'I never thought
I'd be doing this...'

OLDER PEOPLE NETWORKING

*An evaluation of
Anchor Trust's
Local Service
Network Projects*

Nigel Jones

Anchor
working with older people

'I never thought I'd be doing this...'

OLDER PEOPLE NETWORKING

An evaluation of Anchor Trust's Local Service Network Projects

Nigel Jones

Anchor research ■ ■ ■ ■ ✔

I never thought I'd be doing this...'

OLDER PEOPLE NETWORKING

An Evaluation of Anchor Trust's Local Service Network Projects

Nigel Jones

Contents

Foreword

Anchor Trust's belief in using community links to involve and support older people is demonstrated in the work of its two unique Local Service Networks for Older People — one in Brighton and one in Hartlepool.

The concept is based on combining the resources of all the relevant agencies and community groups with the participation of older people to provide a comprehensive set of services and facilities for their use and determined by them.

The importance of these projects is that they have linked older people's assessment of what is important with action. The projects have been able not only to help identify the issues that affect them, but also to offer a capacity-building approach which enables and empowers older people to challenge and influence local decision-making. There is a strong message here for those responsible for the delivery of housing, health and social services. Investment in this type of community development appears to have a positive effect on the confidence and psychological well-being of older people, and to contribute particularly to their continuing independence.

The projects were initially funded for two years from the Department of Health's Community Care Development Programme. We are also grateful for the ongoing support of Brighton & Hove Borough Council, Hartlepool Borough Council, the voluntary sector and the vital contribution of older people themselves.

This report, and the accompanying 'toolkit' published by Anchor Trust, *We Know Best What We Need,* demonstrate the effectiveness of a community development approach.

John Belcher,
Chief Executive
Anchor Trust.

Acknowledgements

Section *1*

In 1996, Anchor Trust was successful in securing funding from the Department of Health (DH) Community Care Development Programme to develop two local service network (LSN) projects involving older people in Brighton and Hartlepool. As part of the agreement, the Nuffield Institute for Health (NIH) was engaged to evaluate how the LSN evolved in the two areas and in assessing its potential for developing elsewhere. This report sets out the findings of the evaluation, and contains the following sections:

*   the background to the project and to the evaluation
*   methodology
*   the LSN projects
*   the results of the evaluation
*   conclusions and lessons for the future.

Section 2

BACKGROUND

This section contains the following sub-sections:

- policy and demographic issues
- background to the LSN projects
- the community development process.

2.1   Policy and Demographic Issues

The context and recent history of the community care policy is well documented and need not be repeated in detail here. However, it is important to give a brief resume in order to locate the LSN projects in a rapidly changing policy environment. In 1993, the rapidly rising social security budget in respect of residential and nursing home placements was capped and transferred to social services departments (SSDs) after a period of rapid growth, mainly in the independent sector. This growth was matched by a decrease in National Health Service (NHS) long-stay hospital provision over the same period.

The White Paper, *Caring for People*[1] placed the new policy emphasis on care at home or in a homely environment, increased choice, promotion of the mixed economy of care and more rigorous assessment and care management arrangements. Since the date of publication (1989), increasing resources have been put into residential and nursing home care with a consequent shift in balance between residential and nursing home care and domiciliary care. The total gross spend by SSDs on residential and nursing home placements for people aged over 75 now stands at 64% (with 36% being spent on a range of domiciliary and support services).[2] In 1979, the ratio was 50:50.[3]

As well as this relative decline in the proportion of SSD budgets being spent on domiciliary care, there has been a decline in the number of households receiving low-intensity home care packages (defined as a single visit per week lasting less than two hours).

---

1   Department of Health (1989) pp4-5.
2   Audit Commission (1997) p34.
3   Compiled from Department of Health, *Caring for People* (p101) and Audit Commission, *The Coming of Age* (p34).

Proportion of spend on residential/nursing home care/ domiciliary care in SSDs 1979–1997
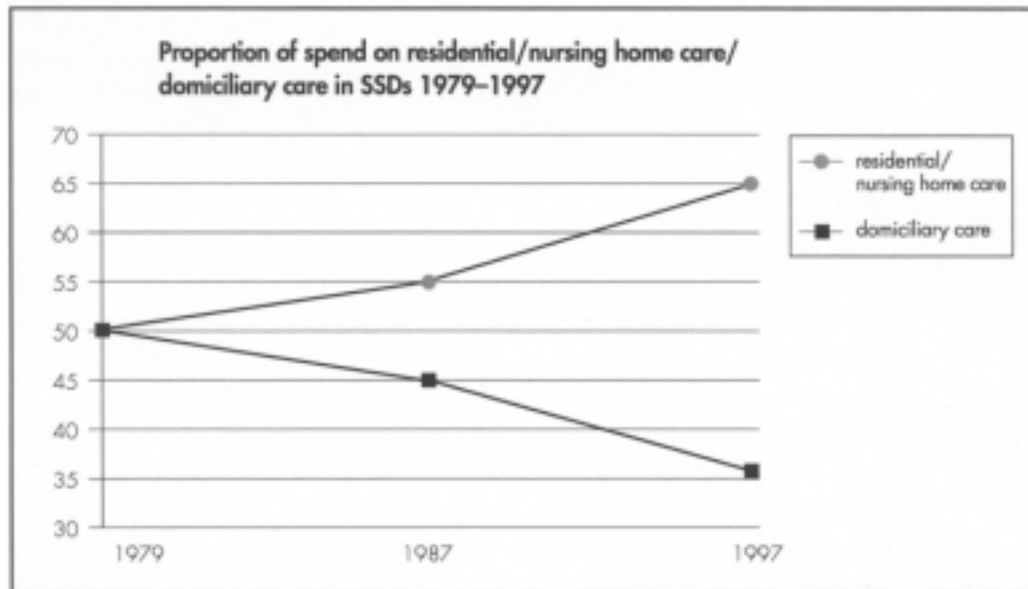
The trend appears to be that home-based care is now targeted at fewer people than five years ago.[4,5] During this period, there has also been a re-assessment of the impact on services of the increasing numbers of older people. People aged over 75 remain the greatest consumers of health and social care services, but the relative increase in size of this group is no longer viewed as being so problematic, at least in the medium term.[6]

In addition, public attitudes to ageing have begun to undergo a subtle change. There has begun to be a move away from seeing older people as a burden on society towards a more positive view which celebrates longevity as a success and a sign of strength. This change in attitude is still in its early stages, and feelings of being undervalued, isolated and dependent still dominate the lives of many older people. As one commentator puts it:

> *We focus unerringly on poverty, bereavement, social isolation, role loss, illness, handicap, apathy and abuse... The problem of ageing then becomes an issue of dependency and care...'*[7]

Alongside this gradual shift in public attitudes to ageing, there has been a growing interest in the idea of prevention, with a view to increasing the quality of life for older people and compressing morbidity into a shorter time further on in the life cycle.[8] Preventive strategies have been grouped under two general headings:

- services to prevent or delay ill-health or disability
- strategies to promote the quality of life of older people and engagement with the community.[9]

Anchor Trust incorporated both of these stands into its original submission to DH. More detail on the connection between preventive strategies and the LSN projects is given in **Section 6** of this report.

---

4   Lewis &Jones (1997) p12.
5   Singleton *et al.* (1998) p28.
6   Audit Commission (1997) p8.
7   Craig & Mayo (1995) p46.
8   *Fit for the Future,* Continuing Care Conference (1998) pV
9   *Fit for the Future,* op cit, pVII.

Finally, the change of Government in 1997 has brought about significant changes in the policy culture and framework surrounding health and social care in general, and community care in particular. Whilst the LSN projects were started well before the 1997 General Election, their emphasis on greater participation of older people, preventive strategies and partnerships between agencies have found significant echoes in a number of recent policy documents. These include:

- The NHS White Paper *(The New NHS, Modern and Dependable,* 1997) which contains a much stronger focus on the overall health of the population, the development of Health Improvement Programmes with partner agencies and the setting up of Primary Care Groups

- The Public Health Green Paper *(Our Healthier Nation,* 1998) of which one of the main aims is to 'improve the health of the population as a whole by increasing the length of people's lives and the number of years people spend free from illness'

- Health Action Zones (HAZs); a number of HAZ programmes have included older people as one of the central elements and there is a close link to the Public Health Green Paper in respect of empowering people and giving them the tools to take greater responsibility for their health

- *Better Services for Vulnerable People* (EL(97)62) which sets out an agenda for improved partnership working based on the development of joint investment plans to improve the ability of people to live independently through better co-ordinated local services

- *Better Government for Older People* (1998); this Cabinet Office-led initiative has established 28 local pilots across the UK to develop and test integrated inter-agency strategies on the ground and examine innovative ways of delivering services in a co-ordinated and user-friendly way

- *New Deal for Communities* (1998) sets out a national strategy for neighbourhood renewal, based on a wide range of initiatives including employment, housing, access to services and community building. The emphasis is on engaging with and empowering local people to develop and take more control of improvements in their communities

- *Partnership in Action* (a Discussion Document, 1998); this initiative seeks to bring together agencies working in localities to improve integration at three levels — strategic planning, service commissioning and service provision. The document builds on many of the initiatives already mentioned in this section, and seeks to encourage innovative cross-sectoral working to improve the actual services users and carers receive and to ensure effective and efficient use of resources

- The Personal Social Services White Paper *(Modernising Social Services,* 1998) emphasises the importance of developing preventative strategies and proposes earmarking specific resources to this effect.

