



# *Ageing in Bermuda*

## *Meeting the Needs of Seniors*

October 2004

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## **Ageing in Bermuda**

### **Advisory Board**

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## INTRODUCTION AND ACKNOWLEDGEMENTS

Seniors, age 65 and older, represent approximately 11% of Bermuda's population. At the time of the 1991 census, seniors represented just 9%. Like all industrialized countries, Bermuda is facing a demographic challenge.

*Ageing in Bermuda: Meeting the Needs of Seniors* reports on the findings of a comprehensive needs assessment conducted in 2004 by Fordham University's Ravazzin Center for Social Work Research in Aging. Fordham University was invited by The Atlantic Philanthropies to assess the needs of Bermuda's seniors and caregivers. The project was planned to assist the Bermuda community to respond to the challenge of a rapidly growing ageing population with services and programs. It did not address service standards and quality.

The project was designed to answer two questions:

- What are the compelling service needs of Bermuda's seniors and their family caregivers?
- How can programs and services best meet these needs?

This project builds upon and complements earlier studies and reports that focused on issues related to the well being of Bermuda's seniors. In general, these documents were weighted toward the delivery of health care. However, the 1991 Chappell and Marshall report, *A Study of the Needs of Elderly People in Bermuda*, was a broader needs assessment. The current study retains the primary focus on seniors. Its unique contribution, however, is the additional attention to family caregivers and the service environment. All three components generate the multilevel needs assessment presented in this report.

This report shares findings from three sources: seniors, family caregivers, and service providers. Information about and perceptions of each group are presented in separate chapters. A final chapter interweaves these findings to present a picture of compelling needs and service directions that can help improve the lives of Bermuda's seniors.

The study was funded by The Atlantic Philanthropies, a Bermuda-based charitable foundation whose grant investments are focused internationally in four program fields: Ageing, Disadvantaged Children and Youth, Health of Populations and Reconciliation and Human Rights. Its mission is "to bring about lasting changes that will improve the lives of disadvantaged and vulnerable people."

Many people contributed to the success of this project. The insight and guidance of the members of the Advisory Board were invaluable. The Bermuda government played a critical role in making the project possible. A creative collaboration with Bermuda College was instrumental in the successful completion of the project.

Special thanks to the following people for their valued assistance:

The Honourable Patrice K. Minors, JP, MP	Minister of Health and Family Services
Karen J. Daniels	Department of Social Insurance
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Mark Selley	Bermuda Stroke and Family Support Association

Marian Sherratt, the project coordinator, did an outstanding job. Without her, the project could not have gone forward.

A cadre of committed and enthusiastic local interviewers made it possible to gather information from Bermuda's seniors. They deserve special recognition.

The ongoing support provided throughout the course of the project by the staff in the Bermuda office of The Atlantic Philanthropies was greatly appreciated.

Last, but certainly not least, are the participants in the project who provided the data for this needs assessment. Deep appreciation goes to the seniors who welcomed the interviewers into their homes and shared their experiences. To the family caregivers who told their stories either through the focus groups or the survey, a special thank you. Finally, the project is indebted to the many service providers who responded to the survey or participated in the discussion groups or interviews.



## STUDY METHODOLOGY

The project consisted of 6 components:

- Interviews with seniors
- Focus groups with family caregivers
- Family caregiver survey
- Service provider survey
- Group discussions with service providers
- Key informant interviews

Data collection took place from December 2003 through July 2004.

### Seniors

The Department of Social Insurance provided a list of older individuals (aged 65 and older). Seniors who were too impaired to give informed consent to participate in the study, who were away from Bermuda when the study was conducted, or who lived in a rest home or nursing home were not eligible and their names were removed from the list.

The list was divided into two groups: seniors aged 65 to 79, and those aged 80 and older. Potential participants were randomly selected from these two groups. Because of the relationship between increasing age and greater service need, individuals aged 80 and older were oversampled to ensure sufficient numbers of this potentially vulnerable group. One-third of the randomly selected names were from the 80 and older group, whereas approximately 20% of the older Bermuda population is in this age group. Oversampling to ensure that 1/3 of the seniors were 80 or older was deemed necessary to obtain a more accurate estimate of their risk factors and their service needs. A total of 304 seniors were interviewed, 197 younger seniors and 107 older seniors.

The rate of participation for younger seniors was 60%; it was 63% for older seniors, and 61% for both age groups combined. Seniors who could not be located or who died before they could be interviewed were excluded when determining the rate of participation.

Potential participants received a letter in support of the project from the Minister of Health and Family Services along with a letter from the project director and an information sheet about the project. They then received a follow-up telephone call to answer any questions they had and determine their willingness to be interviewed in their homes.

Only seniors who were able to understand the purpose of the interview and able to give informed consent to participate were included in this project. However, provisions were made for individuals who were able to give informed consent and wished to be included

in the project, but due to poor health or severe hearing impairment, were unable to be interviewed. These seniors could select someone who knew their situation well to be interviewed as a proxy. Proxies were asked all questions, except those eliciting attitudes or feelings, which could be accurately answered only by the senior.

There were 17 trained interviewers who conducted the interviews with seniors, 11 of whom were students from Bermuda College and 6 other individuals. The interview instrument took approximately one hour to administer and was designed by faculty from Fordham University working on the Ageing in Bermuda study. Upon completion of the interview, the senior was given a list of selected resources available in Bermuda.

To develop a picture of seniors' mental health needs, the interview included measures to gather data on depression and anxiety.<sup>1</sup> These two measures are validated and widely used in studies of older populations.

In this report, all statistics have been rounded to whole numbers for ease of presentation and discussion. Numbers with decimal places that are .5 and higher have been rounded to the next higher number.

### **Family Caregivers**

Information from family<sup>2</sup> caregivers was gathered through two means. First, six focus groups were held. To ensure that participants represented a range of caregiving situations, the focus groups were held at different venues. Two were held at churches, 2 at the offices of businesses, and 2 at King Edward Memorial Hospital. A total of 53 caregivers participated in the focus groups.

With guidance from the focus group leaders, the discussion centered on four areas:

- Challenges of caregiving
- Methods of coping with caregiving
- Difficulties experienced in accessing services
- Services that would be most helpful to them

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<sup>1</sup> Irwin, M., Artin, K. H., & Oxman, M. N. (1999). Screening for depression in the older adult: criterion validity of the 10-item Center for Epidemiological Studies Depression Scale (CES-D). *Arch Intern Med*, 159(15), 1701-1704.

Spitzer, R. L., Williams, J. B., Kroenke, K., Linzer, M., deGruy, F. V., 3rd, Hahn, S. R., et al. (1994). Utility of a new procedure for diagnosing mental disorders in primary care. The PRIME-MD 1000 study. *Jama*, 272(22), 1749-1756.

<sup>2</sup> The term family caregiver is used to indicate a closeness of relationship and includes friend caregivers as well.

The second source of information from family caregivers was a self-administered questionnaire designed specifically for this needs assessment by the faculty members from Fordham University who directed the Ageing in Bermuda study. Family caregivers were asked to answer the questions based on the person for whom they provide the most care if they cared for more than one person. In order to reach a diverse sample of caregivers, questionnaires were distributed through a range of clubs, charities, and churches, as well as numerous organizations. In addition, extensive outreach through the newspapers was used to reach potential participants.

Anonymity was assured because respondents were instructed to not write their name or any other identifying information on the questionnaire. Questionnaires were received from caregivers through the locations where they were distributed and by mail through the newspaper campaign. A total of 103 caregiver questionnaires were returned.

### **Service Providers**

Service providers were broadly defined to include all organizations that care for and offer programs and services to Bermuda's population. Because it was considered important to give all providers an opportunity to share their perceptions of senior needs and service gaps, invitations to participate were sent to all service provider organizations whether or not they served seniors.

Key informant interviews were conducted with service providers in order to help establish the study questions and to assist in framing the design of the study.

Four categories of service providers participated in this project through a mail survey, group discussions and/or interviews.

- Organizations currently serving seniors
- Organizations providing services and programs, but not to seniors
- Physicians likely to provide care to seniors
- Churches

Invitations were sent to every service provider who could be identified in each category. Providers were identified from six sources:

- Bermuda Cares: Directory of Services 2002
- National Office of Seniors Handbook
- Bermuda's Registered Charities at September 2003
- The Royal Gazette Bermuda Calendar
- List of physicians and surgeons in active practice in Bermuda, October 2003
- Bermuda Telephone Directory

Data from service providers were collected through three means:

- A self-administered mail questionnaire
- Group discussions
- Interviews

A total of 357 questionnaires were mailed to service providers (174 at organizations, 84 physicians, and 99 at churches) in February 2004. Sixty five mail questionnaires were completed and returned. Respondents and organizations were not asked to identify themselves.

Fourteen service providers participated in one of the three discussion groups. Drawing upon the identified provider organizations, 35 executives from organizations that varied in size, programs provided, and auspices, were identified and invited to participate in the discussion groups. A purposive sampling plan was used to increase the likelihood of including a range of ageing programs and individuals involved in planning and providing of services to Bermuda's seniors. Because survey respondents were not asked to identify themselves or their organizations, it is not possible to know whether participants in the group discussions completed the questionnaire as well.

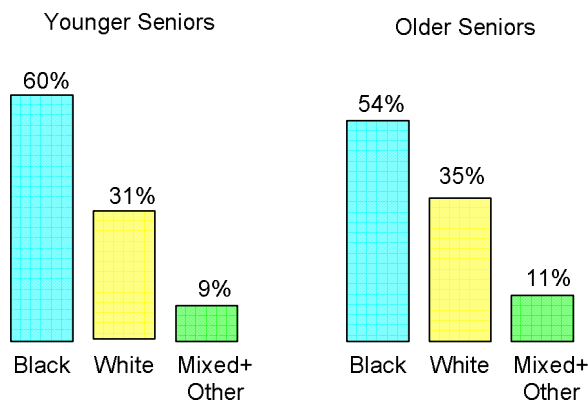
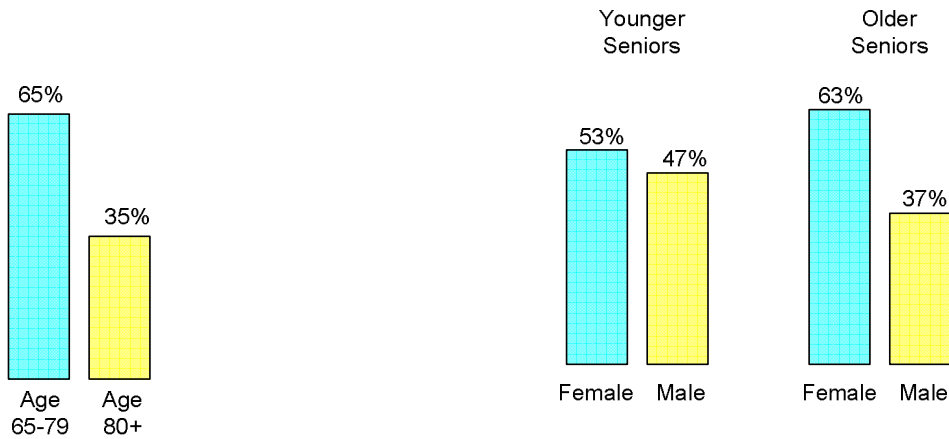
The discussion groups focused on participants' views and opinions on what services seniors needed, what gaps existed in the services now available, and what new and innovative services and programs they thought should be offered.

## SENIORS

Bermuda’s seniors are the primary focus of this needs assessment. A wide array of information was collected so that a portrait of their current lives, experiences, and needs could be drawn. The findings presented in this section are based on information collected from the 304 randomly selected seniors interviewed for this project (197 age 65 to 79 and 107 age 80 and over). Because of the relationship between increasing age and increased vulnerability, special attention is given to seniors age 80 and older. Therefore, approximately 1/3 of the seniors in the study are 80 or older. Because the situation for these older seniors is markedly different in many ways from that of younger seniors, age 65 to 79, the findings are presented separately for each of the two age groups. Seniors 80 and older will be referred to as older seniors and those 65 to 79 as younger seniors.

### Who are the seniors?

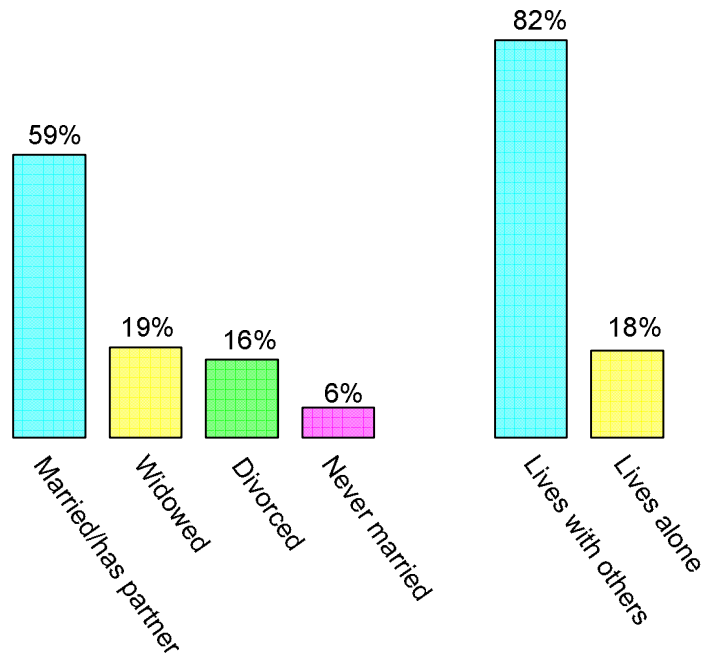
Seniors range in age from 65 to 97. The higher proportion of women in the older group reflects women’s greater longevity. As with Bermuda’s population in general, the majority of the younger and older seniors are black. For both younger and older seniors, 5% describe their cultural heritage as Portuguese.



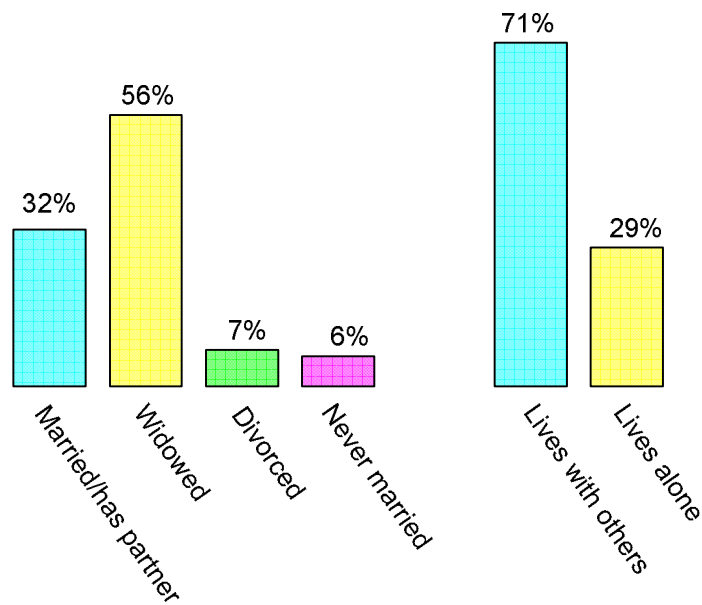
## What is seniors' marital status and how many live alone?

