



“We Know Best
What We Need”

**Local Service Networks:
a community development
approach to work
with older people**

Jackie Summerville and Gill Morris





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Dedication

This report is dedicated to all the older people who have been involved in the Local Service Networks. Many thanks for your support, help, humour, hard work and cups of tea! It is a pleasure working with you.

Gill & Jackie

'We Know Best What We Need'

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Published by.

Anchor Trust

Fountain Court

Oxford Spires Business Park

Kidlington OX5 1N2

Telephone: 01865 854000

Registered Chanty No. 1052183

Company No. 3147851

First published 1998 ©

Anchor Trust, 1998

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Design and typesetting: Stanford Douglas

Printing: Hartington Fine Arts (Lancing)

Preface

Anchor Trust is in touch with over 50,000 older people each year through its work in providing a range of services including domiciliary care, retirement housing, Staying Put projects and residential and nursing home care. As a result of this experience, and through what we have learnt from our research with older people, we wanted to test out a new way of involving older people in the development of services to enhance their independence and control.

The Local Service Network projects have been funded through the *Department of Health Community Care Development Programme*, with additional resources from Anchor. They are partnership projects and could not have succeeded without the commitment of the partners involved in Brighton and Hartlepool (see **Appendix I** for a full list).

The projects, as this report and the evaluation by the *Nuffield Institute for Health* show, demonstrate the effectiveness of a community development approach.

They show that independence and control are about much more than just being able to look after your own physical needs. They are about taking part in the local community, about learning new skills and passing on old ones, about being asked for your views and having your voice heard.

Anchor has learned a lot from the projects so far, and we are using this learning to take forward further work on community development. One of the measures of success of pilot projects is whether they continue beyond the pilot phase. Both projects are continuing, not according to a hard-and-fast blueprint, but in response to the communities which they have become part of.

The continuation of the projects is a tribute to the hard work, flair and imagination of the two project workers, but most of all to the older people whose projects these really are.

Helena Herklots
Corporate Strategy Manager





The Aims of the Local Service Networks

The overall aim of the Local Service Networks was to test the effectiveness of a community development approach to preventative work with older people.

The agreed objectives were to:

- improve access to, and availability of, services for older people to prevent or delay dependence on long term care services
- increase choice and control for older people
- use the local community as a resource in developing community care services and support networks.

The Local Service Networks were set up in Hartlepool and Brighton, operating in three housing estates in each town. Brighton and Hartlepool were chosen because it was felt that these were areas: in which Anchor already had a presence and a track record; which were good environments for partnership working; and which had local authorities that had expressed an interest in new service provision. The particular estates were chosen by Steering Groups for each project; Steering Group members represented a range of local agencies (statutory and voluntary), and brought their knowledge of local areas to bear on this decision.

Once the areas had been identified, project workers were appointed, work bases identified and publicised, and members of the Steering Group provided contacts with key members of local communities. The first piece of work for each project was a Community Audit (see p6) to identify issues which older people, community groups and other local stakeholders felt were important.

What is Community Development?

Community development is a model of working which reflects certain key principles and elements. A good definition is given by the *Scottish Community Development Centre*:

'Community development is not just about what happens at the local level. It is also about the way other organisations respond to the problems in a community, or help a community make the best use of the skills and assets it has. The results of community development can be seen in the way communities involved change, and in the way that services and policies for the community change. Communities can be geographical, or can be groups of people who have something in common [a community of interest]. Community development is a planned activity based on clear values. It is built on an understanding of important themes:

- it fights poverty
- it aims to include everybody as full and active citizens
- it challenges discrimination by race, disability, age, religion, gender and sexual orientation
- it is about people working together for community led. democratic action
- it promotes participation in public affairs and gives people more power
- it works to prevent problems
- it encourages people to learn skills and knowledge and develop confidence through taking action
- it supports joint work between government and people

- it focuses on public policy
- action can range from self-help to campaigning.

Overall, community development works to improve the quality of community life.’¹

Developing early community involvement

In an ideal world, this would be before the decision on where to place a project! In practice, of course, this is difficult, if not

impossible, since one cannot raise the expectations of n estates/areas, when a project will only take place in one.