There are some close links between these initiatives and the two LSN projects in Brighton and Hartlepool. Moulsecoomb, in Brighton (one of the estates in the LSN project), has recently become one of the seventeen sites selected for the *New Deal for Communities* initiative. The Hartlepool LSN project has been incorporated into the *better Government for Older People* pilot. The main point to be made, however, is the connection between the objectives, outcomes and ways of working of the LSN projects and the initiatives listed above. This will be developed later in the report.

The emerging social and policy context in which the LSN projects have taken place may be summarised as follows:

- continuing high (and probably increasing) use of residential and nursing home placements
- reduction in amounts of low-level domiciliary support
- increased recognition of the positive aspects of ageing
- a new and developing interest in prevention and the promotion of independence
- a new political language and culture which emphasise partnership, social inclusion and co-operation.

2.2 Background to the Local Service Network Projects

The original application to the DH prepared by Anchor Trust stated that the LSN projects were designed to address the following challenges in the operation of community care for older people:

- increased targeting of those people with acute needs which, in turn, means that the majority of people with needs are not being assessed and supported
- information about services is still variable, access to services can be difficult and there is a lack of awareness about the rights of people to services
- insufficient emphasis being given to promoting the quality of life of people with low-level support needs and providing them with preventative services
- services are largely focused on personal care rather than a broader range of formal/informal care.[10]

To meet these challenges, the following broad objectives were set:

- improve access 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.[11]

The outputs sought were as follows, and form the basis of the evaluation framework used for this report:

- increased range of services identified by older people as meeting their needs to remain in the community
- improved information, advice and access to formal services and informal support networks
- development of a participative model at a local level between purchasers, providers, consumers and the local community.[12]

---

10 Anchor Trust bid to DH *Partnerships for Success* Programme, 1996.
11 Anchor Trust bid to DH, 1996.
12 Anchor Trust bid to DH, 1996.

It is important to re-emphasise that the bid to DH was worked up with the active engagement and commitment of the two partner local authorities. A significant amount of time was spent by local officers and members in preparing the material, which was in tune with their analysis of the issues facing older people. Local documents bear this out. In Brighton, the *Service Strategy for Older People, 1997—2002* has, as its first two goals:

i   to develop and expand preventive services

ii to improve the quality of life of older people through the development of 'caring neighbourhoods' and the development of user centred/user informed services.[13]

The Hartlepool *Community Care Plan, 1997—2000* includes the results of a public consultation event convened by the Hartlepool Community Care Forum. The themes are ones which became familiar as the LSN projects developed:

> *'Again and again, consultation has identified the desire for people to be in control of the services they use and for access to services to be improved.'*[14]

Important factors mentioned by older people in Hartlepool included empowerment, information, advocacy, transport and flexible service provision.

The local agencies in each town, having developed the original bid with Anchor Trust, were then responsible for choosing the neighbourhoods in which the two LSN projects were to be based. Criteria for selection included:

• a significant population of older people

• presence of Anchor services in the towns

• an area which would have some coherence and relevance to older people in respect of services provided by social services, health, housing and independent providers

• community support for the project in the location; for example, local community and voluntary agencies and local political support.

These initial stages were carried out through close co-operation between local agencies and Anchor Trust. Older people themselves were not involved in these early stages.

2.3   The Community Development Process

The agreement between local agencies and Anchor Trust in setting up the LSN projects was to adopt a community development approach to the work. The definition of community development adopted by the two projects is:

> *'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 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 communities change. Communities can be geographical or can be groups of people who have something in common [a community of interest].*

13   Brighton and Hove Council (1997).
14   Hartlepool Borough Council (1997).

'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 for community-led democratic action*
- *it promotes participation in public affairs and gives people more power*
- *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.'[15]

The critical element of community development, which was stressed to me during the evaluation process, was that it depended on two ingredients:

i real and active participation, on the participants' own terms
ii real connection with the local decision-making process.

This same point is made in recent writing on community development. Henderson and Salmon make it clear that there is a two-fold focus in community development:

'...a clear commitment to supporting grassroots action and encouragement of self-determination and local control, coupled with the acknowledgement that strong representative local government can play an enabling role in support of community development.'[16]

The impact of community development does depend on the energy created by genuine participation and its subsequent connection with local democracy. As Rappaport points out:

'...empowerment is the taking on of power at both individual and local levels.'[17]

The adoption of this method of community development has obvious challenges for all the agencies involved, in that the agenda set by older people may be different to the one originally set out in the project objectives. An important part of the evaluation is to establish the connections and differences between the two during the course of the project.

---

15 Barr et al (1996) p8.
16 Henderson & Salmon (1998) p31.
17 Rappaport (1987) p50.

Section *3*

METHODOLOGY

3.1 Background to the Evaluation

The evaluation of the LSN projects examined the process in a number of ways, namely:

- development of an account and analysis of how the projects performed in relation to their objectives, and how these objectives have been refined
- contribution through observation and regular feedback to the development of the projects
- use of the written material and interviews to make a judgement about whether such initiatives can be replicated and what the messages are for a wider preventive programme.

3 .2 Data Collection

A number of methods were used to provide material for the evaluation:

- first interviews with Steering Group members, project workers and other stakeholders in order to ascertain local objectives
- using the results of this initial set of interviews, the drawing up of an **evaluation framework** for use as a checklist during the life of the project and as a possible template for future projects
- regular collection of data by Anchor Trust in respect of contacts made, evaluation of events, and information and feedback from individual participants (reasons for entering into the projects, and comments on activity)
- in-depth interviews with project workers
- analysis of work reports and documents (including the Community Audit Reports)
- final interviews with Steering Group members and project workers.

In the process of the evaluation, there were eight meetings with the national steering group, forty interviews with local steering group members, and collection and analysis of older people's comments following ten major events spread across the two localities.

The setting up of the process and the use of the framework as the main tool for the evaluation were agreed at an early stage by the Project Steering Group. Serious attempts were also made to track a number of individuals over the life of the project in order to record any changes in perceived quality of life. This proved difficult to do in any volume, largely because of the nature of the projects, which were not static, and membership was dependent on the issue of the moment rather than a set programme. Future projects may need to consider how to track individuals more effectively. This should be determined at the time of the Community Audit, and appropriate local processes set in place at the time to evaluate change.

3.3 The Evaluation Framework

The critical feature of the evaluation was the development and subsequent use of the framework which was developed with both projects. It forms the lynch-pin around which evidence, comments, feedback from participants and opinions could be gathered and analysed. The main components were extracted from the initial interviews with key stakeholders and build on the project objectives set out in the project proposal. They are:

- **User participation**
  - How real was the engagement of older people?
  - How were they equipped with the confidence and skills to participate?

- **A sustainable system**
  - How to sustain momentum once the formal pilot project has finished?
  - How to devolve responsibility, let go, decide that certain activities don't need sustaining?
  - How to facilitate funding for the future?

- **Broadening the base**
  - How to ensure the involvement of relevant stakeholders outside the traditional service network?
  - What role might the following play: transport, leisure, education, welfare benefits, health promotion, the Police, local businesses, the voluntary sector?

- **Agency participation**
  - Were local agencies engaged with LSN projects?
  - What range of agencies were involved?
  - To what extent and at what level?
  - What was the nature of their involvement?

- **Developing new options for service delivery**
    - What impact did the projects have on existing patterns of service?
    - How successful were they in developing ideas for innovative services?

- **Replicability of the model**
    - What is the value of replicating the LSN and what lessons have been learned before embarking on a new project?

The full list of questions against each of these components is included in the evaluation framework document in **Appendix I** of this report.

