Housing and Care for the Most Vulnerable Older People. What can social housing providers and older peoples' organisations do together?

A research programme funded by Orbit Charitable Trust

Phase 2 – Creating fit for Purpose Organisations

Practice papers

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INTRODUCTION TO THE PRACTICE PAPERS

The papers included in this collection were written by members of the research team with considerable input from participants in the demonstration projects and from Expert Panel members. An appendix contains papers from Phase 1 of the research, including a discussion paper by David Wolverson.

Most of the practice papers focus on the themes identified as important by people who took part in the Big Conversations during Phase 1 of the research programme. The first paper on diversity reflects on the changing nature of diversity in older age and on how important it is to take this into account when working with and planning for an ageing population. The second paper draws on Orbit Housing and Age UK Walsall's experience and practice of working collaboratively. There is something between them that goes beyond partnership working and the paper tries to capture the essence of this.

Paper three, on improving communication, draws heavily on work by our Expert Panel member Sylvia Cox and on a presentation she gave to a Big Conversation we held in London for Phase 1 of the research. The paper underlines how important it is for housing and older people's organisations to communicate better with *all* of their current and potential customers and to make good communication a normal part of everyday practice.

The fourth paper discusses attracting new business and new customers. It explores some of the latest findings on marketing to older populations by the private sector and the messages, if any, that we may learn from.

Paper five looks at our experience of undertaking a knowledge transfer project. The paper underlines the importance of transformative change for organisations aiming to become person centred and older age friendly.

Finally, paper six brings us full circle, since it considers the changing and often contested meanings of vulnerability and older age. These were guiding themes for the research programme and were critically reviewed by everyone including people in the Big Conversations in Phase 1 and members of the Expert Panel.

MOYRA RISEBOROUGH, ADRIAN JONES AND STEVE ONGERI,

APRIL 2012.

PRACTICE PAPER 1:

ONE SIZE FITS ALL? MEETING THE NEEDS OF AN INCREASINGLY DIVERSE OLDER POPULATION

INTRODUCTION

> "OLDER PEOPLE MAKE UP AN INCREASING PROPORTION OF OUR POPULATION."

Office for National Statistics (ONS) 2005.

In 2003 there were 20.0 million people aged 50 and over in the UK (a 45 per cent increase over five decades, from 13.8 million in 1951), with the number projected to increase by a further 36 per cent by 2031, when there will be 27.2 million people aged 50 and over.

Over the last 50 years there has been a substantial change in the age composition of older people. In 1951, those aged 50–59 represented 43.0 per cent, and those aged 85 and over made up just 1.6 per cent of the 50 and over population. In 2003 the two age groups represented 37.8 per cent and 5.5 cent respectively of the older population, with projections indicating that these proportions will be respectively 28.6 and 7.9 per cent by 2031. In terms of the total UK population, it is projected that there will be a more rapid ageing of the population over the next 30 years and that people aged 85 and over will comprise 3.8 per cent of the UK population in 2031.

Older age is being perceived differently. ONS (2005) for example, noted that older age is also being experienced differently and individual stages in the lifecycle are increasingly blurred. This blurring contributes to the diversity of the older population and their identification by means of many characteristics rather than age alone.

DIVERSITY

This growing older population is diverse and should not just be grouped under the heading "older people." But what do we mean when we talk about "diversity"? North Devon Council use the following definition

"Diversity is about valuing individual difference. So 'diversity' is much more than just a new word for equality. A diversity approach aims to recognise, value and manage differences in order to make the Council

a better place for everyone. Diversity is also about recognising that our customers come from different backgrounds. If we welcome diversity as colleagues, value each other and treat each other fairly, we will work better together".

Portsmouth City Council differentiates between "equality" and diversity"

*"**Equality** is all about making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone the same, as they may have different needs to achieve the same outcomes. **Diversity** is about recognising and valuing individual differences and raising awareness about them".*

The Equality Act (the main legislation specifically covering equality issues) identifies nine "*protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation*". The Act extends anti-age discrimination rules to include goods, facilities and services, stopping people being unfairly refused insurance or medical treatments based on their age.

Age discrimination provisions do not, however, come into force until 2012 for the private sector and later still for health and social care. In this paper we are focusing particularly on three areas: age, ethnicity and sexual orientation although, as we hope to make clear, approaches to meeting the needs of people within these particular "protected characteristics" can be of much wider applicability.

Meeting the diverse needs of older people – Age

What it means to be old is changing. Younger people may stereotype the lifestyle choices of older people and assume that entertainment for many older people is just an old-fashioned 'sing-along', but they would be wrong:

> "We're not the first world war, we're the 60s."

Prospective Older Person's Panel member – Gravesend, Kent July 2008 (Jones and Riseborough, 2008)

An Age Concern commentator noted (Ramsbottom, 2009) that within common definitions for "older people" it is possible to include people in their fifties and people aged one hundred and over. None of these

definitions capture the huge variety in terms of gender, ethnicity[1], social class, wealth[2], locality[3] and health, [we would also add "sexual orientation" to these] which all lead to:

"differing needs and aspirations and choices. Diversity within 'older people' is also as varied as the diversity between older and younger people. This concept is often termed 'super-diversity'".

What then are the implications of this increasing diversity? Commentators often say that implications include:

- Blurring of boundaries between age groups as people increasingly share interests with people of all ages rather than their particular age group, for example in music, art, cinema, theatre, TV etc.
- Services that target older people as one group may no longer be suitable or required as older people become a more diverse group.
- 'Younger older people's' needs and aspirations may become more linked to lifestyle choices than support needs, particularly as health and wellbeing continues to improve amongst this group.
- Higher expectations of services[4] as 'younger older people' are often more assertive and aware of their needs.
- Those regarded as 'older people' are more likely to fit the traditional stereotype of those needing help and support; i.e. people with complex health and support needs, and those over the age of 80, though social and medical advances may reverse this trend.
- A shift in the way people view old age and older people - with a move away from the traditional view of a vulnerable, disempowered group needing help and support, to one that reflects the increasing power, wealth and value of older people.
- Changes in language related to age and ageing as there is continued unease linked to terms such as 'old age pensioner', 'elderly', 'aged' or 'seniors'.

These themes mirror, at least in part, the findings emerging from our research with the demonstration projects on person-centred working. They highlight the variety of needs and aspirations within the older population and the need to develop policies and practices to put customers themselves at the centre of the service delivery process.

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[1] http://www.3s4.org.uk/drivers/attitudes-towards-ethnicity
[2] http://www.3s4.org.uk/drivers/poverty-and-inequality
[3] http://www.3s4.org.uk/drivers/inequality-between-local-areas
[4] http://www.3s4.org.uk/drivers/public-expectations-and-assertiveness

Meeting the diverse needs of older people – Ethnicity

The ethnic make-up of the United Kingdom is changing and that change is reflected in the "older" population, with an increasing amount of the BME population now of pensionable age or older.

A study for the Joseph Rowntree Foundation (Blood and Bamford, 2010) found that whilst there is a smaller proportion of older BME people than is the case with the general population, this proportion is likely to expand and, further, these groups are disproportionately affected by poor health and long-term conditions and have support needs that are more likely to be 'hidden' from service providers, given the barriers to accessing services. Several studies (e.g. Patel et al 2008, Smart 2005, Patel 1999) have identified barriers including:

- lack of awareness or understanding among BME elders of housing options;
- lack of appropriate promotional material;
- lack of understanding among service providers of specific religious and/or cultural needs
- lack of staff with appropriate language skills and/or cultural knowledge;
- inconsistent allocation policies between service providers;
- scheme location (e.g. the importance of being near community facilities, such as shops selling appropriate foods, and places of worship);
- issues regarding inappropriate design of accommodation;
- non evidence-based assumptions made by service providers regarding what individual preferences will be;
- the need to involve BME elders in the service-development process.

The JRF report cited above notes that:

"Minority groups seem to be at a particular risk of having their emotional, social, spiritual/religious and sexual needs overlooked and are likely to experience a disproportionate negative impact where services take a one-size-fits-all approach."

From research carried out to date (see, for example, Jones 2008), certain recommendations for provider organisations tend to be identified repeatedly. They include:

- assessing need: improving monitoring systems, carrying out research;

- raising awareness amongst BME Elders and their relatives about available services: outreach, promotion, translation and use of various media;
- employing staff from diverse ethnic groups;
- involving BME communities directly as service providers or as part of the service development process;
- involving potential service users (e.g. BME elders groups) so that services are tailored to meet their aspirations and needs;
- training staff - for example, in legislation, cultural awareness, equal opportunities and anti-discrimination practice;
- incorporating cultural and/or religious requirements into service design and delivery;
- implementing clear policies and codes of practice.

Care must be taken, however, to recognise diverse needs amongst "BME" communities. For example, Smart (2005) when analysing how people accept or reject offers for social rented sheltered housing in Bristol noticed different patterns. For example:

- African–Caribbean people were happy to live in sheltered housing with neighbours from ethnically mixed groups. Negative views about such housing were usually related to location, tenure or financial preferences rather than cultural differences.
- South Asian people, on the other hand, had stronger concerns about cultural, religious and language-related isolation in sheltered housing. As a result, South Asian elders are often reported as saying they want to live near other people from similar backgrounds. They also hope this will produce culturally responsive tailored support service and social activities. groups.

The key then is to treat BME older people (as with all older people) as individuals with individual needs. The recognition that individual needs should be identified and addressed, rather than adopting a "here is what we do, take it or leave it" approach is, however, nothing new. Nearly 20 years ago a report for Anchor Housing (Jones, 1994) stated that:

"the aim should be to extend the range of choices available to black and minority ethnic elders, not to push them in a direction in which they may not want to go."

This move to addressing individual needs and aspirations and recognition of the diversity of the older population is not restricted to the issue of ethnicity.

Meeting the diverse needs of older people – Sexual Orientation

A 2002 report for Age Concern ("Issues facing older lesbians, gay men and bisexuals") stated that:

"Older lesbians, gay men and bisexuals face many issues in respect of ageing in common with older heterosexuals; for example, reduced income following retirement, health concerns, the loss of friends and family members and ageism. However, older lesbians, gay men and bisexuals may face other issues and injustices because of their sexuality, many caused by the lack of legal recognition of their relationships, as well as the double discrimination of ageism and homophobia. Some may face multiple-discrimination; with older lesbians, gay men and bisexuals from ethnic minorities facing racism, while lesbians may also face sexist attitudes".

Again, as with the broad heading "ethnicity" (as detailed above), the diversity within the LGBT (Lesbian, Gay, Transgender and Bisexual) population must be recognised. LGBT people do not form a homogenous, socially cohesive group and, consequently, each of these groups, which are themselves not homogenous, will need specific approaches..

The Age Concern report identified four key issues for older lesbians, gay men and bisexuals:

1. **Discrimination** (which can be direct or indirect) - an example of direct discrimination is the lack of legal recognition of same sex relationships, resulting in them not having access to the same rights as married couples. An example of indirect discrimination is the lack of understanding of older lesbians', gay men's and bisexuals' issues by statutory service agencies, resulting in a lack of access to and provision of appropriate services.

2. **Access** – as a result of discriminating against people's sexual orientation there could be a lack of provision of appropriate services for lesbians, gay men and bisexual people in later life, such as housing, health and social care services, which recognise their existence and are responsive to their needs.

3. **Social isolation** - Older lesbians, gay men and bisexual people, whether they have 'come out' or not, may face greater social isolation due to both direct and indirect discrimination. Often older lesbians, gay men and bisexual people are isolated because of their invisibility. Unlike other minority groups within the population, such as black and minority ethnic elders, it can be difficult to identify people's sexuality in order to provide appropriate services.

Many older people may be used to concealing their sexuality. Policies and practices which do not take into account older lesbians', gay men's and bisexual people's needs may compound their invisibility.

4. **Consultation and involvement** - approaches which are stated as 'open to everyone' without addressing the need to make direct provision for minority groups, such as older lesbians, gay men and bisexual people, can be ineffective and sometimes inappropriate. They are not sufficient, in themselves, to send a clear message to older lesbians, gay men and bisexuals, who may have experienced discrimination, that they are welcome and can access services without further fear of discrimination. Specific promotion work is therefore required to engage older lesbians, gay men and bisexual people.

The JRF study cited earlier (Blood and Bamford, 2010) points to the existence of:

"a significant minority of lesbian, gay and bisexual people, a group that may be over-represented in the group needing support (as less care may be available from family and some health needs are likely to be greater), but which is more likely to be 'hidden' (as people often avoid accessing services or, when they do, do not reveal their sexual orientation for fear of discrimination); and a small but increasing group of transgender people, who face particular discrimination."

Additionally the study notes that (according to the Commission for Social Care Inspection (2008)), just seven per cent of care homes for older people and eight per cent of domiciliary care agencies have carried out any specific work around sexual orientation. Given this, it is particularly pertinent to note the findings of a report by the International Longevity Centre (Musingarimi, 2008):

"Housing is an extremely important issue for older LGB people. Should they need care, they are particularly concerned about potentially homophobic individuals coming into their homes, which are sometimes the only place where they can truly be themselves. They are also concerned about attitudes of management and other residents should they have to move into residential accommodation and whether they might have to go' back into the closet'. It is critical to raise awareness among housing providers and to encourage them to be more openly gay friendly".

A 1995 study for Polari Housing (Hubbard and Rossington,1995) detailed eight key recommendations for meeting the housing and support needs of older lesbians and gay men (N.B. this does not include transgender or bisexual people):

RECOMMENDATION 1: *Housing and community care provision must be considered together if older lesbians' and gay men's needs are to be met.*

RECOMMENDATION 2: *Imaginative ways of adapting existing housing stock should be considered.*

RECOMMENDATION 3: *Organisations such as Polari Housing Association should consider developing specific housing and/or community care provision for older lesbians and gay men* - Polari's research found that the majority of older lesbians and gay men they interviewed would value living in accommodation specific to them and that most older lesbians and gay men have little confidence in existing accommodation.

RECOMMENDATION 4: *There is a need for a 'consumer guide' to specialist accommodation for older lesbians and gay men. This could have the effect of providers seeking to raise standards in order to be in the guide* – equal opportunities policies and practices vary considerably in both sheltered accommodation and residential care homes. Older lesbians and gay men involved in Polari's research expressed frustration at the lack of information on which accommodation is likely to be more 'gay/lesbian-friendly', an issue which is particularly pressing with regard to residential care homes where decisions on choosing a home often need to be made very quickly.

RECOMMENDATION 5: *Training packages need to be developed for service providers about sexuality in general, and issues relevant for older lesbians and gay men in particular* – Polari's research found that there is a lack of understanding amongst providers of services for older people on the issues of sexuality and the lifestyles of lesbians and gay men. This partly reflects the rejection of sexuality in older people generally. There is also a lack of awareness of the potential of older lesbians and gay men as a 'market'.

RECOMMENDATION 6: *Support should be given to assist and encourage groups and individuals to set up social groups by and for older lesbians and/or gay men and to help in supporting existing ones. This will require substantial efforts in outreach* – whilst Polari's research found it likely that older lesbians and gay men adapt well to older age, it also found that loneliness can be a major problem and that there is a lack of established social settings for older lesbians and gay men to meet.

RECOMMENDATION 7: *There is an urgent need for networking between relevant organisations and individuals to share experiences and exchange information* – whilst there are many groups and

individuals working in this field they tend to be working in isolation and expertise and experience is not being shared.

RECOMMENDATION 8: *Older lesbians and gay men should be involved at the centre of all developments in this field, as participants in the relevant organisations and through existing forums* - many older lesbians and gay men expressed a belief that the success of new initiatives was dependent upon the involvement of older lesbians and gay men themselves.

In meeting the needs of BME older people, much of the emphasis in the past has been on providing accommodation targeted at specific ethnic groups rather than on addressing the needs of members of such groups in mixed-ethnicity settings (see, for example, Jones, 2008). This situation is changing, with the emphasis now being on meeting individual needs within mixed ethnicity settings. Similarly, whilst Polari's original vision was of providing accommodation specifically for older lesbians and gay men, in view of the recommendations detailed above their emphasis changed, from focusing mainly on setting up new specialist housing to putting pressure on existing service providers to include and meet the needs of older lesbians and gay men.

As the Polari research notes:

"In some ways older lesbians' and gay men's expressed wishes about service developments in housing and care reflect the wishes of older people generally. Older lesbians and gay men want decent housing and community care services as they get older, appropriate to their needs, as well as opportunities for maintaining and developing social contacts."

Research carried out for Stonewall (Guasp, 2011) notes that:
"Ultimately, older lesbian, gay and bisexual people want to be able to be themselves and they want services in later life that fully understand their needs and won't discriminate against them".

But the Polari research also found:

"Older lesbians and gay men may be a multifarious group and experience discrimination common to many older people, but they also exhibit some commonalities of experience which can very often be linked to the fact that they are lesbian or gay. Thus it is arguable that challenging discrimination needs to be central in the provision of any services".