Nonetheless, it is important, once an area of work has been identified, to consult with the community to find out what their expectations of the project are, to determine how they wish the project to be run and organised, and to involve them designing the evaluation. This kind of consultation could, in theory, take place before a worker is appointed.

¹ Measuring Community Development in Northern Ireland: a handbook for practitioners; Alan Barr, Stuart Hashagen & Rod Purcell; Scottish Community Development Centre; 1996

The Work

Information gathering

The first task of the project workers was to find out as much as they could about the neighbourhoods they were working in, and the community (in this instance, older people within a set geographical area) they would be working with. There are three basic ways to get information, each with their own advantages and disadvantages:

- observation
- asking questions
- consulting existing records

Observation

With this method, the worker watches events and actions, gets a feel for the neighbourhood, identifies what is currently happening. This has obvious advantages, but it is important to be aware that one cannot tell what is happening 'under the surface', that the presence of an outsider may change the way things happen, and that observations may be biased by the observer's own views of what is important.

Asking questions

This is a useful way of getting a range of comments and viewpoints from people involved in a community. Ways of asking questions include:

- written questionnaires, for use with community members, workers and funders. Formal questionnaires allow for easily quantifiable information to be gathered, but may be off-putting to some people. Tick-box questionnaires will, of course, only provide information on the issues which the compiler includes. Less formal questionnaires, with more open-ended and 'what do



you think about', or 'what makes a difference to..' questions may provide a wider range of views, but are generally, more difficult to quantify, which could prove important when deciding on the direction of future work;

- asking questions face-to-face, in formal or informal settings. This approach can gain a lot of information, but it can be time-consuming, and can depend on the rapport which the person asking the questions builds up with the person answering them;
- working with groups, and asking them for their views. Groups might include community organisations, members of several organisations, lunch clubs, older people's groups, tenants' associations etc. or groups which are formed purely to discuss a set issue or issues for the purposes of the research (focus groups). The advantage of this approach is that this allows different views to be expressed and explored; one disadvantage is that quieter members of groups, or those who do not feel comfortable in a group, may not get to express their opinions.

Existing information

A lot of useful information is available, although it may be difficult to get. Census returns, records kept by other agencies, such as Single Regeneration Budget reports, policy documents, Local Authority Committee minutes, minutes of other meetings, newspaper articles and so on can all be consulted, and can provide a wealth of information about an area. However, these will not necessarily have been written or recorded to support a community development programme, and may be focused on one issue or circumstance, without putting it into

a wider context. Additionally, not all existing information will be accurate — changes may have occurred since the information was compiled, or not all the information available may have been used. Census returns, for example, can only be as accurate as the information provided by householders, and they are frequently inaccurate about the number of ethnic minority people in an area.

It is important, when gathering information and opinions, to ensure that it is as broad as possible, consulting residents, local businesses/shopkeepers, community associations, tenants' associations, organisations working with people with disabilities, housing authorities/associations, churches etc in the community; those who may work with, or in, a community *and* those who make the policy decisions; for example, home helps and their managers, district nurses and the local NHS Trust, local council officers and councillors. In addition to gaining useful information, and identifying gaps in services, involving actual and potential stakeholders as early as possible provides the first opportunity for networking, which is an integral part of community development work.

The audit

Having decided, as far as possible, the kind of information that would best inform the development of the projects, we designed a community audit process to enable us to gather as much information as possible on what:

- was happening locally
- was happening in the wider community which could affect older people living in the LSN areas

- older people, agencies and community groups considered to be key issues for older people
 - gaps there were in service provision useful networks could be facilitated
 - kind of policies and practices agencies had which might exclude
 - older people.
- quantifiable information (on, for example, car ownership, housing, the number of people using services, or the reasons that people weren't) and to ask older people to say what they felt would improve their quality of life and help them to remain independent.²

As well as information gathering — and sharing — the audit was designed to provide the first step in interaction between the community and the worker, which can be useful in increasing community involvement in the project.

The audit also provides a method for focusing the work of the project on the issues that older people identify as important to them and for both these reasons it is was a keystone of the projects. It is important to remember, however, that these initial findings are not set in stone, and may change, be added to, or disappear completely over the life of the project.

