so-called 'information age', access to information remains a key challenge facing older people, which can seriously impact on their capacity to age well (World Health Organization 2007).

Ageing well is a broad concept that is defined in Australia as "developing better social, medical and population health strategies to improve the mental and physical capacities of ageing people" (Australian Government 2003). This definition highlights the wide range of inter-related factors that contribute to optimising the ageing experience. As the population ages and becomes more diverse, there is a broad range of issues of interest to seniors who, in the study reported here, are broadly defined as those 60 years and over. These issues move beyond traditional concerns such as residential or community-based aged care services towards access to appropriate health and social services as well as recreation and leisure activities, transport, tourism, and lifelong learning to mention just a few. If older people are to participate fully in community life, then they need to be aware of all their options with respect to such issues and how to access them (Cawthra 1999).

There is significant international evidence highlighting the critical need for information if older people are to age well and be socially included. The World Health Organisation's (WHO) global age-friendly cities study proposes that "staying connected with events and people and getting timely, practical information to manage life and meet personal needs is vital for active ageing" (World Health Organization 2007: 60). Further, the Maturing of America study includes information provision as one of the 10 'best practices' of communities to address the needs of an ageing population, suggesting there should be a "single point of entry for information and access to all aging information and services in the community" (National Association of Area Agencies on Aging 2007). In the UK, the Better Government for Older People (BGOP) project identifies finding advice and information as a crucial issue in later life (Audit Commission 2004: 26). Access to information is essential in supporting older people to make decisions about their lives, participate in a range of activities, and represent their interests (Dunning 2005).

The number and range of information sources potentially available has increased dramatically over the past decades, particularly with advancements in information and communication technologies. However, research suggests that, despite the proliferation of information and information sources, many seniors are not well-informed and therefore not well connected with their community. For example, research in the US has found that one in five Americans aged 65 and older do not know whom to call for information about services and that the older people most

likely to need or use services, such as those with poor health or mobility limitations, are least likely to know where to access them (Simantov and Oberlink 2004 see also Hanson and Emlet 2006; Pettigrew 2000). This suggests little has changed since earlier studies that likewise indicated limited knowledge among older people about available services and benefits (Epstein 1980; Tinker et al. 1993) whether this is with regard to financial and practical help, housing products and home adaptations, support and services (Barrett 2005) or help in decision-making about residential care (Moore and Steele 1991).

Yet this issue has not been neglected in prior research, with a body of literature providing case studies of attempts to provide information specifically to seniors. This includes evaluations of targeted printed information directories (Cherry 2002; Haber and Looney 2003; Miller and Miller 2003). Such evaluations yield mixed results. However, overall, while people may remember receiving a directory, and may even report increased awareness as a result, this may not be sufficient to change their behaviour or prompt them to access services. Thus, ensuring that information is readily available to individuals may not be sufficient to enable or encourage them to recognize its relevance to them and to use it. Most other evidence about the extent to which people modify actions on the basis of information is not age-differentiated (Howe 2008). In recognizing the importance of information to the social inclusion of older people and their capacity to age well, what is perhaps needed is a deeper understanding of the obstacles older people face and of their information-seeking behaviour.

Certainly, some research suggests that older people have distinct and diverse requirements in relation to information provision (Emery et al. 2002). Meeting these is a complex process in the current environment, and greater insight is needed into the principles underpinning effective information dissemination to seniors. This paper aims to explore these issues using data collected through the first cycle of the CAAM[1] action research project based at two local government sites in south-east Queensland, Australia. More specifically, this paper explores two distinct research questions. First, what are the issues that impact on older people in attempting to access appropriate, timely and useful information? Second, what do older people believe is required to ensure that information provision is undertaken more effectively in their local community?

Principles for Information Provision

In modern western societies consumers expect to exercise considerable autonomy and choice. Thus information providers, whether governments, voluntary organisations or the private sector, need to consider ways to ensure that older people's particular needs in relation to information provision are met and barriers to communication are removed–particularly those that relate to disadvantage and diminished capacity (World Health Organization 2007: 64). An examination of existing literature suggests that factors influencing information provision for older people are effectively focused on core principles of relevance and access, and these two key themes are discussed below.

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[1] The project is known as the Collaborative Approach to Ageing well in the community Model (or CAAM) study.