Similarly, the research carried out for Stonewall (Guasp, 2011) noted that lesbian, gay and bisexual people have similar concerns to the

wider population but also express more worries about their future care needs.

Alarmingly for housing and support providers, three in five of those interviewed for Stonewall were not confident that social care and support services, including paid carers and specialist housing services, would be able to understand and meet their needs.

Good Practice – Meeting Diverse Needs

The increasingly diverse nature of the UK's older population, accompanied by a growing emphasis on personalisation, means that "one size fits all" approaches to meeting needs can no longer be seen as adequate. (if, indeed, they ever were. Ramsbottom (2006) commenting on behalf of Age Concern identified the following questions that organisations should be asking themselves:

- Ageing means different things for different people. How can you ensure your offer for older people reflects the diversity of their needs and expectations?
- Could or should your organisation make a choice about which element of the 50 - 100+ age bracket it works with?
- Given that the increasing diversity of older people means traditional ways of describing or addressing older people are no longer appropriate, does your organisation need to revaluate the language you use in your marketing, communications or when working with older people? Do you need to market and promote your services differently to appeal and adapt to new and different markets?
- Could you carry out research and evaluate your current services to inform new service design?

If diverse needs are to be met, there is a clear need for better information - on services and service providers for customers/potential customers; on the needs and aspirations of customers/potential customers for service providers - and better two-way communication.

Research carried out in Kent in 2008 (Jones and Riseborough, 2008) recommended that housing and care providers should make some changes to enable older people to make informed choices. The recommendations suggested:

- People want more information regarding services/accommodation available.
- Services provided need to be "personalised" (designed to meet individual needs). A range of accommodation types and tenures are needed. The key is to develop provision around individual needs

- There is a lack of social housing and a lack of decent rented accommodation across the board.
- In developing accommodation for older people, there is a need to develop housing with support and providers should work together.

There is no one magic answer to the housing, care and support needs of a diverse older population. What is required is a variety of types of provision. Better communication/ information on what is available is also crucial. There is also a need for a “two way” change in attitudes – for older people regarding younger people and vice versa.

One size no longer can no longer be assumed to fit all and the agencies that are likely to thrive in the current economic climate are those that recognise that fact and take steps to address older people’s individuality and diversity. These maxims should be central to any agency seeking to deliver services to “older people” in the 21st Century.

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Bibliography

Age Concern (2002), Issues facing Older Lesbians, Gay Men and Bisexuals, Age Concern, London

Blood, I and Bamford, S-M (International Longevity Centre – UK), (2010), Equality and Diversity and Older People with High Support Needs, Joseph Rowntree Foundation, York

Commission for Social Care Inspection (2008), Putting people first: equality and diversity matters 1, Providing appropriate services for lesbian, gay, bisexual and transgender people, Social Care Policy and Practice, issue 7.

Guasp, A. (2011), Lesbian, Gay and Bisexual people in later life, Stonewall, London

Hubbard, R. and Rossington, J. (1995), As we grow older – a study of the housing and support needs of older lesbians and gay men, Polari Housing, London

Jones, A. (1994) The Numbers Game: Black and minority ethnic elders and sheltered accommodation, Anchor Housing Trust, Oxford

Jones, A, (2006), Beyond Sheltered Accommodation: A review of extra care housing and care home provision for BME elders, London: Age Concern England

Jones, A. (2008), Meeting the housing needs of BME older people – Better Housing Briefing 6, Race Equality Foundation, London

Jones,A. and Riseborough, M (2008a). West Kent – Gravesend Focus Group, Wednesday 16th July 2008, RRCA

Jones,A. and Riseborough, M (2008b), West Kent – Sevenoaks Focus Group, Tuesday 15th July 2008, RRCA

Lievesley, N.(2010), The future ageing of the ethnic minority population of England and Wales, The Runnymede Trust and the Centre for Policy on Ageing, London

Musingarmi, P. (2008), Housing Issues Affecting Older Gay, Lesbian and Bisexual People in the UK: A Policy Brief, The International Longevity Centre - UK (ILCUK), London

North Devon Council, (http://www.northdevon.gov.uk/what_is_eqaulity_and_diversity)

Office for National Statistics (2005), Focus on Older People, ONS, London

Patel, N. (1999) Ageing Matters, Ethnic Concerns, Age Concern England, London

Patel, N. (2004), Proposal for a Chinese Extra Care Home in London, Policy Research Institute on Ageing and Ethnicity. Leeds

Patel, N., Patel, B., Jones, A. and Chouhan, K. (2008), Keeping it in the family? - The housing, care and support needs of South Asian elders, Housing Corporation, London

Portsmouth City Council: http://www.portsmouth.gov.uk/yourcouncil/equality-and-diversity.html

Ramsbottom, H. (2009), NCVO Third Sector Foresight: http://www.3s4.org.uk/drivers/diversity-of-older-people

Smart,S. (2005), Housing & Support Services For Black & Minority Ethnic Older People - Review Report For Information to Bristol Housing Race Equality Group

PRACTICE PAPER 2:

A MODERN TAKE ON PARTNERING AND ALLIANCES. COLLABORATIVE RELATIONSHIPS BETWEEN ACCORD HOUSING AND WALSALL AGE UK

Over the last few years, Accord Housing Group and Walsall Age UK have developed a collaborative relationship close to business models of partnering, yet still with a voluntary organisation twist. The two organisations have got to know each other well and the individuals involved have developed a high level of trust in each other. The relationship has led to the two organisations successfully tendering together for an innovative and potentially growing stream of dementia care business. The latter takes the form of jointly scoped and developed dementia services, involving support workers and advisers, to assist and support carers and dementia sufferers. Both organisations are in no doubt that their collaborative relationship and the dementia service, including innovative café's, have helped them position themselves advantageously in a changing and challenging environment.

This paper considers what the Accord and Walsall Age UK experience tells us about collaboration in practice, why it works and how this is different to or the same as partnership working. The paper also compares and contrasts the experiences of Accord and Age UK Walsall with published literature on the subject.

WHY FORM COLLABORATIVE RELATIONSHIPS?

BECOMING ADAPTABLE

Peter Drucker, writing in 1954, foresaw that businesses grow and survive by paying attention to the person at the end – the customer. In his view, marketing is quite simply the business seen from the customer point of view. Adaptability came naturally to Drucker, yet it is the ability to adapt, change and be flexible to different opportunities and circumstances that businesses in all sectors seem to find difficult. In public service organisations, including those in the third sector, the challenge of being customer centred is still relatively new. Being person centred, a key element of our research funded by Orbit Charitable Trust, is newer still.

Collaborative behaviour and adaptability are often talked about together. Ian Williams (2006), for example, writing about competition and collaboration in the wider third sector, suggests that voluntary and community organisations increasingly have to work together at a strategic level rather than as a one-off, if they want to lever in resources that are harder to find in a tougher environment.

Maureen Bradley (former Director of Care and Support at Accord) and Davina Lytton, CE Age UK Walsall, underlined the importance of being adaptable to take advantage of opportunities. They were key push factors for their collaborative relationship, especially in the context of fewer local authority contracts to tender for. As a result, it was important to find new ways to work and compete in a changing landscape. But the relationship was never purely tactical. It was and still is also about trust. In this case, trust between the two organisations grew over time, but it had a starting point and continues to requiring nurture and maintenance.

Trust and adaptability to changing fortunes

The trust between Accord and Age UK Walsall was first evoked through relationships they each had with a community housing association, Caldmore HA. Separately, Accord and Age UK developed trusted relationships with Caldmore that continue today. The relationship with Caldmore provided a helpful prevailing climate when the organisations found themselves being thrown together with others to consider working as a consortium. There seemed to be common ground, and the stimulus to take things further led them to jointly tender for a number of dementia care services. The two organisations, particularly Maureen and her team and Davina and her team, were by that time pretty sure they could trust the other sufficiently to work together and confident in the synergy the two organisations had to deliver these services.

What is collaboration anyway?

There is a mixture of views on what constitutes collaborative working. Simon Parker and Niamh Galllagher (2007), writing about the collaborative state, see it as organisations working together with the public sector to transform public services. Marston (2011) talks about collaboration in the industrial sector as a modern response to the demands of the market for responsive businesses. This replaces the largely steady state in the past, where industries could afford to have a large workforce including a large R & D capacity and markets were relatively placid. Few companies can afford to run such monoliths now

and need to have leaner organisations with more flexible staff and the capacity to switch to new products and services when opportunities arise. Collaborative working gives organisations prepared to work together the chance to respond.

Some people see collaboration and partnership as interchangeable terms or shades of the same thing. Curtis (2011) for example, writing on the third sector and relationships with public service, talks about different models that in his view cover a spectrum of activities from collaboration through partnership and alliances to consortium arrangements. The common denominator is that organisations agree to come together in order to better compete for contracts/funds or other resources. The models he describes include:

- The lead agency model
- The formal consortium model
- The super contractor model - a special purpose vehicle owned jointly and equally by a group of member organisations
- The revolving lead agency, where each takes a turn

Harrow (2005) sees things a little differently. She refers to the notion of improvisation and how important it is for modern voluntary sector organisations to select an appropriate response depending on the circumstances and the opportunities. It may be that collaboration is the right approach to one set of circumstances whereas competing, as a single organisation is appropriate at other times. Organisations have to be nimble enough to work out what the opportunities may be at any given time and have a range of responses ready.

Overall the literature suggests there is general agreement from experts on the current context, and the nature of the external environment is usually described as demanding, tough or volatile. It is not the steady state that most organisations traditionally aimed to work in. Collaboration is therefore often portrayed as a necessary evil.

How do Accord and Age UK Walsall describe their collaboration?

There are slightly different views. From Maureen's perspective at Accord, the collaborative relationship with Age UK Walsall is different to partnership – or at least it is different to the partnerships she engages with at Accord. It is different because it is more pragmatic, less top down and more solution focused than partnerships. It also works across the organisations and teams of staff from each organisation have to learn to work together. This gives the collaboration a creativity that is less easy to spot in partnerships,

which are often more formal and get involved much less in operational matters.

Davina, however, sees the collaborative relationship with Accord as more of a development from partnership working and a variation of it. Apart from these differences though, Davina and Maureen describes their experiences of collaborative working in remarkably similar ways. They also concur on the reasons why the relationship works.

What makes collaborative relationships work?

Mutual respect and trust

Mutual respect was mentioned by both interviewees as integral to the trust between their organisations, yet the existence of mutual respect seemed to be less reliant on personal relationships and was described instead as derived from respect they have for the good work done by each organisation. Being able to identify examples of good work was also extremely important when it came to agreeing on the strengths and skills that each organisation brought to the collaboration.

Literature and research on the subject strongly agree with the views expressed by Maureen and Davina. Ohmae (1989), for example, (*see 'box 1' on page 21*) says that mutual respect and trust are absolute essentials. He goes on to list eleven issues that underscore any collaborative arrangement. All of the eleven issues were given attention by people involved in the Accord Age UK Walsall collaboration, but there were additional factors that Ohmae didn't mention, such as having pre-existing grounds for trust, continuing to trust even when people moved about from one role to another and having a looser contractual (legal) arrangement rather than the tight one suggested by Ohmae.

The pre-existing grounds for trust

Reflecting on the trust relationship that Davina and Maureen talked about and how the trust formed and developed can be illustrated as a sequence of iterative ideas and actions.

At the start

Could we possibly work together? Do we share the same values and views on the world? Do we each have something to offer that the other does not?

1. On what shall we test this out?
2. In what circumstances would we work together?
3. What would this working together look like?
4. Who else do we need to involve?

IN PROCESS

5. Working together on a job – how is it going?

REFLECTING BACK

6. Shall we do that again? Try something else? Do some of it differently?

BOX 1: OHMAE'S ELEVEN KEY ISSUES

1. The collaborative efforts should be seen as a personal commitment.
2. Collaboration takes time. Anticipate and prepare for it.
3. Mutual respect and trust are essential.
4. Mutual benefit is essential.
5. Legal agreements are important. Contentious issues need to be sorted out.
6. During collaboration circumstances can change so everyone needs to be flexible
7. Mutual expectations about the relationship and timescale need to be worked out and understood
8. Meet opposite numbers socially. It makes it harder to fall out
9. Appreciate different organisation's cultures and the need to respond differently
10. Recognise the independence and different interests of partners
11. Even if the relationship is due to last for a short time make sure there is Board and management approval

BEING SOLUTION FOCUSED

Accord and Age UK Walsall find that a commitment to finding solutions is important and is part of the everyday work the organisations do together. Both Maureen and Davina said that

because the work they are doing together to create lively dementia cafés is innovative, they rely on each other to find solutions at many different levels. It isn't just at the management end either, because being committed to finding solutions runs through the relationships between all members of staff and between staff and customers.

"I know that I can pick up the phone and speak to someone to sort out a problem and know we will sort it out." (Davina).

"Staff take responsibility for sorting out problems – it's as if we are all one team." (Maureen)

Recognising each other's strengths and capabilities

Accord is in no doubt that working with Age UK Walsall allows each to bring strengths and capabilities to the tasks in hand. Age UK Walsall similarly noted that while they bring local knowledge, an excellent local reputation and a track record in working with local older people, including people with dementia, Accord brings resources, business expertise and sourcing, a reputation for good work across the region and practice at managing facilities. Both organisations bring expertise in providing innovative high quality care and support services for older people and supporting carers.

Age UK Walsall is able, because of its roots in the local community and the work it does in the local hospital, to bring in potential customers and to support and work with people with dementia and their families/carers. Accord is then able to deliver a personal service to people in the dementia cafés informed by the dementia advisers that Age UK Walsall employs.

In their work together Accord also provides many of the 'back office' functions, which it can do at less cost and at little extra strain on the organisation, while Age UK Walsall can handle recruitment in a much shorter timescale. The collaboration gains added value by harnessing these strengths and each organisation saves resources. Davina pointed out, for example, that Age UK Walsall has a small management and administrative infrastructure while Maureen talked about the grass roots contacts and links that Age UK staff and volunteers bring to the relationship.

Both Davina and Maureen also commented that running the service collaboratively brings in new customers for other services and both organisations benefit. A good example is attracting potential tenants for Accord extra care services, while new customers might also be brought in for Age UK home support services. Since neither

organisation is in direct competition with each other, it is easy for staff to collaborate on potential services.

Accept flexibility and looser contractual arrangements

Being flexible is important to both parties, especially since the two organisations had to initially bid together for services and then work out later how they would deliver them. Maureen said it was impossible to know for certain if a tender for a service would be successful, and if it is, whether an idea could be delivered in the way it was first envisaged. In the case of the dementia cafés, both organisations had a good idea what they wanted to deliver but it wasn't until it came to working out the delivery details that they started to understand how it might work in practice. Both had to be flexible and they continue to be. Some things have not worked as they planned, for example, one dementia café was slow to take off and the two organisations had to find methods that would actively overcome problems.

Finding an appropriate contract and legal agreement was not easy. It was important to have an agreement, particularly for the financial aspects, to cover any disputes and their resolution. Yet neither organisation wanted an agreement that would tie them down and make it impossible for them to, for example, renegotiate if necessary, do things differently or respond to changes as they occurred. They needed something looser than a tight formal contract, but they still needed a contract. They finally decided on a model agreement adapted from a consortia model that Maureen found after doing some Internet research. This model appears to fit the bill, although it is still being fine-tuned.

It's the way we do things around here – cultural change

Both Accord and Age UK Walsall said that, in their view, there is no way that organisations could go back to working alone. Partnerships, collaborative working and consortia, whether we see them as variants of the same thing or not, are here to stay. Yet both organisations agreed that some staff are resistant to working with others and some of the external organisations they work with only collaborate reluctantly.

They referred, for example, to partnerships that are unequal and to consortia where some organisations contribute very little but like to take the glory if there is any. In contrast, both Accord and Age UK

Walsall thought that their organisations were firmly embarked on a way of working where collaborating and working with others is a normal state of affairs – part of the culture. They had also each benefited from working in partnership with a third organisation – Caldmore HA – which helped, as noted earlier, to sow seeds of trust.

Age UK Walsall and Accord said they would also continue to develop new partnerships and alliances. For example, Davina said that a joint project developed with Caldmore has led to further work with Caldmore:

"Due to the success of Help at Home, and in recognition of the strong partnership, we were approached by the LA to work on alternative support services when the long-standing meals-on-wheels service came to an end in January 2010. This led to the development of 'Taste for Life' and further cemented the partnership between ourselves and Caldmore HA."

Personal or organisational relationships?