Having considered the advantages and disadvantages of the methods of gathering information, a joint methodology for the audits was agreed across both projects, using all three approaches. Semi-structured interviews with individual older people were a key part of the process, allowing us to produce some

“Although I'm having difficulties I would feel too embarrassed to contact Social Services.”

“I was offered a place at a day centre once a week, but it was the same day my district nurse visits, so I couldn't take it. So now I don't go out at all”

To overcome the risk of the project workers dictating the issues covered by the audit, the questionnaire was piloted with a small number of older people, whose views on the issues that they felt were important to older people were incorporated into the final design.

Thirty-eight older people were interviewed in Hartlepool, and the same number in Brighton. Focus groups of older people (7 groups in Hartlepool, 3 in Brighton), were convened to debate key issues and suggest

work that would be useful. Interviews and meetings with agencies working in the area were also held, to determine views on current service levels and to ascertain how their policies and practices worked to include older people at all levels.

Once the Audit findings were analysed, some differences in expressed needs, interests and issues in Brighton and Hartlepool became apparent.

These findings have consequently directed the work of

² See Appendix II for the questionnaire used in this process

FIGURE 1 Key Issues Identified by the Community Audits

Brighton	Identified by % of older people	Hartlepool	Identified by % of older people
Consultation	100%	Information	100%
Information	100%	Transport	82%
Transport	97%	Housework	82%
Home Maintenance	66%	Shopping	71%
Cleaning	58%	Home Maintenance/gardening	45%
Shopping	55%	Safety	34%

the projects. Using accepted and appropriate community development processes — which concentrate on individual and community involvement and empowerment - the projects' priorities reflected the identified key issues in each area, and developed programmes of work and partnerships accordingly - for example, the Police have been a key partnership agency in Hartlepool (focusing on safety), whilst in Brighton one important partnership has been with the *Older people's User Panels*, which provide a channel for

“The consultation afternoon was a very good idea. It’s nice to be listened to, and to be treated like a human being again”

consultation between older people and service providers.

One mistake that we made was underestimating the amount of time that the community audits would take. We had initially allowed three months for the whole process — from background reading, through questionnaire design, primary and secondary research, analysis and compilation of the findings, to dissemination

of the final audit report — but the actual timescale was closer to five months.

KEY POINTS

- Learn as much as you can about the communities you will be working with, from the widest possible range of sources.
- Plan a balance between information gathering techniques to ensure that you access the most useful and relevant information.
- Use the audit for both setting targets for the project, and developing stakeholders’ involvement
- Use the information gathered during the research to set a baseline for your evaluation
- Plan the initial research so that it is finite. Although research should be ongoing, the audit must have a clear end point

Accessing people

We found that it was very useful to identify active community groups — not necessarily those specifically for older people — and work with them to increase older

people's access to the projects — and vice-versa! Older people are clearly a part of the wider community, and may be involved in groups, facilities and services for any part of that community. Inter-generational and multi-disciplinary working were, therefore, key elements in reaching as broad a spectrum of older people as possible.

Initially, the most useful contact in Hartlepool was *Endeavour Repair Care*, a Housing Association, whilst in Brighton, it was the local church. Contacts also came through more obvious places such as lunch clubs and sheltered housing schemes in both towns. The most useful tool was to build on the links formed through these groups, and then meet older people face-to-face, either individually or in groups. However, this approach may exclude

“We need to be seen as a whole human being, with a range of needs.”

isolated people, and those who are not 'joiners'.

Both project workers explored ways of reaching people who were not involved in local groups, via home helps, district nurses,

the local libraries' schemes for the house-bound and so on, and had some success with this method. Even this, however, does not help with those people who are not involved with any service, and reaching very isolated people remains a problem. It is worth mentioning that some older people may know others who are isolated, by choice or not, and may be willing to pass on contact numbers or addresses to the project (with the permission from the person concerned).

Again, don't underestimate the time that it will take to make contacts and develop relationships, with older people, community groups, businesses, the statutory sector, and other key stakeholders.

KEY POINTS

- Use existing agencies and groups to make contact with older people.
- Get involved in existing community activities, even where they are not specifically targeted at older people.
- Word of mouth is very, very useful. Older people will tell others if they are benefiting from something, or if they are enjoying it. Equally, other people may know older people they think will be interested in an event or activity
- Try just talking to people: don't rely on 'formal' settings like groups. Talk to people on the bus, in the post office, stop and admire their gardens/grandchildren/vintage car.....