Section *4*

THE LOCAL SERVICE

NETWORK PROJECTS

The LSN projects were set up in Brighton and Hartlepool, operating in three housing estates in each town. These towns were chosen because there were good relationships between Anchor Trust and the local authorities, a positive climate for partnership working and an active presence of Anchor Trust in the vicinity. As has already been mentioned, the local Steering Group made the final decision on the precise location of the projects, based on local interest and expertise. Both projects started early in 1997, so this report covers some twenty months of activity plus the setting-up period. The methods of working adopted by both projects were similar in that a systematic approach to community development, in line with the principles set out earlier in this report, was adopted.

After the first phase of familiarisation and initial contacts, the main phases of work concentrated on preparing for and carrying out a community audit of local resources and need and then developing themes of activity based on the results of the audit. In addition, the work included responding to emerging issues which, in some cases, affected the wider community (i.e. beyond the immediate neighbourhood in which the projects were situated).

What follows is an account of both the process and the content of the community development work in Brighton and Hartlepool. There were considerable similarities, particularly in respect of the key processes and some of the themes that emerged, but there were also differences concerning how the work was organised and the sorts of activities undertaken. In order to make sense of a complex picture, the following sequence will be followed:

- locality profiles from Brighton and Hartlepool
- the community audit process
- the main themes from the community audits in Brighton and Hartlepool
- capacity building with older people
- the main streams of activity in Brighton and Hartlepool.

4.1 Locality Profiles

In Brighton, the LSN project was located in three areas in the north-east of the town: Bevendean, Coldean and Moulsecoomb. They have a combined population of 14,500 people of whom 2,400 (18%) are of pensionable age (the overall rate in Brighton is 23%). As regards employment status, there is a significantly higher proportion of white-collar and manual workers and a lower proportion of people in managerial and professional employment than in Brighton as a whole. Whilst housing tenure patterns have changed over the past few years, there remain some 38% of people living in council rented accommodation (over twice the percentage than in Brighton as a whole).

The overall trend in Brighton in respect of the numbers of people aged 75+ is for a decline of some 20% over the next ten years. However, it is predicted that the number of one-person households in this age group will rise, as will the numbers of older men. The impact of these trends, which are clearly set out in Brighton's *Service Strategy for Older People*,[18] will need to be considered in developing services.

In Hartlepool, the LSN project was located in three areas in the south-west of the town: the Fens, Rift House and Owton. They have a combined population of some 18,000 people of whom 2,950 (16.5%) are of pensionable age (the overall rate for Hartlepool is 17.7%). All three areas have a higher proportion of residents engaged in manual occupations than Hartlepool as a whole. As in Brighton, housing tenure patterns have changed over the past few years, but whereas the balance between owner-occupied and council rented property was broadly similar across the three Brighton areas, the range varied in Hartlepool from 98% owner occupation to 33%. The overall population trend in Hartlepool is static, but the number of people aged 75+ is set to rise by 16% between now and 2006.[19]

4.2 The Community Audit Process

The crucial first stage in both LSN projects was the setting up and completion of a community audit in the two localities. A similar process was adopted in both Brighton and Hartlepool. The agreed aims and objectives of the community audit were:

- to map current service provision and facilities, take-up rates and levels of user involvement
- to ascertain the views of older people and carers on services and facilities, and to discover what works, what does not and what they would like; this covered a broad spectrum of services including, for example, housing, social services, information, leisure and health
- to begin to identify what would enable people to remain independent for longer, and how older people themselves define independence
- to begin developing links amongst older people, carers and agencies, as part of the process of community involvement.[20]

---

18   Brighton and Hove Council (1997) ppl0-11.
19   Hartlepool Borough Council (1997) p11.
20   Anchor Trust (1997).

Information was gathered using a range of methods including: scrutinising census information and official documents; semi-structured interviews with older people; focus groups; interviews with a range of providers and community groups; as well as personal observation and analysis. The whole process took five months, rather longer than anticipated at the beginning, but was seen as highly important in developing a bottom-up understanding of the needs and concerns of older people and in making strong links between the community development workers and the community.

The audit process, particularly through the series of initial interviews and focus groups with older people (involving 80 people in Brighton and 140 in Hartlepool), also revealed a deep sense of isolation, hopelessness and frustration — the feeling that even if issues were raised, nothing would happen because older people are marginalised and not listened to.

'Who would listen to me? I don't feel I have any say in what happens to me.'

'I am sick of fighting for what I need, it's like talking to a brick wall.'[21]

The audits were important, therefore, in underlining the dual challenge faced by such projects:
• the need to build up the capacity and confidence of older people themselves
• to engage older people in tangible activities which address the issues they raise.

It is important to stress that these Community Audits were not undertaken using a rigorous research methodology. The older people who responded were self-selecting and the material gathered was used to form initial impressions and to inform the first sets of activity. If a more systematic gathering of information was required, a very different sort of project, one which was more research- and less action-oriented, would have emerged.

4.3   The Main Themes from the Community Audits

In headline form, the main themes raised by older people were as follows (the percentages in brackets refer to how often these issues were raised by those contributing to the audits):

Brighton	%	Hartlepool	%
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

21   Anchor Trust (1997) *LSN Community Audit Reports* - participants' feedback.

The main concerns under each of these headings may be summarised in the following way (the summaries are drawn from a variety of project documents, reports and participants' comments):

> *7 sometimes wonder whether we are talking the same language because I might as well have been talking double-Dutch.*[22]

Consultation

There is a need to develop — and publicise — the mechanisms available for consultation between older people, commissioners and providers. Older — indeed any — people who have not been involved in committee, group or public work find some of the current systems intimidating. When older people are consulted, they should be kept up to date with the results of that consultation, even if the results are not what the people concerned hoped for, otherwise they will feel that the process is a waste of time, and will not get involved again.

Information

The availability of and access to information was a major concern in both Brighton and Hartlepool. Older people expressed concerns about knowing what services were available, how to access them, what the eligibility criteria were, how the assessment process worked and, crucially, how they could be sure that they were receiving their full benefit entitlements. As one participant put it:

> *'They go so fast over the phone, I feel stupid when I can't understand. What would be helpful is someone who would help fill in the form.*[23]

Access to information was reduced to stark simplicity with examples of sheltered housing schemes without letter boxes so that local newspapers with local information were not delivered.

Transport

Transport issues also figured highly in both Brighton and Hartlepool. A tiny minority (less than 5%) of the older people contacted during the audit had the use of a car, so the main concern was about the availability of and access to public transport and the various dial-a-ride schemes. Public transport was often seen as difficult (or impossible) to use, either because of the routes chosen or because the buses themselves were difficult to board. Dial-a-ride schemes were often over-subscribed and operating tight and impenetrable criteria. Information about them was sparse. Being able to get out of the home was cited by a high proportion of older people consulted during the audit process as the most important contributor to retaining independence, hence the importance of the transport issue in both projects.

---

22   Anchor Trust (1997) LSN *Community Audit Reports* - participants' feedback.
23   Ibid.

Home *maintenance*

This issue was of considerable concern in both Brighton and Hartlepool, and was shared equally by both owner occupiers and local authority tenants. Gardening, minor repairs and decorating were the three most commonly mentioned difficulties. Additionally, and mentioned less frequently, was the availability of those aids and adaptations which enable people to stay in their own homes. Several residents who are now in sheltered accommodation reported that home maintenance was a contributory factor in their decision to move into a sheltered scheme.

Housework/Cleaning

Difficulty with cleaning was mentioned by a high proportion of respondents in Hartlepool and by a considerable number in Brighton. Heavy cleaning was especially difficult and some people on low incomes were paying for private domestic help since the demise of local authority assistance in this area. Some respondents mentioned cleaning as one of the factors which led them to seek sheltered accommodation (it being easier to clean a flat).

Shopping

Difficulties with shopping featured in both Hartlepool and Brighton. The problem relates to a large extent to the transport issues already mentioned. Lack of accessible transport to larger shops with a wider choice of food and reliance on small local shops with a restricted range of products have led to more restricted diets and reduced chances for socialisation.

Safety

This issue was only raised in Hartlepool. Again, a number of people in sheltered accommodation mentioned either themselves or their neighbours being burgled as a factor contributing to their move. Fear was also expressed about leaving the house after dark.

These findings directed the work of the two projects. Access to older people was built up through contacts primarily from a home improvement agency linked to a housing association (Endeavour Care and Repair) in Hartlepool and a local church in Brighton, and also luncheon clubs, press advertisements, local agency workers and word of mouth. Several successful attempts to reach out to very isolated people were made using the networks of district nurses and other community-based workers. As contacts were made, the next task was to build up confidence in older people and give them the skills to participate in new activities.