Of the younger seniors, 59% seniors are married or have a partner. The overwhelming majority live with one or more other people, although 18% live alone. Of the older seniors, only 32% are married or have a partner. While the majority live with one or more other people, 29% live alone.

Younger Seniors

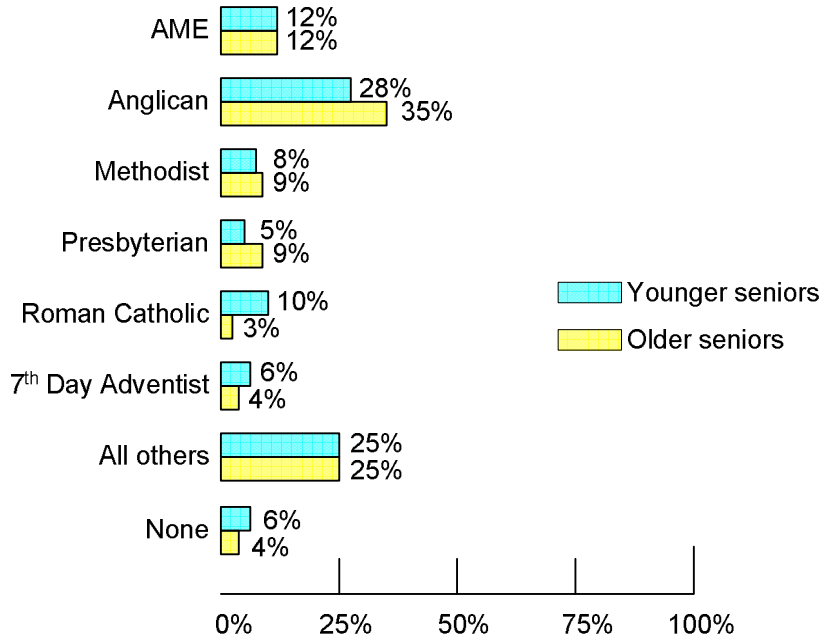


Older Seniors



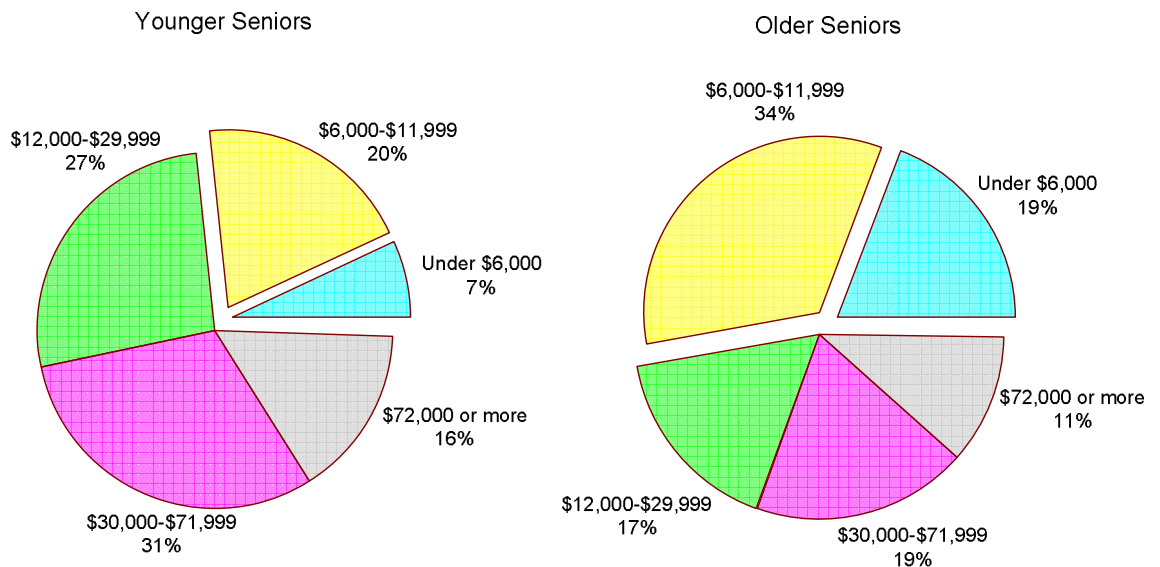
## What is the religious representation among seniors?

More of both the younger and older seniors identify themselves as Anglican than any other religion. However, seniors represent a range of religious affiliations. Almost all of the seniors (95%) say their religious or spiritual needs are being met mostly or entirely.



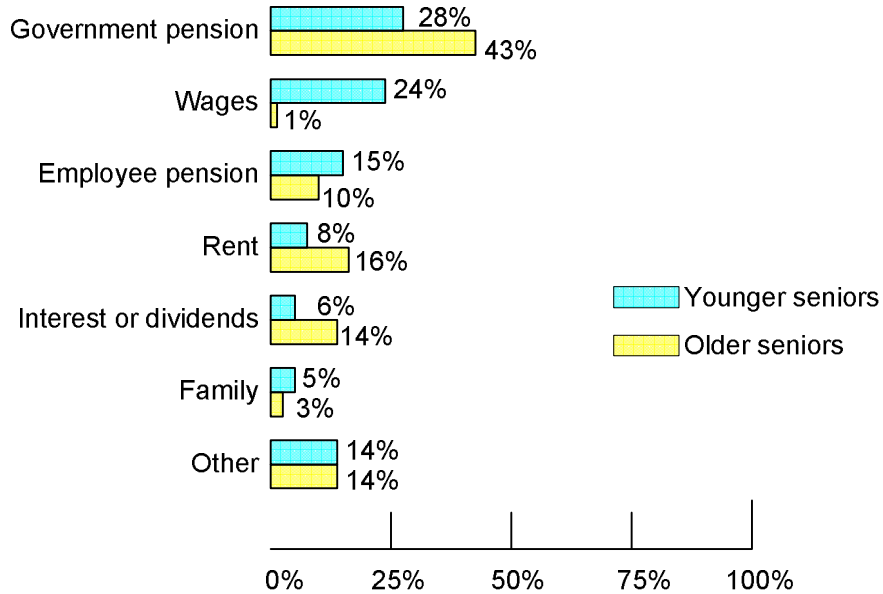
## What is seniors' economic situation?

The majority of younger and older seniors have incomes under \$30,000. Even more striking, however, is that over ¼ of the younger seniors and over ½ of the older seniors have incomes under \$12,000.



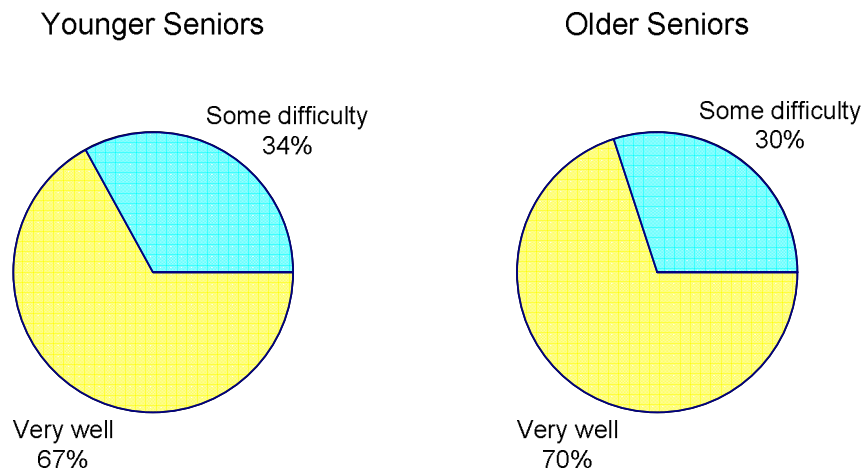
## What is seniors' main source of income?

Government pension is the primary source of income for both younger and older seniors. For some seniors, the primary sources of income are family, wages, employee pensions, rent, or interest or dividends.



## How well do income and assets meet seniors' needs?

Despite the limited incomes many seniors have, most younger and older seniors feel their income and assets meet their needs. However, 34% of the younger and 30% of the older seniors have difficulty meeting their needs.

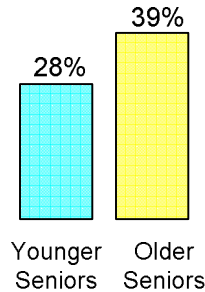




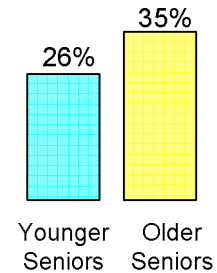
## Can seniors manage on their health insurance?

A considerable percentage of the younger and the older seniors report that their health insurance is not adequate for doctor visits or for medications. For the over 1/3 of the older seniors who report inadequate coverage for doctor visits (39%) or for medications (35%), this may soon create serious problems. It is likely that they will have greater health care needs as they age. Some seniors (10% of the younger and 5% of the older) say they gave up other things to pay for needed medical care.

Health insurance is not adequate for doctor visits



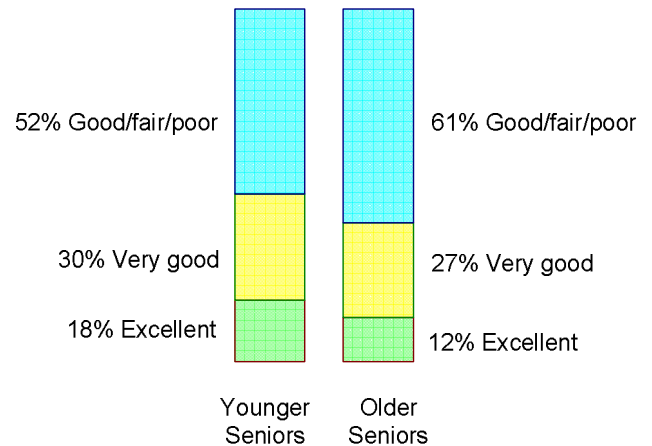
Health insurance is not adequate for medication



## Health and Mental Health

### How do seniors describe their health?

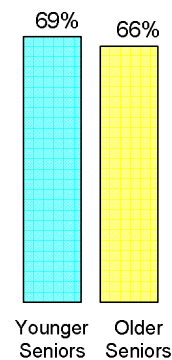
Seniors were asked to rate their health compared to others their age. The majority of younger and older seniors see their health as no better than good, fair or poor.



### Do seniors worry about their ability to manage health problems?

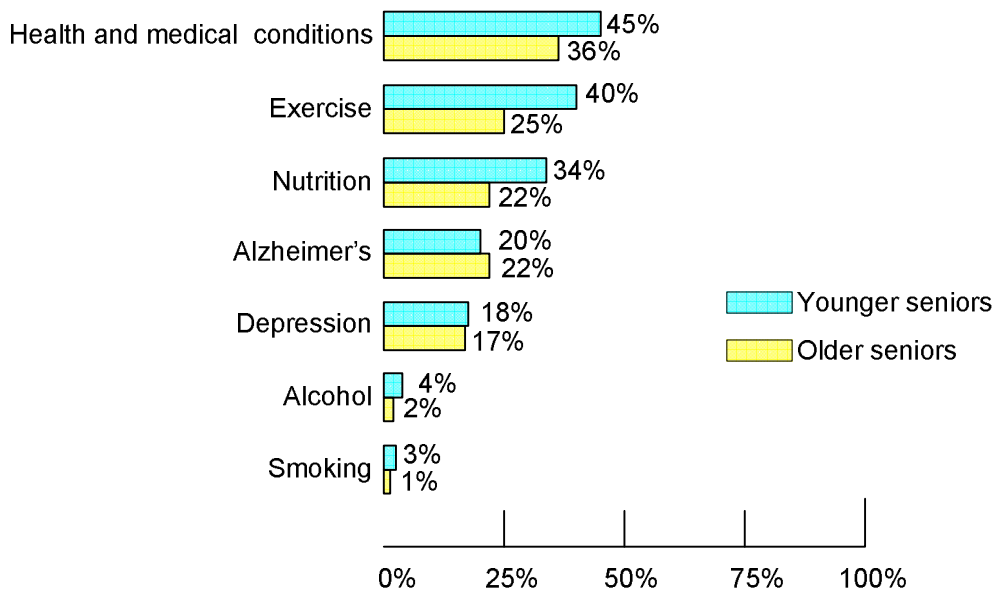
The majority of both younger and older seniors are worried to some extent about their ability to manage or cope with health problems in the next few years.

Worried to some extent



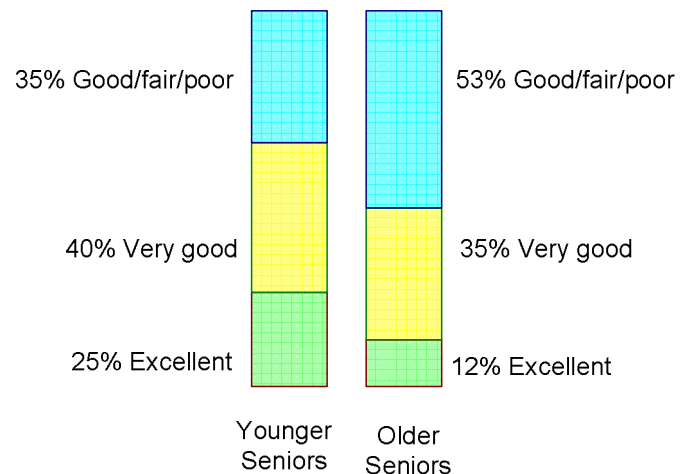
## What are the health issues seniors want to learn more about?

Seniors want to learn more about topics related to health and wellness. The topic of interest identified by the greatest number of younger and older seniors is health and medical conditions in general. Information about exercise or fitness and nutrition or diet are also of considerable interest. Being better informed about these topics helps people maintain their functioning.



## How do seniors describe their mental health?

Seniors were asked to rate their mental health. About 1/3 of younger and the majority older seniors see their mental health as no better than good, fair or poor.

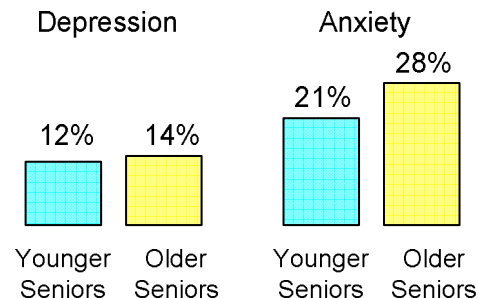


## What was learned about seniors' mental health?

Two measures of psychological distress were used, indicating relatively high levels of psychological distress among the seniors participating in this survey. Depression was measured by asking seniors if they had experienced any of 10 symptoms of depression in

the past week. Persons who have four or more symptoms are considered by mental health professionals to have clinically significant depression, and 12% of the younger and 14% of the older seniors fit in this category. This means that they have a level of depression that would benefit from treatment.

There is an even higher incidence of anxiety, which was measured by asking about the frequency with which the senior had experienced each of seven symptoms of anxiety during the past four weeks. There are 21% of the younger and 28% of the older seniors who have clinically meaningful anxiety.