It can be difficult to work out if relationships are actually between individuals or organisations, and there is little doubt from the Accord and Age UK Walsall experience how important personal relationships are and were. The worry is that the relationship could break down if the key actors move on. Maureen (Accord) and Davina (Age UK Walsall) are conscious that this could happen, so they sought to embed the collaborative relationship in their organisations in various ways. For example, by ensuring that other people as well as themselves are involved in the relationship. In fact, as the two organisations increasingly worked together, relationships developed laterally across both organisations between staff at operational levels. The collaboration became therefore much less driven on a day-to-day level by individuals further up the organisation, although relationships continue to be very important.

Is the existence and persistence of personal relationships something to be concerned about? Ohmae (1989) suggests that personal relationships are essential for collaborative working and should not be seen as transient or as something that has to be replaced by something less personal. He says, for example, that its people who make things work in organisations and people who decide if something is trustworthy or deserves their respect.

A STRONG BUSINESS CASE

Finally, one of the factors which strongly influenced the organisations to come together, and which continues to be important, is the existence of a strong business case. Both organisations have local roots and both have values and interests in improving the lives of local inhabitants, particularly the most vulnerable people. They both like innovation, although Age UK Walsall suggested that for them this was a relatively new appetite led in no small part by Davina, who at the time was a newish CE (now in post over two and a half years). Values and commitment to social good were therefore important to the organisations, but they also said that if there were not a strong business case they wouldn't have gone ahead.

A BIT MORE ON THE DEMENTIA CAFÉS

"Age UK Walsall contacts and encourages through our dementia advisers, paid for through the joint Accord contract with Walsall, older people and their relatives to come to the dementia cafés. We also help support those individuals and their carers and enable them to get information and peer support as well. Accord provides the facilities and services. The contract has three elements – Dementia Advisors (telephone based), Dementia Support Workers (based in the Manor Hospital) and the Dementia Cafés – delivering 6 cafés per month across the borough. Age UK Walsall will be line managing the first two elements and Accord will be line managing the Café coordinator." (Davina)

CONCLUSIONS

The literature reviewed for this paper suggests there is no general agreement on what makes collaboration distinctly different from partnership working. Yet the descriptions given by the individuals involved in our research suggest that their collaborative relationship is at the very least a development from partnership working. It is highly thought through and sophisticated. It goes beyond partnership working in many ways but perhaps not all.

The relationship as it is described is probably closer to the strategic alliances described in business and commerce and in this sense is strongly linked to the activities of positioning and growing new business rather than maintaining a foot in the market with the same products or services. There are strong parallels, for example, with Ohmae's (1989) analysis of strategic alliances and their capacity for serving customers in the world of business. Also with Harrow's (2005)

presentation of voluntary sector organisations learning to improvise and fashion tools that enable them to respond in sophisticated ways if and when circumstances change.

The issues described as significant by Ohmae for partnership or collaborative working are borne out in the experience of Age UK Walsall and Accord HA, but the two organisations referred to other additional factors such as having preconditions for trust which helped. The interviews with key respondents at Accord and Age UK Walsall also offer us a tantalising glimpse into a relatively new and still developing collaborative relationship. It will be even more fascinating to go back in several years time to see how the relationship and the dementia cafés services have fared.

In the meantime though, it is heartening to note that the collaborative partners have brought their business like expertise and their exploration of new products, services and markets to bear on an area of public service that would benefit most from fresh perspectives. Providing different and hopefully better services to some of the least well served older people and their carers has to be a good thing.

Moyra Riseborough

February 2012

REFERENCES

Curtis I, (2011). Collaborate to Compete: Developing Consortia to Deliver Contracts. London. NCVO Public Service Delivery Network.

Drucker P, (1954). The Practice of Management. London. Heinneman

Harrow J, (2005) When the Music stops. Exploring the Concept of Improvisation in Voluntary and Community Organisations. NCVO Voluntary Sector Studies Network. 11th Researching the Voluntary Sector Conference. University of Warwick

Marston, Louise, (2011) Altogether Now. Improving Cross Sector Collaboration in the UK Biomedical Industries. London NESTA.

Ohmae K, (1989 March). The Global Logic of Strategic Alliances: Globalisation Makes Alliances an Essential Tool For Serving Customers. Harvard Business Review.

Parker S and Gallagher N, (2007). The Collaborative State. How Working Together Can Transform Public Services. London Demos.

Williams Ian (2006) What Does Competition and Collaboration Mean in the Voluntary and Community Sector? London. NCVO.

PRACTICE PAPER 3:

IT'S GOOD TO COMMUNICATE – MEETING THE NEEDS OF A GROWING POPULATION WITH COMMUNICATION PROBLEMS

THIS PAPER EXPANDS ON ONE GIVEN BY EXPERT PANEL MEMBER SYLVIA COX AT OUR "BIG CONVERSATION" IN LONDON ON 23 JUNE 2011.

> "OLDER CITIZENS IN SOCIETY CAN EASILY FEEL ISOLATED…THERE'S THE FAMILIAR BLAME OF PEOPLE AND THE ASSUMPTION YOU'RE STUPID IF YOU CAN'T HEAR… BECAUSE IF YOU SAY SOMETHING [AND] YOU DON'T GET THE RESPONSE YOU EXPECT, YOU MAY VERY WELL THINK SOMEONE ELSE IS BEING STUPID OR OBSTRUCTIVE OR WHATEVER"
>
> DR ROWAN WILLIAMS

INTRODUCTION

The overarching focus of the Orbit Charitable Trust Research Project was "Housing and Care for the Most Vulnerable Older People. What Can Housing Associations and Older People's Organisations Do Together?" It is evident that a lot of people are vulnerable due to their finding it hard to communicate. This is a fundamental issue for both housing providers and older people's organisations.

The issue of communicating with older people was a consistent feature in our series of Big Conversations. Two key themes were identified:

1. Many of the most vulnerable people have communication difficulties/communication support needs. These difficulties in turn create scope for miscommunication or misinterpretation after which problems can escalate, unless steps are taken to create communication friendly environments.

2. Housing and care providers and older people's organisations need to work with older people in order to identify what can be done to enable them to live in the community with dignity, control and choice over where and how they live?

Owing to earlier diagnosis, people can live with a condition for much longer. Earlier diagnosis enables people to access appropriate medication and other support and enables both the person with dementia and family members to plan ahead. Not surprisingly, early diagnosis is an objective in many UK dementia strategies. However, as with many other long term conditions, the downside of early diagnosis without appropriate information and support is that it may lead to feelings of hopelessness and stigmatisation. Also, faster acute health interventions may deal with an immediate emergency (for example, urinary tract infection or hip replacement) but result in problems of a longer-term nature especially if these are not addressed on discharge.

A wide range of inter-connecting factors are important. For example, where and how people live is dependent on their basic right to communicate their needs, preferences and aspirations. This has a major impact on their housing choices and their day to day lives. Each person is different, and yet there are many shared concerns and problems - addressing these may avoid increasing levels of vulnerability. This paper seeks to clarify these issues and to identify actions that might usefully be taken to improve things.

Why is communication an issue?

As noted in the introduction, earlier diagnosis means people living with a condition for much longer, whilst quicker health interventions may fail to identify/deal with longer term problems. Older people nowadays are more likely than in the past to stay in the community longer before going into hospital or a care home – this is particularly the case given the current emphasis on older people "staying put" in their existing accommodation for as long as possible, twinned with the personalisation and person-centred ways of working agenda.

Older people can experience a diverse and often fluctuating/multiple range of health problems and conditions which can impact on their ability to communicate. These can include:

- Sensory – hearing and sight, chronic pain
- Mental health issues - anxiety, depression
- Acquired /traumatic - stroke, cancer, head injury
- Progressive - dementia, Parkinson's, motor neurone disease
- Developmental, e.g. learning disability

- Translation needs - sign language, non-English speakers

These problems/needs may not be mutually exclusive, i.e. an individual may well be experiencing more than one problem simultaneously.

Communication – How to communicate?

Communication is possible even for people with the most severe conditions. An approach that builds on empathy and understanding, building on everyday relationships, can make a real difference. Steps that would enable people with dementia, for example, to express their views (Allan, 2001) include:

i) The use of carefully chosen pictures
ii) Making use of both verbal and non verbal interaction
iii) Giving people time to express words and feelings - this is very important, as people with dementia or communication difficulties can often understand and respond if they are given more time to process what is being said and find words or other means to express themselves
iv) Providing resources for staff and others providing support

There are many different approaches to communication support, but there is a recognised need to bring information about these different approaches together. Approaches can include Assistive and Augmentative methods of communication (N.B. there is still, however, scope for much expansion, e.g. touch screens speech/text output devices).

Assistive and Augmentative Communication (AAC)

AAC can be defined as (Cox, 2008):

"any form of communication used in addition to or instead of speech when speech is not the primary means of communication. AAC equipment (low tech or high tech, aided or unaided) can be used by people with a wide range of impairments and offers a variety of methods to communicate thoughts and feelings including gesture, eye pointing, signing, symbols, word boards and speech output devices. AAC compensates for difficulties by using and enhancing the person's remaining abilities in expression and/or understanding".

AAC takes 2 broad forms:

i) **Unaided AAC** - This includes body language, facial expression, vocalisations, pointing, eye pointing, gesture and touch, i.e. actions that may offer visual reinforcement to what is being said. British Sign Language (BSL) and Makaton are

examples of unaided AAC.

ii) **Aided AAC** - Aided AAC systems involve additional equipment such as picture charts, computers or special communication aids. Aided AAC can be further sub-divided into “High tech” and ‘Low tech’, as detailed below.

High tech systems

“High tech” systems range from simple message devices and pointer boards to sophisticated, specialised computers and programmes. Speech and text output devices can enable people to communicate verbally without support or interpretation – possibly the most obvious example would be that of Professor Stephen Hawking.

Low tech systems

As well as more “high tech” approaches (touch screens etc.) there is a role for more “low tech” approaches. These included books/albums with pictures, symbols and photos, word boards and objects – as Sylvia Cox notes (Cox, 2008):

“Basically anything that does not require a battery.”

A study focusing on the process of undertaking service user consultation with people with dementia (Allen, 2001) found that:

“Resources such as pictures, word cards and objects proved helpful for stimulating conversation and interaction for some people. These needed to be carefully chosen…with the person’s background and current interests in mind”.

Talking Mats

‘Talking Mats’ is an example of an aided ‘low tech’ communication framework that was developed at the University of Stirling to help people with communication difficulties to express their views. It uses a simple system of picture symbols and a textured mat that allow people to indicate their feelings about various options within a topic by placing the relevant image below a visual scale. The main finding of the University of Stirling researchers (Murphy et al, 2007) was that:

“People with dementia show improvements in the effectiveness of their communication when using Talking Mats compared to both unstructured and structured conversations. This is particularly significant in those with moderate and late-stage dementia”.

Thus the researchers conclude that:

“Talking Mats can be used by many people at all stages of dementia and that the framework improves their ability to communicate. Talking Mats may therefore play an important role in improving the quality of

care by helping family and staff to engage with people with dementia and help them express their views about a range of topics".

The built and social environments also have a major role to play. Sylvia Cox noted (Cox, 2008):

"Communication accessibility is closely linked to environment and design. A facilitative communication environment should be the norm in the places and spaces in which public services operate. Multiple prompts are often helpful. These include:

- *better signage (words, pictures and colour)*
- *visual displays, pictures , maps, graphic illustrations, pens and paper*
- *reducing external noise and distractions*
- *ensuring access to supportive people, resources and equipment"*

Communication – Points arising from the Big Conversations and the Expert Panel

Those attending our Big Conversations (and our Expert Panel members) identified communication as a major issue that must be addressed if the needs of more vulnerable older people are to be met. Key issues identified were:

- Obstacles to understanding that exist even in good organisations. For example, clients may say how they want to be communicated with only for their views to be ignored by providers.
- Better information systems are needed so people's needs and preferences are routinely taken on board especially regarding the communication needs of the majority of older people who do not live in specialist accommodation?"
- Issues of language and literacy also need to be addressed
- The role of GPs is important. There is a need to "connect up". You have to make it OK with other people to share that an individual has a communication problem.

- Often it isn't the person with dementia who doesn't want other people to know about their condition, it's their family

- There is a need for a local partnership to meet individual communication needs. It should be seen as the norm for GPs and families as well as the diagnosed individual to be involved. This may help to minimise the stigmatisation problem.

- The attitudes and (negative) perceptions of staff were identified as having a major impact on communications – older people can be viewed as a liability. Training housing staff is crucial. Staff need to be willing to engage and to display good customer service skills. Allan (2001) concludes that:

  "It is necessary both to address aspects of the organisation which act as barriers to communication, and also to support staff in utilising opportunities which present themselves spontaneously."

  Her suggestions for moving forward include:

  "Helping staff to become more aware of the skills and knowledge they already have, and through enhanced self-esteem and confidence encouraging them to develop their resources further."

  And:

  "Making a greater commitment to supporting staff in reflecting on their experience of working and communicating with people with dementia."

- What is needed is communication-friendly communities.

- Little thought has been given to the longer-term management of dementia. Many people are now diagnosed at an early stage, but at the beginning they have low care needs as defined by service eligibility criteria. If there is no after care/support following diagnosis by a GP or consultant/memory clinic the diagnosis just labels them. In contrast, a pilot programme in Newham was identified in which the emphasis was on peer support with greater independent living resulting.

- Vulnerability is often socially constructed. This raises the question, "How do we use better communication approaches in simple ways?" It is preferable to see communication support needs as a gradient/spectrum rather than putting people in one box or another to be dealt with by specialists. Starting from a baseline of what we all experience and share and how we can do things differently is more likely to change hearts and minds and attitudes. For example, dementia cafés can be a very helpful experience for some people with dementia and their families, although for others who wish to continue their usual interests and activities in ordinary places, they may be experienced as exclusion.

- The traditional housing service delivery model doesn't work for the most vulnerable people. What service providers need is a framework showing them what they need to do to be a good provider – something that will identify what they need to do differently if they are to meet the needs of the most vulnerable

Communication – Moving Forward

The second phase of the Orbit Charitable Trust Research Project focussed particularly on person-centred ways of working. Person-centred working is crucial to meeting the communication needs of the most vulnerable older people – one size does not fit all. As Kate Allan (Allan, 2001) notes (with regard to consulting people with dementia):

> "A range of consultation approaches was effective for some individuals at some times. These took both verbal and non-verbal forms. Individual people responded variably to particular approaches at different times and in different circumstances."

We have listed above some of the specific approaches and actions that housing providers and/or older people's organisations might adopt, but what might they do more generally to address the issues raised. We would suggest that they:

- Look at awareness and attitudes

- Explore and apply transferable knowledge, skills and expertise across services and sectors
- Look at services, approaches, systems and buildings from the point of view of a person with communication support needs
- Involve people (support providers as well as older people themselves) and hear what they say
- Share experiences, knowledge and skills - maximise resources and investment through joint working and partnership
- Learn from each other

Adrian Jones

April 2012

Bibliography and resources

Allan, K (2001) *Communication and Consultation: Exploring ways for staff to involve people with dementia in developing services*, The Policy Press, Bristol, available at http://www.jrf.org.uk/knowledge/findings/socialcare/541.asp

Cox, S. (2008), What methods can assist adults with communication difficulties to express their preferences – Research in practice for adults Outline11, research in practice for adults, Totnes – available at www.ripfa.org.uk

Murphy, J., Gray, C.M., and Cox S. (2007), Communication and Dementia: How Talking Mats can help people with dementia to express themselves, Joseph Rowntree Foundation, York – available at www.jrf.org

Resources

For information on Talking Mats: www.talkingmats.com

Design: The Centre for Accessible Environments has information on the ways that design affects our ability to see, hear, move and communicate effectively: http://www.cae.org.uk.

Communication Toolkits

Various toolkits are available for conversing with people in specific settings e.g.:

Health Talk**:**
http://www.ukconnect.org/innovationprojects_32_281.aspx.

Deaf/blind community: http://www.sense.org.uk

Dementia Toolkit and Sharing your Views Album:
http://www.carecommission.com/index.php?option=com_content&task=view&id=315&Itemid=201&ltr=D

Other useful resources

http://www.alzheimers.org.uk/factsheet/500 - for tips on communicating with people with dementia.

The Communication Access Toolkit is available for purchase from:

http://www.ukconnect.org/connectcourses_19_289.aspx.

PRACTICE PAPER 4:

ATTRACTING NEW BUSINESS – NEW OLDER CUSTOMERS AND OLDER MARKETS. TIPS AND HINTS.

INTRODUCTION

Gerontologists have been saying for many years that there is no such thing as *the* older customer instead there are many people who happen to be older and who may or may not become customers of particular services (see for example, Carrigan and Szmigin 2000). Commercial business seems to be responding to the growing wishes and needs of older customers, or at least is trying to understand them. This paper reviews some current commercial thinking and practice and considers what social housing and third sector support organisations can learn as a result.

WHY THE OLDER CUSTOMER?