4.4   **Capacity Building with Older People**

As the LSN workers say in the accompanying 'toolkit' document:

> *'One of the core principles underlying the work was that older people have knowledge, skills and experience which can be used to benefit both themse/ves and their communities: possibly one of the hardest tasks we faced was convincing older people of thisl 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 become part of the solution, not the problem!'*[24]

The process of capacity building with individuals demands intensive and systematic work to help them to re-acknowledge the skills they have used in the past, to identify specific skills within the group (administration, finance, writing, using computers, printing skills, for example), to identify skills they would like, to identify areas where they could apply those skills, and build up their confidence.

When the group is more confident of the skills within it, and when individuals recognise both their own contribution and the potential of the group, it is possible to move on to concrete tasks — organising an event, preparing a newsletter, making a point in meetings where councillors are present. The process is ongoing, with people needing specific inputs for participation purposes. This process of empowerment, alongside the engagement of agencies in the local democratic process in Brighton and Hartlepool, formed the bed-rock of the two projects.

4.5   **The Main Streams of Activity**

The following account sets out the main streams of activity generated by the two projects. Inevitably, there will be gaps because of the pace and diversity of engagement in the two sites. The purpose here is to explore the nature of the work that was undertaken. The first part of the account gives some brief descriptions with two longer case studies — one from Brighton and one from Hartlepool — by way of conclusion.

Activity in Brighton

• Consultation and planning

As part of its consultation strategy, Brighton and Hove Council has set up a number of Older People's User Panels. The Moulsecoomb 50+ Forum is a part of this network of user panels and was set up as a result of the LSN workers and the Brighton coordinator working in partnership over a period of months. Interested people from the LSN network are being supported and trained to participate fully in this panel and will participate in the local *Planning for Real* event due to take place in Moulsecoomb in 1999. *Planning for Real* involves active listening on the part of the Council, using a detailed model of the estate to illustrate possible options and outcomes.

---

24 Summerville & Morris (1998).

- Housing issues

  A small group of older people, facilitated by the LSN workers, has come together to consider alternatives to sheltered accommodation. Ideas being discussed include a community warden scheme and home-share initiatives (where adults aged over 25 are offered low-rent accommodation in an older person's home in return for ten hours a week of low-level care and companionship).

- History project

  A group of older people have become involved in producing a history of the Moulsecoomb estate on tape and in written form. It is hoped to provide an exhibition as part of the *Planning for Real* programme in 1999.

- Literacy project

  This is a joint project between the LSN, the Council's Community Development Team and Bevendean Primary School. It involves older people being trained in basic literacy techniques and then working with Year 2 pupils in the primary school. This project is one of a number of inter-generational activities in Brighton and the LSN is taking a part in helping to co-ordinate this work in Brighton.

- Computer group

  This group was established in July 1998 with the dual aim of teaching both basic computer skills and training techniques. This group and the implication for older people of this type of activity are discussed more fully below.

Numerous other activities have been undertaken in Brighton, including the piloting of peripatetic benefits advice with Age Concern, a transport survey in two estates, and helping to run an allotment project for younger people.

Further, the LSN project has been used as a source of expertise in the Older People's Strategy for Brighton and Hove, and in thinking through developments for day services. This is evidenced by the acknowledged influence of the LSN project in contributing to Brighton and Hove's *Service Strategy for Older People.*

Activity in Hartlepool

- The Retired Resource Network

  The focus of much of the LSN activity has been the establishment of the Retired Resource Network, which was originally formed as a way offering mutual support to older people who were isolated in the community. The group has grown in size and has a membership of around seventy people. It has become the hub of activity for a number of projects which have developed over the past eighteen months.

- Accessible transport project

  This project was initiated as a direct result of the Community Audit, and has concentrated on active campaigning to improve access to public transport in Hartlepool. It is described in more detail in the Case Study at the end of this section. There has also been a campaign to get a dial-a-ride bus for sheltered housing schemes.

- Handy-person scheme

  The LSN has been successful in securing funding for a handy-person scheme to take on basic home and garden maintenance jobs for older people. Again, this initiative springs directly from concerns expressed at the time of the Community Audit.

- Friendship group

   This group has developed alongside the Retired Resource Network (there is an overlap of membership) and is now entirely self-running. It meets weekly and has around thirty members. It is a social gathering totally organised by older people, with no campaigning or issue-based focus to it, its purpose being to combat social isolation and depression.

- Safe and Sound event

   This event was a collaborative venture between the LSN, the Police, the Ambulance Service, Health Promotion, Hartlepool and East Durham Trust, Victim Support and Hartlepool Borough Council. It covered health and safety issues for older people living independently. Members of the Retired Resource Network and the friendship group were used to evaluate the day with a view to such events being put on Hartlepool-wide. Also on the subject of safety, there has been close collaboration between the LSN and the Fire Brigade with a view to providing and installing free-of-charge smoke alarms to older people living on their own.

- Information directory for older people

   Funding is being sought from health and social services for the production of an information directory for older people which will be available in different formats. It will bring together in one place all necessary information and will be developed by members of the Retired Resource Network in conjunction with other agencies.

- Benefits awareness campaign

   LSN has joined a working partnership with other local agencies working in this area to produce material to go to every household in order to raise awareness as to what people are entitled to.

By way of conclusion to this section, there follows more detailed accounts of activities in Brighton and Hartlepool.

4.6 Case Studies

Case Study 1: Brighton - Computer group

This started at the end of July 1998 as an inter-generational project. The aim was to train older people, and some younger adults, in basic computer skills and training skills. A ten-week course, funded by Anchor, was designed and is being delivered by Portslade Community College. Participants attend the course free, but commit themselves to working as volunteer computer trainers in the community afterwards. To ensure a high level of teacher-student interaction, it was agreed that the maximum number of participants would be six people. Initially, two spaces on this programme were allocated to younger adults (nominated by the Council's Community Development Team) who were working with a computer project for young people. However, due to changes in this project, after about three weeks it was agreed that the group would focus exclusively on

work with older people, with the revised aim of providing computer/training skills which participants would then use with older people in the community. New older people were accepted onto the course (there is a waiting list), and an additional teacher co-opted for three weeks to bring them up to the same level as the original participants. The course is now well under way and there are seven trainees and there have been requests from older people's groups for computer training in the future.

The course is also being used by the National Institute for Adult and Continuing Education (NIACE) as a model for their training pack on how adults learn.

This initiative can be seen to have a number of benefits for older people in terms of increased self-esteem and engagement in learning, and passing on, valued skills. Such a project tackles stereotypes (in that computer skills are often seen as the domain of younger people). There are considerable benefits in relation to accessing information from a variety of sources and in improved communication with families and younger people.

Case Study 2: Hartlepool - The Accessible Transport Forum

A number of initiatives were set up in Hartlepool involving the LSN and Hartlepool-wide groups with a view to tackling practical problems in a concrete way.

An example of this approach in practice concerns the non-availability to older people of an accessible bus service in Hartlepool. This issue was identified during the Community Audit as one of major concern. Initiated by the LSN, a Hartlepool-wide Accessible Transport Forum was set up involving older people from the locality together with Hartlepool Carers and the Hartlepool Access Group. A report was prepared and sent to both the local council and the bus operator, a national company with local responsibility for running the bus services. The initial response from the bus operator was neutral. Further events were organised where older people evaluated different types of transport, including low-access buses, with representatives from the bus operator present. The views expressed by older people, both verbally and in the evaluation forms, were then taken up by the bus operator who has now committed to providing a fleet of low-access buses in the next financial year. Although the message had been the same throughout (from the initial report through to the transport event) the change happened when the bus operator management were confronted by the older people themselves — their own views expressed directly without any intermediary.

These two examples illustrate in their different ways the opportunities made available through the two LSN projects for participation by older people on their own terms in issues which were raised through the Community Audit. Over the eighteen-month period, older people were able to move from a reactive stance to being proactively involved in their communities, to becoming part of the solution in respect of the issues they had raised. The two projects outlined here demonstrate the impact of a community development approach which engages people in a way which promotes their sense of worth, and within a short timescale, and with small levels of resources.

Section *5*

5.1   Introduction

This section uses the headings set out in the evaluation framework in **Section 3.** The text under each heading has been built up from a variety of sources including Anchor Trust monitoring returns, LSN participants, interviews with Steering Group members and project workers. The headings are:

- User Participation
- A Sustainable System
- Broadening the Base
- Agency Participation
- Developing New Options for Service Delivery
- Replicability of the Model.