Developing the projects

Once the audits were completed, and areas of interest to older people identified, the projects began to explore ways of using a community development approach to develop older people's involvement and 'user led' initiatives.

One of the core principles underlying the work was that older people have knowledge, skills and experience which can be used to benefit both themselves and their communities: possibly one of the hardest tasks we faced was convincing older people of this! It was considered essential for the projects to work with older people to empower them; for older people to recognise that they are the experts in defining their needs; and to establish an environment in which older people can become part of the solution, not the problem. We were keen to move away from the stereotype of older people as only service users, or a drain on their local communities, and to enable older people to demonstrate that they could equally be providers, contributors and that they could influence policy and practice.

Generally, service providers, voluntary and statutory, in both towns were supportive of these aims, but it became apparent that some of the negative stereotypes persisted. One local authority manager commented that "it sounds as

“I was compulsorily retired from my job; a week later they asked me to go back as a volunteer. They obviously don't think I'm incompetent – it's just pure ageism, which is ludicrous”

if you are expecting old people to do things for themselves... well, I don't think they could do that.”

It is important to recognise that communities — whether geographical or 'interest' based — are affected by the decisions, actions and policies of those outside this community. Older people do not live in a vacuum, and the policies and procedures of agencies and the behaviour and activities of others impact upon them. Working with a wider community is

therefore essential, as is work with other relevant projects and organisations.

Reflecting these dual strands of community involvement and empowerment, and influencing the wider community, both projects have worked directly with older people and with agencies across the two towns. A key aim of the projects is to develop effective mechanisms for older people to influence decision and policy-making directly.

“Planning should be done by old and young people together. Young people have more energy, but we know best what we need.”

As the projects developed, we found that activity based work interested older people far more than conceptual programmes. For example, in Brighton, attempts to draw together a group of older people to discuss improving consultation mechanisms was not successful, whilst a 'consultation event' during which older people were able to meet representatives of the local authority, the bus

company and the Community Health Council attracted a large number of older people, many of whom have since become involved in consultation bodies. In Hartlepool, the prospect of having a stall at the local Town Show proved a great draw for older people, and was the starting point of the *Retired Resource Network*, a group of older people who are now developing a range of service provision, and effectively influencing policy and decision making amongst organisations as diverse as the local bus company the water company and the Fire Brigade.

“When I came out of hospital, the only help I got was someone to cut up my vegetables and open my tins. What I really needed was someone to help with the cleaning.”

We also found that combining the 'business' side of the work with an informal social event was very successful, particularly when an 'official' was to join the meeting. The social side of the events gave older people a chance to formulate their views, to gain peer support, and to network on other issues.

As the projects have progressed, there has been a marked change in the interests and needs expressed by the older people involved. During the audit stage, the issues of concern to older people were almost exclusively services that were provided for, or things that were 'done unto', them, and the changes that they wanted were largely about having more of the same, or alternatives to them.

“I've got involved in so many things, it's given me a new lease of life. My family don't know how I fit in at all”

Whilst some of these issues - notably transport and information - have remained constant during the course of the projects, there has been a marked shift towards older people becoming actively involved in their communities, and less emphasis on receiving services.

Eighteen months into the projects, the older people are involved in developing computer projects and training others in their neighbourhoods in computer skills, producing information

booklets about local tradesmen, organising literacy and history projects and sharing their skills and expertise by volunteering in local schools, persuading bus companies to buy new buses and the Fire Brigade to provide (and fit) free smoke alarms, campaigning successfully for a dial-a-ride bus for sheltered housing schemes, lobbying the government about TV licences, conducting a survey into transport needs in two housing estates, helping run an allotment project for young people, supporting the development of learning materials for older people with the

National Institute of Adult and Continuing Education, fundraising and securing premises for an Older People's Centre.

Joint work with other agencies has been a key part of these developments. Such work has been most successful where a specific project or programme of work has been identified,

rather than just a shared interest in older people. Work with the *Hartlepool Access Group*, for example, focused on transport, while work with the *Community Development Team* in Brighton has concentrated on developing intergenerational activities.