## *Need for Help*

### **What tasks do seniors need help with?**

Seniors were asked to indicate, from a list of activities, which they could do by themselves and with which they needed help. The list was compiled from a range of activities known as “activities of daily living” (ADL) and “instrumental activities of daily living” (IADL) that are used widely in ageing research. Activities of daily living represent tasks that are necessary to live independently and include personal care and mobility. Instrumental activities of daily living are considered higher level tasks, and need in these areas does not reflect impairment at a basic level.

Older seniors are more likely to need help with ADLs than are younger seniors. This reflects the increasing vulnerability to health and functional problems that accompanies increasing old age.

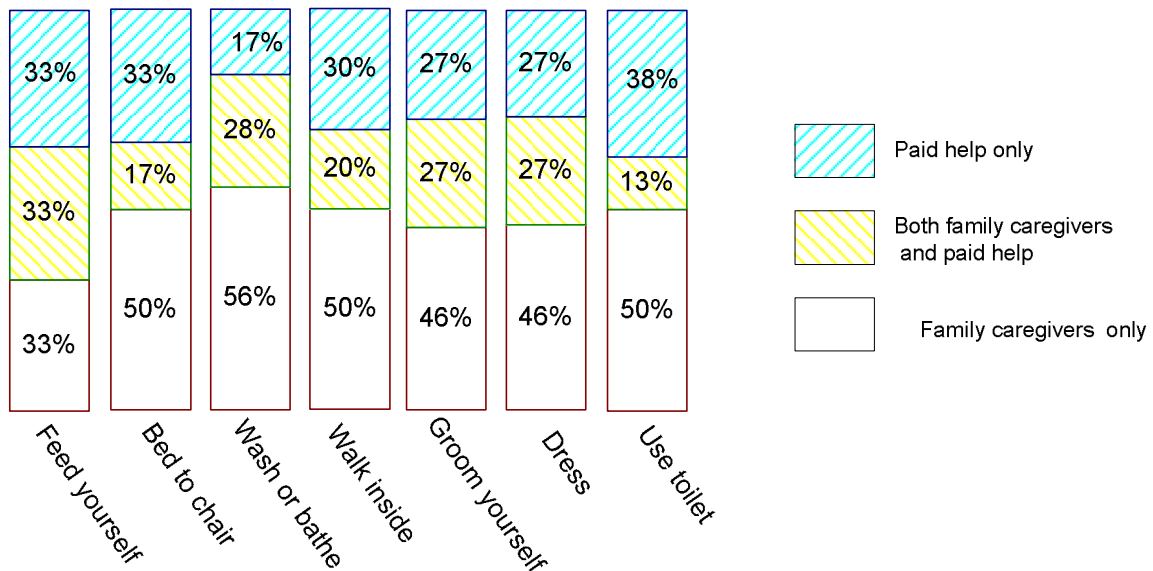
<b>Activities Of Daily Living</b>	<b>Younger</b>	<b>Older</b>
Wash or bathe	2%	17%
Groom self	2%	10%
Dress	2%	10%
Walk inside	3%	9%
Use toilet	2%	8%
Bed to chair	1%	6%
Feed self	2%	3%

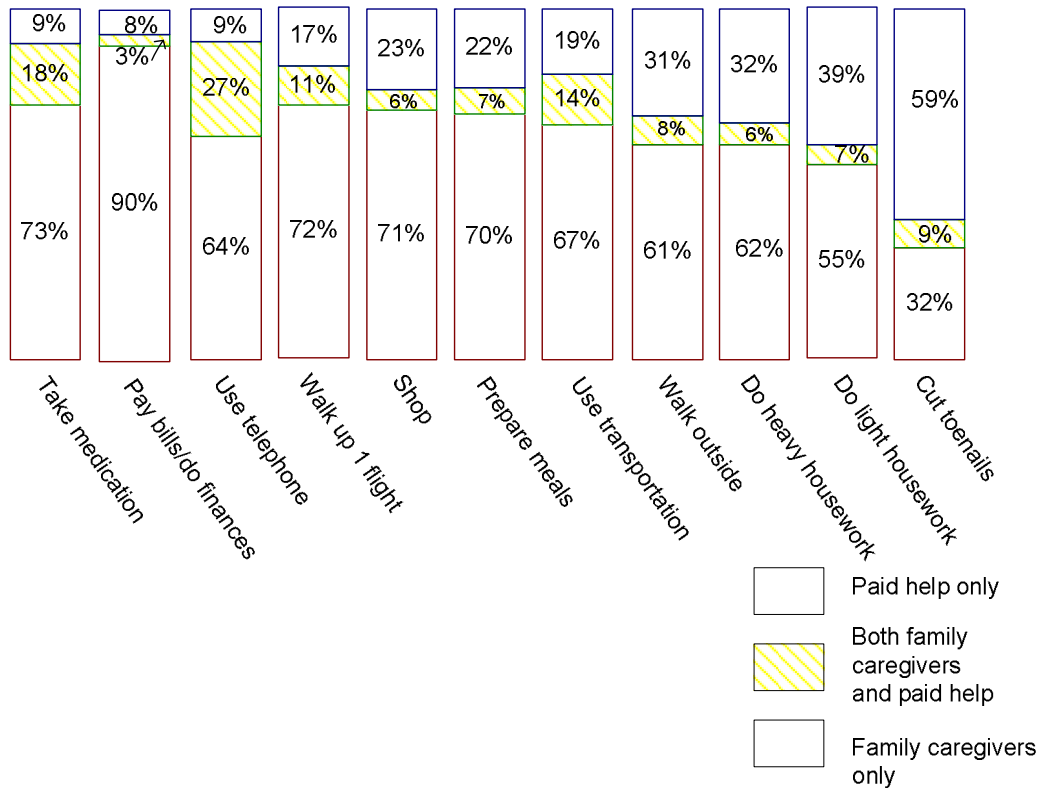
Older seniors are also more likely to need help with IADLs than are younger seniors. This is a striking picture of the potential for greater need for help among the oldest seniors.

Other Activities	Younger	Older
Do heavy housework	22%	64%
Cut toenails	11%	42%
Use transportation	8%	40%
Pay bills / manage finances	7%	37%
Shop	5%	33%
Do light housework	4%	28%
Prepare meals	5%	25%
Walk up 1 flight of steps	4%	18%
Walk outside	3%	14%
Take medication	2%	10%
Use telephone	0%	10%

### How do family caregivers help seniors?

Because older seniors are more likely to need help with both ADLs and IADLs, this discussion is based on the information collected from the older seniors who require help in these areas. With the exception of 4 of the 18 tasks, one half or more of the seniors are helped exclusively by their family caregivers. When the percent using family caregivers alone is combined with the percent using a combination of family and paid caregivers, the extent of family caregiving becomes even more compelling. Family caregivers are providing the bulk of care to younger seniors as well.





### Are there other concerns seniors might need help with?

There are 38% of the younger and 29% of the older seniors who report having one or more drinks on a typical day. Five percent of both younger and older seniors say they have 4 or more drinks on a typical day. With increasing age, seniors are likely to have increased sensitivity to alcohol. Therefore, alcohol consumption may be a problem for some seniors.

Seniors report little physical or financial abuse overall, but 7% of both younger and older seniors say they felt pressured to give or lend money or had money taken from them by someone they knew in the past year.

### Seniors' Social World

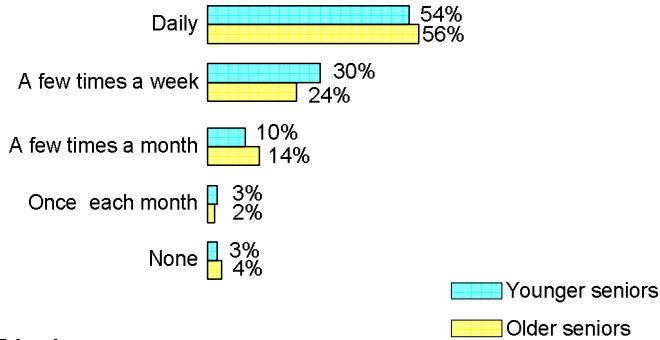
Among these seniors, 94% of the younger and 83% of the older have living children. Of those with children, almost all have at least one child living in Bermuda, and almost 1/4 of both younger and older seniors have 4 or more of their children living in Bermuda.

### How often do seniors see a family member or a friend?

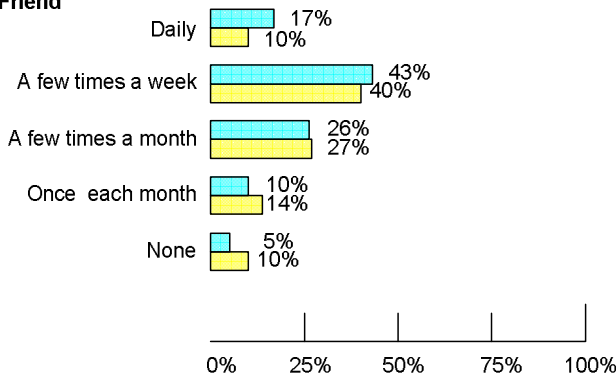
The overwhelming majority of both the younger and older seniors indicate that they see a family member daily or a few times a week. Over 1/2 of the younger and just 1/2 of the older seniors see a friend daily or a few times a week. There are some seniors who never see a family member. Somewhat more never see a friend. Over 3/4 of both younger and

older seniors talk with a family member on the telephone daily or a few times a week. Approximately 2/3 of both younger and older seniors have the same amount of telephone contact with a friend.

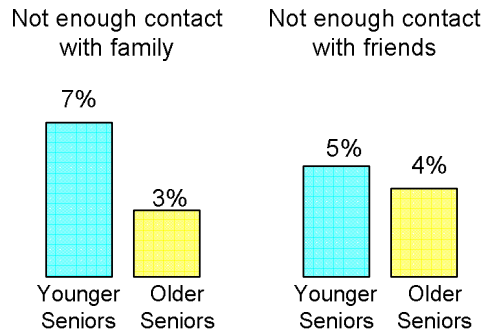
**See Family Member**



**See Friend**

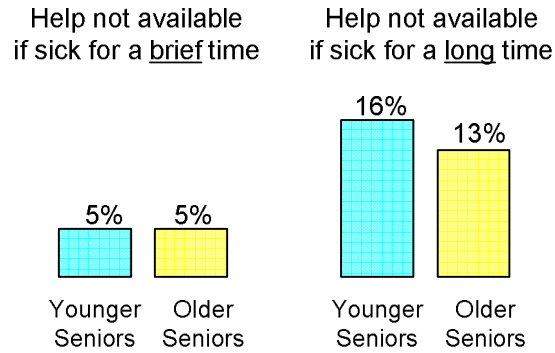


Most seniors feel they have enough contact with at least some of their family and friends. However, 7% of the younger and 3% of the older seniors say they do not have enough contact with family. Regarding friends, 5% of the younger and 4% of the older say they do not have enough contact.



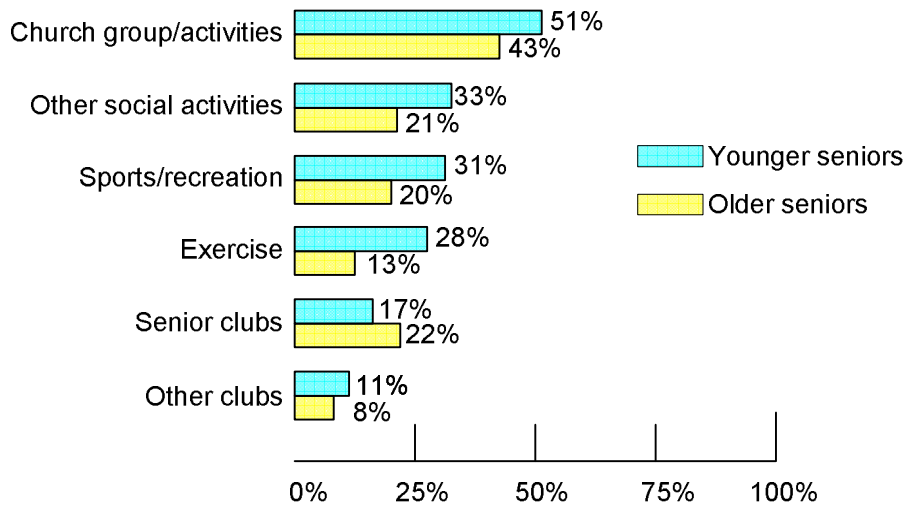
**Do seniors have someone to help if they are sick?**

Seniors were asked if there was someone they could count on if they were sick and needed help for a brief period of time, and for a long period of time. Most seniors have someone they can count on for help during a brief illness. While a majority also have someone available to help for a long period of time, 16% of the younger and 13% of the older say they do not. This suggests that seniors with long-term needs may be more likely to require help from the service system because there may be no family or friends available over a long period of time.



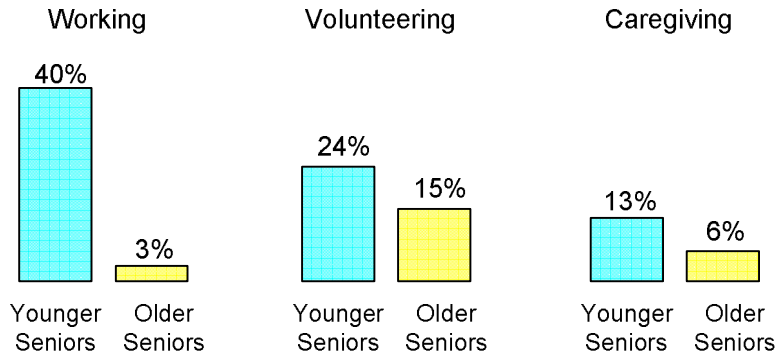
### What activities do seniors participate in?

Younger seniors indicate greater participation than older seniors in all the activities they were asked about, with the exception of senior clubs. For both younger and older seniors church activities head the list.

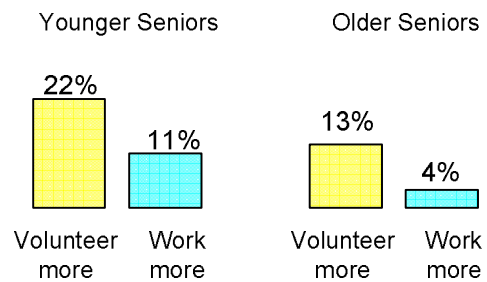


### What are some of the ways seniors contribute to their communities?

Seniors contribute to their communities in a number of ways. Some seniors provide care for another person. Care is provided to spouses, grandchildren, parents, children, and other relatives and friends. Younger seniors are far more likely to work at a paying job. Volunteer work is engaged in by 24% of the younger and 15% of the older seniors.