5.2 User Participation

Both projects demonstrated the ability to engage with older people. The total number engaged is difficult to quantify exactly given the range of informal contacts as well as more formal events. However, it appears that across the two projects, some 800 people were in contact, either as individuals or as part of a group. A core group of about 80 people has been established in both projects. The contact numbers were rather higher in Hartlepool because a number of initiatives (particularly those concerned with transport and accessible shopping) drew in older people from beyond the official catchment area of the project. A full breakdown of contacts by project is included in **Appendix II.**

Whilst numbers are important, the key issue concerns the nature of the participation. Were older people 'participating' as recipients, or was there evidence of active participation in matters which concerned them directly? One of the hallmarks of these projects, borne out by numerous comments from older people themselves and Steering Group members,

is that participation was largely a case of active involvement, of contributing rather than receiving. Some examples, which are developed elsewhere, include:

- contribution to the development of the Moulsecoomb 50+ Forum in Brighton, which now directly links to the planning process for Brighton and Hove Council via the Older People's User Panel project
- participation, in Hartlepool, in the Retired Resource Network, which has successfully taken on major campaigns concerned with accessible transport, safety and home maintenance, amongst others
- involvement of older people in information technology training to the point where older people themselves have become trainers and have contributed to a national training pack for older people
- through promulgating the development of peripatetic benefits advice sessions in Hartlepool and Brighton, there is evidence of people increasing their income by over fifty per cent and influencing the way the benefits service is delivered through feedback to the Benefits Agency.

Although the outcome of participation was involvement in a valued and integrated set of activities, the initial reason for engagement was more personal and usually concerned with isolation and loneliness. The majority of participants in both projects were women (over 90%) with an average age in the mid-seventies. Whilst few benefited from any sort of formal help in respect of social care, many reported disabling conditions and histories of serious illness. Nor did they benefit from informal support networks. It is important to stress, in relation to participation, that the *content of* the groups, campaigns and events was determined by older people, and was not imposed from the outside. Neither project engaged many older men in their activities. Given the increase of older men living alone in Brighton, for example, future services will need to develop ways of ensuring that there is equality of access.

5.3   A Sustainable System

Given the short life-span of both projects (two years in the first instance), it was important, from early on, to establish whether there were mechanisms for sustaining momentum when the project finished. This question can now be reformulated into three components:

i   Are there initiatives which have started during the project and which need to continue, and, if so, what are the mechanisms for doing so?

ii   Is the role played by the community development worker always necessary and does it change over time?

iii What is the attitude of local funding agencies to the projects? Do they see LSN as a priority in their future plans?

i *Are there initiatives which have started during the project and which need to continue, and, if so, what are the mechanisms for doing so?*

Both LSN projects have addressed this issue, but in different ways. In Hartlepool, the Retired Resource Network has been established which acts an umbrella group for older people to take forward major concerns in the future. These include transport, access to information, home safety, home maintenance, and improved access to local shops. In Brighton, particular activities and concerns have been identified as needing a life of their own, and steps are being taken to secure their future; for example, the literacy project (which is inter-generational) is being set up as a group in its own right with its own constitution and management structure. Consultation with the local council in the area is now being handled by the Moulsecoomb 50+ Forum which has incorporated LSN participants into its membership. The continuing initiative is the Moulsecoomb 50+ Forum. The role of LSN has been to support it.

ii *Is the role played by the community development worker always necessary and does it change over time?*

Evidence from interviews is overwhelming in respect of the role played by the two community development workers in the LSN projects. Both are seen as highly effective operators, able to communicate across a range of interests and successful in establishing the credibility of LSN as a body of opinion to be taken seriously. There is no doubt that the quality of the people involved has contributed in large measure to the rapid establishment of these projects in their local communities. A critical part of what they have done lies in the fact that they have also ensured that the voice and opinion of older people now has a credibility that was previously absent. As one Steering Group member commented: *'We don't go there [to* a *meeting with older people] to consult on a preconceived plan, we go there to listen, and they tell us.' The* question remains, however, as to whether a community development worker can withdraw, leaving the structures in place, and whether the groups will be self-sustaining. The answer given during the evaluation interviews suggested that some presence, albeit smaller and different, would still be necessary. There will remain a need for someone to be able to check out the health of various projects, offer support to ensure that processes and structures are maintained and to help communities generate new initiatives, whilst ensuring that the critical ingredient of community ownership remains intact.

iii *What is the attitude of local funding agencies to the projects?*
Do they see LSN as a priority in their future plans?

The issue of agency participation is considered below, but the reaction of both statutory and voluntary agencies is crucial when decisions are made about future projects such as the LSN. Generally speaking, reactions from agencies in both Hartlepool and Brighton were positive. Comments like: *'It changed the way we think in our own organisation'* were common. The projects were seen as a source of energy and new thinking which, whilst challenging to some organisations at the beginning *('How much more need will they uncover?')* gave fresh impetus in many different ways. In Brighton, for example, the LSN was seen to have a positive impact on the planning process for older people, whilst in Hartlepool the successful *better Government for Older People* bid was significantly influenced by the

LSN project there. Indeed, funding for the community development work in Hartlepool is to be continued through that programme. Brighton and Hove Council has made a decision to include the LSN in its wider community development programme. All Steering Group members were agreed that two years is a very short time for a community development project. For funding and planning reasons, it may not be possible to go beyond two years in the first instance but, subject to satisfactory evaluation, the period could be extended to ensure that projects had up to five years to reap the full benefits of the approach. This timespan was suggested by local steering group members, and would allow for changes to be more rigorously evaluated in a systematic way.

5.4 Broadening the Base

It was considered important at the start of the process to ensure that, where appropriate, the range of services and interventions went beyond the traditional health, social care and housing definitions. Of the 38 people interviewed in depth for each of the Community Audits in Brighton and Hartlepool, 24% in Brighton were in receipt of some services (mainly domiciliary care) and 47% in Hartlepool (split between domiciliary support, and day centre attendance) Some important comments were received from older people about assessments, the importance of help with housework and cleaning as well as personal care, and ageist attitudes in both health and social care; these are dealt with below in **Section 5.6: Developing New Options for Service Delivery.**

The majority of comments, and therefore the majority of the work in the two projects, were concerned with matters which took the debate away from traditional health and social care services. In this way, older people themselves broadened the base of the discussion. The main issues raised through the Community Audit concerned:

- consultation (on plans for the locality and for older people), particularly in respect of assessment and benefits advice
- information (difficulty in obtaining information, and then deciphering it)
- transport (public transport often not accessible; community schemes with high prices and high eligibility criteria)
- home maintenance/cleaning/gardening (build up of jobs that are not 'specialist' but beyond some older people's scope)
- safety (fear of burglary or afraid to go out at night).
- shopping (being able to continue to do one's own shopping, links to transport issues and importance of social involvement).

The processes used to tackle some of these have also taken older people away from familiar territory. Whilst key issues - notably transport, information and consultation - have remained constant, new ways of addressing them have developed. These include face-to-face meetings with key transport providers, information days, projects acting as conduits of information to the community, and information technology training for and with older people. Through these examples, older people have taken on the role of setting

the agenda, and taking an active part in bringing about change. Through this community empowerment and involvement, the quality of participation has been improved.

Other examples of different forms of participation include inter-generational work (in relation to literacy and gardening) and participation as sources of experiences in a local history project. There has been some success in working with local newspapers, shops, transport concerns, universities, schools and colleges, the Police and the Fire Brigade. The question raised at the beginning of the project was whether a broader range of interest groups should participate in the Steering Group. To some extent, this remains an open question in that the key to drawing in different interests will be the participation of older people themselves. The Steering Group needs to evolve as this participation reveals the important issues for a particular community.

5.5 Agency Participation

The issue here is not just about the engagement of relevant agencies at Steering Group level, but also about connecting with the providers and practitioners who are a key part of the network. This is a complex area and there are a number of points to make.

The participation between agencies and with LSN projects has been important in developing the planning processes in both Hartlepool and Brighton. The LSN projects are generally perceived by Steering Group members, in both Brighton and Hartlepool, as giving energy to the planning process, with individual agencies benefiting from this as well as the process itself.

The range of agencies, which includes transport, the police services, adult education, secondary/primary education, as well as the voluntary sector, is extensive. For example, in Hartlepool, eight agencies (West View Advice and Resource Centre, Hartlepool CAB, Hartlepool Access Group, Social Services, the Benefits Agency and Age Concern) combined with LSN in respect of the benefits advice work. In Brighton, there have been significant links with Age Concern in relation to the benefits programme there, as well as important links with a local adult education college to take forward the IT training. There has been less involvement with the Ageing Well project in Brighton (also co-ordinated by Age Concern).

Some health agencies have been positively involved in the process and have seen ways of using the energy from the LSN project to develop their own ideas. Other health providers - general practitioners, for example - have been less engaged in the process. The involvement of the NHS Trust in Hartlepool has been particularly beneficial and has sown the seeds for further work in the field of health promotion, as well as opening up a new way of working for the Trust itself.