Relevance

It is widely agreed that for information provision to be effective the information provided must be relevant and appropriate to needs (Barrett 2005; Quinn et al. 2003; World Health Organization 2007: 60–61). As Su and Conaway (1995) suggest, determining these needs is a first step,

> The key to effective information service ... is to begin with information needs, and then identify information-seeking behaviours, and provide resources and services within preferred channels of information seeking.

While the information needs of seniors are diverse and context-dependent, there are some priority topics about which older people need information in order to age well. These include health (Epstein 1980; Tinker et al. 1993; Todd 1984; Williamson 1998), income and finance (Epstein 1980; Tinker et al. 1993; Todd 1984; Williamson 1998), recreation and leisure (Williamson 1998), services at home (Tinker et al. 1993) and housing and accommodation (Tinker et al. 1993). These issues are all fundamental if an older person is to live an independent, healthy and active life.

Access

Information should also be easily accessible to older people. This is recognised by the WHO, which suggests that "People want information to be coordinated in one easy-to-access service that is widely known throughout the community" (World Health Organization 2007). Providing such access includes making information available locally (Barrett 2005), particularly at locations frequented by older people (Barrett 2005: 182; Cawthra 1999; World Health Organization 2007), or from those people who are in close and regular contact with older people (Barrett 2005: 182; World Health Organization 2007). It also includes communicating the information by the most preferred means–often found to be direct personal communication (Barrett 2005; World Health Organization 2007).

Thus, the sources of information available and the channels or media used to convey it are central to accessibility and must relate to complex information-seeking behaviour. Although research has found that preferred information sources differ depending on the type of information sought (Fisher et al. 2005; Wicks 2004), personal, word-of-mouth sources, such as general practitioners (Howe 2008) and family members or friends (e.g. Barrett 2005; Tinker et al. 1993; Todd 1984; Williamson 1995, 1998) are commonly favoured by older people.

Informal sources of information and word of mouth are particularly important because acquisition of information does not always occur through deliberate searching; it can also be incidental in everyday life. Fisher's work (Fisher et al. 2004 also published under Pettigrew 1999, 2000) on information grounds in particular has explored ways in which information sharing occurs spontaneously as a by-product of other activity. Information grounds are environments in which individuals gather for some activity involving social interactions, through which information is shared (Pettigrew 1999). They may be environments such as places of worship, workplaces or bus stops–in fact, information transfer can occur as a secondary activity anywhere that social interaction takes place.

However, many older people face limited access to social contacts as a result of changes in later life which may reduce the availability of information to them especially through informal sources (Cawthra 1999; Godfrey et al. 2004). As well, there is little evidence that one-on-one provision of advice and information is effective in certain situations–for instance alleviating social isolation and loneliness in older people (Cattan et al. 2005) and informal sources can be ill-informed with 40% of people in one survey indicating that information from close personal sources was not always reliable or trustworthy (Fisher et al. 2005)

As an expanding range of information becomes available through the internet and other communication technologies, a new array of access issues for older people emerges. For example, older people's use of telephones for information-seeking has increased, however some older people may have difficulty managing increasingly complicated telephone systems (Cawthra 1999). Use of the internet as a source of information has been found to decline rapidly with age even though older people are a fast-growing user group (Alpay et al. 2004; Russell et al. 2008). As well, internet use may be restricted by issues such as affordability of both equipment and internet connections; absence of broadband services; and lack of interest, familiarity and confidence in dealing with these technologies (Selwyn 2004; World Health Organization 2007). Likewise other electronic information sources (such as mobile phones) may have similar limitations for older people, certainly without ancillary services to ensure equitable access, including training in use. In these circumstances, new technologies can in fact be a barrier to access.

The WHO also suggests that particular formats and design of materials are important for older people to be able to access the information (World Health Organization 2007). Specifically, they suggest age-related impairments of hearing, vision and dexterity need to be taken into consideration since the single greatest barrier to communication with older people is neglect of visual and auditory considerations (see also Williamson 1995). However, addressing these issues can mean using formats that limit information or impose special design considerations on information providers (Cawthra 1999). Further, the cognitive demands of using less familiar sources such as the internet may be a barrier for some older people (Alpay et al. 2004; Hanson 2001; Milne et al. 2005; Selwyn 2004).