Mark Beasley, Managing Director or RHC Advantage, makes it his company's business to target the older customer. He does it because it makes sense to try to capture the interest of people who make up almost half of the population and have considerable income (although poverty is also in evidence). Mike Morgan, Business Development Manager for Newcastle University's Changing Age for Business Initiative, has a stronger focus. He thinks that local businesses and the community have to grasp the challenge of societal ageing and learn to understand older customers if they want to thrive. The University's Changing Age programme of work is its practical response. Amongst other things the University is working with businesses to help them understand their customer better and it is encouraging businesses to sign up to a Changing Age Charter.

BUSINESS ISN'T ALWAYS WISE

While there is growing interest in the older consumer, it has to be acknowledged that the commercial world has tended to ignore the older customer except for certain clearly 'older' age related segmented brands such as retirement housing, holidays aimed at older

consumers, 'comfort' clothing and products that help people with restricted mobility and health problems to bathe/get about, stay warm and self-care. Businesses have not seen older age as a big opportunity in general and have tended to market their wares and services very narrowly. Things are changing very slowly.

An online article about "wise branding," the lack of marketing to older people (in this article, the over 50s)[5] talks about the fixation the marketing industry has with people under 50, since almost 90% of marketing spend goes on them. A paradoxical state of affairs, since we have a growing older population who hold almost 80% of the nation's wealth and have higher disposable incomes than most under 50 year olds. The 'fixation' on the under 50s means that businesses spend a great deal of time competing for a reducing slice of business while hardly contesting the markets composed of people over 50.

> "THEY THINK YOU HAVE LOST YOUR MARBLES BY THE TIME YOU'RE SIXTY. THEY NEVER LOOK AT US. JUST PASS US AS IF WE ARE NOT THERE."

(SOURCE: WISE BRANDING.)

WHO ARE OLDER CONSUMERS?

As we have seen, businesses may mean people over 50 or even over 45. Mark Beasley notes that many businesses sideline those who are 45 and over on the basis that they want to catch consumers young. Beasley mentions two common misconceptions that also lurk underneath a lack of interest in 'older' consumers. One is that older consumers don't like to switch brands and allegiances and, older consumers don't respond to advertising.

Yet there is contrasting evidence, which Beasley cites, showing that older consumers are just as likely as anyone else to switch to a different brand or provider if they see a good reason for doing so. Moreover, older consumers often say that advertising is either not aimed at them at all – it leaves them out – or it is patronising. Well aimed and inclusive advertising, not specifically advertising that sets out to be age friendly, on the other hand appeals to more people as well as wider sections of older people (see the marketing donut

5 The Problem. Why the over 50s have been ignored: Wise Branding – see www.wisebranding.co.uk

www.marketingdonut.co.uk/marketing for more information).

THE "MARKET SAVVY" CONSUMER

Recent research literature particularly from marketing organisations, suggests that where business has got to grips with ageing and the implications for their products and services, it's because they realise there are many opportunities and challenges. It isn't one but many markets and that is a big challenge.

The over 50s market is characterised by consumers who know what they want and who think through what they want. After that though, businesses that have made serious inroads into selling products and services to diverse groups of people over 50 are sure that age often has nothing to do with what or how they market – particularly if what is being sold is also being sold to people of all ages. The important issue for businesses is to do their marketing in such a way that either their products appeal and are marketed to people of all ages and personalities, or they are highly specific and marketed to certain people. To be successful, businesses have found that they need highly detailed research information on the people they want to sell to.

OLDER MARKETS – HIGHLY SUB SEGMENTED

The highly detailed information businesses want includes information on the kinds of customers who presently buy a business's services and who else might and is likely to purchase them.

Andy Owen, an experienced marketer, describes [6] the over 50s market as sub segmented into around 40 different types depending on people's outlooks, lifestyle, gender, wealth, education and so on. He talks about people aged 50 or more who are youthful in outlook – the 50 year old that is going on 21 – as well as the 50 year old going on 70. He notes that in everyday conversation we would notice if we used words or phrases that alienate either the 'youthful' 50 year olds or the 50 year old who doesn't see themselves as youthful. Alienation is what marketers are trying to avoid, so as a result they try to target directly to the other personality and outlook factors we all have – many of which are not age related.

Being inclusive, though, is something that comes relatively easily doesn't it? Well, no. Not according to every piece of social research! Being inclusive is difficult, and it isn't simply a matter of common sense. Business marketers recognise this in some cases. Examples

6 See Andy Owen's article on marketing to the over 50s www.andyowen.co.uk

include using symbols instead of people of particular ages or lifestyles to ‘place’ a product so it can appeal to everyone, and using friendly, non-specific images to explain how something works.

Alternatively, successful advertisers target potential sub markets and aim to understand the customer very well. A key tool in doing this is market segmentation.

Market segmentation – lifestyle descriptions

Advertisers use different ways to describe the groups they want to advertise to. TGI, an international advertising and marketing company, use the following third age descriptions and accompanying explanations to segment the market:

- **Thrifty traditionalists** (17% of the age group). They tend to be lower income, watch a lot of TV and read down market tabloids.
- **Outgoing fun lovers** (20%). They enjoy magazines, enjoy eating out, entertaining and are above-average viewers of TV.
- **Astute Cosmopolitans** (18%). They have most of the money, read broadsheet newspapers specialist and lifestyle magazines. They enjoy foreign holidays and are light TV viewers
- **Apathetic spenders** (22%). They take on debt through credit cards and do not like foreign holidays. Favour tabloid newspapers.
- **Temperate xenophobes** make up the remainder. They like the Radio Times, do not like foreign travel or foreign food and are heavy TV users.

While it is hard to personally identify with any of these segments, the advertising and marketing industries use them to build up a picture of likely customer groups. In theory, by doing this they are less likely to alienate everyone and more likely to appeal to particular people.

Do social housing and support organisations use these methods to appeal to potential customers? “Yes” is the answer, but not on a wide scale. The reasons are pretty clear when demand for housing properties outstrips supply and there is little choice. However, where demand is low and where there are opportunities to meet customer wishes, there could be benefits from applying segmented marketing rather than aiming services at all older people and possibly alienating a large number.

In general, these approaches tend to be used to attract self-funders and people with resources who can buy services and properties. Social housing organisations could however, market a range of tailored services to different customers, such as older home owners, including people living in leasehold retirement housing. Third sector

support organisations could also market their services to a wider range of customers including older people living on middle and higher incomes.

Attracting new customers and learning new tricks

Attracting new customers and competing in a difficult environment are familiar challenges for businesses in all sectors. Social housing organisations who came to our Big Conversations for Part One of the research programme said they were looking at methods to attract new customers and develop new products or extend services to different customers, because existing lines of funding were closing or in danger of being closed. So what can we learn, if anything, from the world of business?

The irresistible offer and the lifetime value of your customer

Sales and offers are familiar in the business world. They are differently expressed but by no means unknown in the social housing and support world. For example, rewards systems are quite common for 'good' tenants and as incentives to encourage people to contribute to a community or a survey being run by the landlord/provider.

Sunderland Housing Company, for example, offers a wide range of rewards to its tenants which range from vouchers for local shops and the cinema to an outing for the family. Bromford Housing offers its Bromford Living customers cash back and improved services in return for customers fulfilling their side of a bargain and doing things such as contributing to the wider community, keeping their responsibilities as tenants, ensuring repair and maintenance staff have access to the home and making sure their home has adequate contents insurance.

The irresistible offer, though, is a bit different. Commercial companies use these offers to lure people in and hopefully retain them. Examples include the use of a gym for a week for free or a free service on the first 50 cars that turn up at a service garage. For this to really result in extra income, businesses have to make sure that the offer appeals to the target audience and that it translates into ongoing sales after the offer period ends.

To identify target audiences, businesses might choose to identify good value customers. A calculation is often used, extrapolating a customer's average spend over a week/month/year over a period of

years. So, for example, if someone typically eats out at a local restaurant twice a month with their partner and tends to celebrate family occasions at the same restaurant, an average spend for the customer can be arrived at and applied over a period of time. This produces a value – let's say £1,000 a year – this figure, in turn, is used by a marketer to determine how much should be spent on attracting that kind of customer.

Irresistible offers are rarely used by social housing or third sector organisations, but a recent advert from Anchor suggests that things are changing. Just a few weeks ago, Anchor advertised an Easter 'special' – a free week's respite stay for someone in one of their care homes. The target audience is clearly relatives and carers but we don't know yet if it worked. Perhaps Anchor will let everyone know (see this news item released by Anchor on 5 March 2012 - www.anchor.org.uk/about-anchor-news/care-homes).

Great products that transcend age

The Design Council has sponsored a number of events and publications to alert business to the challenges of having an ageing population. See, for example, their 2001 policy paper 'Living Longer', by Professor Roger Coleman, a key person in developing inclusive design.

Products developed for all but which also enable rather than exclude older people and many disabled people are being developed by leading innovative businesses. Examples include:

- **PostEgram** – A Facebook app for printing content
- **Presto** – a printer facility on the Internet with a remote control system for the sender so the customer doesn't need a computer to use it
- **Kindle** – customers can change the size of the text to suit them, screens are easier to read and text to speech functions can be enabled
- **Nintendo Wii** – becoming popular in care homes – appeals because it suits people who like active games
- **Harley Davidson trikes**
- **Ferrari Enzo** – wider doors and low floors for the older market

Some manufacturers have really tried to get closer to how it feels to be older without being patronising. The Mobilistrictor suit for example ages the wearer by 40 years and is used to test designs and ease of use. Ford used the suit to develop their bestselling car the Focus. And Derby City Hospital also used it when the hospital was being

designed. (Richard Hammond from BBC's 'Top Gear' tried out the suit in 2005, see www.mobilistrictor.co.uk).

Conclusions

The paper has looked at some current business practices used to attract and retain customers. It is clear that these are serious subjects. Marketing directly to older customers is still quite new for many organisations social, third sector and commercial businesses alike, but where the commercial sector sees the older customer as a genuine opportunity, there is much to learn from them. Not least from the recognition in business that the customer has to be understood and communicated with. The care taken over this provides useful lessons.

The paper shows that awareness about the older market is still quite poor and the sophisticated approaches seen in some commercial organisations is far from widespread in any sector. The segmented market approach used by commercial businesses to differentiate between older customers lends itself to social housing and third sector support businesses. It can usefully complement methods being used to develop better communication with customers and help everyone to target information about services and accommodation in such a way that people are likely to attracted rather than put off.

It can be hard to translate some business practices into social and third sector organisations, especially where public resources are concerned and where 'customers' actually have very little choice, but in the continuously emerging world of personalisation and micro-commissioning, good marketing approaches aimed at diverse older customers are essential.

Good product design and communication geared to a differentiated older market are important messages from the research and it makes sense for organisations in all to make use of such information rather than ignore it. Appealing to older customers is definitely not just a matter of using common sense.

Moyra Riseborough

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REFERENCES AND FURTHER READING

Carrigan M and Szmigin I (2000). Advertising in an ageing society. Journal of Ageing and Society 20 (1). Pp 217-233.

Coleman R (2001). Policy paper. Living Longer. London. The Design Council.

For a discussion on rewards incentives amongst social housing landlords see for example Reward Incentives. Use of Incentives Survey report, the Housing Quality Network in 2000.

To find out more about Newcastle University's Changing Age for Business Initiative and the Changing Age Charter go to www.ncl.ac.uk/changingage/business

For useful discussions and reflections on commercial practice and responding to older markets see www.wisebranding.co.uk/the_over50s

For a discussion on older age and technology see a recent report by Age UK www.ageuk/work-and-learning/technology-and-internet/

To see more about the rewards Gateshead Housing Company operates visit www.gatesheadhousing.co.uk

To find out more about the Bromford Living's deal with its customers go to www.bromfordgroup.co.uk

PRACTICE PAPER 5:

KNOWLEDGE TRANSFER – LEARNING FROM THE DEMONSTRATION PROJECTS

INTRODUCTION TO THE PAPER

Phase Two of the research for Orbit Charitable Trust involved establishing and running two demonstration projects. The projects were intended to provide practical insights into the changes that housing and older people's organisations need to make in order to become person centred and therefore ready to meet the challenges of a growing older population.

One project was with Orbit Housing and partners Age UK Walsall in the Midlands and the other was with Age UK Newcastle, which serves older people in the city of Newcastle-upon-Tyne. In order to identify factors and processes that housing and older people's organisations need to make to be ready for the future, the research team devised an action research approach that tried out and analysed methods for 'doing' person centred working. This was based on transferring knowledge from Dimensions (UK) Limited – a leading, award-winning housing and support services provider working with adults with learning disabilities and autism, and using the knowledge of other 'actors'. We also drew on the Expert Panel's knowledge, the expertise of people involved in the demonstrator projects, resources and people from Dimensions and our own knowledge and skills as a research team.

Both demonstration projects ran over short time scales – less than six months, given the time taken to set them up, so they were by definition exploratory. It is unlikely they would have explored anything worthwhile if the research team and the people in the organisations concerned had not known each other. Good relationships and a level of trust existed already between us and this made a huge difference.

This paper explains in more detail the knowledge transfer/action research approach used in the demonstration projects and considers the usefulness of the approach for the people concerned. The paper also considers the theory of knowledge transfer (and knowledge exchange) and uses this to critically reflect on the approach we developed for the demonstration projects and what was achieved.

WE FOUND THAT PEOPLE ENGAGED IN JOINT LEARNING HAVE TO FIND THE POINTS OF SIMILARITY AND DIFFERENCE AND EXPLORE THE DIFFERENT WAYS THEY CAN APPLY OR RECREATE KNOWLEDGE IN THE WORK THEY DO. TO DO THIS RESEARCHERS HAVE TO BE CO-PRODUCERS AND FACILITATORS WORKING WITH PARTICIPANTS TO SUPPORT THEM IN THEIR LEARNING INCLUDING HELPING PEOPLE FIND THE METHODS THAT WORK BEST FOR THEM.

WHAT IS KNOWLEDGE TRANSFER AND WHY DO IT?

Knowledge transfer is described in different ways depending on the subject area. Wissenburg (2008) gives a useful social sciences definition, saying that knowledge transfer is "*processes and initiatives to support the direct use of findings by specific users in the public, private and third sector"*. By "findings" Wissenburg means research evidence and practice, but knowledge transfer also implicitly means some transference of how to do change and how to do it well. It isn't only about transferring information and pure knowledge.

WE FOUND THAT KNOWLEDGE TRANSFER IS BEST SEEN AS PART OF A SUITE OF LEARNING APPROACHES TO SUPPORT ORGANISATIONS THAT ARE SERIOUS ABOUT LONG TERM CHANGE AND TRANSFORMATION.

What has been published by other people on Knowledge Transfer tends to be quite practical and is mostly concerned with understanding what it is, defining and measuring it and understanding how it does or doesn't work in practice. Frameworks that can measure how widely the findings from a knowledge transfer project were spread, for example how widely across one organisation, often feature in write-ups of knowledge transfer projects. In the published reports of studies, there is often a focus on manufacturing and science and an interest in products, service and getting a competitive edge from the manufacturing point of view (particularly in pharmaceuticals). However there is also an interest in the less obvious things, including what

people mean by tacit and explicit knowledge, as well as how groups of people use and draw on accumulated knowledge. Accumulated knowledge is sometimes represented as a series of layers. Using this analogy, we all draw to some extent on different layers when we search for a memory or work together to do a task.

The language

Knowledge transfer has a language, including terms such as knowledge management, brokerage and exchange. Sometimes words are used interchangeably and this can be confusing. What is not confusing are the links between knowledge transfer and communication theory, organisational learning, cultures and change management. Learning theory, particularly active learning and 'discovery' or experiential learning, are important in all of this. Active approaches to learning have become popular across schools, colleges and informal learning because they support learning. For example, people are more likely to learn if they engage in a discovery of meaning for themselves rather than listening as passive recipients. The links to learning theory therefore help us understand how people perceive knowledge and how knowledge can be effectively transferred by people in one organisation to another.

Why knowledge transfer?

Knowledge transfer/exchange and brokerage projects have become popular for several reasons. Government and major funders want to make sure that expensive research outputs are shared and disseminated better – most particularly, funders want to see research findings and learning being applied by business and in practice. The Scottish Executive, for example, has funded social research into knowledge transfer and brokerage with a particular interest in estimating the value and use of knowledge transfer from research and policy and practice communities (Clark and Kelly 2005).

Organisations that are innovators often need partners in order to produce and develop ideas, and the partners have to be able to understand and learn with innovators to apply ideas. Information and knowledge can, as we all know, get stuck in silos – organisations can be very poor at sharing information even within their own organisation. Where organisations increasingly have to learn to work together as consortia to please and attract new markets, they have to learn how to work together better and smarter. Knowledge transfer lends itself well to these challenges and is often synonymous with techniques used in 'learning organisations'. For example, there has been interest in

ensuring that the learning and practice from Private Finance Initiatives (PFIs) is effectively transferred and shared (see Carillo, Robinson et al (2006)).