In Brighton, there has been a strong connection between the LSN community development worker and some other community development workers - in particular, those employed by the local authority. This has been positive. (NB: there is no equivalent network in Hartlepool.)

As the projects have developed, there perhaps has been less involvement at a practitioner level in social services, health and housing within the network areas. It may well be that the direction of the work overall, a direction which generally speaking has

not confronted mainstream services, has meant that engagement at this level has been less than may have been anticipated. However, the changing policy climate as outlined earlier will encourage a closer connection between older people, carers and agencies (both statutory and non-statutory).

5.6 Developing New Options for Service Delivery

The initial hypothesis for both projects was that after consultation and development time, new approaches to delivering services would emerge. This has resulted in a number of initiatives which have sprung up through the direct and active participation of older people in issues which affect them. Some have been mentioned before but are worth repeating in this context.

- New options for service delivery are the subject of planning and consultation. In Brighton there has been close co-operation between the LSN and the Moulsecoomb 50+ Forum which is part of Brighton's network of user panels. It is the intention to maximise the involvement of older people in this forum, particularly in relation to the *Planning for Real* programme in 1999.

- Within the Brighton LSN, a small group of older people, facilitated by the LSN workers, has formed a housing group with the specific remit of examining alternatives to sheltered housing. This group is in the early stages of formation but is considering the viability of initiatives such as a community warden scheme and the home-share initiative (where adults aged over 25 are offered low-rent accommodation in an older person's home in return for ten hours of low-level care and companionship).

- In Hartlepool, the Retired Resource Network has plans to improve dialogue with GPs and hospitals in respect of perceived ageist approaches to older people in matters of health.

- The difficulty of accessing information about services and benefits is being tackled positively in both localities. In Brighton, one of the outcomes of the IT training programme for older people will be to access and understand information from statutory agencies which is available electronically. In Hartlepool, the Retired Resource Network is working to produce a Directory of Information in different formats for older people, so that they can make more informed choices and decisions.

These initiatives are in addition to the continuing work in respect of transport, home safety, home maintenance and accessible shopping. Additionally, the LSN in Brighton has been invited to participate in a review of day services, so that the expertise gained over the past two years can be fed into the process. A two-year timescale is possibly too short to see tangible changes to services. However, there is enough evidence from both projects to suggest that a number of processes are in place which will affect both traditional services (sheltered housing, day services) and the broader range of related services which affect the lives of older people (such as information, transport, benefits take-up). The projects themselves are important because they respond to expressed need, but the main role of the projects has been to empower older people to take a full part in their communities, and to work to establish systems, structures and services which will help to achieve this. The groups and projects are part of a process, not a set of disparate initiatives.

5.7 **Replicability of the Model**

User satisfaction, as mentioned by evaluation sheets administered after LSN events and comments made during the course of the work, has been high. The main themes have been about relevance, being valued, being listened to, being able to function again as an intelligent person. There is a strong feeling from both projects that, left to the wishes of older people, such projects would have a certain future. The majority of Steering Group members were of the same opinion. Comments highlighted the energy created by the projects, the fact that stereotypes had effectively been challenged, that agencies could see different ways of doing things, that by concentrating on older people the approach adopted by the projects had brought their issues to the front of the stage. A minority commented that they had not yet seen tangible benefits (specific service changes, for example) and that because of cost it was difficult to see how such an approach could be used more widely.

In conversation with Steering Group members, the project workers and Anchor Trust, a number of points were made concerning what to remember for future projects, based on the experiences of Brighton and Hartlepool. These can be categorised as follows:

Involving the local community

i involve the local community in the planning phase of the project

ii there is a tension between a geographical boundary and a community of interest — on many issues both in Hartlepool and Brighton, projects go across the whole borough

iii ensure as far as is possible that there is a sufficient representation on the Steering Group from the beginning, and emphasise commitment and continuity. The opportunity to broaden the membership of the Steering Group should take place once the participative process is under way.

Project management

i ensure that offices and back-up support are adequate

ii dedicate a travel and expenses budget for project users from the beginning

iii ensure that local supervision and support arrangements for the project worker are adequate.

Section 6

CONCLUSION

6.1   Introduction

Through the analysis of the main themes and processes which drove the LSN projects, it is hoped that this report will make a contribution to the development of future initiatives both within Anchor and more widely. This section seeks to locate the LSN projects within the preventive agenda and in the community development context, and then to re-examine the original objectives in the light of work carried out in the two projects.

6.2   Locating the Local Service Network Projects

It is important to locate these projects in the context of:

i   the preventive agenda

ii a changing view about the capacity and role of older people (i.e. *Better Government for Older People)*

iii a view which sees the contribution of community development as a high-level professional skill which complements existing specialist services and energises the participation process.

i LSN projects and the preventative agenda

Much work has been done on defining 'prevention' and the types of intervention which fall within the overall definition. For example, the Preventative Task Group (chaired by Anchor Trust) has adopted two main groupings of definitions (Lewis *et al.)*:

A - Services which prevent or delay the need for more costly intensive services
The focus here is mainly on older people in or approaching the Fourth Age of their lives (75+). These people may receive inappropriate institutional services which remove their independence and which are costly in financial terms for the individual or the public purse or both. Preventive strategies and approaches within health and social care sectors can play a critical role in enabling people to continue to maintain an independent or

semi-independent lifestyle. Alternative approaches can have the opposite effect of disabling the older person and leading unnecessarily to models of service which are about 'doing to' or 'caring for' vulnerable people rather than enabling them to manage their frailty in a positive way and to maximise their independence by focusing on maintaining what they can still do for themselves.

B - Strategies and approaches which promote the quality of life of older people and engagement with the community

This definition is much broader and reflects the attitude of society towards older people in the Third Age of their lives (65+). The emphasis is on older people as contributors to society as well as receivers, and as an asset rather than a burden. A positive approach by society towards ageing and older people can make a huge difference to the quality of their lives and impacts on the way a whole range of services respond to the challenge of a changing balance in the age profile of the population. Strategies here should be about involving older people as partners and as a cohesive force in society.

As regards prevention as outlined in **A** above, a further important classification is made by Wistow and Lewis (1997)[25] building on work by Muir Gray. The classification is as follows:

- **primary prevention** or health promotion, being the promotion of health and the prevention of disease
- **secondary prevention** or screening, being the identification and treatment of disease at an early stage
- **tertiary prevention,** being the effective management of existing disease, to limit its impact on life or slow down the rate of deterioration.

Using this classification, community development falls within the area of primary prevention where the building of strong social networks is a key element. It is also appropriate to locate the work of the LSN projects within the broader definition concerned with the promotion of a better quality of life. It was clear that the engagement of older people contributed significantly to an improved quality of life. In this way, the project brings alive some of the research findings.

ii A changing view about the capacity and role of older people

The important starting point lies with older people themselves, our perception of them, and how that is changing. Craig and Mayo (1995) make the following observations:

> *'Ageing is often regarded unproblematically as a fixed transformation that is totally determined by the biological processes of decline leading to death... We focus unerringly on poverty, bereavement, social isolation, role loss, illness, handicap, apathy and abuse... The problem of ageing then becomes an issue of dependency and care. In fact, nothing about ageing is invariant. The experience of ageing varies from one cultural extent to another, from one historical period to another, from one class or race or gender to another. Within Britain, the USA and Australia, current discourses of ageing are in the process of change and* the *policy ground may be shifting quite dramatically...*

25 Wistow & Lewis (1997) p11.

'[There is a] move towards an alternative construction to the meaning of ageing with the key to change to be found, as always, in providing the conditions of self-determination or mutual empowerment by older people themselves.'[26]

The emphasis in both Brighton and Hartlepool was on capacity building and on older people participating on their own terms. This serves to underline one of the main features of this report: namely, that the LSN projects were successful in providing those conditions of self-determination and mutual empowerment.

iii   The contribution of community development

It is important to locate these projects because, although small in scale, they can contribute to the development of this 'alternative construction'. Help with this alternative construction comes from older people themselves — through what they say ('I have rediscovered living'; 'I have a value again'; 'At last I have a brain again') and what they do (purposeful activity, determined by their own agendas). These opportunities for growth have come about as a result of a purposeful intervention - community development - the intention of which was not to impose a plan or a service, but to listen, support and constructively engage. The different methods of community development have been usefully summarised by Wilcox (see **Appendix III** for the complete matrix).