Evidently, information sources consulted vary according to individual preferences or circumstances, or with the information required. However, access to information can be problematic, with preferred and available sources being inaccurate, unreliable, inconvenient to reach or hard to use. It is not sufficient to provide information if users do not have the capability, resources or skills to use it.

As the literature indicates, information provision is multifaceted, beginning with identifying information needs or relevant information, and then determining ways that information can most readily be accessed (Su and Conaway 1995). The evidence about the information needs of seniors and access problems they face suggests that it is important to involve older people and those with direct experience of working with older people in exploring these issues and proposing solutions. We now turn to the data collected with such involvement, in order to illustrate how the relevance and accessibility of information for older people was explored at the local level in two communities.

Method

Project Objectives

This study forms an early stage of the larger CAAM project–a three-year action research project conducted at the University of Queensland. This larger study aims to develop and implement a model of local collaboration that brings together key stakeholders to initiate, evaluate and modify local-level action on ageing well. Early in this study, participants across two sites were asked to describe their conceptions of ageing well, and what was required for a community to be age-friendly. Information provision was identified as a priority issue for local action, and an essential element of an age friendly community. Participants reported that they were aware that there was a great deal of local information already available, nevertheless, seniors reported that they found it difficult to access accurate and appropriate information. This led to initial participatory exploration of the two research questions noted earlier:

1. What are the issues that impact on older people in attempting to access appropriate, timely and useful information?
2. What do older people believe is required to ensure that information provision is undertaken more effectively in their local community?

Research Sites

Two non-metropolitan urban centres in south-east Queensland with significant proportions of older people were chosen for this study. These are Gold Coast City, a sea-change retirement destination located on the east coast of Australia, and Ipswich City, another community located in south east Queensland, characterized by a high proportion of seniors who age within this community. Both of these local government areas expect a considerable increase in the proportion of residents aged 65 and over between 2006 and 2026: an increase from 13.7% to 19.6% for Gold Coast City, and from 9.6% to 21.4% for Ipswich City (Planning Information and Forecasting Unit 2004, 2006).

Research Approach

The participatory approach is fundamental to the study, since it involves community-led initiatives designed for seniors by seniors and senior-serving professionals to identify models of information provision that adequately consider relevance and accessibility. In this sense, the project is not only about information provision, but also about building capacity among the participants to initiate action to enhance the ageing experience in their own communities.
    Action research:

> ...seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities (Reason and Bradbury 2001).

Stringer and Dwyer (2005) identify this collective formulation of "effective action to resolve a problem or issue" on the basis of increased understanding as the distinctive feature of action research. Reitsma-Street (2002: 69), applies the label 'community action research' to the form of action and research that people undertake collectively to learn and act for the benefit of their community. This form of research is responsive, emergent and reflective (Dick 2000), with decisions about the problem and proposed solutions being made collaboratively by researchers and participants from the community (Kemmis and McTaggart 2000). Action research is a complex process that has been formulated in diverse ways (Stringer and Dwyer 2005). However common procedures in community action research are cycles of observation, reflection, and action followed by review (observing again), modifying plans (re-thinking) and implementing revised actions as illustrated in Fig. 1. In other words, the research develops throughout the research process, with each stage informing the next and the approach adopted remaining dynamic, flexible and responsive. The stages of this repeated cycle reported here relate to the first cycle of detailed observation of the problem situation and thinking about and planning solutions. Action research is also, importantly, participatory (Dick 2000; Stringer and Dwyer 2005). Although the level of participation may vary, in the case of this research the reflections and action planned at both research sites on the issue of information-dissemination to seniors are participant-driven, with a researcher acting as facilitator, and participant-observer throughout.