In some instances, we found that other agencies were already providing services for one client group which could appropriately be extended to include older people, given a change in policy; or that a match between the services of two or more agencies could benefit older people; or that effective links could be formed between older people and an existing agency to provide an effective community initiative. Where this is so, it would clearly be inappropriate for the LSN to invest its resources in duplicating this kind of programme, but would be worthwhile to work with the relevant organisations or groups to facilitate the necessary changes. This has happened, for example, in the

Brighton computer project, where a demand for computer training has been matched with a course provided by a community college from out of the area, which is now offering peripatetic training to older people.

It is difficult to measure the effectiveness of either community development or preventative work over the short time span of the projects, but the older people involved appear to have few doubts about the benefits or efficacy of the work they are doing, with comments such as "It's important to keep going as long as you can, when you give in you die" or "People think I'm mad for doing this, but if you don't use your brain, it's all over" being common, and usually followed by. "This has given me a new lease of life", or "It's made such a difference... being listened to", "...having something to do", "...feeling useful again."

KEY POINTS

- With all developments, keep the core community development principals and values in mind, and consider what is necessary to work in this way, and how best to ensure individual and community empowerment.
- Test out different styles of working, and different activities, to see what most interests older people.
- Determine criteria for testing things out. The LSN agreed that if four or more people demonstrated an interest, we'd do it.
- Have aims and objectives which are flexible enough for innovative work, but which set boundaries for the project – and the workers.
- Be realistic about what you aim to achieve, and don't raise people's expectations inappropriately
- Working with the wider community is essential; older people do not exist in a vacuum and the policies and procedures of external agencies affect them, as do the behaviours/activities of others in their geographical community.
- Identify areas where joint work with other agencies would be effective.
- Keep Listening.

Accessibility

Accessibility does not just involve physical access and the built environment, although, of course, venues should always be fully accessible. It also involves access to appropriate information presented in ways that do not exclude people. At an information event held in Brighton, older people were asked what would make information more accessible.

Key findings included suggestions on local venues where information should be made available — GP surgeries, local libraries, community centres, and so on — and also recommended that, whilst large print was not widely considered necessary, information presented as black on white was the easiest to read.

We have found that people involved with the projects who lost their vision or their hearing late in life have not learned Braille or sign language; they often have one person who reads/interprets for them, or they rely on specialist agencies to support them. It is therefore essential that such agencies and individuals have access to information on what the projects are doing. Neither of the LSNs are in areas where there are many ethnic minority people, but we have striven to make the projects as accessible as possible, again working with existing agencies and groups, and making use of the local authorities and translation projects.

“I get about an hour off once a month. It’s no even enough time to go to the dentist or get my hair cut, let alone find out about anything else.”

“I don’t go out at all as I cannot get onto public buses any more. The steps are just too high. They have defeated me..”

Other key elements of accessibility are timing (many older people are afraid to go out at night; don't arrange things at the same time as the lunch club), consultation, and keeping people informed. One issue which became apparent early in the projects was that of enabling carers to attend groups or events. Whilst it is practically standard these days to provide a creche, respite for carers is rarely thought of. Work with local carers' agencies may provide one solution to this; another route that has been moderately successful is by asking older people involved in one activity to provide a 'sitting' service to enable others to attend different activities.

Transport is one of the key issues affecting older people's ability to access a range of projects and services — including the Local Service Networks — and poor, or inappropriate, transport provision demonstrably diminishes people's quality of life and ability to remain independent. It is, therefore, essential to consider transport as an integral part of all you do. When groups are moving towards autonomy, and are, perhaps, seeking funding, it must be ensured that transport requirements and costs are built into their planning, and, if necessary, their funding applications.

It would be nice, given the importance of transport, to be able to say 'we've cracked it' — nice, but not true! Transport remains an ongoing

problem, and one which all the projects initiated by both Local Service Networks continue to struggle with, although the Hartlepool project, in collaboration with *Hartlepool Carers* and the *Hartlepool Access Group*, have formed an Accessible Transport Forum, which, by working with the Local Authority and local public transport companies, has had great success in establishing accessible buses and a successful 'shoppers' special'.

“The shopper bus has give me back my independence. I don’t need to rely on my family any more.”