Community development has been carried out using a range of methods — from overtly manipulative and non-inclusive techniques, through to ones which have emphasised participation based on empowerment of individuals. The method applied in Brighton and Hartlepool is typified in the Community Development Matrix by the headings **'Acting together'** and **'Supporting independent community interests'** and specifically by the activities summarised as *'Users have worker support to build their capacity for participation in planning'* and *'Pressure/campaign activity by communities to influence policy'.* In a small but important way, community development, by connecting individual and community aspiration to the local democratic process, builds people up, gives them hope and restores them to some extent. An evaluation of the long-term effects of such an intervention would take longer than two years, but it may well be worth undertaking.

The interviews with older people which charted their entry into the projects talk in the first instance about hopelessness and loneliness, not about service gaps. **The simple yet critical reality of the LSN projects is that they help older people reconstruct a life, and help us reconstruct our view of ageing.**

6.3 The Local Service Network Projects and the Original Project Objectives

The original objectives for the projects, as outlined in **Section 2.2** of this report, underlined the following areas:

• improved access and availability of services to prevent or delay dependence on long-term care services

• increased choice and control for older people

---

26 Craig & Mayo (1995).

- use of the local community as a resource in developing community care services and support networks.

These original objectives were framed within the context of the traditional community care agenda, with the emphasis on greater involvement and choice for older people leading to the prevention or delay of dependence on long-term care services. This agenda was re-formulated by older people into a set of issues which do not fit easily into this traditional agenda. As one older person said during the course of the Community Audit:

'We need to be seen as whole human beings with a range of needs.'[27]

The emphasis for older people during the project was on two main areas:

i consultation and access to information

ii practical issues concerning, amongst others, transport, home maintenance and safety.

In both these areas, it is possible to see considerable evidence of ways of working which will improve access to services, increase understanding of what is offered and why, and improve the consultation processes for older people (much of the work of the projects focused on information days, benefits advice, engagement in planning and IT training, for example).

In relation to practical issues, the biggest challenges for older people were not within health and social care, but in a broader range of problems which have repercussions which go beyond the remit of health and social care agencies alone. In defining priorities which have to be tackled by a range of interests and agencies within a community, older people are requesting that those interests and agencies refine priorities in the light of their (i.e. older people's) evidence. It is too easy to say that the projects did not meet the objective in respect of access and availability of services, because in reality older people redefined the agenda and made it their own.

In respect of increased choice and control for older people, the process of community development, as used in the LSN projects, is a critical element. Through enabling older people to re-establish their value as contributors who have skill and experience, the projects have offered numerous opportunities for older people to exercise more control over their lives - from practical matters like access to benefits through to increased confidence in engaging with councillors or younger people.

Similarly, in respect of developing the community as a local resource, there has been evidence alluded to in this report of substantial connections between older people and different parts of the community network (through the voluntary sector, schools, colleges, the Police, as well as statutory agencies). The involvement has not, generally speaking, been in connection with community care services, but with the range of different interests already listed at various points in this report.

The honest answer as to whether the project objectives have been met is that the objectives, to a large extent, were reformulated by older people themselves. This reformulation challenges agencies, statutory and voluntary alike, to re-think the issues that affect the health and well-being of older people, and the ways in which older people can be enabled to participate in the resolution of those issues.

27 Summerville & Morris (1998) p9.

As one participant in Hartlepool said of the Retired Resource Network and her involvement in it:

> *'We are most determined that it [the Retired Resource Network] should succeed. So we make more effort to attend and participate. The group has given more purpose to life, something lacking before. Not only is it a self-help group, it's helping each other if, where and when required. It has taught me to be more forward thinking, whereas before what future I could see was full of obstacles and not at all appealing... It activates the brain into positive thinking with suggestions, tales told and ideas broached. It's like (or better than) any tonic a doctor could give. I always feel better coming home than before I went.'*[28]

6.4 Concluding Issues

Issues (such as transport, access to information, income maximisation, home maintenance, safety) have been identified by older people in a number of forums, and are also central to older people's concerns in the LSN projects. There is now a working agenda of these issues:

- Workable definitions of prevention have been developed, and are now current in policy literature concerning older people.

- The LSN projects have successfully managed to engage older people so that there is a sense of ownership about the issues which confront them.

- The projects have demonstrated that older people *can* reconstruct their lives and help the public at large to reconstruct its view of ageing. Further, older people, when given the opportunity, will redefine the agenda of issues which are important to them, and in so doing directly affect the service patterns and priorities of local agencies.

- It is possible to move from words to actions. Effective ways of tackling some of the concerns raised by older people have emerged over the course of the projects. Examples relating to transport, safety, access to information, effective consultation, and inter-generational activity have been documented.

- In this sense, community development as a systematic and complementary intervention, alongside more traditional health and social care services, can be seen as adding value to existing systems.

- Although it is impossible to come to firm conclusions within the timespan of this project, it does appear that there is a beneficial effect on older people's psychological health, sense of value and role, from engaging them directly in matters which are of prime concern to them. Any measures which reduce isolation, re-connect older people to their communities, and make it possible for them to be taken seriously by policy makers, are likely to have a beneficial effect on health over time.

---

28 Anchor Trust (1997) *LSN Community Audit Reports* - participants' feedback.

6.5 Recommendations

Government

- To use the findings to inform and develop ways of involving older people to establish priorities.
- To build upon community development techniques as a way of improving older people's quality of life and the capacity of agencies to work together.
- To work alongside the *Better Government for Older People* initiative, to develop ageing strategies and an action plan to reflect and meet the needs of older people.

Department of *Health*

- To adopt a structured approach to community development (empowerment and local democratic process) in respect of prevention, health promotion and service development.
- To incorporate the involvement of older people as a key criterion for meeting health targets arising from *Our Healthier Nation;* for example, for healthy neighbourhoods and specific contracts such as preventing accidents, heart disease.
- To commission research to establish the relationship between improved psychological health through participation and involvement and physical health.
- To commission research to investigate further the longer-term impact of a range of preventive approaches, including the LSN model, on the use of hospital- and community-based services.

Department of Social Security

- To create ways in which older people can be involved in the way the Benefits Agency delivers its services and, in particular, helps pensioners claim their benefit entitlement.

Department of the Environment, Transport and the Regions

- To use appropriate consultative mechanisms and research to address the housing needs of older people across all tenures and accommodation types; i.e. sheltered, privately rented or owner occupied, to help shape future investment in housing and link in with other funding mechanisms.

Health and Local Authorities

- To work strategically to make best use of available resources to support community development in order to ensure the effective participation of older people in the planning, design, commissioning and implementation of all services relevant to maintaining their quality of life.
- To work jointly across local agencies to develop preventive strategies and specific measures which demonstrate the cost-effectiveness of early intervention to promote independence and maintain or improve the quality of life of older people.

- To adopt community development as a process that can be used to capture the attitudes of an increasing ageing population.
- To reflect the increase of the number of men aged 75+ in future health improvement plans.

Brighton and Hartlepool

- To develop strategies to successfully place the projects firmly into a corporate approach for involving older people.
- To improve liaison and partnership arrangements between the local health and social services around the LSNs and other local initiatives such as 'Ageing Well' programmes.

Local Service Networks

A number of practical recommendations:

- Develop a more detailed follow-up to the community audits to map change to individuals' private and public quality of life, measure success/achievements, levels of influencing, change to personal social, economic, physical or health environment.
- Improve links with primary care groups and other health-related projects.

Anchor Trust

- To use the evaluation findings to develop a framework for determining community development approaches on involving older people across all service streams within Anchor.
- To set specific criteria for working in partnership with other organisations and groups of older people to develop LSNs or alternative community development models.
- To identify the implications of the community development approach and consider the role of existing staff and the development of appropriate policy and practice.

Appendix I

EVALUATION OF LOCAL SERVICE NETWORK PROJECTS

Six areas for the evaluation are proposed:

1 User participation

The projects involve working with older people and their carers to inform and empower them to be able to exercise increased choice and control. The project must then listen to, take notice of and act upon what older people and their carers say.

2 A sustainable system

It is to be hoped that the initiatives which start in the project sites will continue to flourish once the formal project has finished. It is important to think about this *at the beginning.*

3 Broadening the base

The question is how far the projects can engage relevant stakeholders outside the traditional services' delivery model for older people. We talked about business interests, leisure, transport, universities and colleges amongst others. It is important not to broaden the base for the sake of it — there must be demonstrable added value.

4 Agency participation

It is important to ensure that all agency and interest groups are engaged. This will mean not only securing multi-agency commitment and involvement, but also involvement of relevant groups within agencies (not just the managers). There is a particular need to tap in to the experience of relevant providers.

5 Developing new options for service delivery

This is the end point and perhaps the most difficult to define this early in the project. But attention will have to be paid at an early stage to the generating and testing of innovative ideas as well as mechanisms for setting them up and evaluating them.