Procedure and Participants

In each city, a range of stakeholders from seniors' groups, service providers and different levels of government, as well as unaffiliated older individuals, were identified from community directories, telephone directories and by snowball techniques. They were invited to community workshops facilitated by the research team (a team of five university researchers, who are the authors of this paper) to assess potential for collaboration, identify common concerns and agree on priorities.
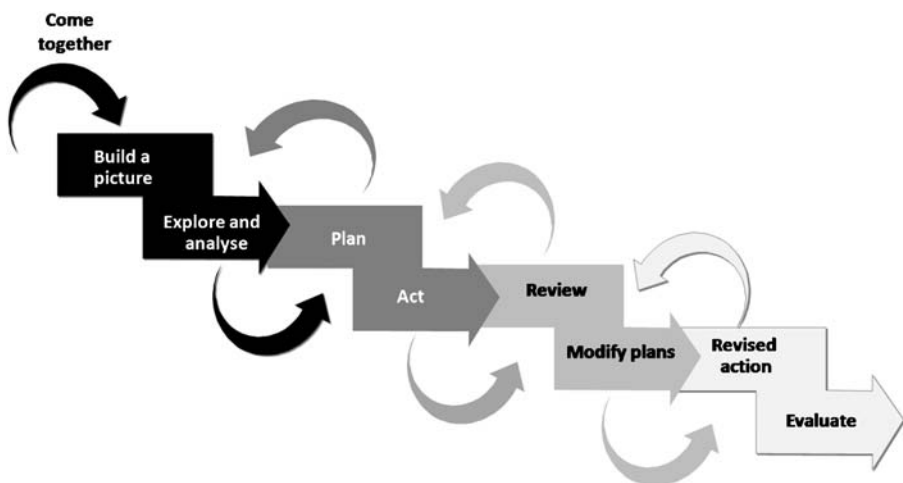

Fig. 1 Interrelated stages of action research

A self-selected sub-set of workshop attendees volunteered to form a working group intending to improve systems of information dissemination to seniors and make it easier to navigate the maze of information in their community. The initial group in Ipswich City comprised 21 people and the group in Gold Coast City comprised 16 people. Membership of the groups at their inception is detailed in Table 1 below. However, membership of the groups was open and fluid allowing those expressing an interest to join in at any point while others ceased involvement as their circumstances or interests changed (Warburton et al. 2008).

Involving seniors in qualitative researching and capacity-building within their own communities is a method particularly suited to the importance participants attributed to sharing, exchanges and working together rather than in isolation. As well, it provides invaluable local knowledge.

Data Sources

Each group met regularly (monthly) over the course of 2008 with a member of the research team (the first author) working alongside them as a facilitator, to develop understanding of the characteristics of information provision that support quality of life for older residents in these communities. Participant observation in the group meetings and activities, and discussions with working action group members about the lived experience of older people generated the primary data discussed in this paper.

Secondary data comes from the meeting minutes, documents used by the groups as a basis for action-planning, and information sought out by the groups to shape their action. For instance, as the working groups explored existing information sources, assessing the adequacy of them and possible improvements to these services, data was collected on relevant national (Commonwealth Carelink), State (Seniors Enquiry Line) and local (Citizens Advice Bureau) information sources. Particularly valuable in the eyes of the groups was quantitative data from one of these–the 2006/07 Annual Report of Seniors' Enquiry Line, a state-wide seniors' information phone line designed to link seniors with community information–this

Table 1 Working action group participants

	Ipswich City	Gold Coast City
	21	16
Organisational representatives		
Seniors'/ community groups	10	6
Advocacy	1	1
Service providers	4	3
Information providers	1	1
Government	3	4
Unaffiliated individuals aged 60+	1	0
Research team	1	1

report corroborated perceived patterns of both information needs and information seeking behaviour of older people.

Analysis

The purpose of analysis is to provide, in summary and organized form, a faithful reflection of the research findings (Gillam 2000). The researchers progressively categorised data in the field notes and meeting records about needs, preferences and practices of older people in these communities regarding information seeking. They also used the data to further illuminate the broad themes of relevance and accessibility that were identified in the literature. Through such processes, the researchers identified a path through the mass of data, linking it to the research questions and providing an interpretation of the essence of answers to those questions that emerged. The analysis therefore reveals what Blaikie (2000) refers to as the evolving "mutual knowledge" of the participants about the issue of information provision for seniors. These qualitative analysis strategies revealed the complexity of the key principles of relevance and accessibility as well as the varied forms that obstacles to being well-informed can take for older people. In addition, an important feature of the analysis was the opportunity for participants to reflect and comment on emerging summaries and patterns. This iterative process occurred during working action group meetings and served the valuable function of regularly "taking stock" (Mason 2002) of progress in the learning and action planning process.

Results and Discussion

Participants[2] at both sites highlighted the critical importance of information provision for seniors. As one participant noted:

> For older people, if you're looking at quality of life, [the challenge] is probably improving the maze that the older person has to go through to find services. (Joan, Service Provider, Gold Coast).