Autonomy and sustainability

This is an important aspect of community development work. It is essential that projects or groups which form as part of the community development process reflect the ethos of community ownership and empowerment, and are enabled to take control of their own projects.

Additionally, it is likely that any community development project will be finite, and it is clearly necessary for any initiatives to be able to continue for as long as there is a need to be met. A key part of a community development worker's role is therefore to work with groups to ensure that they are autonomous and sustainable. This can involve a whole range of actions, including for example;

- confidence building
- skills audits
- appropriate training
- constituting groups formally
- applying for charitable status
- identifying funding sources

Measuring sustainability is an evaluation issue. Performance indicators may be quantifiable — the number of groups established and still operating after a set period of time, the number of people getting involved over the same period, the amount of funding applied for/received — or qualitative — for example, have agencies

KEY POINTS

- Accessibility is not limited to physical access to buildings.
- Key access issues include: the way you inform people about what is happening; transport; timing; consultation; respite for carers.
- It is important that the project worker is accessible to stakeholders. If you are based outside the area you are working in, consider having a regular 'surgery' there; think about how people with physical disabilities will contact you — perhaps by a text phone or e-mail.
- Use appropriate language. This is not just for people who don't have English as a first language, but includes not using jargon, or presenting something in a way which might be intimidating or exclusive.

changed their policies or practices to make services more accessible to older people — and they may need to reflect the performance indicators requested by funders.

KEY POINTS

- Consider what is necessary for individual groups and initiatives to be sustainable and autonomous; skills audits can be useful in this process.
- Not all projects will be long-term; plan for this.
- Recognise the limitations of groups and projects, and identify what support structures they may need, and for what estimated period of time.
- Be realistic about what projects can achieve.

Publicity

Throughout the project, publicity has been important. It was used to invite older people to give their views during the audit, and for events and activities since.

The projects have used a range of methods - posters, flyers and leaflets distributed locally, advertisements in the press (when the budget allowed!), press releases, interviews on local radio, and word of mouth.

Many of these, especially local publicity, were not very effective; the biggest response came from tapping into existing networks. Both project workers found that the best way of involving people was to talk to them, by attending existing groups (and here contacts formed during the audit were very useful) and asking members of these groups to 'spread the word'. To reach older

people who are not members of groups, or who are unable to access 'mainstream' publicity, we try to inform residents/workers who may be in contact with them and ask them to ensure that the older people they know are kept up-to-date.

Some success was achieved through press releases. People who had received leaflets and not contacted the project did so after reading the same information in the media - possibly suggesting that if something is editorial, it has more credibility! Both projects have also publicised activities in their local authority papers (which are delivered free, monthly in Brighton and quarterly in Hartlepool), but the results were very different. Whilst in Brighton, this method led to a consistent response, in Hartlepool no-one contacted the project as a result of this. Clearly, a great deal of time, effort and cost goes into producing publicity, and we have found it extremely useful to monitor the effectiveness of different methods, and then focus on those which seem to be the most successful.

KEY POINTS

- Find out what has worked for similar projects, or for other local groups.
- Ask older people what kind of publicity they have responded to in the past.
- Make friends — or at least contacts — within the local media.
- Remember that word of mouth is excellent publicity.
- Different initiatives will need different kinds of publicity.
- Use photographs for press releases, Newsletters and exhibitions.
- Monitor publicity to see what works.

Evaluation

Evaluation is an integral part of any community development programme. Properly used, evaluation can be an effective development tool, used to set new aims, objectives and directions for projects, as well as to measure the effectiveness of pieces of work.

Evaluation has a cost, but it is worth it for what it tells you about the nature, effectiveness and equity of your work, as well as how it can inform the process.

The principles of community development should be as integral to the evaluation as they are to the rest of your work. Community involvement in designing, delivering and disseminating the results of evaluations is, therefore, essential.

The Local Service Networks have been evaluated by the *Nuffield Institute for Health*, and their report is available from Anchor's Head Office.

KEY POINTS

- Decide who the evaluation is for, and ensure that they are involved in its design, implementation and dissemination.
- Use evaluation as a tool to measure the work you are doing, and to set new directions for the project.
- In community development, it is as essential to evaluate process as outputs and outcomes.
- Accept that there will be unexpected outcomes, both positive and negative, and use them to learn from.