Until recently, it was usually assumed that organisations knew when they were doing well and when their practice was good. It isn't the case though, and even when organisations recognise some good practice they are likely to miss other examples in their organisations. In other words, most organisations need to have some kind of external benchmark to tell them when they are doing something well.

OUR APPROACH

In our study, knowledge transfer involved exploring how the knowledge, processes and practice developed by Dimensions on person centred working and learning could be identified, broken down and transferred to other organisations. It also involved considering the methods that could be used to do this. Co-research and co-discovery were integral to our approach, because this is part of the research team's philosophy and ethics. We wanted to work collaboratively with the participants in the demonstration organisations. Knowledge transfer on its own did not seem to enable us to do this, because it is implicitly a linear process that imports direct findings from one place or space to another (see a very helpful article by Irene Hardhill and Susan Baines (2009) and their personal reflections on knowledge transfer). Conversation and interaction and joint discovery do not tend to feature in linear approaches.

Action research techniques were equally important. We therefore developed specific tools to demonstrate person centred thinking and working and to test out different ways of doing tasks that would follow on from using person-centred working. We also checked back with the organisations involved in the demonstration projects (this process is actually still going on) to see what the participants thought later about the action research and knowledge transfer and to see what impact the work is having and might continue to have on the future direction and practice of the organisations.

We provided some mentoring support and we are in the process of facilitating a joint conversation between officers in both organisations so they can continue to develop. Expert Panel members were particularly keen to see mentoring developed in the project and their advice on the importance of it seems well founded with hindsight[7].

[7] I am very grateful to Sylvia Cox, member of the Expert Panel convened for the research project covering the demonstration projects for her incisive and

WAS OUR APPROACH DIFFERENT?

Was our approach to knowledge transfer very different to 'standard' or current approaches used by others? We didn't know at the start and assumed that we were engaged in a hybrid action research activity which was exploring how to do knowledge transfer with our collaborators. The collaborators being the demonstration project participants and their senior officers and Boards, key people from Dimensions and their senior officers and Board, the Expert Panel, Orbit Charitable Trust and ourselves, the research team.

Later on, as we examined literature on the subject, the description I have just given still seems to be accurate, although a hybrid approach is by no means unusual and creating a design that works is something that most researchers struggle with and have to adapt several times. Jasmuddin, Connell and Klein (forthcoming in 2012) discuss the benefits of hybridisation in knowledge transfer work and Hardhill and Baines (2009), cited earlier, also contest the idea that there can be a 'pure' or single way to share and learn from research, and by definition, from other activities.

Yet in some key respects our approach is different, because there are relatively few knowledge transfer projects in housing and support organisations and in older people's third sector organisations. In addition, the demonstration projects involved organisations and leaders in those organisations who stated at the outset that they were already committed to working in person centred ways and wanted to capture and use learning wherever possible. We, the research team, were given the opportunity to form relationships with a group of people over a period of time and were given freedom to experiment and work with new ideas. We also had the expert support of Dimensions staff and access to their training materials, which we were allowed to adapt. For all of these reasons, the knowledge transfer project we worked on probably was different.

On the other hand, we shouldn't get carried away. It is hard to compare our modest exploratory study with some of the highly resourced studies in technology and industry, and there are also some key differences in meanings between certain fields. Let's compare meanings from the process of harnessing technology, know-how and skills between Universities and external partners (usually to develop innovative activity leading to new products and services).

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critical reflections on the meaning of knowledge transfer and relationship with action research. Thanks also to Karen Croucher, University of York for providing a critical ear and advice.

The Engineering and Physical Sciences Research Council (EPSRC), for example, the largest of a number of academic research councils that operate for different disciplines, has awarded twelve 'Knowledge Transfer Accounts' (KTAs) to UK Universities to help overcome boundaries to collaboration between them and external organisations, particularly industry. Here, although participants work closely together and form bonds, there are unlikely to be the same explicit interests in human outcomes, i.e. in providing better lives for people as the end product. These are the aims of the organisations in the demonstration projects, and industry objectives of competitive advantage and increased sales don't necessarily compare easily.

Overall, the indications are that the knowledge transfer project we conducted with the demonstration projects complements other approaches to doing knowledge transfer. The action research process also complements the social purposes of the organisations we were working with.

The theory: Steps and processes of knowledge transfer

Given the links to other theory and practice it becomes easier to place knowledge transfer and easier to understand where it fits in organisational and social theory. To this extent, knowledge transfer as an idea is not new and cannot exist on its own, divorced from other theory and societal values. Indeed, knowledge transfer is frequently presented as a set of methods and processes everyone can understand. So what are the steps, methods and processes for delivering a knowledge transfer project and for tracking and monitoring what is achieved? What does it all look like?

Rashman and Hartley (2008) produced a useful graphic describing what a knowledge transfer project should ideally look like. The graphic identified the source organisation, the enabling processes and the recipient organisation and has headings that include:

THE SOURCE ORGANISATION	ENABLING PROCESSES	RECIPIENT ORGANISATION
Systems to identify and promote good practice Designs knowledge transfer Distinguishes different knowledge Experience of learning exchange and networks	Compatibility Reciprocity Trust/collaboration receptivity Respect for diversity	Framework for learning Capacity share/receive Resources to adapt and implement learning Internal communication networks Champions and leaders Evaluating progress and outcomes

STEPS AND PROCESSES: SOURCE ORGANISATIONS

STEP 1. SOURCES AND KNOWLEDGE

Identifies who the organisations are that will be involved and what knowledge will be transferred. The source organisation may not know that its practices or knowledge are innovative. It is also possible that people know they are doing something really special, but cannot explain what it is. Without this awareness and ability to identify the essential success factors, the people in the organisations that are going to transmit knowledge will not be able to communicate clearly. The reasons are connected to doing activities and tasks in ways that rely on unspoken and taken-for-granted knowledge (tacit knowledge on how and why to do things).

STEP 2. BECOME BETTER COMMUNICATORS AND IDENTIFY PRACTICE

Source organisations need to be able to work with people to be explicit communicators and state what they do to achieve good practice, for example, if they have clear frameworks for identifying good practice.

Step 3. Packaging and presenting knowledge so others can use it in their own situations.

Having identified what it is that makes the organisation special and being able to explain how people know that what is being done is good practice, the source organisation needs to break information into learning chunks. The method for communicating this and presenting it in an interesting way needs to be thought through and experimented with. The idea is to make the knowledge attractive and useful to other people in other situations (or organisations). What are the best methods, what media might be used and what learning and presentation techniques could be most effective?

Step 4. Technology and knowing how knowledge will be applied

Using technology and encouraging people to apply knowledge in the setting they are most likely to use it in seems to be most effective - see Zarinpoush, Von Sychowski and Sperling (2007) and Rashman and Hartley (2008). More than that though, people in the source organisation need to know what made them feel able to develop – so they can pass on what it feels like to be in a trusting learning environment and support people in the 'receiving' and collaborative organisation.

Step 5. Having enough resources to do the knowledge transfer

Resources include having enough time and opportunities for reflection, discussion, imaginative learning and so on.

Receiving organisations

Step 1. A framework for learning.

Organisations are not automatically disposed to taking on new knowledge. The source organisation has to work on adapting the knowledge to the recipient organisation preferably with people prepared to help design appropriate learning material that is likely to work with people in the organisation.

Step 2. A good communication system

New ideas need to be communicated and leaders should be taking a lead on this. A good communication system that is regularly used to share information and knowledge is a vital component, especially if new learning can be added to an existing improvement initiative or as part of a new organisation's sponsored drive for change.

Step 3. Learning together

Recipient organisations are not passive. Source organisations and recipients will learn more as a result of the knowledge transfer and this will widen and deepen the knowledge and practice of both. The willingness and desire to learn together is part of the transfer.

Processes for successful knowledge transfer.

There is considerable convergence in the literature on the processes that help to make knowledge transfer successful. Rashman and Hartley (2008), for example, identify the following:

- Trust, collaboration and receptivity to challenge and new ideas
- Person to person transfer – so it is personal
- Two way learning
- Compatibility between organisations.

Credible people and leadership are also seen as important. See Zarinpoush, Sychowski and Sperling (2007) for a useful discussion on the processes that work in Canadian not-for-profit organisations and Goh (2002) for a more general discussion on effective knowledge transfers.

Comparing the research demonstration practice to theory

We were very fortunate to have Dimensions (UK) Limited as our knowledge partner. They have been on the person centred journey since 2000 and have come a long way. As a result staff are able to pinpoint what they do well, they can explain it well, they have excellent training resource material and they are still learning. The organisation is clear that it has not achieved all that can be achieved but it has transformed itself from an organisation that did things *for* people including providing housing and services to an organisation that works *with* people to enable them to live their lives as they want to and support them to reach their full potential.

In terms of the theory about source organisations our experience was that source organisations and knowledge agents (the research team) have to work together and there has to be a high degree of trust and willingness to take risks. There also has to be room for mutual discovery and a willingness to consider a new idea even if at first it seems totally out of keeping with the way the receiving organisations does things.

Credible people

Literature on knowledge transfer refers to the importance of having credible people doing activities to transfer knowledge – training, workshops, meetings and so on. There was no doubt that having key Dimensions (UK) Limited staff working with Age UK Newcastle Senior Management team in a workshop at the start of the demonstration project was extremely important. Dimensions staff are highly credible – they know their business and they work in person centred ways every day. They could answer every question factually, but with an honesty and clarity that we could not. Dimensions Chief Executive Steve Scown has also had an impact on thinking across the third sector. His books, co-authored with Helen Sanderson (2010 and 2011), on the Dimensions (UK) Limited journey to person centred working are well regarded and influential.

In subsequent workshops with Accord Housing and Age UK Walsall, the research team was on its own – we continued to draw on the materials we developed early on with Dimensions for our first workshop with Age UK Newcastle and in other work with Age UK Newcastle. We also had conversations and email exchanges with Dimensions staff, so we could get their views on the amended approaches and tools we were developing with the demonstration projects. But we were conscious that we did not have the 'straight from the horse's mouth' element that we had at the start in Newcastle, when staff from Dimensions co-delivered a workshop with us. (It proved to be too difficult logistically to organise sessions with Dimensions (UK) Limited staff and Accord/Walsall Age UK staff and the idea had to be abandoned.) However, the projects each developed a different flavour in any case.

Partners, collaborative working and trust

Collaboration is not necessarily referred to in most knowledge transfer literature, but trust is. We had the benefit of being able to draw on and develop both and much more. The people in the recipient organisations – the demonstration projects – worked with us as partners and collaborators. They helped us try out ideas and see if approaches that worked in Dimensions would or could work in their organisations. A good example is the Dimensions (UK) Limited personal profile. The personal profile is used to introduce staff and customers to each other and is deliberately more personal than the kind of information one usually sees. A photograph of the staff member or customer is on the personal profile as well. The personal profile is a two-sided card, a bit bigger than a business card. It says a little about the person, their skills and how to contact them. The

personal profile idea has been well received in Dimensions by staff and customers and members of families and seems to be gaining in popularity.

Age UK Newcastle could see an immediate use for such a card, but they adapted it to their circumstances. For example, the volunteers could see benefits in having their skills and interests listed so they could be matched more suitably to people who were looking for support or someone to share an interest, and people's skills and interests could be better known.

Accord and Age UK Walsall staff and service users could also see a positive use for it and worked with us to tease out what the uses might be. One resident of an extra care housing scheme though the card could be the start for friendship networks, so people with similar interests could meet each other. Members of staff in a residential care home thought the cards, or something like it, for example on a wall with bigger writing for people with poor sight, would help staff and residents get to know each other better. It would also help relatives and visitors.

Having good, trusting relationships with people in the demonstration projects was essential. It helped that we had prior relationships with some of the individuals in the organisations and we had been commissioned by them to carry out research and other work. Some of the previous research was particularly useful and directly relevant. For example, we were already working with some of the Senior Management Team in Age UK Newcastle on another piece of change work and had previously completed a review of their advice and information service. We had also previously carried out some consultation work for Accord with residents in a former sheltered housing scheme that become an extra care scheme. We therefore knew some of the residents. We also know both localities very well.

Comparative organisations

The whole point of our work was to encourage learning between housing organisations and older people's organisations. By their nature, these organisations are very different. The organisations we involved and worked with were therefore not strictly comparative. This is a point of difference with most knowledge transfer projects. It probably made it more difficult to compare some areas of work and practice and it certainly made it harder in specific instances. However, we found they had similar social purpose values.

For example, Dimensions (UK) Limited primarily works with customers that they have long term relationships with. Accord does as well. This

is a point of similarity. Age UK Newcastle and Walsall have one-off customers and relationships with customers. It was not possible to use the same tools as a starting point as a result. We had to adapt things so tools were presented slightly differently. For Dimensions, the most important starting point is working with customers to facilitate them to have the lives they want to have – within realistic parameters. Any support or other inputs are geared to enable the customer to live her or his life, and these inputs are tailored and chosen by the customer. The foundation tool Dimensions (UK) Limited uses to drive this is a support planning tool, but it goes much further than most support planning routines. It challenges staff and customers to make sure customers are making their own decisions and safeguarding is part of a process for enabling people to take risks, but in a managed, clearly identified and understood way.

Age UK Newcastle's Senior Management Team could see a value in Dimensions' support planning approach and understood its significance as the bedrock of the person centred culture practised by the organisation, but Age UK Newcastle did not think the support planning approach was directly transferable for all their service areas. It was particularly relevant for Care at Home, day opportunities and befriending services, but probably wouldn't work with customers whose main interest was in coming to leisure classes. Nor would the approach be likely to appeal to customers who were looking for information on council tax or employment. They would be put off by being assessed and asked long lists of questions – particularly since the Dimensions (UK) Limited support plan is pretty long and comprehensive. Reflecting on this, Chief Executive Lynn Johnson from Age UK Newcastle suggested that while all of the organisations in the demonstration projects are engaged in cultural change with person centred thinking and improving outcomes for customers, at the heart of this for Age UK Newcastle it was important to consider proportional approaches to adopting person centred working, but this is in no sense intended to water anything down.

On the other hand, the newly formed Age UK Newcastle senior management team could see enormous benefits of having a method for capturing information about customers, so that if they then approached the organisation for some other purpose, staff and volunteers would be able to draw on information to help them help the customer better. There were also instances where information was not shared around the organisation and learning and practice were different in subtle ways.

At the start of the demonstration period in September/October 2011, Accord Housing was emerging from a process of change, during which new support planning arrangements were introduced. Accord

senior staff decided it wasn't feasible to change the arrangements. However, there was scope within Age UK's working practices and within those used by Accord Housing to amend and adapt some and to introduce some changes and additions to existing support planning methods.

Age UK Walsall could see a value in using the support planning approaches used by Dimensions (UK) Limited and were disposed to trying it out across some of their services.

Receptivity to new ideas

Our experience was that receptivity to new ideas is vital. Accord, Age UK Walsall and Age UK Newcastle were very receptive and interested in new ideas. Staff, volunteers and customers could see the point of working in person centred ways and of finding out how to improve their practice. Staff in particular welcomed opportunities to change and influence practice. Workshops and discussions were lively and staff were engaged in them.

Leadership and communication

The theory underpinning knowledge transfer is that leaders have to be supportive for knowledge transfer to be well received. This was supported by our experience. In both demonstration projects, we had senior staff involved in the workshops and meetings. We also talked and organised events with senior staff. More importantly, leaders took an active role in the demonstration projects and participated with interest in events we held as part of exchanging and experimenting with approaches and ideas.

Experimental

Most knowledge transfer literature does not appear to explicitly refer to experimentation. Our work with the demonstration projects involved experimenting and trying out techniques that we adapted partly from Dimensions approaches and partly by facilitating brainstorms, workshops and focused thinking with people on how an idea or a practice used by Dimensions (UK) Limited could be applied in their organisations.

Also, how person centred thinking could bring about other changes and how these would be achieved. We learned a good deal as a result about the materials and techniques that seem to work and why. More

discussion on the methodology and techniques we used is contained in the report on Phase Two.

We are presently asking staff and volunteers what they thought about the knowledge transfer project and the meetings/workshops and other interactions they took part in. We noted that some people found the concepts used by Dimensions and the idea of using approaches developed for adults with learning difficulties hard to understand as a starting point and we had to ask people to trust us and see the bigger picture if they could. We suspect that the tendency to begin a learning experience by spotting the negatives and potential obstacles reflected different styles and approaches to learning, developed across people's lifetimes. With hindsight, we could have used tools to help people to understand the learning styles they were happy with and use these styles to inform our approach. (The Workers Educational Association for example uses self-discovery methods to help learners understand how they learn best and the research team members have used these methods before.)