6 Replicability of the model

The project is not just about creating Local Service Networks in the two areas, but about learning from the processes involved — what works and why, what doesn't and why — in order to assess the model's potential for replicability elsewhere.

The main questions for the six areas are set out below:

1 User participation

- Has the project mapped existing organisations/groups?
- Has the project consulted with organisations/groups/individuals?
- Has the project involved older people and their carers in identifying their needs and the services which would meet those needs?
- What ideas has the project developed about access, availability, range of services?
- Has the project identified older people's and their carers' existing skills and experience and encouraged their constructive use to bring about change?
- Have older people and their carers been enabled to feed their ideas into the stakeholder event?
- What is the involvement of older people and their carers in refining the ideas of innovative service post stakeholder event?
- Are any older people/carers involved in the actual running/delivery of these alternatives?
- What ways has the project devised for ascertaining user and carer satisfaction?
- What ways has the project developed for ascertaining what triggers user and carer involvement?

2 A sustainable system

- During the mapping and early consultation, have you identified likely people/organisations who might take the project on beyond two years?
- Have you been able to devolve responsibility for gathering/presenting evidence?
- Have you been able to devolve responsibility for making new/alternative services happen?
- Have you organised signing off/handover arrangements?
- Has the project facilitated funding and purchasing arrangements for new services?
- Has the project an agreed funding structure for the future?

3 Broadening the base

- As a start, has the project mapped existing services/resources relating to older people (narrow definition)?
- As a next step, has the project made contacts/consulted/developed a way of examining other relevant organisations/people/resources (transport, leisure, business, universities and colleges, welfare benefits, *Health of the Nation* initiatives)?
- Having identified them, has the project involved a wider range of interests in the stakeholder event?
- Is the project using these wider interests in developing new/alternative options?

4 Agency participation

- Has the project mapped existing agencies/interests?
- Have you contacted named people within these agencies?
- Have you then made contact with/sought the views of people within the agencies (home care workers, district nurses, etc)?
- Following the section on **'Broadening the base',** are there particular contacts within agencies who normally fall outside the 'traditional' service network?
- Has the Steering Group developed a clear role and process in the Network?
- Have relevant agencies been engaged to present their views at the stakeholder event?
- Have they been involved in refining ideas and contributing to the development of innovative services?

5 Developing new options for service delivery

- Has the project got a clear picture of existing services?
- Has the project carried out sufficient consultation, particularly with older people and carers, to have formed a view about the major gaps?
- Has the project arranged for sufficient discussion of those gaps and the potential for new services at the stakeholder conference?
- Has the project assembled the relevant people to move from the idea to the reality?
- Have you got a mechanism for ensuring continuity once you have gone?
- Has the project facilitated funding and purchasing arrangements for services?

6 Replicability of the model

- Has the development of the Network been mapped?
- Have the issues of location, geography, size of population been assessed for their impact on the development of the Network?
- Is there a clear means for assessing successful processes/unsuccessful processes in the development of the Network?

Appendix II

CONTACTS WITH LSN GROUPS BY AREA TO JULY 1998

CONTACTS WITH AGENCIES/COMMUNITY GROUPS BY AREA			
Agencies or Community Groups	**Number of People**		
	BRIGHTON	HARTLEPOOL	TOTAL
Initial contacts	87	98	185
Further contacts	169	628	797
Total	**256**	**726**	**982**

CONTACTS WITH CARERS AND OLDER PEOPLE BY AREA			
Groups or Individuals	**Number of People**		
	BRIGHTON	HARTLEPOOL	TOTAL
Groups	107	343	450
Individuals (initial contacts)	48	42	90
Further contacts with individuals	51	228	279
Total	**206**	**613**	**819**

TOTAL CONTRACTS BY AREA			
Total Contacts	**Number of People**		
	BRIGHTON	HARLEPOOL	TOTAL
Agencies or community groups	256	726	982
Carers or older people	206	613	819
Total	**462**	**1,339**	**1,801**

Appendix III

THE MATRIX OF COMMUNITY DEVELOPMENT AND COMMUNITY CARE

	A	**B**	**C**	**D**	**E**
	Types of approach: levels of participation	**Type l:** Collective user influence on service provision	**Type 2:** Collective policy planning influence	**Type 3:** Community service provision	**Type 4:** Supportive communities
1	Supporting independent community interests	Total authority for funding and management of services	Pressure/campaign activity by communities to influence policy	Service provision independently funded and managed by the community	Support to user based on education/ learning projects. Direct user action to influence public perceptions
2	Acting together	Users have management control of services within specified parameters	Users have worker support to build their capacity for participation in planning	Local service provision with joint community and local state control or negotiated contracts	Joint service planning and development with local agencies, mutual learning/ education
3	Deciding together	Joint management arrangements with statutory sector and providers	Joint planning forums and client group planning forums. Co-options to statutory committees	Local service development on a franchise basis, i.e. terms and conditions of contract set by purchaser	Controlled engagement of user organisation in publicity and education
4	Consultation	Residents' meetings/ user forums which respond to service proposals. Users in the minority on management committees	Forums/advisory committees and community references. Users in the minority on joint planning forums	Meetings with community groups to indicate opportunities for contracted work	Neighbourhood meetings, public review of policies
5	Information	Residents' meetings/ user groups, forums and newsletters	Community user group meetings/ conferences, community carer bulletins	Public advertising of contract opportunities for care provision	Public relations presentations of policy, bulletins, newsletters and media coverage of community care needs
6	Manipulation	Officer-led and controlled user committees	Preparation and publication of care plans before consultation	Moral coercion of volunteers to fill gaps in service provision	'Dumping' people in communities without consultation and expecting a caring response

Source: Wilcox, D. (1994) Effective Participation, Joseph Rowntree Foundation.

Bibliography

Anchor Trust (1997) *Local Service Network Community Audit Reports,* Unpublished.

Audit Commission (1997) *The Coming of Age,* London, HMSO.

Barr, A., Hashagen, S. and Purcell, R. (1996) *Measuring Community Development in Northern Ireland,* Scottish Community Development Centre.

Brighton and Hove Council (1997) *Service Strategy for Older People*, 1997-2002.

Continuing Care Conference (1998) *Fit for the Future: The prevention of dependency in later life.*

Craig, G. and Mayo, M. (1995) *Community Empowerment,* Zed Books.

Department of Health (1989) *Caring for People,* London, HMSO.

Hartlepool Borough Council (1997) *Community Care Plan* 1997-2000.

Henderson, P. and Salmon, H. (1998) *Signposts to Local Democracy: Local governance, communitarianism and community development*, Community Development Foundation.

Lewis, H. and Jones, N. (1997) *Shaping the Future of Domiciliary Care*, Nuffield Institute for Health.

Lewis, H. *et al. Promoting Well Being: Developing a preventive approach with older people*, Anchor Trust.

Rappaport, J. (1987) Community Empowerment, *American Journal of Community Psychology*.

Singleton, N. *et al*. (1998) *Community Care Expenditure in Wales*, Nuffield Institute for Health.

Skinner, S. (1998) *Building Community Strengths: A resource book on capacity building*, Community Development Foundation.

Summerville, J. and Morris, G. (1998) *'We Know Best What We Need', Local Service Networks: A Community Development approach to work with older people*, Anchor Trust toolkit, Anchor Trust.

Wilcox, D. (1994) *Effective Participation*, Joseph Rowntree Foundation.

Wistow, G. and Lewis, H. (1997) *Preventative Services for Older People: Current Approaches and Future Opportunities*, Anchor Trust.

'I never thought
I'd be doing this...'

OLDER PEOPLE
NETWORKING

An evaluation of

Anchor Trust's

Local Service

Network Projects

"The simple yet critical reality of
the LSN projects is that they
help older people reconstruct
a life, and help us reconstruct
our view of ageing."

ABOUT ANCHOR TRUST

With nearly 30 years of experience and innovation, **Anchor Trust** is a charity which provides a unique range of housing, support and care services for older people throughout England. Anchor provides services through Anchor Retirement Housing, Guardian Retirement Housing, Anchor Homes, Anchor Care Alternatives, Anchor Staying Put and Anchorcall, helping around 50,000 older people a year. Anchor also speaks out for older people through research, library and information services, influencing and parliamentary work.

NUFFIELD INSTITUTE FOR HEALTH

The Nuffield Institute for Health is part of the University of Leeds. The Institute undertakes major research, teaching and consultancy programmes across health and social care both in the UK and abroad.

The Community Care Division specialises in those service areas which cross the boundary between health care and social care. Of particular importance at the moment are projects on inter-agency collaboration and partnership, prevention and early intervention, rehabilitation, mental health and the development of primary care groups.