Summary of Key Points

- Communities can be geographical or can be groups of people who have something in common: a community of interest.
- Community development is a planned programme, which works to improve the quality of community life, according to key principles.
- If you are working in a geographical community (such as a housing estate or a village), find out how that community defines its own boundaries; often ward/constituency or other 'official' borders do not reflect how residents define where they live or which community they feel they belong to.
- Learn as much as you can about the communities you will be working with, from the widest possible range of sources. Take advantage of other people's expertise and knowledge, and any existing records.
- Plan a balance between information gathering techniques to ensure that you access the most useful and relevant information.
- Use the audit both for setting targets for the project, and to develop stakeholders' involvement.
- Use the information gathered during the research to set a baseline for your evaluation.
- Plan the initial research so that it is finite. Although research should be ongoing, the audit must have a clear end point.

- Use existing agencies and groups to make contact with older people.
- Get involved in existing community activities, even where they are not specifically targeted at older people,
- With all developments, keep the core community development principles and values in mind, and consider what is necessary to work in this way, and how best to ensure individual and community empowerment.
- Test out different styles of working, and different activities, to see what most interests older people. Determine criteria for testing things out. The LSN agreed that if four or more people expressed an interest, we'd do it.
- Have aims and objectives which are flexible enough for innovative work, but which set boundaries for the project — and the workers.
- Working with the wider community is essential; older people do not exist in a vacuum and the policies and procedures of external agencies affect them, as do the behaviours/activities of others in their geographical community
- Identify specific areas where joint work with other agencies would be effective.
- It is important to identify and involve both field workers and managers, statutory and voluntary agencies, as well as the local community.
- Make sure that you have appropriate office, budget and accounting procedures for the project.
- Make any initiatives that develop as accessible as possible — think about venues; what else is happening at that time; whether there is adequate transport; how carers can attend; how you inform people; will older people feel safe in that place/at that time.
- It is important that the project worker is accessible to stakeholders. If you are based outside the area you are working in, consider having a regular 'surgery' there; think about how people with physical disabilities will contact you — by using, for example, a text phone, or e-mail.
- Use language that is appropriate for the people you are working with in any setting — for example, 'meeting' might be more appropriate and user-friendly than 'committee' in some settings, but would not be suitable in others.
- Recognise the real limitations on the work you can do — you may never, for example, persuade a multi-national to change its (ageist) employment practice, but you could get local shop keepers to do so.
- Be realistic about what you aim to achieve, and don't raise people's expectations inappropriately.
- Consider what is necessary for individual groups and initiatives to be sustainable and autonomous.
- Identify which projects are likely to aim to meet long-term needs or interests, and which are established to fulfil a shorter-term purpose, and plan accordingly.

- Recognise the limitations of groups and projects (as well as their potential), and identify what support structures they may need, and for what estimated period of time. Be realistic about what projects can achieve.
- Find out what forms of publicity have worked for similar projects, or for other local groups, and what kind of publicity older people have found useful in the past, and use this information to plan your own campaigns. Different initiatives will need different kinds, and levels, of publicity.
- Make friends — or at least contacts — within the local media.
- Remember that word of mouth is excellent publicity.
- Take photographs and use them for press releases, newsletters and exhibitions.
- Monitor publicity to see what works.
- Monitor and evaluate the work that you do, both to assess the effectiveness of it, and to set new aims and objectives for the project.

Further Information

Community Development and Networking; Alison Gilchrist;
SCCD & Community Development Foundation; 1995

Measuring Community Development in Northern Ireland: a handbook for practitioners; Alan Barr, Stuart Hashagen & Rod Purcell; Scottish Community Development Centre; 1996

Towards Caring Communities: Community Development and Community Care - An Introductory Training Pack; Alan Barr, Jacky Drysdale & Paul Henderson; Joseph Rowntree Foundation/Pavilion Publishing; 1997

Opening Up the Resources of Sheltered Housing to the Wider Community & Listening to and involving older tenants; Moyra Riseborough; Anchor; 1996

The Community Development Foundation,
60 Highbury Grove, London N5

Standing Conference on Community Development,
356 Glossop Road, Sheffield S10 2HW

Scottish Centre for Community Development,
c/o Department of Health, Castle Building, Stormont,
Belfast BT4 3PP