This notion of an information 'maze' was based on the widespread perception that seniors experience considerable complexity and confusion trying to access information on the wide range of topics of potential importance. The complexity of information emerged as a strong and consistent theme in the data with the paradox of "information overload" being as common a complaint as not knowing. The experiences of one individual, Rosie (see Box 1), illustrate the skills required to 'navigate' various referral pathways and process information from diverse sources. This example shows that information needs are frequently complex and tracking down all requisite details can be a convoluted process.

Thus, at both sites within the working action groups, participants acknowledged that to be fully informed required attention to (1) appropriate information being available; and (2) effective avenues of dissemination (attuned to the information-seeking behaviours of older people). This became the focus of the initial phase of the

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[2] References to individual participants use pseudonyms to ensure confidentiality

Rosie and her husband shifted from the family home in Sydney to a retirement village in Queensland, and then her husband died. She wants to continue living in that village but has arthritis and so there are many things she can no longer do. She needs extra support and will eventually need a wheelchair.

Her doctor suggested "an ACAT [Aged Care Assessment Team] assessment to see if you are eligible for HACC [Home and Community Care] services" to help with housework. From a neighbour she heard there was community transport to take people like her shopping [but not how to arrange that or who the local operators were]. She was also interested in some of the activities run by 60 and Better [a seniors' organisation] but didn't know where they were held or how she could get there. She was eventually told that Carelink could give her that information.

Rosie found all these acronyms and program names daunting. She did not know what levels of government or departments were involved and confused Carelink (an information and referral service) with Centrelink (administrators of social security benefits including the age pension). She struggled to find information she could act on that was directly relevant to her particular location and situation.

Box 1 Rosie's story

action research process, with workshops conducted to identify the multifarious barriers to accessing information and seeking solutions. The findings below are divided into three sections. The first two sections address research question one, what are the issues that impact on older people in attempting to access relevant, timely and useful information. In order to address this question, and in line with the literature, we explore first, what information older people need; and second, ways that the information should be disseminated. The third section addresses research question two, what is required to ensure that information provision is undertaken more effectively at the local level. It explores solutions proposed by these action groups. From the data discussed in these three sections, the principles for effective information provision–relevance and accessibility–are further elaborated.

Appropriate Information

Participants highlighted the broad range of issues on which seniors might need information if they are to age well. As participants noted, those who wish to

continue living independently in their own homes seek information about availability of meals on wheels, home health care, special transportation, and other assistance services. Older people striving to make ends meet wish to know all the benefits, concessions, rebates and subsidies they are entitled to. As well, people may want to contact local clubs, organizations, or support groups so they can pursue their interests or remain socially involved. At times, older people may need legal, tenancy or consumer advice, or help with family or personal matters.

The participants extended the list of topics deemed relevant from their own experience by considering data from a seniors' call line operating in both cities (Seniors Enquiry Line 2007). Most of these calls were noted as coming from seniors themselves rather than family, friends or carers, and spanned a wide variety of topics. The agency categorized the calls into 39 topic areas, although over 80% of callers were seeking information on the 12 issues listed in Table 2.

Participants proposed that the breadth of topics of interest is further complicated because the information is often required at a time of crisis or life change. Thus participants in both action working groups recognized that a key challenge was that,

> ... people have to be kind of looking for something to find it. If it's just there it's not going to catch them... (Glenda, Advocacy Organisation, Gold Coast).

This commonly-raised issue–that people may not search for information (or notice it) until they need it–suggests the need for relevance relates not just to topics, but also to the timeliness of information.

Participants in the research concluded that an initial requirement was for information covering issues relevant to older people which is locally specific and timely. They proposed that it needed to be topic-based rather than agency-based information. It also needed to be relevant to specific circumstances and should thus take into account issues such as eligibility criteria, location, transport or requisite

Table 2 Percent of calls received about 12 main topic areas

Topic Grouping	Percent of calls at Ipswich	Percent of calls at Gold Coast
Grandparents issues	33	17
Law and justice	8	10
Seniors card	10	9
Concessions/ Discounts	5	6
Finance, Income or Business	5	5
Practical Help	2	6
Home Help	3	5
Accommodation	3	5
Health	2	5
Transport	7	5
Computer Info	3	5
Leisure	3	4
Total on these 12 topics	82	82

Compiled from Seniors Enquiry Line (2007)

equipment. A sound way to ensure relevance is to provide information in an holistic and seamless fashion, rather than providing a mass of fragmentary, complex information linked to administrative 'silos'.