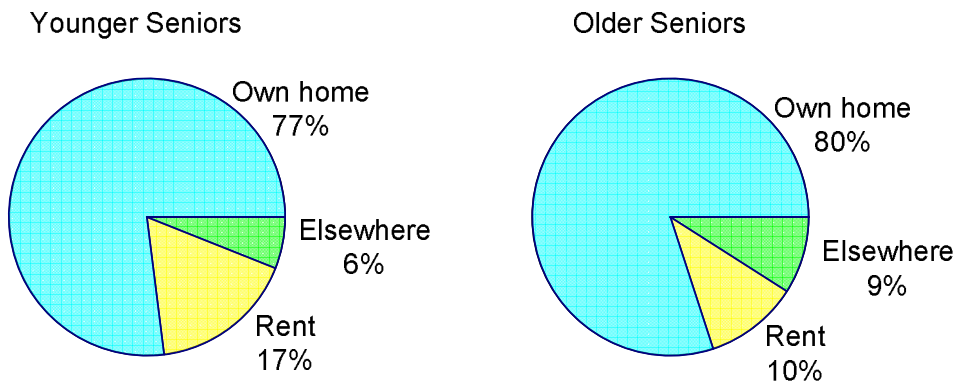
Both younger (22%) and older (13%) seniors are interested in volunteering or doing more volunteer work. Some of the younger (11%) and older (4%) seniors are interested in working or working more. The primary reasons given are: needing the money, wanting to maintain health insurance, and wanting to stay busy.



## Housing

### Where do seniors live?

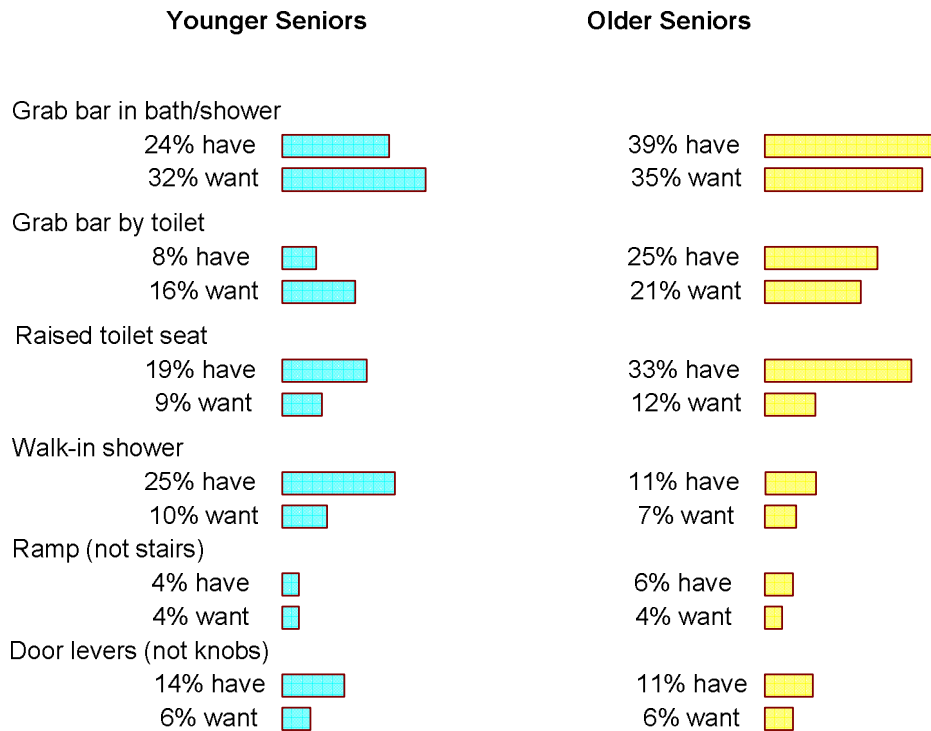
Most seniors, both younger and older, live in a home that they own. Approximately 87% of both younger and older seniors indicate that the bedroom, bathroom, and kitchen are on the same level. While the overwhelming majority say they have no difficulty getting in or out of their home, 9% of the younger and 17% of the older seniors do indicate this is a problem.





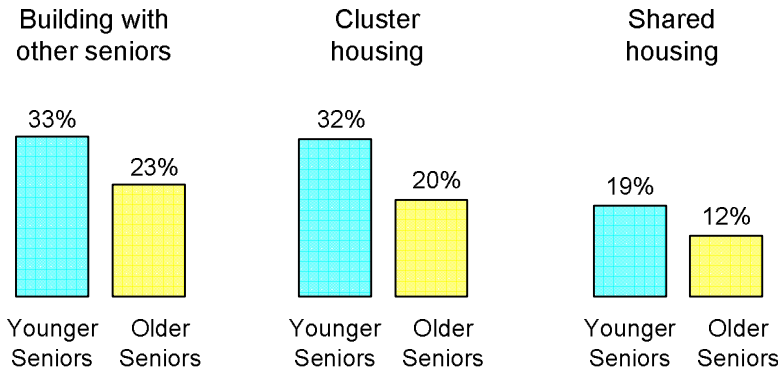
## What home modifications do seniors need?

Some home modifications help make it easier for seniors to navigate independently at home. Seniors were asked if they had each of six devices, and if not, whether they would like to have it now either for themselves or someone else who lives with them. Many seniors currently have a grab bar in the bath or shower, a raised toilet seat, or a walk-in shower. The modification wanted by the most seniors, both younger and older, is a grab bar in the shower or bath. A grab bar by the toilet is the second most wanted home modification.



## What housing options are seniors interested in?

Of the younger seniors, 33% express interest in living in a building with other seniors, whereas 23% of the older seniors indicate interest. Similar percentages are interested in living in cluster housing. Shared housing (someone to live with and share expenses) is of interest to 19% of the younger and 12% of the older seniors.

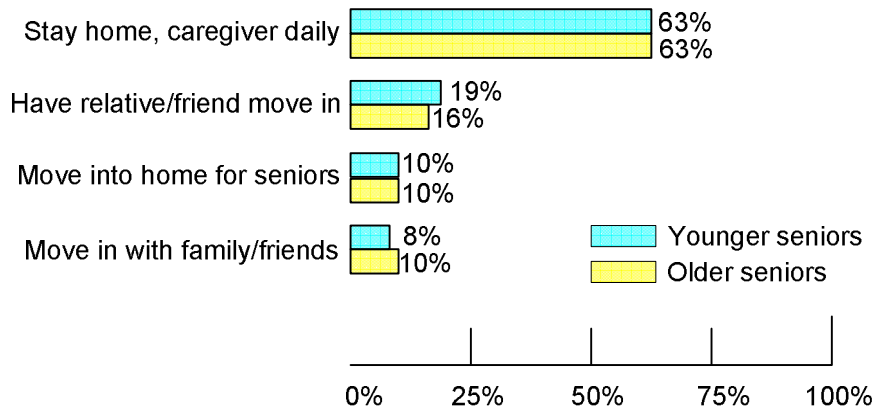


Seniors who are interested in living in a building with other seniors would like the building to have these amenities:

- Alarm system to call for help at any time
- Central dining room
- Laundry service
- Someone to call for help
- Someone to check on you every day

### What is seniors' preferred living arrangement if they need help?

Seniors were asked where they would prefer to live if they were living alone and it was very hard for them to take care of their own needs. Most seniors (63% for both younger and older) prefer to remain in their own home with a caregiver coming in daily to provide assistance. An additional 19% of younger and 16% of older seniors prefer to remain in their home and have a relative or friend move in with them.



## Services

### What services do seniors use?

Seniors were asked if they had used any of sixteen services in the past year. Seniors report using a wide variety of services, some more than others. The service used by the greatest percentage of both younger and older seniors is home repair. For the older seniors, this is followed by transportation and services in the home (e.g., bathing, toileting, housekeeping, meal preparation).

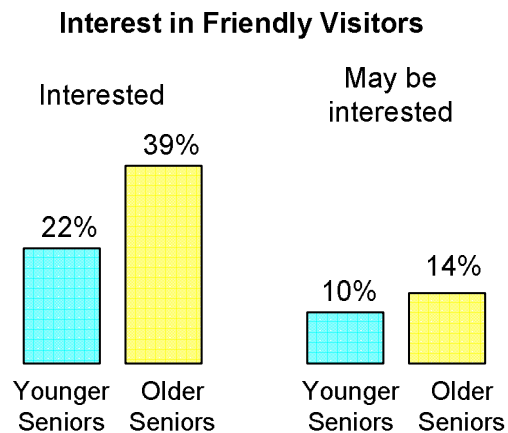
Service	Percent Using Service	
	Younger Seniors	Older Seniors
Home repair service	27%	28%
Transportation for doctor or shopping	9%	19%
Services in your home like help with bathing, toilet use, housekeeping or preparing meals	7%	19%
Services provided by church or clergy	5%	16%
Equipment rental	5%	13%
Physical, occupational or speech therapy	9%	11%
Home delivered meals	2%	11%
District nurse at your house	6%	10%
Emergency beeper	2%	8%
Services to assist caregivers	9%	6%
Meals provided at a senior club	4%	6%
Day care	1%	5%
Support groups for diseases	4%	3%
Other support groups	3%	3%
National Office for Seniors and Physically Challenged	2%	1%
Counseling or emotional support services	4%	0%

Some seniors say they need certain services, or need more of a service even if they have used it. For the younger seniors, the most frequently indicated of these services is home repair. For the older seniors, transportation is most frequently indicated.

Service	Percent Needing More of this Service	
	Younger Seniors	Older Seniors
Transportation for doctor or shopping	4%	21%
Home repair service	19%	19%
Services in your home like help with bathing, toilet use, housekeeping or preparing meals	3%	11%
Emergency beeper	7%	10%
Physical, occupational or speech therapy	8%	9%
Services provided by church or clergy	5%	7%
District nurse at your house	2%	6%
Other support groups	5%	6%
Services to assist caregivers	3%	4%
Equipment rental	2%	4%
Support groups for diseases	2%	4%
Counseling or emotional support services	6%	4%
Day care	1%	3%
Home delivered meals	2%	2%
Meals provided at a senior club	1%	2%
National Office for Seniors and Physically Challenged	2%	2%

### Are seniors interested in having friendly visitors?

Companionship is a friendly visitor service that may be offered by volunteers. Of these seniors, 22% of the younger and 39% of the older are interested in being visited by a volunteer who could visit and spend time doing things they enjoy. Another 10% and 14% indicate they may be interested. Therefore about 1/3 of the younger and over 1/2 of the older seniors express a possible interest in having a friendly visitor.



### Do seniors know about services?

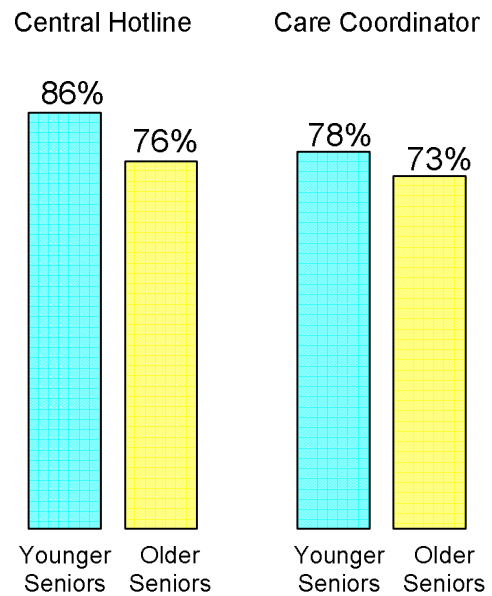
Use of services is dependent upon knowing that a service is available. Seniors were asked if they know whether each of the 16 services is available for them to use if they are not already using it. Over one half of the younger seniors indicate they do not know if three services they have not used are available to them. One half or more of the older seniors indicate they do not know if six services are available to them. In contrast, the service

that the greatest percentage of both younger and older seniors say they do know about is home delivered meals.

Service	Percent not using service who do <u>not</u> know if service is available	
	Younger Seniors	Older Seniors
Home repair service	60%	65%
National Office for Seniors and Physically Challenged	51%	65%
Emergency beeper	47%	62%
Services in your home like help with bathing, toilet use, housekeeping or preparing meals	52%	54%
Other support groups	44%	50%
Services to assist caregivers	41%	50%
Physical, occupational or speech therapy	42%	46%
Counseling or emotional support services	36%	45%
Day care	30%	42%
Support group for diseases	29%	38%
Transportation for doctor or shopping	30%	36%
Equipment rental	31%	34%
Services provided by church or clergy	24%	32%
District nurse at your house	23%	25%
Meals provided at a senior club	26%	24%
Home delivered meals	19%	13%

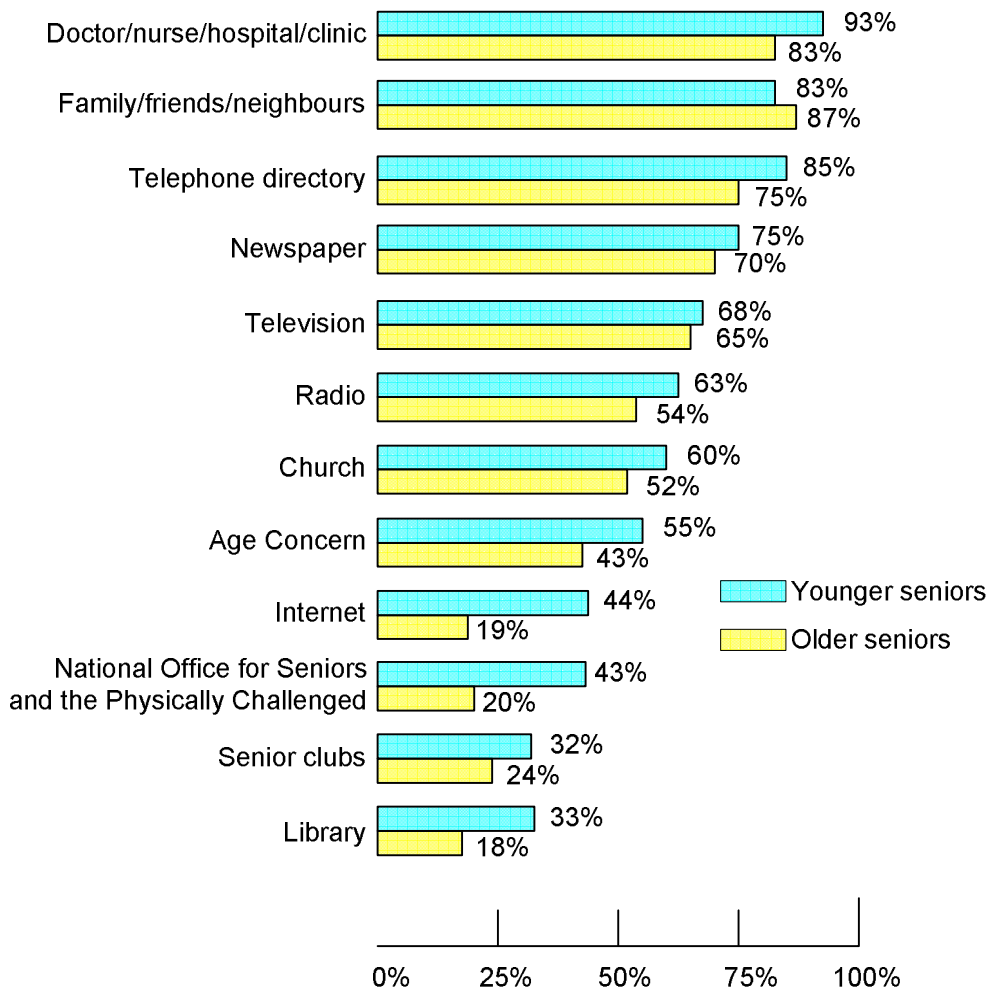
### What information and referral sources would seniors find helpful?