Appendix I: The Steering Groups

Brighton Steering Group:

Councillor Sheila Schaffer - Chair

Age Concern Brighton

Alzheimer's Disease Society

Anchor Trust

Brighton & Hove Council:

- Social Services Department

- Housing Department

Brighton, Hove & East Sussex
Health Authority

Hartlepool Steering Group:

Anchor Trust

Hartlepool Social Services Department

Hartlepool & East Durham NHS Trust

Hartlepool Borough Council

Tees Health Authority

Workers Education Association

Hartlepool Enterprise Agency



Appendix II: The Audit Questionnaire

Name

Date.....

SECTION A: LIFESTYLE

Address.....

.....

1 Gender: **M F** Do you have a phone: **Yes No**
Do you own/drive a car: **Own Drive Neither**
Living alone/with partner/family etc:

.....

Do you have any disabilities?.....

If so, are you registered disabled? **Yes No** Age:.....

2 How long have you lived in this area? What do you think of the area? What do you like and dislike about the area?.....

.....

.....

.....

3 What are your biggest concerns (in general, not just about the area¹)?

.....

.....

.....

¹ Comments in brackets are intended as guidance for interviewers.

4 Where do you do most of your shopping? Do you have any problems getting to the shops? Do you shop here out of choice/would you prefer to shop elsewhere? If so, what stops you? If you can't shop for yourself, who normally goes for you? How well does this work?

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.....

SECTION B: HEALTH

5 Are you registered with a GP? When was the last time you saw your GP? How often do you see your GP? What do you think of the service you receive? Is there anything that could improve it?

.....

.....

6 Do you use any other health services (may need to mention some, eg district nurse, health visitor, chiropodist) What do you think of the service you receive? Is there anything that could improve it?

.....

.....

7 Have you ever used a local hospital? Were you an out-patient or in-patient? What did you think of the service you received? Were there any difficulties with the discharge, or with getting on-going care (if needed)?

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SECTION C: HOUSING

8 What kind of housing do you live in? (eg flat, house, owner-occupied, local authority, housing association, sheltered housing etc). What do you think of it?

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If sheltered/residential, did you want to come here? (or into any such housing). If not, what would you have preferred? If relevant, what would have made it possible for you to remain in your previous home?

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.....

If in own home (whether owned/rented), do you hope to remain here, or would you like to move into a sheltered scheme, or something similar? If want to stay, what would help with that?

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.....

SECTION D: SOCIAL CARE SERVICES

9 Have you used any social care service (may need to give examples, eg home helps, day centres etc). Which service? How often do you use this service? What do you think of it? Is there anything that could improve it?

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10 Did you have to have an assessment for any of the services you use? If so, what did you think of it? How could it be improved?

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.....

11 Have you ever had another assessment? Have you ever requested another assessment, and if so, what was the result? Has anyone suggested you should have another assessment?

.....
.....

12 Do you receive any help from your family, friends and/or neighbours? If so, with what? How often? What would happen if you didn't get this help?

.....
.....

SECTION E: OTHER SERVICES

13 Do you use any other services or facilities (eg carers groups, leisure centre, education, etc)? Which? What do you think of them? Is there anything that could improve them?

.....
.....

SECTION F: INFORMATION

14 How did you find out about the services or facilities you use? Is there enough information on services generally? Is it easy to get hold of information? Where should information be placed/displayed? How should information be presented (Braille, tape, large print etc)?

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15 Do you know about other services or facilities you could use? Are there any you would like to use but can't? If so, what stops you?

.....
.....

16 Can you get to services or facilities easily? If not, what problems do you face? What would make it easier to get to them?

.....
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17 What do you think of paying for the services you receive, (or might one day receive)? Do you think it is fair to pay for any services? What would be a reasonable amount to pay? Would having to pay for a service stop you from using it?

.....
.....

18 Do you feel that you have a say in what services are provided, or in how they are provided? Would you like to have more say in these? Can you think of ways in which older people could be involved in deciding which services are provided and how?

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19

What affects your health and your quality of life? What do you think helps you remain independent? Do you think that all the information around about healthy diet and exercise applies to you?

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20

If you don't use any services, why not?

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21

Any comments?

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