Implications and issues on transferring learning

Our experience suggests that, with hindsight, more time could have been spent at the start co-designing methods and approaches for transferring learning. A three-way conversation with the participants and Dimensions (UK) Limited staff on this subject would have been useful. However, the constraints involved in terms of time meant we had to take short cuts.

Learning is not all about direct transfer without reservation. It is instead brought to life by people rethinking, applying a particular facet of practice or cultural change to their organisation and actively thinking through what personalisation means. The activities form a finely grained kind of knowledge processing that is very culture specific. What knits everyone together is their agreement that change itself is an objective, although the way they experience it will be particular.

A key difference when considering the learning from the field of learning disability to older people's organisations is resources. At the moment, although there are public finance cuts that affect funding available to adults with learning difficulties (particularly access to personal/individual and managed budgets) there are still more resources available for adults with learning disabilities compared to older people.

Older people tend to receive very small amounts of public funding for support via Supporting People and or Adult Social Services for care. Clearly it is more difficult for organisations to respond to

personalisation if the resources are not available. Commissioners have also been slow to respond in terms of rolling out personal budgets for older people and the recent round of public spending cuts, particularly the trend by local authorities to only fund people with the most critical and substantial needs, had reduced the amount of public funding for caring and supporting older people even further.

Yet there are a growing number of people in the older population who self-fund or would pay for services if the services meet their requirements. Age UK are aware of this and so are some housing organisations. There is therefore a growing potential demand for person centred working and for organisations to embed this in their modus operandi. Overall, the demonstration projects suggest that knowledge transfer techniques are potentially very helpful for organisations that want to move towards person centred working.

Practicalities and constraints

The demonstration projects were very limited in terms of time and resources, which meant we could not do some of the things we wanted to do, or we could not do them when we had planned to.

For example, Age UK Newcastle decided that they wanted us to work with the customer service part of their organisation, but the organisation as a whole was being restructured just before the start of the demonstration project and took longer to pan out in terms of new jobs in a new structure and recruiting people to those jobs. There was still considerable uncertainty when the project started and we had to delay some planned activities. Customer service staff and volunteers were not all in place until January 2012. A workshop with them could not take place until they had received their initial training, so the person centred workshop did not occur until March 2012. This did not prevent other work taking place with particular members of staff including the Senior Management Team and the Head of Customer Services, including observing and commenting on training materials used with new staff and volunteers. Work will also continue outside and after the demonstration project with Age UK Newcastle to help them develop a systematic customer engagement approach based on person centred working that suits the organisation and enables it to move forward.

A joint ‘Skype’ conversation is also planned to take place in May 2012 between Nick Ball from Dimensions (UK) Limited North East region, staff from Accord, Age UK Walsall and Age UK Newcastle staff and volunteers.

On reflection, the demonstration projects would certainly have benefited from a longer timescale - an additional six months at least

for running the projects, with a further two to three months for the projects to collaborate and reflect on their learning.

Conclusions

The paper has considered the subject of knowledge transfer, also called knowledge exchange, and its links to other areas of information transfer and organisational change theory. The approach we used in the demonstration projects was hybrid, since it also included using action research approaches and works with organisations to help them resolve and move forward on issues that concerned or interested them. Reflecting back, these action research elements seem to extend beyond collaborative activity and, while they encompass relationships built on trust and respect for each other, they are likely to foster long lasting relationships that will continue to develop. I don't think these extended elements are intended to occur in most knowledge transfer projects, although longer lasting relationships might well develop as a by-product. Knowledge transfer networks on the other hand, because they are more focused on encouraging people to communicate, may well facilitate longer lasting relationships and communication between like-minded organisations.

As far as theories of knowledge transfer are concerned, our experience suggests that most of the factors shown (or deemed) to lead to successful knowledge transfer were in place in our study. However, there were other factors and they were at least as important. The time scale for the demonstration projects was very short and we were very fortunate to have pre-existing relationships with the organisations involved. Otherwise the demonstration projects would have been very hard to get started and to run.

Although the demonstration projects were conceived as learning spaces to reflect on and apply the knowledge and learning from Dimensions (UK) Limited, we relied much more on our ongoing relationships with the organisations, on action research methods, active learning and discovery methods and collaborative working than we did on theory and practice from knowledge transfer projects and research.

We felt more comfortable with action research and more confident about its ethical base. One of the reasons is, possibly, because we knew from our own practice that knowledge is interpreted, recreated, changed around and received through people's prior knowledge and approaches to learning. Knowledge is not a commodity that can be simply transferred. As Tsai (2001) says, p996, knowledge is also complex and 'sticky' or hard to spread around. This view runs counter to some of the current Governmental thinking which does not see knowledge transfer as problematic.

It is too early to say if the demonstration projects were successful. They ran, they produced what we think are useful outputs but we don't know the answers to some of the most critical questions. Critical questions such as, if the participants knowledge and awareness of person centred working changed – in what way is there a change? Did practice in the organisations concerned change accordingly and in meaningful ways? Do the participants think they benefited from knowledge transfer and what did the Dimensions staff think about the process? We cannot answer these questions yet – although there are some indications that changes are occurring at a modest level.

As noted earlier, Age UK Newcastle tell us that they will use person centred thinking and working and they intend to roll out some of the tools and ideas we brought from Dimensions across the organisation. Accord also says they intend to use the learning and techniques used in the demonstration projects. In their view, the demonstration projects contributed most successfully to members of staff being able to explore and reflect on and improve their practice in small but vitally important ways. Person centred thinking and working enabled staff to have these conversations and to systematically reflect on how they wanted to make changes.

What is clear is that organisations can learn a lot from each other. People engaged in joint learning have to find the points of similarity and difference and explore the different ways they can apply or recreate knowledge in the work they do. To do this, researchers have to be co-producers and facilitators working with participants to support them in their learning, including helping people find the methods that work best for them.

Finally, one of the things that struck the research team is the nimbleness of the organisations we worked with and how this serves them well to continue to be the organisations they want to be. They are dynamic and fast changing. They deal with constant challenges and change and have undergone considerable restructuring. They are also attracted to and want to use person centred thinking and working because it fits their view of the world and the way they want to move forward with customers, although their 'take' on this will be different. They know it will take a long time and it will evolve over time as serious research studies on the subject testify. For this reason, we think it is probably best to see Knowledge Transfer as part of a suite of learning approaches to support organisations that are serious about long term change and transformation.

Moyra Riseborough

April 2012

REFERENCES AND FURTHER READING

Carillo P, Robinson H S, Anumba C and Bouchlaghem NM. (2006). A Knowledge transfer framework: The PFI context. Journal of Construction Management and Economics. 24 (10). 1045-56.

Clark G and Kelly L (2005). New Directions for Knowledge Transfer and Knowledge Brokerage on Scotland. Office of Chief Researcher Knowledge Transfer Team Briefing Paper. Scottish Executive Social Research.

Goh S. (2002). Managing effective knowledge transfer: An integrative framework and some practical implications. Journal of Knowledge Management 6 (1) 23-30.

Hardhill I and Baines S (2009). Personal reflections on Knowledge Transfer and changing UK research priorities. In 21st Century Society. Volume 4 No 1, 81-94. February 2009.

Jasmuddin S, Connell NAD and Klein JH (forthcoming 2012).Knowledge Transfer Framework: An Extension Incorporating Knowledge Repositories and Knowledge administration. Information Systems Journal (10.11111356-2575.)

Rashman L and Hartley J (2007). Knowledge Transfer: Sharing learning in public service organisations. Renew Northwest Intelligence report. Institute of Governance and Public Management. Warwick Business School.

Scown S and Sanderson H. (2010). Making it personal. A Providers Journey from tradition to transformation. Theale. Dimensions.

Scown S and Sanderson H (2011). Making it personal for everyone. From block contracts towards individual service funds. Theale. Dimensions.

Wissenburg A (2008). Knowledge transfer and EI aims and opportunities. Impact of Social Sciences. The Context. 26 June. www.acss.org.uk/docs/Project%20conference%20A%20Wissenburg

PRACTICE PAPER 6:

RETHINKING VULNERABILITY AND OLDER AGE – WHO IS VULNERABLE?

INTRODUCTION

A revolution is currently taking place in the way services are provided for the most vulnerable groups in society. There is a move towards providing services that are "person-centred". This puts the emphasis on designing services that individual people actually want, rather than on their willingness to accept what is already provided. Our research during Phase 1 of the research for Orbit Charitable Trust discovered that older people want:

- Housing that is adaptable for life, user friendly, safe and affordable to heat
- To live close to green, private space[8], safe neighbourhoods, access to good transport and amenities
- Independent advice and information
- Reliable repairs and adaptation services
- To continue to live the lives they want
- To participate fully in society, if they wish
- Dignity, choice and control
- Decent incomes.

In contrast, the "traditional" approach to providing services "to" older people is one in which services are provided to 'the consumer' with very little choice. This does not mean that existing services are always poor or irrelevant. Some are well used and many have a key role to play in the future. However, older people have said repeatedly that they want a different approach to services that might include:

- Hotel type services (such as cleaning, laundry and meals) chosen by the person and delivered when and how they want them
- Personal assistance – for example assistance to shop, to visit people, to conduct financial or personal affairs or to receive intimate care such as help with bathing, or with toilet use.
- Help to maintain homes and gardens
- Financial advice

[8] A view endorsed by the I'DGO (Inclusive Design For Getting Outdoors Project). See www.idgo.ac.uk

- Services to maintain well being, leisure and social life
- Specialist dementia care and end of life care

Many services like these already exist, but not everywhere in the UK. Some are provided to older people without the customer requesting the specific service and without them having a say in the way, time and place it is delivered.

Shaping new services with potential customers presents a great opportunity (but at the same time an enormous challenge) for providers of housing and care/support services for older people. It involves a radically new approach to how and why services are provided. Some key questions for providers are:

- Who are or should be a provider's customers?
- What products and services do older customers actually want us to supply?
- How can we best work with older customers to identify their needs and wishes?
- What do we need to do to make these services available?

Thinking in a person centred way means that customers are expected to play an active and lead role to define the services they want and the way in which those services are then delivered. In other words, older people, their family, friends and carers are no longer passive recipients of whatever service an outside agency has decided is best for them, but are real customers at the centre of the process.

Who is an "older person"? Who is "vulnerable"?

What do we mean by an older person and we need to work out who we think is vulnerable. There are many meanings and they are often contested.

1. What do we mean by an "Older person"?

The Office for National Statistics (ONS, 2005) noted that:

"The blurring of the various stages in our lifecycle means that older people are as varied as any other group in our society."

Similarly, a commentator from Age Concern (Ramsbottom, 2009) referred to older people's *"differing needs and aspirations and choices. Diversity within 'older people' is as varied as the diversity between older and younger people."* A representative of an older

people's organisation attending our second "Big Conversation" in Birmingham (25 May 2011) noted that:

"All older people are different – our diversity is a main characteristic."

The implications from this for housing and older people's organisations are that:

- Services that currently target older people as one group may no longer be suitable or required
- 'Younger older peoples' needs and aspirations may be more linked to lifestyle choices than to their need for support - particularly as the health and wellbeing continues to improve amongst this group.
- Expectations are rising amongst 'younger older people' and they are often more assertive and aware of their needs compared to the 'oldest old'.
- There is a growing population of older people with complex health and support needs and this poses challenges for providers who rely on standard service delivery approaches.
- There will be a further shift in the way society sees old age and older people; with a move away from one that emphasises the traditional view of a vulnerable, disempowered group of people who need help and support, to one that is more balanced and reflects the increasing power, wealth, diversity and value of older people as well.

Most of us don't like to admit we are getting older, see for example the literature review for the National Housing Federation's "Breaking the Mould: Re-visioning older people's housing" study (Clifford, 2010). :

" People tend psychologically to delay the category 'old' as they get older, and simultaneously put off thinking about the requirements they will need as they age. Research has revealed a widely held perception that people over 50 tend to be 'written off' as old, which is likely to be a further barrier to individuals' preparation for their own futures."

The Equality and Human Rights Commission (EHRC, see web reference in bibliography) also noted that chronological age does not tell us anything about people's actual characteristics such as their work experience, their involvement in study or other activities they are involved in.

The phrase 'life transitions' is therefore being used instead to describe changes in our lives.

The lack of consistency in definitions of older age, depending on the purpose behind it was also highlighted by EHRC.

"Labour market analysts have tended to use age 50+ to differentiate older workers from younger workers… Gerontologists, by contrast, associate old age with post-working life which is partly reliant on pension age thresholds set by the state".

The inadequacy of relying on chronological age as a determinant of need is also stressed in December 2008 article by Warren Sanderson and Sergei Scherbo, which refers to rethinking older age using two thresholds: an old-age threshold based on chronological age and one based on what they call "prospective" age.

Nottinghamshire County Council similarly noted:

"There is no one commonly accepted definition of 'old age' or older people. The National Service Framework for Older People defined three groups of older people; those entering old age on completing paid employment and child rearing (50-60 years); those in the transitional stage between healthy active life and frailty (70-80 years); frail older people who are vulnerable because of health or social care needs.

In an Age Concern survey published in 2000, "How Ageist is Britain?" the average age at which the public defined the start of 'old age' was 65.

The Department of Work and Pensions (DWP) in Opportunity Age refers to people aged 60 and over as older people, but also includes people in their 50s as a period when many people take early retirement or prepare for retirement.

Going back to the Nottingham report:

"Opportunity Age in Nottinghamshire, the countywide strategy developed by the Nottinghamshire Older People's Strategic Partnership, with its prime objective 'to maintain and improve the quality of life for older citizens in Nottinghamshire' looks at the 50-plus age group".

How then do we describe people who are the oldest? Do we need a description? The EHRC noted that it is problematic:

"Empirical divisions of sub-age groups within the older population add another dimension to the debate...Many empirical studies that compare different societal age groups create one grand age group to define the oldest old. Most often this is the 75+ age category. This practice hides variation among a span of some 25 years".

This is a key point and underlines the danger of using the blanket term "older people".

2. What do we mean by "vulnerable"?

The word "vulnerable" can be open to different interpretations. A report by Age Concern Lancashire (Clough, 2010) highlights ambiguous use:

"The word 'vulnerable' is used about people not having adequate safeguards, or being at risk. Thus certain categories of older people may be defined as vulnerable. For example, those who are in a vulnerable group are judged more likely to succumb to a particular illness… Similarly some older people are said to be vulnerable to abuse.

"Older people, especially those who are unwell, frail, confused and unable either to stand up for themselves or keep track of their affairs, are vulnerable". (NHS Choices.)

Vulnerability, then, is often used when we really mean people are at risk – it is not necessarily clear what people are at risk from or what is expected to happen. Given the problems about using vulnerability as a term should we use it at all? The literature on the subject suggests that despite many caveats the term is a popular one.

An Age Concern Lancashire report for example, notes that 'vulnerability' is a broad term which has different meanings in different settings. Whilst there are some general features to most definitions, there also significant variations. Two different definitions are given.

a) 'Social vulnerability' which refers to *"the inability of people, organisations, and societies to withstand adverse impacts from multiple stressors to which they are exposed. … (It) is created through the interaction of social forces and multiple stressors, and resolved through social (as opposed to individual) means...As with any analysis that asserts the dominance of external structures on people's lives, there is a danger that people are portrayed as passive victims and the capacity of the individual is underplayed".*

b) 'Psycho-social vulnerability' which refers to *"the personal attributes of the person and the social/environmental conditions which predispose the person to the particular risk"*.

As we have seen, ways of looking at vulnerability include the 'risk/hazard model' (in which vulnerability can be assessed by looking at, first, the risk and the degree of exposure to the risk and, secondly,

the extent to which individuals or communities are susceptible to that risk). An alternative is the 'Pressure and release' model which looks at root causes and then considers the factors that lead to greater degrees of vulnerability.

But what exactly constitutes 'vulnerability'? Age Concern Lancashire suggests the following (non-exhaustive) list of contributory factors:

- Capacity of the individual to communicate either how they are or what they want; people may be limited in capacity because of physical factors (e.g. deaf/blind, suffering from stroke, dementia, poor English skills.)
- Psychological state – people who are depressed are less likely to promote their problems.
- Physical capacity to manage daily living and household tasks – there is a relationship between ability to perform such tasks and feelings of self worth, and subsequently between feelings of self worth and a willingness to assert one's concerns.
- Limited physical capacity may present physical risks.
- The environment of the house – warmth, suitability for management by the older person.
- The external environment – the extent to which someone feels that it is safe and enjoyable to go out.
- Social contacts – meeting family and friends both provides potential for support and enhances people's experiences of their worlds.

Our first 'Big Conversation' (held in York on the 3rd May, 2011) highlighted the most vulnerable people as being those on low incomes and people in the private rented sector. There were concerns too about the resilience of people living in transient communities who do not have family relations or networks close by to support them.