Another key consideration in judging relevance is that people are able to act on the information they receive. Participants reported that, when information is provided, it can leave older people feeling confused and unable to use or act on the details they have received about the services and programs available to them. Participants therefore stressed that information conveyed through diverse media should be practicable and easy to apply and that they would appreciate assistance and facilitation in using the information if required. One of the forms of personal assistance most valued is help to process large volumes of information, weigh alternatives and 'sift' through information for the salient aspects. This requires that sources are personal rather than automated, allowing the information provider to properly address more complex concerns or questions. Even more fundamentally (though related to access rather than appropriateness), the information *source* needs to be designed so that people can use the computer terminal, telephone or other technology, and also to be suited to the person's manual dexterity, mobility, vision and hearing capacities and be linguistically and culturally appropriate. In other words, it is essential that both the source and the information it conveys are practical and useable by older people.

In practice, participants felt that information was too fragmented, and they lacked a coordinated information service to provide comprehensive, useable and reliable information based on needs and covering the full range of options available. This exacerbates the challenge for older people seeking information, as one service provider noted:

> If we [an information service provider] don't have that understanding, and find it difficult to find the information, then how does the general person in the street find that information? (Thelma, Government, Ipswich).

So, the sheer volume of information, instead of being helpful, was generally seen as confusing. This is particularly the case in times of crisis when, participants reported, older people become confused by the amount and range of information they need to process. Participants talked of the importance of 'reputation' of the sources and while this partly related to issues of profile and access, it also highlighted the need for authoritative and credible information. Information therefore needs to be of high quality, addressing considerations such as being reliable, accurate, up to date, and as comprehensive as possible. Jargon should be minimized, and all efforts taken to avoid confusion. "Some of the language becomes too specialist and that tends to befuddle ordinary people–especially if they're a bit older– and they tend to back off" (Dorothy, Seniors Group, Gold Coast).

Relevant or appropriate information therefore encompasses much more than dealing with a designated list of topics of concern to seniors. Information must also

- address life circumstances
- be available at the right time
- be practical and useable
- be of high quality

Even when such information is available the task has become extremely complex because entwined with the large volume of potentially relevant information are issues of access as noted by a member of a seniors' group:

> We get requests–either in writing, by mail or personally–from people who don't know where to get in touch with the right people. So we've had discussions about creating an information database right down to the finest point where people can pick up a phone and ring the council and be able to find out those things and go right through to the end of the question–who do I get in touch with? And all of that–the extended chain of communication (Frank, Seniors Group, Gold Coast).

> We focus on this dimension of the 'extended chain of communication' next.

Avenues of Dissemination

Despite the broad range of potential information sources, one concern participants expressed was the lack of prominence or visibility of these sources. As one participant noted:

> A lot of people don't actually even–although things are advertised in the local paper–don't even really know what groups and activities and things there might be out there; social things that they can engage in... (Glenda, Advocacy Organisation, Gold Coast).

> A similar point is made by a participant at the second site:

> The information is there, but getting to know where to go..! It's not advertised well and it's more coincidence that we found things. So long as we've got information and it's being disseminated in a way that older people can get access to it would be OK (Vida, Seniors Organisation, Ipswich).

Many seniors clearly do not know about available sources or how to access them; that is, there is a lack of information *about information sources* and inadequate advertising. Participants suggested a basic requirement of effective information dissemination is for information sources to be well-known to older people (to have an established reputation) Organisations that produce and provide information for older people should therefore make efforts to promote themselves and the sorts of information that they provide not only among older people themselves, but among their key contacts and reference points (For a similar argument, see Quinn et al. 2003). In this way, the organisations can ensure they have a higher profile in the community and help to overcome this barrier related to lack of awareness of information sources.

As part of the action learning process and in response to concerns about seniors being able to access appropriate knowledge at the right time and in a convenient place, five major information providers in each of the two communities were invited to give presentations about the nature of their service, the range of topics they provide information about, and how they promote their service. These services

included a federal freecall phone service, two statewide phone services delivered by non-profit organizations, the volunteer-based local citizen's advice bureau at each site, and each local government's on-line data base of local services and activities. These presentations were important in order to consider what was available and how they could be promoted better. This session was consistent with the community building aspirations of the project.