There are two kinds of assistance that can help increase seniors’ knowledge about what is available to them and their ability to access available services. Seniors were asked if they would find a hotline or a care coordinator helpful now or in the future. A central information phone number or hotline is seen as helpful by 86% of the younger and 76% of the older seniors. A care coordinator, a person who actually locates appropriate services and arranges for seniors to use them, is seen as helpful by 78% of the younger and 73% of the older seniors.



## Where would seniors go for information about services?

The three information sources named most frequently by both younger and older seniors are a health care provider (doctor, nurse, hospital, or clinic); family, friends, or neighbours; and the telephone directory. Almost all younger seniors (93%) say they would turn to health care providers for information about services. Of the older seniors, 83% would use this source for information. Slightly more of the older seniors (87%) would turn to family, friends, or neighbors. Seniors appear to see health care providers serving a broader role than hands-on care.



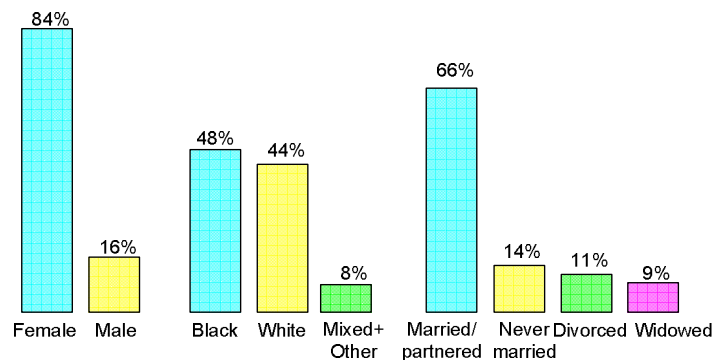
## FAMILY CAREGIVERS

As in other countries, family caregivers provide the bulk of care to Bermuda’s seniors. The term “family caregiver” is used to denote all family or friends providing care for a senior without being paid. It is primarily through the devoted efforts of these caregivers that the needs of seniors are met. Because of Bermuda’s high employment, the toll on family caregivers, many of whom are juggling work and the demands of care, may be considerable. Since they play a pivotal role in helping and caring for Bermuda’s seniors generating a picture of the experiences and needs of family caregivers is important. Discovering the needs of caregivers and planning to meet these needs will help ensure that the needs of seniors are met as well.

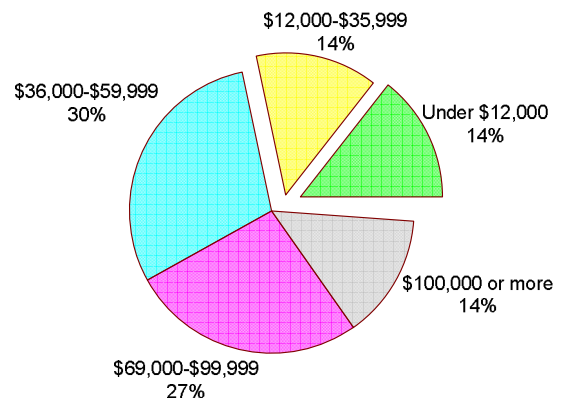
Through focus groups and the survey, a rich picture of the needs and experiences of Bermuda’s family caregivers has emerged. In the discussion that follows, the findings from these two sources are interwoven, to reveal this picture. The focus groups most clearly capture the desperation the caregivers often experience. While quantitative data does not convey emotion, it helps describe the circumstances and outcomes of caregiving. All of the charts and statistics that follow present data collected through the survey of 103 caregivers. All of the quotes are from the focus groups.

### Who are the family caregivers?

The family caregivers are primarily women, ranging in age from 24 to 86, with an average age of 58. Almost ½ identify their ethnicity as black; 44% white, and the remainder mixed or other. Most (2/3) of the caregivers are married or living with a partner.

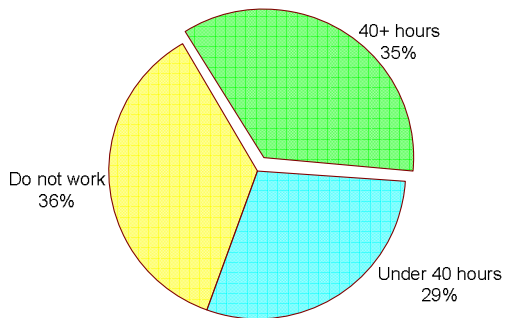
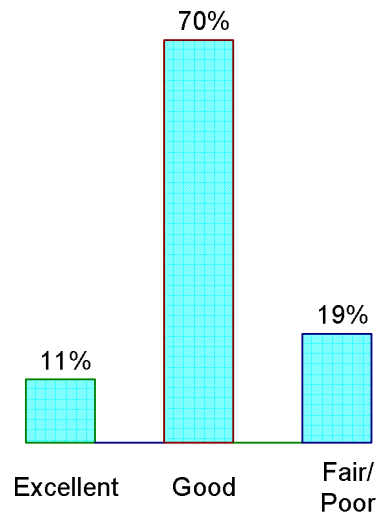


There are 28% who report having incomes under \$36,000 last year, and 14% have incomes below \$12,000. An equal percent have incomes over \$100,000.



## How do caregivers describe their health?

Only 11% of the caregivers rate their health as excellent. While the majority rate their health as good, almost 1/5 say their health is only fair or poor. Because of the toll providing care can take on health and well-being, it is not surprising to find that only a relatively small percentage of the respondents view their health as excellent. Of particular concern are the caregivers who report fair or poor health. They may be at-risk for serious health issues now or in the future, that may affect their ability to continue providing care to their seniors.

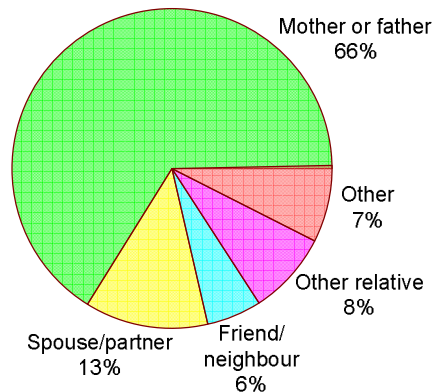


## What about working caregivers?

Some caregivers are employed and some do not work. Over 1/3 of the caregivers do not work for pay. Of those who do work, the hours worked in a typical week range from 1 to 60, with an average of 36. Over 1/3 work 40 hours or more. Many caregivers are juggling caregiving demands with those of full-time work.

## Who is receiving care?

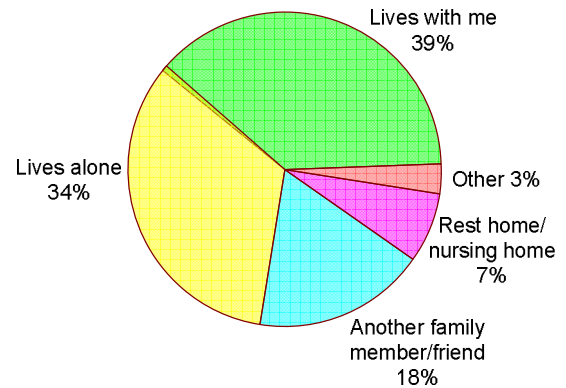
The ages of the seniors receiving care range from 63 to 98, with an average age of 83. Most of the care respondents provide is to parents, with spouse or partner the next most likely to receive care. Care recipients also include friends as well as grandparents, in-laws, siblings, aunts or uncles.





## Where does the care recipient live?

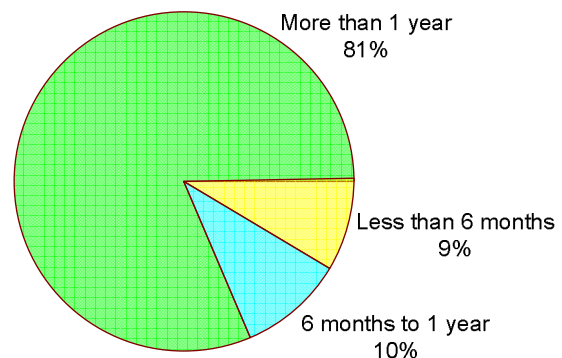
The senior receiving care is more likely to live with the caregiver than to live alone. In addition, seniors may be living with another family member or in a rest home or nursing home. Family caregivers continue to see themselves as caregivers and continue to provide help or care when the senior lives in a residential facility. A full 7% of the caregivers say they provide care to someone in a rest home or nursing home.

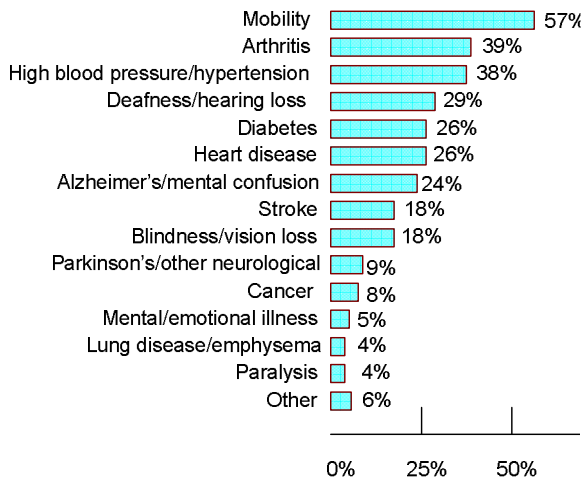


In most cases (79%), the caregiver lives within 15 minutes or less travel time from the senior's home. Only one caregiver reports that it takes more than 1 hour to get from home to where the senior lives.

## How long have caregivers been providing care?

The majority of the caregivers have been providing care for more than one year. The average number of hours caregivers spend providing care in a typical week ranges from 1 to round-the-clock care, with an average of 24 hours a week.



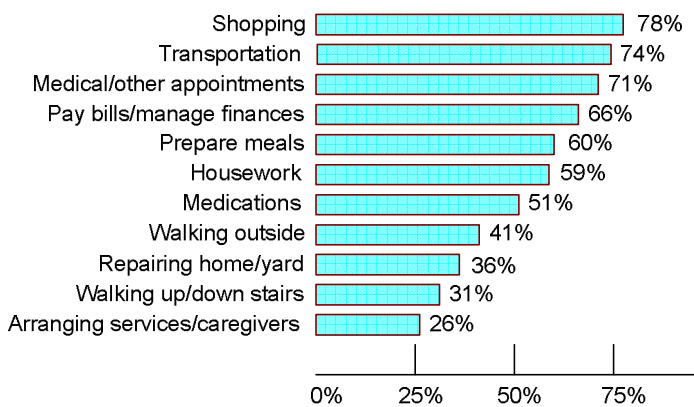


## What health problems do seniors receiving care have?

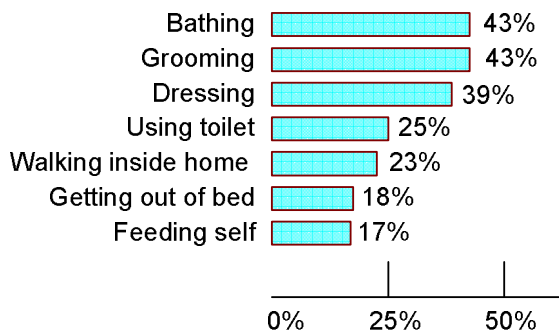
Caregivers report that seniors receiving care have, on average, three health problems. The conditions most frequently named were difficulty getting around, arthritis, and hypertension. Almost ¼ of the seniors have Alzheimer’s Disease or another form of mental confusion. It is widely acknowledged that providing care to a loved one with Alzheimer’s Disease is a particularly draining experience.

## What kinds of help do caregivers provide?

Caregivers provide a lot of different kinds of help or care to their seniors. The survey asked caregivers to indicate the care they provide by checking all that applied from a list of 18 ways caregivers generally assist seniors. The list was compiled of the range of activities known as “activities of daily living” (ADL) and other tasks, “instrumental activities of daily living,” (IADL) used widely in ageing research. Activities of daily living represent tasks that are necessary to live independently and include personal care and mobility. Instrumental activities of daily living are considered higher level tasks, and need in these areas does not reflect impairment at a basic level.



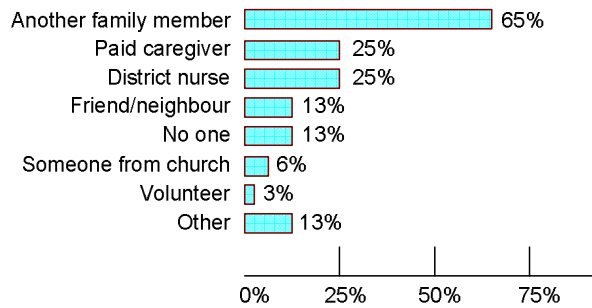
Three types of assistance with IADLs are named by 70% or more of the caregivers: shopping for food and other things, providing transportation, and accompanying the senior to medical or other appointments. In addition, over ½ of the caregivers indicate they help pay bills or manage finances, prepare meals, do housework, or help with medications.



The three ADLs that caregivers are most likely to provide help with are bathing (43%), grooming (43%), and dressing (39%). Other kinds of personal care are provided as well, although by fewer of the caregivers. Personal care generally needs to be provided on a daily basis.

The kinds of help caregivers are most likely to provide to seniors living in a rest home or nursing home are: walking outside the home; walking inside the home; grooming; transportation; and help paying bills or managing finances.

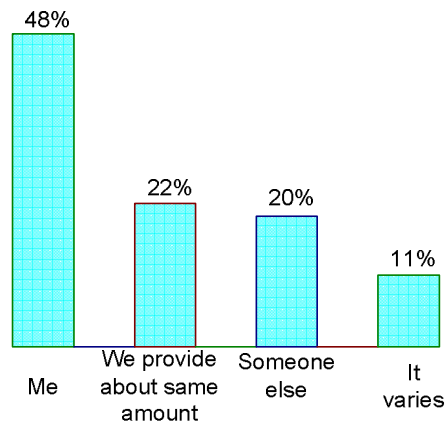
### Who helps care for the senior?



Almost 2/3 of the caregivers indicate they have another family member who provides additional help or care. For 1/4 of the caregivers, a paid caregiver also assists in care of the senior. An equal proportion indicate that a district nurse assists. It appears that caregivers are more likely to use other family to supplement the care provided than to turn district nurses and other paid caregivers. Of particular concern are the 13% who have no one else to help them.

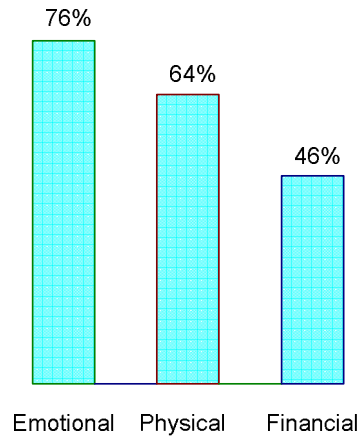
### Who provides the most care?