There was discussion in the Big Conversations about "triggers" that make people vulnerable, including things like accidents, bereavements, burglary or trauma, ill health (particularly chronic ill health) and loss of mobility. We can add all of these thoughts to the discussion so far on what we mean by vulnerability. It becomes a rich and dynamic mix.

What can be done to reduce vulnerability?

Emily Grundy, a respected gerontologist, observed in 2006 that as we live our lives there are steps we can take as individuals to reduce the long term implications on ourselves, particularly health conditions arising from unhealthy living choices that will make us vulnerable

when we are older and will leave us with less in reserve to call on when we need it.

"The promotion through the life course of healthy lifestyles and the acquisition of coping skills, strong family and social ties, active interests and savings and assets, will develop reserves and ensure that they are strong in later life. Some of the physical and psychological challenges that people may face as they age cannot be modified, but others can. Interventions to develop compensatory supports include access to good acute care and rehabilitation when needed, substitute professional social and psychological help in times of crisis, long-term help and income support."

Some of the solutions, then, are in our own hands.

Vulnerability and housing

The Homes and Communities Agency (HCA) has certainly in the past acknowledged that vulnerability covers a wide range and many levels of need, and that specialist housing is not the main or the only answer. Instead there are different answers depending on the people concerned and for many the best option is to stay living in ordinary housing in local areas people know and like. As far as older people are concerned the HCA notes:

"Most homes and communities have not been designed to meet people's changing needs as they get older. Inclusive housing and wider environmental design is key to people's health and well-being, and the suitability of the built environment plays a critical role in the provision of social care and health services. This major demographic change needs to be taking into account when planning homes and neighbourhoods – mainstream and specialist alike".

The general tenor of the discussion so far is that a person centred approach is required. As the Age Concern Lancashire report noted above points out, service providers need to move beyond generalities such as "vulnerability" and ensure that they move to specifics such as "what are the capacity and resources of the person concerned?" and "what are the particular problems that he or she faces?" Further, it is essential that the older person is at the centre of this process.

Moving Forward

As part of our research, we held a series of "Big Conversations" in various locations[9] in England. These included service providers, academics, older people's organisations (both organisations for and

[9] Birmingham, London and York

organisations of older people) and older people themselves. A number of ways for both service providers and older people's organisations better to meet needs were identified by those attending, including:

1. Organise and deliver services to help people deal with ageing related problems – including those they can recover from

2. Raise public understanding of older people's needs and tell people about older people's organisations

3. Enable older people to make their voices heard – build community capital.

Organisations need to have a different vision for service delivery for older people. There are opportunities for service providers to provide tailored services for older people (using personal budgets and catering for self-funders). People clearly want different services, not necessarily the ones being provided currently. At the same time, given the localism agenda, there is a great opportunity for communities to influence local policies and hold statutory services to account. There is, however, a real challenge to local communities, in that more people will have to help themselves given shrinking budgets.

It was clear from the "Big Conversations" that there was a belief amongst those attending that some housing associations and housing providers need to rethink the barriers they have in place which prevent older people from mixing with other people, for example in some local areas the only space to meet other people might be a sheltered scheme common room. It could make a huge difference to people who have little opportunity to have a social life if they can meet together, including people living near and in a scheme. One obstacle to doing this might be Health and Safety rules.

The Joseph Rowntree Foundation has funded varied research into the needs and aspirations of older people through its "A Better Life" programme. A report by Imogen Blood (2011) summarized the findings from research with people often regarded as the most vulnerable because they have high support needs:

- The group of older people with high support needs is growing, becoming increasingly diverse and changing, as new sub-groups emerge and the prevalence of some conditions, such as dementia, increases.

- There is limited evidence about what older people with high support needs want and value and ageism acts as a key

barrier to hearing their voices.

- Older people with high support needs live in a range of settings including: residential or nursing care homes, sheltered housing and housing with care schemes, and in their own or relatives' homes, where many live in substandard private sector housing and an increasing number live alone.

- Older people with high support needs, their supporters and those working with them face a number of challenges in each of these settings. These include affordability, enabling people to die with dignity and navigating the system.

- Improving quality of life for this group is often about making simple changes to how existing services are run. Innovative models drawn from other countries and social groups can offer alternative options. Personalisation, assistive technology, and the development of user involvement in commissioning present opportunities as well as challenges.

- Future priorities include
    - challenging ageism;
    - strengthening and listening to the voices of this diverse group;
    - comparing user-defined outcomes and cost effectiveness of different approaches (for example, different models of housing with care) and using this evidence to develop a business case for change;
    - developing wider ownership of the debate, since it concerns everyone's future quality of life.

The report proposes a model demonstrating how the needs of older people might be met. In their "circular model", (which combines aspects of the wellbeing older people say they value, with the factors that they claim help or hinder their quality of life) the older person is at the centre of the circle as a *"reminder that this is about diverse individuals and what they want from their lives, not what services and policies decide they can have".*

Blood makes some striking points and, above all, conveys the views of a group of older people whose views are rarely if ever sought because they tend to be hidden, they often have communication difficulties and they lack a collective voice. Most poignantly, Blood noted how similar we all are as human beings regardless of health and the needs we have for support and care. Older people with high support needs value

similar things to everyone else. However, many have had to adapt the way they meet their needs, or come to terms with unmet needs, as a result of illness or disability and other issues, such as lack of money or lack of information.

- People valued their close emotional relationships, though some expressed concerns about 'imposing' on family and friends. Many had made new friends as a result of their increasing support needs.
- Having control over their lives was important, but meant different things to different people. Adjusting well to change was also central to psychological well-being, and this might require support.
- People valued getting out and about, keeping mentally and physically active and having contact with nature.
- Care, support and other people's time were key factors that enabled or prevented people doing things that mattered to them.
- People faced various challenges and difficulties, some a result of illness, disability and ageing but many because of lack of access to information, money, technology, equipment and transport.

Blood's research underlines the fact that older people with high support needs, including those with dementia, can, and want to, articulate the things that matter to them.

In work commissioned by Hampshire County Council, service users and carers identifying the types of support or care services they would choose to use named the following as key factors:

- Being treated with respect and dignity - this includes good two way communication at the right pace, at every stage.
- Feeling safe.
- Information and advice and knowing what is going on as it relates directly to the individual situation. This increases control and choice.
- Personal care being right for the individual at the right time and place as well as being with the right person.
- Social interaction. Getting out and maintaining friendships as well as developing new ones.

Rethinking services to be person centred

The study for Hampshire suggests there is a need to rethink the service offer made to older people. This echoes our research findings

and underlines other research evidence we have mentioned. The rethought service suggested for Hampshire would have key elements including:

- Flexibility - services designed around the needs of the individual
- Communication based on the communication needs of the individual
- Opportunities for social interaction and social inclusion
- Choice and control.
- Privacy, respect and dignity

The final word goes to Shirley Blight, (First Stop Development Worker, Newham, London) who said, in her presentation to our London "Big Conversation" in June 2011:

> "ABOVE ALL OLDER PEOPLE WANT TO BE LISTENED TO. IT'S NOT ABOUT SERVICE PROVIDERS DECIDING WHAT OLDER PEOPLE WANT; IT'S WHAT OLDER PEOPLE WANT THEMSELVES!"

ADRIAN JONES

APRIL 2012

Bibliography

Blood, I (edited). (2011), Older people with high support needs: how can we empower them to enjoy a better life, Joseph Rowntree Foundation, York

Clifford, L. (2010), Literature Review Breaking the Mould: Re-visioning older people's housing, National Housing Federation, London

Clough, R. (2010), What makes older people vulnerable? What sort of events trigger requests or need for services and support?, Age Concern Lancashire

Equality and Human Rights Commission – http://www.equalityhumanrights.com/uploaded_files/research/22._older_people_inside_and_outside_the_labour_market_a_review.pdf

Grundy, E. (2006), Ageing and vulnerable elderly people: European perspectives, Ageing and Society 26 : pp 105-134, Cambridge University Press, Cambridge

Hampshire County Council (undated), Hampshire Model Personalisation Programme Market Development Workstream: a survey of Self-Directed Support (SDS) users and carers

Homes and Communities Agency - http://www.homesandcommunities.co.uk/ourwork/vulnerable-and-older-people

NHS Choices http://www.nhs.uk/CarersDirect/guide/vulnerable-people/Pages/vulnerable-adults.aspx

North East Public Health Observatory - http://www.nepho.org.uk/topics/Older%20People

Nottinghamshire County Council, http://www.nottinghamshire.gov.uk/jsna-chapter2.pdf

Office for National Statistics (2005), Focus on Older People, ONS, London

Ramsbottom, H. (2009), NCVO Third Sector Foresight: http://www.3s4.org.uk/drivers/diversity-of-older-people

Sanderson, W. And Scherbov, S. (2008), Rethinking Age and Aging, Population Bulletin, Vol 63 No 4, Population Reference Bureau

Appendix:

Selected papers from Phase 1

Issues paper

Discussion paper

ISSUES PAPER:

HOUSING ORGANISATIONS AND OLDER PEOPLE – WHAT ARE THE CURRENT ISSUES?

PREPARED FOR THE ORBIT CHARITABLE TRUST EXPERT PANEL

THIS PAPER AND ITS PURPOSE

This paper brings together discussions on some important areas of economic and social policy that effect older people, broader communities, housing and the third sector.

The paper was produced as part of a research project for the Orbit Charitable Trust and has been discussed with the expert panel formed as part of the research. The panel's comments are incorporated. We asked the panel to consider the important current policy issues and related areas of concern relevant to the research. In particular, we are interested in issues that can be tackled through joint discussion, resource sharing or action by housing organisations working with older people and older people's third sector organisations.

This paper was used to inform public conversations and deliberative discussions that were hosted for Orbit Charitable Trust in 2011.

THE CURRENT CONTEXT

HOUSING POLICY AND WELFARE

Our literature review and our scan of recent policy trends suggest that the government has decided where housing associations and social housing organisations fit into its bigger picture for welfare. For example, the government wants to ensure that social housing is restricted to people in the greatest need and considers that, when people can afford other housing, they should leave social housing. Gradually, we will see greater concentrations of people reliant on welfare and disconnected from economically active people. This may suggest that there will be a further increase in the anti-social behaviours of people with no investment in social norms. Community development workers may be important in avoiding these outcomes.

The government also plans to change tenancy arrangements, eligibility criteria and allocations for new tenants, so that only people in most need get access to social housing, and for as short a time as

necessary (see the Localism Bill. A Fairer Future for Social Housing Impact Assessment, January 2011). In the same vein, there are plans to restrict housing benefit and other welfare payments to low-income groups. There is some concern that there will be a potential knock on effect on access to decent housing. These changes will affect people of all ages, including older people (Welfare Reform Bill, 17 February 2011) although the exact impact is not clear.

An emphasis in government housing policy on under-occupation in social housing, particularly by older households, is part of an objective to make welfare go further. This is not a new policy, yet its reiteration in national policy is a matter of concern, not least because of the linkages with welfare consumption. There is very good, detailed research showing how important it is to preserve the continuity of older people living in local communities and how older people continue to support family members and spouses at home. Linkages between the home, local networks and friends and having good healthy, happy lives in later age are also well known. People being able to continue to live where they want to live has positive health effects.

We should not underestimate the impact of insecure/short term tenancies on the mental and physical health of older people. The stress of moving exacerbates many conditions where familiarity of physical (inside and out) and social environment is crucial; for example - physical disability, sensory impairment, dementia and learning disability. Equity, both actual and perceived, is important in terms of access/eligibility and in the transparency of decision-making and provision of all types of help (both public and not for profit). We need a discussion about what is fair for older people and their families. Decisions about moving are often made at times of stress and even duress.

There may be conflict about the best options between the older person and their family. Decision making can be problematic if there are incapacity or protection issues. Older people may be ‘abandoned’ in home or hospital and assets disposed of. The welfare model may increase further stigma and marginalisation, rather than an acceptance that in older age people may become more vulnerable, either for shorter or longer periods. This may or may not be linked to ‘housing need’ alone, but to many other social, health and economic factors

Questions

- Is it a good thing that the Government is seeking to bring social housing into welfare policy?

- What are the impacts likely to be on the future of social housing, on the well being of older people and the cohesiveness of local communities?
- What should social housing organisations be saying and doing?
- What should older people's organisations be saying and doing?
- Can older people and housing organisations work together to address common interests? What are the areas where they can co-operate?

Planning and communities

The Localism Bill refers to intentions to give local communities a greater say in local planning arrangements, including spatial planning for new developments. At the same time, more is going to be expected of local communities operating locally, including parish councils (in rural areas), although there are some doubts about the capacity and willingness of informal and sub local government bodies to take on these responsibilities.

It has been argued that older people are both over-present and absent from local action. Where they are a strong force, it could be said that there can be a tendency to shout down younger people's interests, but equally it can be said that planners tend to take more interest in progressing the housing interests of families, rather than older people.

It is crucial to open up discussion. Community engagement is now a key issue for planners and community development and regeneration. Encouraging local participation should be a shared responsibility across the local network of community groups and wider 'communities of interest'

There is a danger in talking generally about 'older people'. They share common characteristics, but are also very diverse. We need to look at what is shared - for instance, increasing numbers of all ages living alone, not just older people. Accessible housing is just as important to families with young children as it is to older and disabled people. We need to be concrete about options and models, and acknowledge that needs change over time and sometimes very suddenly, e.g. as a result of death, divorce/separation, caring responsibilities, work opportunities, disability, long-term health conditions, and the need for protection from abuse.

Questions

- There are concerns that some local communities will exhibit the worst kind of nimbyism. Obtaining consents for some kinds of development are already very difficult, so there could be a disproportionate impact on local areas where communities and local forces are weakest. What should be said and done about these matters?
- Should we acknowledge that in local planning older people can behave badly as well?
- Should older people's interests be represented as well and who should do this?

Third Sector, Big Society and Finance

The third sector arguably covers housing associations, community organisations and charities, including Age UK/Concerns. However, there are still many uncertainties about the 'Big Society', particularly the resources that may or may not be made available.

In February 2011, comments from the outgoing Director of the Council for Voluntary Services, Dame Elisabeth Hoodless, reinforced growing suspicion amongst voluntary sector leaders about the role envisaged for them by the government in the 'Big Society' There is a particular concern that the third sector might replace public sector services on the cheap. Liverpool City Council, one of the four vanguard Big Society pilots, later withdrew from the pilot saying that the authority could not participate while also cutting funds for essential services in local communities.

One of the biggest concerns is that voluntary and community organisations might be expected to take up the slack following cuts. This could be seen as a return to traditional voluntarism or as an erosion of the rights and responsibilities of the state. However one sees it, leaders of local and national charities are deeply worried that they will be expected to respond to crises at a time when voluntary giving and donations, as well as public funds, for charities and voluntary/community organisations are falling. The removal of ring fences for local authority funds for social care and Supporting People is therefore a big worry. These funds have traditionally protected some of the most vulnerable people.

Our literature review highlighted the fact that housing associations have often taken a lead in older people's housing and have taken a stance on issues affecting communities. Social housing has had a

fundamental impact. Better housing and better sanitation were critical in terms of public health and improving people's lives.

The government's view of the Big Society seems to be very top down and about social engineering to get communities to work. Communities work from the bottom up, in their own time, to their own priorities, in their own way, and at a pace that reflects local interests and capacity. One cannot change that, nor should one. There may also be some opportunities in the 'Big Society' concept. There may be more recognition of the contribution to wider society that older people already make. People may be encouraged to express their views and become more active in their communities and challenge central and local government. The debate about wardens and scheme managers in the London Borough of Barnet is a good example.

There is a role for housing associations to work with community organisations to support communities 'organic' ways of doing business, and to provide business support for this.

We do need a 'kick start', perhaps in different areas at the same time. Ideally, this would not be just another 'programme', but would be more organic. For instance, a recent event in Glasgow, 'The Gathering', focused on the recovery approach to health and well-being and was said by those who attended to be pretty inspirational. We also need to take into account changes to the NHS and the closer integration of health and social care. We are already seeing the linkage of the development of health facilities and housing (often for sale) and intermediate care on the one site. Will social housing providers be increasingly pressed to take people who need to be discharged from hospital or to avoid an admission? Is this a good thing?

Questions

- What should social housing organisations, older people's organisations and older people be saying about the opportunities and threats that of the Big Society?
- What should they be actively doing? Should they be forming a debate or promoting volunteering and social engagement such as the Lambeth circles of support scheme, where 'hours 'can be banked for later on?

Later life and money

A number of changes are about to be introduced that will alter the arrangements for retirement, income and welfare we take for granted. Gender imbalances are also deepening.