In addition to these major information sources, participants also identified a broad range of other local sources, including local media and newspapers, public posters and notices, and direct mailing. Further, there were some sources specific to seniors, such as a free monthly newspaper, *The Senior,* and telephone helplines on specific issues such as elder abuse or incontinence. Overall, participants acknowledged, following this workshop, that there was a large volume of information provided through channels with varied community visibility. In one locality participants stressed the value of ensuring these diverse sources were broadly distributed through what they called 'touchpoints' in their community–places where they could 'connect with seniors'. This notion resonates with the concept of 'information grounds' (Fisher et al. 2005) and elaborates the places they thought most significant for older people in their community.

However, the problem remained that many of the modes of dissemination do not suit all groups of older people and many people do not know how to access information:

> Often we take calls, people just not even knowing where to start...we can spend quite a lot of time, at times, just talking with people about how to access [information about] services (Joan, Service Provider, Gold Coast).

Participants proposed that there are a number of barriers to accessing appropriate information. These barriers provided a partial explanation for the heavy reliance of seniors on word-of-mouth sources identified in the literature and verified in the experience of participants. Barriers included many older people's discomfort with using technology, particularly if it is unfamiliar or not user-friendly. They may not be comfortable with venues (for information providers, notice-boards or informative sessions) if access requires mobility, dexterity or sensory or language capacities they do not have. They may not be familiar or comfortable with the style or format of various media; or may experience cultural or linguistic barriers. Other barriers identified included the widespread use of acronyms for programs and services and assuming knowledge about these services which people may not have.

Participants therefore suggested that the requirement for accessibility to people of all means, abilities and information-seeking styles entails information sources and avenues of dissemination being:

- well-known and visible with an established reputation
- affordable
- conveniently located at 'touchpoints'–particularly in central (and easily reached) places frequented by older people and carers.
- multiple, varied and familiar channels or media including word-of-mouth from those people who are trusted by and in close and regular contact with older people

- tailored to the preferences and information-seeking behaviours of older people
- easily used (for example in terms of the technological proficiency required).

Planning appropriate forms of access that met these criteria for the complex range of information potentially needed by seniors was a key challenge for the action working groups. The process then turned to ways to address these challenges and improve these circumstances.

Building Solutions

Participants proposed that these barriers to information access can cause needless suffering, expense or delay in obtaining help or accessing activities. In turn, this can significantly impede the capacity of older people to age well, and lead to serious social exclusion. How then to address this problem and break the vicious circle of information deficits?

Responses within the groups focused both on exploring new forms of dissemination for materials and also on providing additional support for existing information providers to improve their service. Thus, suggestions included boosting the person-power of voluntary services–especially the information providers like community radio stations and local Citizen's Advice Bureaux; improved use of existing community networks; and initiatives such as workshops to build the capacity of various seniors' groups to use the media and to promote their activities and services to their peers in the community. In general, it was suggested that some of the problems confronting older people's access to information could be ameliorated by regular, general awareness-raising and promotion. Unfortunately, there was little enthusiasm for re-designing existing general information services (such as libraries and Citizen's Advice Bureaux) and little interest from representatives of these services in being involved in the project. Nor were 'smarter' information and communication technologies seen as the route to a well-informed older population.

However, a number of other potential actions emerged out of this process. First the participants proposed a comprehensive, collated and coordinated data base giving seamless, simplified information; and a one-stop shop (with personal interactions at both 'shopfront' and phoneline interfaces) in addition to print and website materials. This proposal was based on statements such as the following:

> ... [we] need to make sure everybody knows what is available and that there's some central place for information–a one-stop-shop, state, local and Commonwealth government. (Valerie, Seniors Group, Ipswich).

> I think really they have to have a face-to-face, one-on-one person .... What they want is one point of call (Winnie, Service Provider, Gold Coast).

> People just want something clear and concise–and ideally a free number as well that encompasses everything ... a one-stop shop (Dorothy, Seniors group, Gold Coast).

In addition, it was felt that many barriers faced by older people would be overcome by such a service providing active, personal assistance in both finding and

processing information, However, there was disagreement on how this ideal could be implemented–whether it would be an expansion of one of the existing helplines or a new local option – and, most tellingly, how it could be resourced. This proposal is similar to one of the actions implemented in one US case study (Hanson and Emlet 2006), though the timing was not so propitious in this Queensland case since there was no existing service operator with the mandate and resources to auspice this action.