Almost 1/2 of the caregivers indicate that they are the person who provides the most care to the senior. Over 1/5 indicate they and another person provided about the same amount, and 1/5 indicate that someone else provides the most care.



## How is caregiving a stress or strain?

Caregiving can create stress or strain in a number of ways. Emotional stress affects the greatest percentage of caregivers, with slightly over 3/4 saying they experience emotional stress. Physical strain is experienced by close to 2/3 of the respondents. Financial strain is the least widespread. Nonetheless, close to 1/2 indicate they experience strain in this area.



*“I got to the point where I felt like I was losing my mind. You just don’t have a life. Your home, your work, trying to do what you have to do with your family, and then you have to deal with the parents, and there’s not a lot of help around.”*

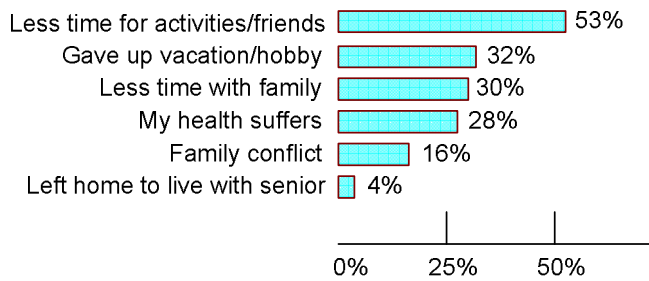
*“If I have to retire and my husband has to retire at 65, we cannot financially help my mother.”*

## Does caregiving strain working caregivers?

Some caregivers indicate that providing help or care to a senior has had an impact on their role as an employee. The primary work-related experience is taking a leave of absence or giving up work altogether, noted by 14% of the caregivers. Some caregivers (4%) say they went from full to part-time work or took a different job. A small percent (2%) say they had problems at work or with a supervisor.

*“I turned down a promotion because I knew I could not do the type of job I would want and be able to care for her.”*

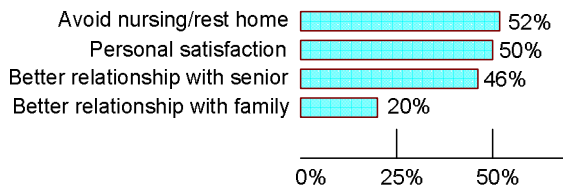
*“When it comes to her appointments, I have to leave the office to take her because there is no one else to take her.”*



*“I’m not getting any support. If I have to work late, I will call my brother and say ‘Pick up Mom for me,’ and he says he’s busy.”*

### How are caregivers’ lives affected by caregiving?

Over ½ of the caregivers say they have less time for themselves or with friends and 30% have less time to spend with other family members. Giving up a vacation or hobby affects almost 1/3 of the caregivers. Because spending time with family or friends or using time to take vacations or pursue hobbies are often the ways people who are stressed keep from becoming burned-out, these findings are of concern. Caregivers who experience these difficulties may be at-risk of becoming over-burdened. Ultimately, this may affect their ability to continue providing care.



### What are the positive aspects of caregiving?

There are several ways that caregiving is a positive or enriching experience. More than ½ of the caregivers said that they are able to keep the senior out of a rest home or nursing home, ½ gain personal satisfaction from providing for the senior, and almost half experience a better relationship with the senior.

The interplay of family relationships and caregiving is complex. It is clear from both the survey and the focus groups that the actions and attitudes of other family members can be both a source of stress and a source of strength and support.

### How do caregivers cope with the demands of caregiving?

While many caregivers find positives in the caregiving experience, caring for a senior can make tremendous ongoing demands. However, despite the stresses and strains of caregiving, family caregivers continue to provide the bulk of care seniors need.

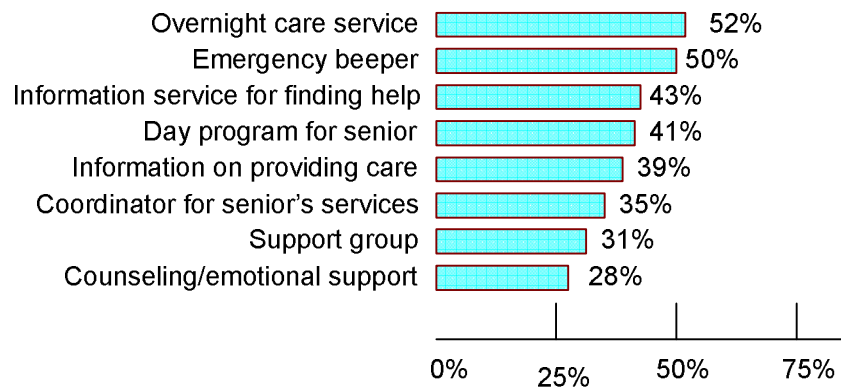
*“I think all caregivers do need to try and take care of themselves, and it’s not very easy. I have a chair in my spare bedroom and I go there and sit and close my eyes and get very quiet.”*

*“I just take solace in the belief that God is watching, and I’m doing what a son should do.”*

*“I could not manage without the support of my husband.”*

### **What programs or services would help caregivers?**

The survey asked caregivers to identify, from a list provided, the services that would be of help to them. The list included services that are targeted to seniors and therefore indirectly help the caregivers as well as those targeted directly to caregivers. Caregivers could check as many of the services as they wished. The most frequently chosen service, indicated by over ½ of the respondents, is a form of respite: to temporarily take care of the senior while the caregiver is away overnight or on vacation. The fourth most frequently selected service, a program for seniors outside the home when the caregiver is busy, is also considered a form of respite for caregivers. Caregivers also acknowledge need for personal support through support groups or counseling



*“The caregiver is the person we haven’t given a lot of concern about. We’re more concerned who’s suffering from whatever their condition might be. But I think, and I’m not saying this to be selfish, we really have to provide some respite for the caregivers, so they can have a break and renew themselves.”*

*“I believe there should be some kind of a holistic system in place that helps people who are ignorant of what is available. When you come in and say your parent has Alzheimer’s or had a stroke, or is handicapped in some way, that person then directs you to a place to go where there will be all of the information necessary about that particular illness - what programs are in place, what kind of care is offered.”*

Focus group participants identified three other kinds of services that they would find particularly helpful: Transportation, better access to and in buildings, and help with financial issues.

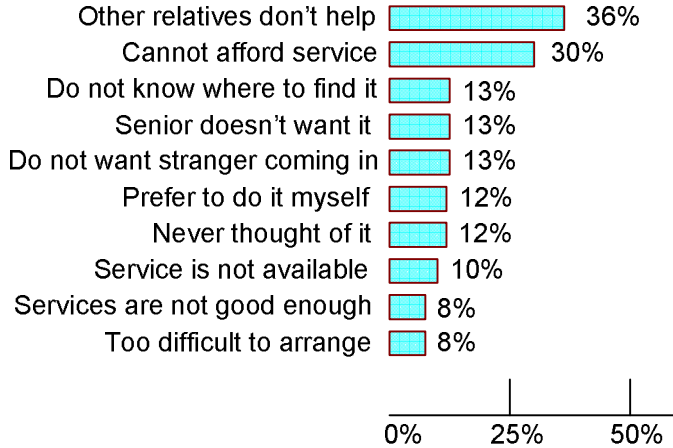
*“Transportation is important for me. I can’t transport my mother in my car because it is too small for her to get in. So she relies on the bus, and if it doesn’t come, she stays home all day by herself.”*

*“As far as taking her to the bathroom, sometimes I have to call on strangers to help me. A lot of places aren’t wheelchair accessible, so sometimes I just call on anybody, regardless if it was a man or a woman.”*

*“Everything’s more costly here in Bermuda. That’s stopping them from getting care.”*

**Why don’t caregivers have all the help they need?**

The survey asked caregivers to indicate which apply to them from a list of 11 reasons they did not have all of the help that they need. The primary reason, named by over 1/3 of the caregivers, is other relatives do not or cannot help as much as needed. This suggests that many caregivers prefer to rely on their family helping network or may not want to go outside of this network for assistance. Those caregivers who do wish to turn to the service system may be prevented from doing so by financial concerns, as 30% indicate that they could not afford the service.

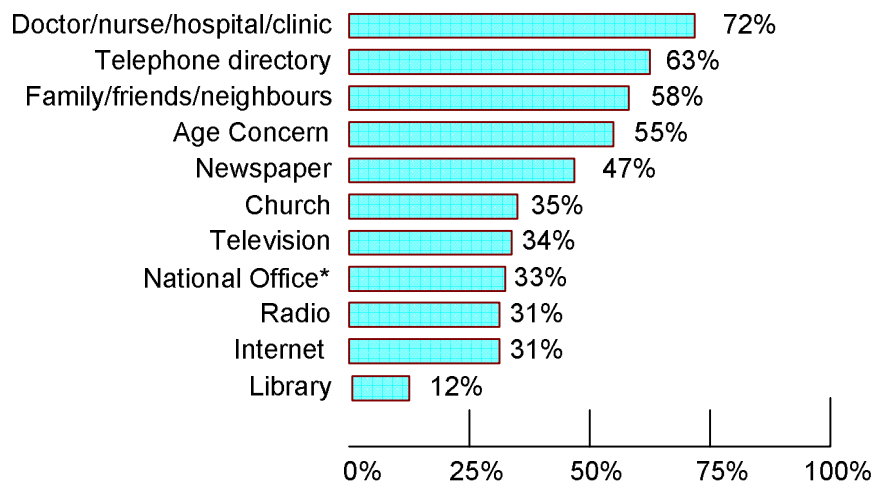


It is important to note that almost 13% of the respondents indicate that they do not know where to find the needed service and 8% indicate that arranging for the service is too difficult. These two concerns, along with not being able to afford the service, affect people’s ability to access services when they might want to use them.



## Where do caregivers go for information about services?

Almost  $\frac{3}{4}$  of the respondents say they would go to a health care provider for information about services. This source is identified by considerably more caregivers than the next most frequently named, the telephone directory (63%). Family, friends, or neighbours follow, named by 58% of the caregivers. Caregivers appear to rely most on health care professionals for information about services for seniors and caregivers. This suggests that caregivers see health care providers serving a broader role than hands-on care. Based on this, it appears that health care providers are key players in the ageing service system.



\*National Office for Seniors and the Physically Challenged

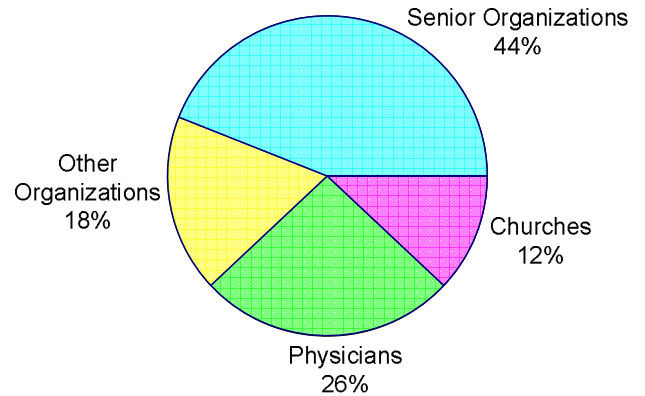
## SERVICE PROVIDERS

The findings presented in this chapter come from the 65 service providers who responded to the mail survey. Quotes come from 14 service providers who participated in three discussion groups.

### Who are the service providers?

The 65 service providers include individuals from:

- 28 *Senior organizations* - organizations that are providing services to seniors
- 12 *Other organizations* - organizations that are not currently serving seniors
- 17 physicians
- 8 churches



### What programs and services are provided by the organizations?

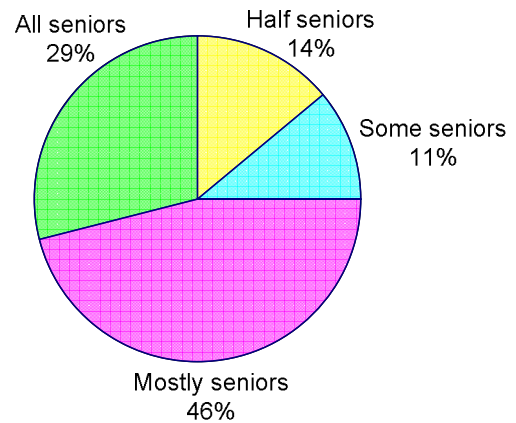
The 40 organizations provide a wide range of services. The breadth of services illustrates how many needs of Bermuda’s population are addressed by these organizations. Some organizations provide more than one service or program.

Activities of daily living	House cleaning
Addiction treatment	Housing
Adult day care	Information, advice and referral
Dentistry	Medical equipment and supplies
Domestic violence education and counseling	Nursing care
Drug education	Personal care
Educational activities	Recreation
Employment	Referrals
Family support	Residential facilities
Feeding and meal programs	Respite care
Fellowship	Senior clubs and centers
Financial assistance	Support groups
Friendly visiting	Therapy – physio, occupational
Health promotion	Training
HIV/AIDS education and prevention	Transportation
Home assistance and home care	Wellness activities
Home renovation	Youth development

## Who do senior organizations serve?

The 28 organizations that serve seniors are a special cohort of all provider organizations. Senior organizations are on the frontline working directly with seniors, and are likely to be aware of their needs and recognize service gaps. Because senior organizations are already committed to serving seniors, they are likely to be called upon to address unmet and under-met needs that may be identified.

Senior organizations generally serve other populations in addition to seniors. Less than 1/3 serve only seniors.

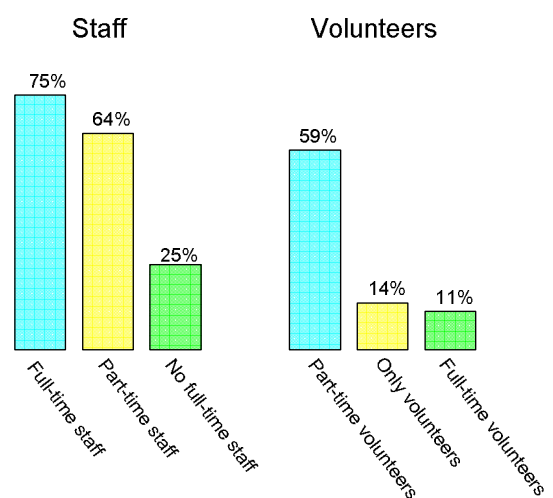


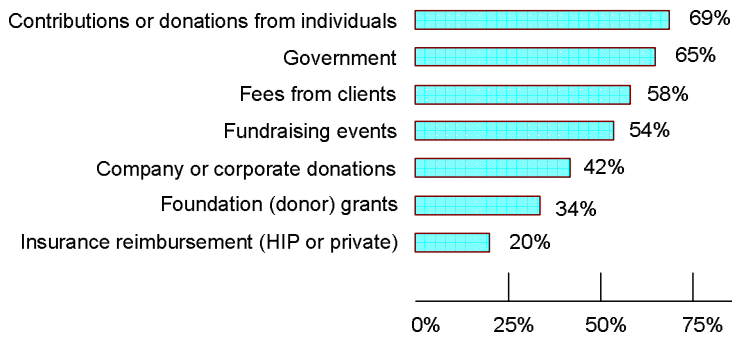
## Who can use services provided by senior organizations?