More people are living longer and more of us are living alone. In general, people's incomes in later age have risen compared to previous generations, but the tide is turning to some extent, because the settled employment and boom economy that benefited people currently over 65 and 70 has had mixed effects on people approaching older age now. More people 50 years and over, including newly retired people, have debts and mortgages that will carry on into older age, compared to people in these age groups ten years ago. This is partly due to a rise in home ownership, increases in borrowing behaviour, the recession and redundancies. Ill health and disability and forced early retirement also take their toll on people's incomes.

As a result, debt advisers are reporting rising levels of complex debt amongst the over 50s and newly retired people and the trend is expected to worsen.

Women have always been poorer than men in older age and this pattern progresses as more women than men live on into advanced older age. It reflects life patterns, since women tend to have lower incomes when they are in paid work than men and they have fewer saving and less good occupational and state retirement pensions compared to men. In addition, women tend to have career breaks for family and caring, which obviously affect incomes and pensions. Some women benefit from their husband or partner's occupational pensions, but many lose this income when their spouse/partner dies. Although more women are in the paid workforce than ever before, the gender imbalances in incomes show relatively small signs of improving in older age. As the population ages, more men are living longer than before, but women still outnumber men in the oldest age groups.

Mass scale home ownership in older age is a relatively new phenomenon and social housing providers have been slow to realise this. The vast majority of older people are owner-occupiers and not renters. For many people, their home is their biggest single asset and they increasingly expect to draw on it in their later lives, rather than pass the capital to their children. A major issue is the lack of good independent financial advice when people are trying to make decisions about their older age including advice on the best financial products. Currently, this is a subject that cannot be touched by financial advisers. There is a desperate need for such information and advice since, despite the rising incidence of debt amongst younger older people, the vast majority of older people are careful savers and prudent with their money.

There is a lack of good advice that is accessible and easy to understand and which would prevent people from making poor investment decisions, including equity release mortgage decisions.

(See Riseborough, M, 2011, the Newcastle and Gateshead First Stop project). More recently, the government has introduced a financial advice service and an overhaul of financial regulation.

Questions

- What practical steps could be taken to improve information and advice on financial matters including avoiding problems?
- What can housing organisations and older people do at a practical level to make improvements?

What we mean by 'retirement is changing'

The blanket ruling that people must leave the paid workforce at age 60 for women and 65 for men was removed from April 2011. There will be no retirement age in future. Will this increase the number of older people in paid work?

Somewhat confusingly, in the UK, we tend to refer to the age at which people become eligible to receive the state retirement pension as the retirement age and people of that age as pensioners. Will we continue to do so? It will certainly be more difficult to be certain that people are 'retired' from the workforce.

The removal of the statutory retirement age will enable many people who need or want to continue working to do so. The present and former governments hoped that by encouraging more people to stay in the workforce they would enable people to save for retirement. Currently, people can draw their retirement pension at the ages they become eligible to receive the state pension and receive income from paid employment including self-employment. They can also delay receiving it and thereby build up a slightly bigger pension.

Some years ago, the last Government announced that there would be a change in eligibility ages in order to bring men and women onto a similar footing. It was announced that the age at which women would become eligible for the state retirement pension would rise to 63 for women who were born after April 1953. The age would gradually rise after that to be equivalent to the age men become eligible to receive the state pension. Over time, both men and women would become eligible to receive the state retirement pension at the age of 68 years. These changes have been known about for some time. However, they are much harder to 'sell' to the public when people over the age of 50 are finding it difficult to stay in employment at all and finding it difficult to find new employment (JRF).

The current government proposes to introduce another change, so that women born in April 1953 will not become eligible for the state

retirement pension until they are 65 years old, rather than at age 63. This would have a serious effect on women who have already planned to retire at 60 and 63, particularly those who are on low incomes and unemployed. Women have also traditionally been more reliant than men on the state retirement pension as their main source of income.

Questions

- What should older people's organisations do to promote the rights and interests of older workers?
- What steps are housing organisations going to take to make sure older workers are able to continue in paid work if they want to?

Market and customers

Social housing organisations and older people's organisations have a great market opportunity to provide practical services for older people who need these, across all income groups. Some home improvement agencies provide great social enterprise models as examples of what can be done.

There is a huge market out there and all older people have some money to pay for what they need.

It is important to look at the older population as a whole and across all tenures. Enabling older people to access a range of financial products is very important.

There is a need to work with national and local organisations on these issues. Knowing how to deliver local information is important - especially the link between housing options, maximising income from all sources. First Stop is an excellent resource, which brings together all the information older people, relatives and professionals need on housing options and we urge people to use it. However, not everyone has access to the Internet. Some people will need help, but may not have someone/an organisation they trust. Planning ahead may involve family decisions and not just those of individual older people. Mediation and /advocacy may also be needed There is interesting work in Scotland where Social Return On Investment initiatives have revealed vast extent of unmet need and often fairly simple solutions. There are pressures on women especially for child care (grandchildren, parents) and other caring responsibilities.

Questions

- What should social housing organisations and older peoples organisations be doing to enable older people continue to live independently and make best use of their assets including skills and incomes?
- What needs to change to prevent people getting into difficulties?

Health and wealth and communities and paying for care, commissioning

Older age is not inevitably a downward spiral, nor is it necessarily accompanied by increasing ill health. However, towards the last few years in people's lives there is a well-established pattern of morbidity that so far shows little evidence of decreasing. The impact of more people with poor health in older age will be sizeable but it would be wrong to see this in crude terms of more older people equals more ill health. Many older people actually enjoy good health, particularly if they have had healthy lifestyles, take regular exercise and are not overweight.

The prevalence of mental ill health, the incidence of dementia and other cognitive conditions is the subject of much learned debate. Forecasting the planned incidence of these conditions over the next twenty plus years takes up a lot of space in learned journals. The likely costs of care and support also take up a great deal of time and debate. To some extent, the costs depend on how and where people live. For most people, living in the community is the healthiest, most dignified and most cost effective option, yet a lot of the forecasting is about medical care and institutional care.

Some facts are clear. As the population ages, so too will the incidence of dementia and age related mental illness. This is a normal consequence of the expected rise in numbers of older people. What can be done to assist people to continue to live as independently as possible in communities?

This is the big question and one, which most housing providers and communities shy away from. It is a subject that attracts fear and public opinion is often highly divided.

It is important that we do not treat people as 'special cases'. The chances are that many of us will develop some condition that has to be coped with - which doesn't mean that we stop enjoying life or contributing to our community.

Strategies on dementia care, mental health issues, especially depression and anxiety, and other long term conditions such as diabetes all assert that the challenge is to support people to live as well as possible with their condition, to promote health and social well being and to support people and their carers to live in their own home in their community for as long as possible.

Older people's organisations, including housing associations, can demonstrate positive approaches in practice. Fear leads to segregation and stigma. People may prefer organisations that are not condition specific, especially in the earlier stages following diagnosis. There may be opportunities to share resources, for example on housing options, information and advice across organisations rather than duplicating and wasting resources in buildings and staff/volunteers.

Questions

- What should we be doing together to support carers and families of people who have dementia or other long-term conditions?
- What support can be provided?
- When are housing organisations going to see this as an everyday routine part of life and work?

Specialist housing

Specialist housing, including sheltered housing and all the variants of housing with care from supported housing through to extra care housing, still only houses around 5% of the older population. Over half a million older people are living in residential or nursing care. At age 85+, 15.85% of the older population is in hospital, long stay or residential care. It has a valuable role to play and the various models and ingredients have been evaluated substantially elsewhere.

There is no doubt that, for some older people, specialist housing can be a good choice, but most people live in ordinary housing and there is very little to support the vast majority. However, the First Stop Exemplars programme has been examining the needs of older people, their relatives and front line staff for well-informed advice and information on housing choices. This includes information on specialist housing. First Stop brings together for the first time a wealth of accurate information to enable people to make informed decisions. This kind of information is not used routinely by housing advisers or by housing organisations - older people are instead given partial and very poor information.

We should not make assumptions that people in specialist housing already getting good advice and that they will have a home for life - this may well not be the case? Who are ‘housing advisers? It is not just housing organisations who need to use and get access to information - all the other older people’s organisations as well including when people are at point of a transition to care or hospital or involved in an assessment.

First Stop, which we have mentioned already, has user-friendly information and is available to anyone via its website, including to front line housing staff. It also runs a free telephone advice service. So far all the indications are that when older people and their relatives see and use the First Stop site and information they are able to frame better decisions.

Information on housing options or the lack of them is then an important issue for all older people. What can be done to encourage housing organisations to use the first class information available from First Stop and to take older people’s concerns seriously?

Housing Organisations and older people

While some housing associations specialise in housing older people, the majority house people of varied ages, including older people. Local authority housing also houses people of all ages, although there are many specialised schemes for older people within the local authority stock. Most of the debate about housing for older people is about the housing models that are suitable for an ageing population. However, there is less debate about the importance of older people to housing organisations, both as customers and through their roles in local communities.

Organisations representing older people, of which Age UK is the best known, also provide important services that underpin the work of housing organisations through supporting older people in the community, volunteering and delivering local, supportive services.

Most older people are homeowners and we need to make sure we do not compartmentalise the role of housing associations as just for the deserving poor. Associations need to take a much wider role in relation to housing services. The National Housing Federation’s recent ‘Breaking the Mould’ report addresses these issues.

Many housing associations have still not got to grips with the fact that older people underpin their business, and for many provide over 50% of their residents.

Housing associations should see older people as core business across their work, whereas many see older people just as customers of sheltered housing. All housing associations should provide a business support role for some of the community organisations in the areas where they operate.

There is a role for outreach work by housing organisations to support the wider population of older people and not just those currently living in social housing. There are some successful precedents in housing improvement agencies and adaptations.

Questions

- Have housing associations grasped the ageing of the population as a key issue and opportunity for them?
- Do housing associations understand that older people are a core business - not a separate or special case - and as such should influence everything that a housing organisation does?

Planning and communities

We are still a long way away from planning authorities understanding that older people are the fastest growing group in the housing market and developing planning policies to take account of that by supporting developments of all age communities and housing across all tenures - both general needs and specialist - that is suitable for older people.

This is an important area for housing associations, community organisations and older people's groups to come together to influence the planning system. Another problem it is that people are only asked their opinions once a proposal has already been developed. This can be avoided if there is work within communities to develop a vision about what they might be like in the future. However, this will need skilled facilitation that comes at a price.

It is crucial to open up discussion on this issue. Community engagement is now an important issue for planners and for community development and regeneration. Encouraging local participation should be a shared responsibility across the local network of community groups and wider 'communities of interest'. There is a danger in talking generally about 'older people'. They share common characteristics, but are also very diverse.

We need to look at what is shared - for instance, increasing numbers of all ages living alone and not just older people. In terms of access, accessible housing is just as important to families with young children as it is to older and disabled people. We need to be concrete - about options, models and scenarios - and acknowledge that needs change

over time and sometimes very suddenly, through death, divorce/separation, caring responsibilities, work opportunities, disability, long term health conditions and the need for protection from abuse.

There is a need to get examples of good practice to the people and groups that might make change happen. In a way that is not just another programme, but something more organic.

For instance, there was a recent event in Glasgow, 'The Gathering', to focus on the recovery approach to health and wellbeing, which is said to be pretty inspirational. We also need to take into account changes to the National Health Service and the closer integration of health and social care. We are already seeing the linkage of development of health facilities and housing (often for sale) and intermediate care on the one site. Will social housing providers be increasingly pressed to take people who need to be discharged from hospital or to avoid an admission? Is this a good thing?

Promoting good practice

There are good ideas and practice examples out there, but the question is, what needs to be done to spread similar approaches? The range of services provided by Age Concern/Age Care and other third sector organisations is both positive and problematic. How do we ensure that people know where to go, how to get information they can trust? Is there duplication in some areas, a desert in others?

We should not underestimate the fear many older people have of being 'forced' into a care home or hospital. Ordinary non-stigmatising places and advice over the phone, as well as the internet, are often more reassuring for people as long as the information is timely, accurate and up to date.

Conclusions

This paper has highlighted some issues that inform and affect older people, social housing providers, older people's organisations and communities. The paper touched on changes in the policy landscape that will affect older people and their well being including their ability to continue to live independently or with support and care. The political context is becoming clearer and there is a window of opportunity to influence some areas of policy and practice. It is worth remembering that social housing organisations, particularly those in the third sector, and older people's organisations together with local communities do not simply react to the wishes of policy makers - they can and often do influence change of their own volition. So what can be done? What would you like to see happen?

COMMUNITY CONNECTING

Just before Christmas in 2011, many local authorities started consultations on changing their eligibility criteria to substantial or critical. Going one step further, Birmingham Council declared that they are consulting on changing the FACS eligibility to 'super-critical'. All these moves were in response to the headline 26% reduction in government grants. The gatekeepers are trying to reduce the size of the gate to a point where it becomes inaccessible. As a result, they are likely to become embroiled in an endless cycle of crisis case management, which probably costs more in the medium and long term in both financial and non-financial terms.

In this new era of public austerity, we may assume that the Coalition's principles of Localism and the Big Society are aimed at removing many of the perceived consequences of the 'Welfare State'. The notion of "service users" as quiescent and grateful recipients of state services will finally be put to rest. The new mantra will be on active citizenship, with the accompanying rights and responsibilities. Universal services are being re-defined as access to information and advice.

So when the 'formal' systems are largely broken, what can be done for those outside of the formal care management process? Since the late 80's, Western Australia have had a system of Local Area Co-ordinators (LACs), whose job was to advise and support people mostly with Learning disabilities and their families who may not necessarily access the state Disability Services. The LACs underlying ethos is to build from people's strengths and to find natural networks (relationships) that are freely available within their community. This approach was subsequently adopted and rolled out across a significant number of Scottish local authorities in the last decade, with varying degrees of success. In this age of state paucity, is it time to revisit LACs to see if the resources within communities can be unlocked?

The Objectives of LACs as defined by Disability Services Queensland are :

Local Area Coordination works with people with a disability and/or their families and community to facilitate positive changes that:

- *Assist people with a disability to have valued and quality lives within the community*

- *Enable families to remain an important and enduring support*
- *Result in communities becoming more welcoming and inclusive*

To achieve these objectives, the roles of an LAC are seen as many: advocate, guide, supporter, broker, consultant, community worker, partner, resource, problem solver and source of direct help. They often start as a planning facilitator. Key attributes of a LAC are to be accessible, knowledgeable, responsive, trustworthy, reliable, practical and resourceful. They are not seen as a replacement for formal care management rather they work either to prevent the entry into the care system or they prepare the ground for the care management assessment.

A review of research on LACs in Western Australia (Assoc Prof Rod Chadbourne) found the following outcomes for people and their families:

- Greater peace of mind and increased security
- Increased optimism about the future
- Improved functioning and well being
- Enhanced self sufficiency and competence to organise their own services and supports
- More choice and control of services
- A more diverse and customised array of support to meet their needs

The state and the communities have benefited by:

- Making society more inclusive; increasing community acceptance of people with disabilities, reducing isolation
- Enabling people to stay in their homes and communities
- Helping establish community agencies such as home care, employment training and placement, family support associations and community living associations
- Attracting additional funding from both government and non-government sources
- Offering better utilisation of scarce resources, being cost efficient and displaying a high level of accountability

LACs work from a community-based office not associated with the local authority, they offer open access in terms of information and some limited advice. Some people may then move to a more intensive service involving planning and other active support. An achievable case load is seen to be about 60 people, and in Stirling, Scotland, the cost of the LAC service was assessed to be a unit cost of about 60p/person supported/hour of a LAC (2007 figures).

It was noted in Scotland that LAC could be extended to older people who are on the verge of entering the care system. But other than in Stirling, it seems that LACs have not met their desired outcomes because of the way they were brought into local authorities. Many were seen as part of plugging the gaps in the LAs existing provision; some were based in social work department offices and their role was confused with care management (Investigating LACs, 2007).

The apparent contradiction between the notion of open access to support and a process based around rationing is bound to be problematical. There is also great danger of attempting to merely replicate the model in very different communities. If localism and Big Society means anything then, whilst taking the notion and ethos of LACs, the application must be worked through within each locality – the 'hard yards' of community development rather than a quick management fix by imposing 'the' model are going to be vital.

The model has mainly focussed on people with learning disabilities, could it be extended to older people? Many older people's networks shrink as they age or experience failing health, the model about fostering new relationships would seem to be very relevant.

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Sources

Australian

Local Area Coordination – Disability Services Queensland

A Review of Research on Local Area Coordination in Western Australia. Assoc Professor R Chadbourne, Edith Cowan University

Local Area Coordination – Disability Services Commission Western Australia

Building the Capacity of Individuals, families and communities . Vol 1 Lesley Chenoweth and Daniela Stehlik

Presentation by Eddie Bartnik to the Valuing People Support Team North East on 12 January 2009

Scottish

National Guidance on the implementation of Local Area Coordination R R Donnelley for Scottish Government, 2008

Investigating LACs – Report for In Control 2007