A second set of actions proposed by the groups focused on producing new local sources of information deemed more accessible to older people such as a referral chart or mini-directory. At one site, the compilation of a *Seniors in Touch* directory has commenced that will coordinate and reinforce other available information. As part of the action learning process, participants recognized the need to understand more about social marketing and adult learning as a foundation for producing and disseminating such resources and before they progressed further with this proposal. As a variation on this idea of new information sources, one group suggested working with community radio stations to advise on content and provide a regular session on issues for seniors. This has commenced at one site where participants have formed a reference group to aid producers and presenters.

Finally, participants suggested a key role for local networks of community organisations and seniors' groups to ensure that local information was available, accurate and accessible when needed. In a sense this proposal was recognising these groups as significant touchpoints or "information grounds" (Fisher et al. 2005) for older people. As many participants suggested, these groups are often the first port of call for seniors seeking information and they also offer the potential to utilize the powerful 'grapevine' effect amongst seniors wishing to share their knowledge and skills. To assist the groups to meet these challenges, a further series of workshops was proposed, aimed at building the capacity of local groups to work with the media and complete funding applications. These workshops were then implemented by the working action group at each site, and evaluated very positively. The medium-term outcome is expected to be empowered and well-informed seniors' organisations, service providers and significant individuals spreading the word proactively. Indeed, a community grant application submitted by one of the groups was successful in obtaining a grant to develop a local information kit and directory based on the guidelines and skills developed in the workshops.

Conclusion

Over the course of the project, participants' experience of and reflections on the problem posed by inadequate information echoed the two themes in the literature: relevance and accessibility (e.g. Barrett 2005; World Health Organization 2007). Participants in the working action groups in this study identified a series of improvements with respect to both these issues that would enhance older people's access to relevant information at the local level. These were: the desirability of prominent information sources with a high profile and visibility; the need for information received to be easily acted on or applied to people's lives (in other words to be practical and useable); and the need for information to be of high quality

(which is a many-faceted characteristic). These issues require consideration if good information is to be provided to seniors that accords with principles of relevance and access.

This community project focuses on two specific case studies. The early stages reported here explore issues associated with information at the grassroots level, and as such, provide valuable insights into the perceptions and experiences of older people and those working with seniors in the community about the complexity of access to and relevance of information. This also provides a framework for the participants to apply as they implement their plans. However, since this paper only reports the early stages of an action research project, before participants have completed a cycle of trials, evaluation and revision, there are also some limitations here. In particular, proposed solutions have not been subjected to a reality-check to gauge the extent to which they are both feasible and also truly satisfy the principles outlined by the participants. All are presented here as equally viable when this may not prove to be the case. Findings of later stages in the action research cycle will be reported at a later date. In addition, the insights gained are limited to the accumulated knowledge of the participants. While this developed over the period of action learning reported here, there were participants who observed that some of their ideas were "re-inventing the wheel" (Rachael, Service Provider, Gold Goast) as they tackled this perennial problem. Finally, as for all qualitative research, caution is advised in relation to the transferability of the findings. While at both sites very similar issues were raised and principles identified, the participants' emphasis on local relevance means solutions will depend on the context.

The research shows that technology does not offer a panacea to all information problems but that full understanding of all dimensions of relevance and access will improve information provision regardless of the medium or technology adopted. The danger is that, unless these issues are addressed, many older people risk being ill-informed, and potentially excluded from social and community participation or from receiving appropriate and necessary services. As policymakers and communities become increasingly conscious of the need to respond to population ageing, there is considerable attention to designing appropriate social security and health systems and, more recently, to desirable characteristics of the built environment to make it age-friendly. However, many of these initiatives encourage increasingly independent living, more atomized and self-sufficient individuals accessing the services and opportunities they want and need from increasingly diverse possibilities. Such initiatives inherently require a well-informed population of older residents. However, results from this research indicate that these attempts are unlikely to be successful unless accompanied by serious attempts to organize, present and provide the information people need to age well in this complex environment. Only by providing information in accord with the multi-dimensional principles of relevance and access explored in this research will older people be capable of becoming well informed and consequently able to participate fully in community life and to age well.

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