Nearly 1/2 of the organizations report they will serve everyone who asks for assistance as long as they have the need for the service. Seniors must be able to pay for the services provided by 1/3 of the organizations. In many organizations (35%), respondents indicate that at least some of their services may be provided pro bono.

## What does the workforce look like in senior organizations?

The majority of senior organizations use a combination of paid staff and volunteers to deliver services. The majority (84%) use volunteers. A quarter have no paid staff member that works full time, and 14% rely totally on volunteers.



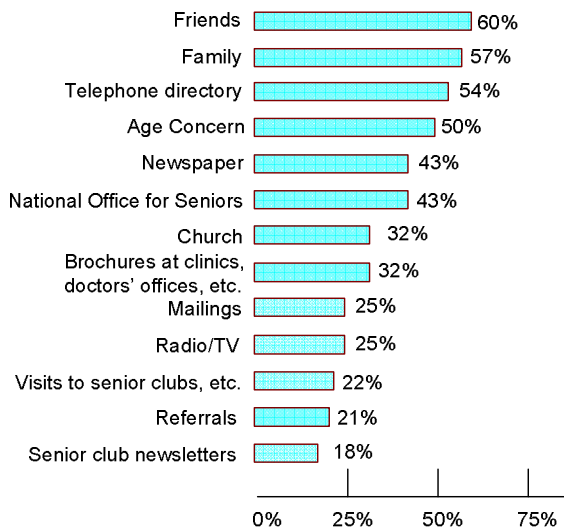


## Who supports senior organizations?

Organizations depend on several sources of financial support. Contributions or donations are the primary source of funding. Government support is a close second.

*“Bermudians are very generous. We receive a great number of donations.”*

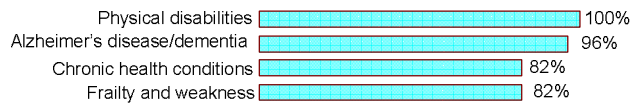
*“Have you been told now charitably minded this community is in Bermuda? I mean, if there is a cause, no matter how little money you have, they will give.”*



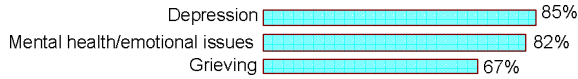
## How do senior organizations reach seniors?

Organizations rely upon friends and family to inform seniors about their programs and services. They also count on other ways to reach seniors.

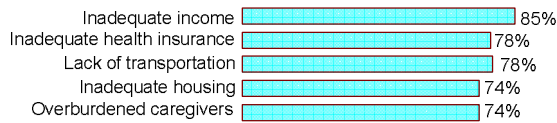
### Health needs



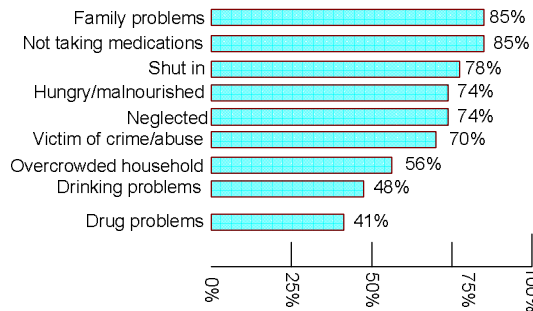
### Mental health needs



### Resource Needs



### Conditions



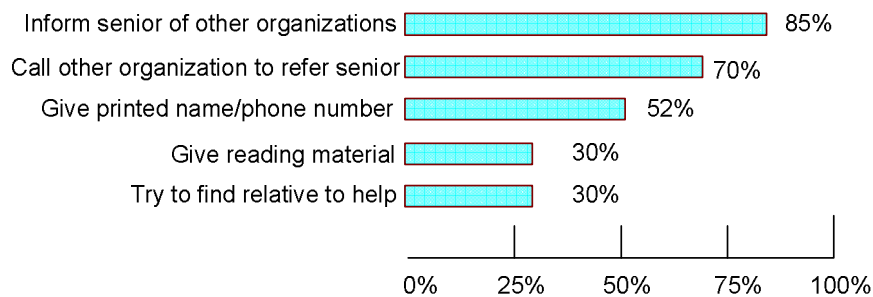
## What do senior organizations see as seniors' needs or problems?

When given a list of 21 possible problems and needs seniors currently have or might have in the future, senior organizations identify all of them as potential problems. However, only one, physical disabilities, is identified by 100% of senior organizations. Most needs are being addressed to some extent by current programs and services

## What do senior organizations do for seniors when they can't address their needs?

Organizations were asked what they do when seniors come to them with needs that their programs and services cannot address. To help these seniors, most senior organizations indicate that they tell seniors about other organizations (85%). Most respondents from other organizations report they make a telephone referral (83%). Physicians and churches were asked what actions they taken when they identify or suspect seniors have needs. Most physicians report seeking out a relative (83%). Most church respondents report making telephone referrals and locating relatives (83%). Most of the actions used require some knowledge about other programs and services if seniors are to be helped.

### Actions Taken by Senior Organizations



## What programs and services will help seniors?

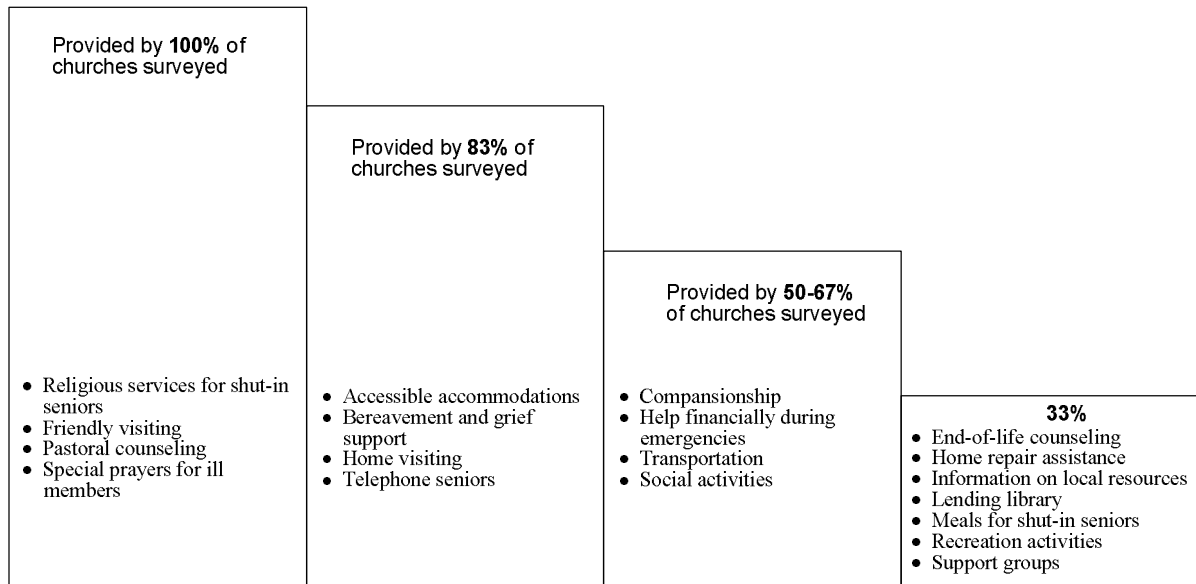
When given a list of 22 services and programs that could assist seniors now or in the future, senior organizations indicated that all would be helpful. The table below lists the percent of senior organizations that say each service would help seniors.

Services and Programs	Would help seniors
Adult Day Care	96%
Friendly visitors	96%
Caregiver Assistance	89%
Respite Care	85%
Case Management	85%
Emergency Response Systems	85%
Senior Hotline	82%
Counseling	82%
Night Care Services	82%
Residential Care	82%
Volunteer Programs	81%
Support Groups	78%
Transportation	78%
Assisted Living	78%
Home Health Aides	78%
Home Modifications	78%
Protective Services	78%
Rehabilitation Services	78%
Special Needs Services*	74%
Employment	74%
Meal Programs	70%
Adult Foster Care	67%
<p>*Special needs services are defined as services targeted to help seniors who have special conditions or problems such as developmentally or physically challenged, substance abusers, victims of crime, homeless or mentally ill seniors</p>	

## How are churches helping seniors?

Because of the important role churches play in the lives of Bermuda's seniors, the views of church leaders are especially important. Churches can play a role in providing services. They generally have resources such as good locations in their communities, physical space often available when not used for religious purposes, and access to potential volunteers.

All churches report that both seniors and caregivers came to them with problems in the past 6 months. A third indicate that they are seeing more seniors and caregivers now than a year ago. Churches report they assist seniors in many ways beyond religious services.



### What do church representatives see as seniors' needs or problems?

This list includes the needs and problems identified by the greatest number of church representatives.

- Alzheimer's disease or dementia
- Depression
- Frailty and weakness
- Inadequate housing
- Lack of transportation
- Physical disabilities

### What programs and services do church representatives believe could help seniors?

This list includes the programs and services identified by the greatest number of church representatives.

- Assisted living
- Residential care
- Transportation

### **What do physicians see as seniors' needs or problems?**

This list includes needs and problems identified by the greatest number of physicians.

- Chronic health conditions
- Frailty and weakness
- Inadequate or no health insurance
- Inadequate income

### **What programs and services do physicians believe could help seniors?**

This list includes programs and services identified by the greatest number of physicians.

- Adult day care
- Home health aides
- Respite
- Transportation

### **What is the combined provider view of seniors' unmet needs?**

When the needs and conditions identified by *all* service providers are combined, the following list emerges. This is a picture of what the greatest number of all service providers see as seniors' needs.

- Inadequate income
- Physical disabilities
- Alzheimer's disease or dementia
- Depression
- Inadequate or no health insurance
- Chronic health conditions
- Frailty and weakness

### **What is the combined provider view of services that could help seniors?**

This is what the greatest number of all service providers believe are needed programs and services.

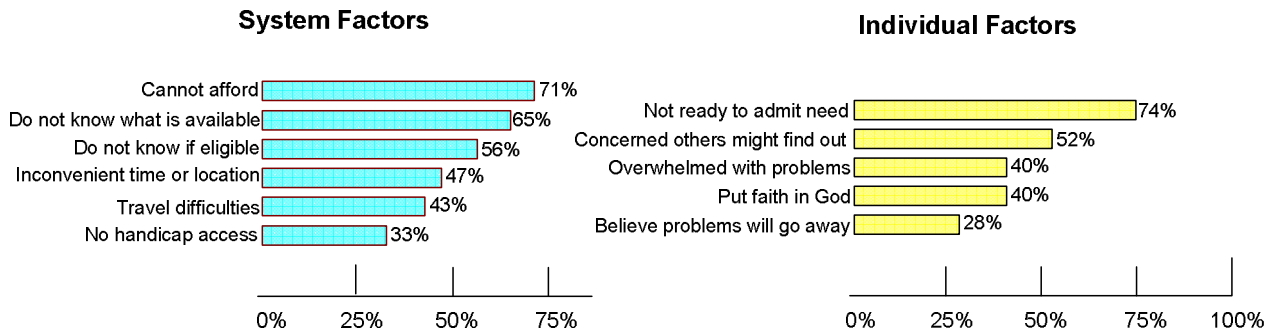
- Adult day care
- Respite care
- Assisted living
- Caregiver assistance
- Transportation
- Emergency response system
- Home health aides

### **Are there obstacles to service use?**

All service providers – senior organizations, other organizations, physicians and churches – identify a number of reasons why seniors may not use existing services. They see obstacles to service use related to service delivery and to seniors' perceptions or attitudes. However, it is likely that the service system factors and individual factors identified do not fully explain why seniors may not be using services that are offered.



## OBSTACLES TO SERVICE USE



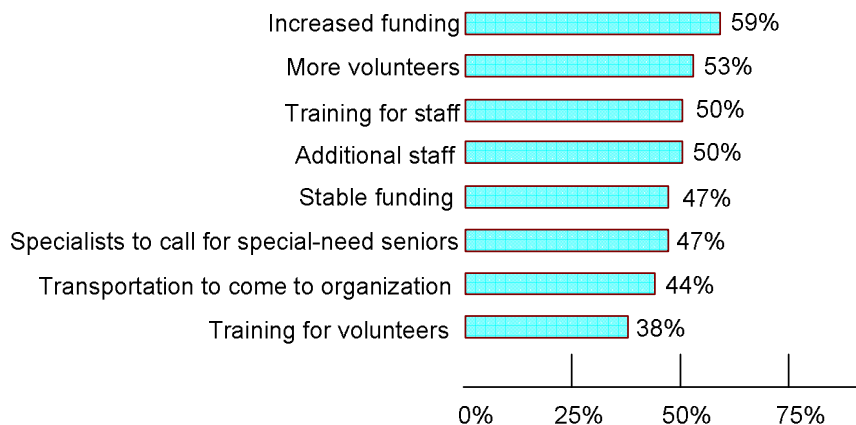
*“Our seniors are very proud and reluctant to accept something for nothing.”*

*“They don’t have people to take them and pick them up.”*

*“There are so many charities and things available that I’m not aware of and I work in a charitable organization and I am trying to give service. I don’t know about them, and I’m having to phone and check.”*

### What do organizations need so they can better serve seniors?

Senior and other organizations believe increased funding is important to serve or better serve seniors. They are also interested in additional volunteers and staff, and training for both.



*“I guess we have been limited in what service areas we do offer...but again it’s finding the workforce to assist in these areas, and the financing.”*

*“We’re very short of volunteers. I can vouch for that, because when we want a driver, sometimes we have to cancel an appointment because we can’t get a driver, unless one of our staff takes it on.”*

*“One of the greater challenges is financing of the service that you’re going to provide...the ongoing high costs associated with the kind of care that is going to be required. Where do we generate these kinds of resources? Even if there’s an initial investment in putting it into operation, there’s the ongoing costs.”*

## **Can the network of organizations serving seniors be expanded in the future?**

Nearly 2/3 of organizations not currently serving seniors report that seniors and caregivers could benefit from the services they provide.

- 56% indicate interest in serving seniors
- 44% indicate interest in serving caregivers.

## **What system-wide changes can improve services to seniors?**

Senior organizations believe the service system can be strengthened. More than half indicated that if these system-wide changes were put in place, the way services are provided to Bermuda’s seniors would be improved.

- Case coordination among service providers
- Central hotline for information and referrals
- Centralized case management
- Collaboration among service providers to plan programs/services
- Community wide client tracking system
- Improved coordination among existing services
- Mobile units to bring services to sites
- Shared personnel such as social worker or geriatrician
- Single point of entry/intake for seniors
- Uniform assessment for accurate diagnosis of needs

*“Something centralized because here we are around this table talking about an area that concerns us all, and we see loopholes and we see how we can strengthen this network to be able to really meet the needs of our seniors.”*

*“It just seems to me that a coordinated effort is always better, everyone has ideas, but when we come together collectively, there are some things that can be done collectively that cannot be done individually.”*

## SUMMARY AND CONCLUSIONS

The picture of seniors and their family caregivers in Bermuda is similar to that of other industrialized countries. The growth in older populations places increasing demands on health care systems and family caregivers. While there are many seniors, younger ones in particular, who do not have heavy service needs, older seniors are more likely to have needs because of health conditions or limitations in functioning. As seniors live longer with chronic conditions, the demand for trained and qualified health care and support service providers grows.

Although some seniors, primarily older seniors, use services, most in need do not rely on the service system. Instead, the bulk of the help and care they require is provided by family members. Family caregivers, shouldering the major responsibility for care, are sustaining quality of life for their seniors. The heroic efforts of family caregivers prevent key service systems from becoming overwhelmed. The growing numbers of seniors require that public policies address the increasing needs in order to improve quality of life for seniors and their family caregivers, and sustain viable service systems. Insufficient planning now to enhance the capacity of service systems and buttress the efforts of family caregivers could lead to future crisis.

### **What is the picture of ageing in Bermuda?**

- The strength and resilience of Bermuda's seniors are reflected in their daily lives. These qualities help them adapt to and master the challenges of growing older.
- Family caregivers are largely responsible for making it possible for seniors to remain living at home and in the community. However, many family caregivers are stretched to their limits. Despite a profound commitment to their caregiving role and responsibilities, in too many cases, caregiving is taking a toll. Although paid caregivers and other family members often assist, family caregivers remain overburdened, especially as they balance their own personal, family, and work lives with caring for their loved ones. Family caregivers who are themselves seniors are particularly vulnerable.
- One of the most serious situations for seniors and their caregivers is not having enough money. Limited financial resources contribute to economic stress. The heavy reliance on government pensions, especially among older seniors, combined with the relatively minor role of employee pensions, may help account for the number of seniors with remarkably low incomes. The cost of living in Bermuda means that expenses for seniors and the families who assist them may be high, especially when health related costs are incurred.

- For a substantial percentage of seniors, health insurance is not adequate to cover doctor visits or medications. Seniors are concerned about their health and many worry about how they will manage health problems in the future. Because seniors are likely to have increased health needs as they grow older, if there is no change in how health care costs are covered, older seniors are likely to be at risk.
- The level of depression and anxiety found among Bermuda's seniors is considerable. Because vulnerability is increased when mental health concerns are neglected, seniors who are depressed or anxious are at greater risk of social isolation and health problems.
- Service organizations are assisting seniors in many ways, and are committed to doing so regardless of insufficient funding and too few staff and volunteers. In addition to service delivery, they must also engage in activities such as fund raising and volunteer recruitment to maintain viable organizations.
- Organizations recognize that their services are not currently addressing all of the needs they have identified. They also recognize that there are many services and programs that would benefit seniors. To provide services in the future, organizations need more funding, more trained staff, and more volunteers.
- Because there is limited collaboration and coordination among providers, the ageing system cannot fully respond to ever growing needs. Organizations believe that system-wide changes would help improve the way services are provided.
- Health care providers are seen by seniors and their families as a resource for more than hands-on care. When seeking information about services, seniors and family caregivers often turn to health care providers. Like other service providers, health professionals do not have a complete picture of all available services. As services expand, it is difficult for all service providers to keep up to date on what is available.
- Although seniors and caregivers are interested in using services, service use does not reflect the extent of need or interest. There are a number of obstacles to service use, including insufficient information about availability, eligibility, and how to access services.

## What services are needed?

**Care coordination  
Caregiver assistance  
Day care or day programs  
Emergency beepers  
Friendly visitors  
Home modification or repair  
Hotline  
Information  
In-home services  
Mental health services  
Respite  
Staff training  
Transportation**

- Care coordination, also known as case management, informs seniors and caregivers of services, helps them identify the best services, and assists them in actually making contact with the appropriate services.
- Caregiver assistance enables family and friends to continue caring for seniors. Because caregivers may be stressed or burdened, they may also need help taking care of themselves.
- Day programs outside the home provide personal care, social services, and social activities to seniors who need assistance.
- Emergency beepers alert others to seniors in crisis or emergency situations so that help can be provided.
- Friendly visitors provide companionship and also check in on seniors.
- Home modifications make for safe and comfortable living. Home modifications also help seniors maintain their independence and reduce the demands on family caregivers.
- A hotline or central phone number to call for information about services makes it easier for people to learn what services are available.

- An information service that is current and widely available informs seniors, caregivers, and service providers about existing services, eligibility, and ways to access services.
- In-home services (e.g., aides, therapies) are essential for seniors who find it increasingly difficult to get out of their homes. These services can help ensure seniors' daily well being and ease worries of family caregivers when they are not available.
- Mental health services represent a major service gap. Case-finding strategies that identify seniors who have mental health or emotional difficulties are a necessary first step. Mental health providers trained to work with seniors are essential.
- Caregivers need respite from their caregiving duties in order to continue providing for their seniors. This respite is needed for caregivers to take vacation, and also for brief periods of time to give caregivers a break.
- Training for staff and volunteers so they can better understand how to reach, engage and serve seniors, is essential. Training can also help providers identify first signs of special needs of seniors, such as depression and anxiety. In addition, training could help staff and volunteers better understand the ageing experience.
- Transportation programs are necessary to help seniors use services as well as get to medical appointments. Transportation is also a crucial factor in the ability of seniors to maintain their social involvement. Without transportation, seniors are less likely to remain independent.

## What principles can guide an action plan?

**Involve the community**  
**Build on what exists**  
**Expand the existing service base**  
**Consider alternatives**  
**Draw on others' experiences**  
**Seek new directions**  
**Mine indigenous resources**  
**Value seniors as community resources**  
**Appreciate small initiatives**  
**Share program resources**  
**Centralize some activities**  
**Decentralize some activities**

### ***Involve the community***

There are tough decisions to be made. Does the Bermuda community see these service needs as priorities? Which service needs should be tackled first? What should the new or expanded services look like? Who will implement them? It is likely that there will be a far better outcome if decisions such as these are in the hands of individuals representing a wide range of service providers, including churches and key community leaders. Senior and caregivers should be represented as well. For example, as the community establishes priorities, a planning group can be set up for each to investigate different approaches or service models, and recommend the direction to take.

### ***Build on what exists***

A number of programs and services are already addressing seniors' needs in Bermuda. They can be built upon. Through collaborative planning, coordinated service provision, and sufficient support, organizations already providing services may be in a position to serve more seniors or to serve seniors in new ways. One way of building on what exists is by offering opportunities for providers and organizations to retool through continuing education programs and other training forums.

### ***Expand the existing service base***

Since it is unlikely that organizations presently serving seniors can meet the needs of all seniors now or in the future, other organizations not currently serving seniors need to be brought into the ageing service system. Increased demands and limited resources suggest that the goal of bettering the lives of Bermuda's seniors cannot be accomplished if programs and services for seniors are viewed as separate from those of other populations.

### ***Consider alternatives***

For every area of concern, there are innovative programs and service models that can be adopted or adapted. There is no one best way to approach each area. Some best practice models exist, and some will fit Bermuda better than others. For example, programs can provide socialization and recreation to individuals with early stage Alzheimer's Disease in either community settings or in their homes.

### ***Draw on others' experiences***

Bermuda can benefit from other communities and countries by looking at the lessons they have learned in delivering quality services. For example, others' experiences in setting and monitoring standards of care can help Bermuda enhance its own system of accountability. In addition, the use of training curricula and training models developed in other countries can be explored.

### ***Seek new directions***

It may be necessary to establish a new organization as a comprehensive senior service provider. One organization whose mission is to serve seniors and caregivers could be a central place where some of the new services are provided, and can also serve as an umbrella offering additional services as they are developed. A caregiver resource and support center, for example, could be the first initiative offered by this organization.



### ***Mine indigenous resources***

High school and college students are examples of potential resources that can be called upon to assist seniors. They could visit seniors in their own homes or in rest homes, shop for them, or perform other chores. These activities would not only benefit seniors but would enrich students' lives and also could be used for students' educational assignments or requirements. If undertaken as a Bermuda-wide initiative, there are opportunities to collect and preserve the history of Bermuda's seniors through gathering their stories. Such an initiative may also interest students in the possibility of working with seniors in the future.

### ***Value seniors as community resources***

Seniors are assets to the community. In keeping with Bermuda's tradition, many new initiatives can make use of the wide experience and skills of Bermuda's seniors. Programs, such as friendly visiting and home modifications, can harness the talents of seniors to help other seniors. Some of these programs have the additional benefit of enabling seniors to contribute to their communities as volunteers or possibly earn some money. Programs may also establish a formal helping network. For example, community service banks could enable seniors to exchange services for credits toward services they may need now or in the future.

### ***Appreciate small initiatives***

Programs and services are not the only ways to address the needs of seniors and caregivers. Small initiatives can also have an impact. A set of instruction cards for caregivers to use as a quick reference for tasks such as lifting, bathing, toileting, and handling the behavioral problems sometimes seen in seniors with Alzheimer's Disease can be a valuable source of important and useful information and advice.

### ***Share program resources***

Because organizations do not have all the resources they need to provide full services, sharing of program resources makes it possible to reach more seniors and enhance programs. By having staff travel between locations, bringing the materials and supplies needed for the day to adult day care programs, churches, or other local sites, services can be brought to seniors who may not otherwise have access to them. This can be especially valuable when transportation beyond local service sites is not available to seniors.

### ***Centralize some activities***

Because of Bermuda's size, centralized and system-wide initiatives are especially attractive. For example, since volunteers are important to providing services, it may be helpful to have a centralized effort to recruit, screen, train, place, schedule, and supervise volunteers. This may also help distribute the pool of volunteers among organizations.

### ***Decentralize some activities***

Decentralized services can also be effective. They allow for true community-based programs and services, tailored to different parishes. One parish, for example, may choose to establish a network of students to visit with seniors who are homebound or in

rest homes. Another may choose to offer a transportation service to insure that all interested seniors in the parish will have an opportunity to get to the supermarket.

## **Where would be a good place to start?**

Based on all of the study findings, two initiatives emerge as good places to start. One helps seniors through supporting caregivers, and the other helps seniors by strengthening the service system.



**Caregiver Resource Center  
Care Information Service**

### **Caregiver Resource Center**

Support for Bermuda's family caregivers represents one of the greatest needs as well as one of the largest service gaps. Because of the critical role family caregivers play in the lives of Bermuda's seniors, developing services to help these caregivers will help seniors as well. A caregiver resource center is a service model that centers on helping family caregivers. It brings together information and referral services as well as educational and support services that:

- Help caregivers locate the assistance they need to continue caring for their seniors
- Help caregivers access appropriate services
- Provide caregivers the support they need to take care of themselves so they can continue in their caregiver role
- Provide tools that help reduce caregiver stress

A caregiver resource center can also include:

- A hotline or crisis service
- Compilation of a list of responsible respite providers
- Educational programs about the progression of illnesses and management of caregiver tasks
- Support groups and counseling
- Representation of caregivers by voicing their concerns

A caregiver resource center benefits all of the constituents in the senior community. Caregivers are more likely to be able to continue caring for their seniors when they have resources and support available to them. Seniors will be able to continue calling on their

family for help and remain at home in the community. Service providers will have a formalized avenue for reaching seniors and their family caregivers.

### **Care Information Service**

This study confirms the pivotal role health care providers play in informing seniors and their family caregivers about services. Most seniors and family caregivers indicate that if in need they would turn to health care providers to help identify the range of services available in the community. Most physicians see referral to other service providers as part of their role.

A care information service for health care providers that keeps them up to date on information about key community resources would:

- Enhance the role of providers as partners in the services system
- Give providers additional tools to help seniors and their family caregivers
- Save providers time and effort in identifying current resources
- Help providers make referrals

The care information service could include:

- Indicators to alert providers to the need for services
- Materials that can be used by providers to identify helpful services
- Materials about services that can be given to seniors and their family caregivers
- Information about eligibility criteria, referral procedures, and contact persons that is updated regularly

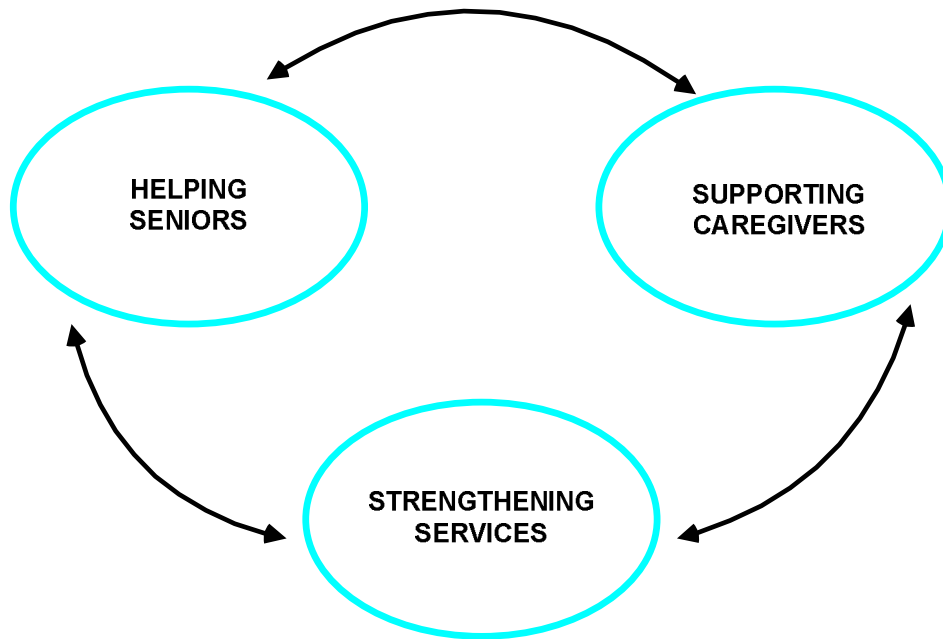
While physicians are just one component of the ageing service system, seniors and their family caregivers see them as key players. Strengthening their capacity to meet needs beyond health care strengthens the entire system.

### **Some final thoughts**

Bettering the lives of Bermuda's seniors requires attention to

- Helping seniors
- Supporting family caregivers
- Strengthening the service system

Information gathered from seniors, caregivers, and service providers demonstrates the remarkable degree to which all three groups agree on important issues and concerns. Because seniors, caregivers, and service providers are interconnected, an intervention in any one area will affect the others.



The voices of seniors, family caregivers and service providers have been heard through this project. They tell of strength, resilience, concerns, and needs. The Bermuda community is clearly committed to bettering the lives of its seniors and their family caregivers. There are many ways to keep this momentum going. This report can serve as a foundation for planning and decision making to continue this effort.

Bermuda is positioned to improve the lives of its seniors and their family caregivers. The country's size and healthy economy are a combination of assets that few other countries have. Bermuda has the opportunity to envision and create a model environment integrating focused public policy, an effective safety net, and an array of quality services.

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