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SCOTTISH EXECUTIVE

# Involving Older People: Lessons for Community Planning

Social Justice



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# **INVOLVING OLDER PEOPLE: LESSONS FOR COMMUNITY PLANNING**

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The Royal Bank of Scotland Centre for the Older Person's Agenda  
Queen Margaret University College

Scottish Executive Social Research  
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## CHAPTER ONE                      SUMMARY

1.1     The study was commissioned by the Scottish Executive and CoSLA to provide information about the current ways in which older people are involved in the planning, delivery, monitoring and evaluation of public services throughout Scotland, and to draw some lessons for the future involvement of older people in the Community Planning process.

### MAIN FINDINGS

- The study found that there is a range of mechanisms currently in place to offer opportunities for older people to influence some aspects of public services. In many areas a mixture of ‘generic’ and ‘older person specific’, ongoing and one-off mechanisms were used to involve older people.
- Many of the involvement activities described were being undertaken within social work or community care settings. As a result, the older people who were being involved were often service users and aged 65 and over.
- There was a perception among professionals that older people are ‘over represented’ in some generic involvement activities. However, there is a lack of clarity about who is involved, on what basis they are involved and whether there are certain groups of older people whose views are not being represented.
- There was no evidence of a strategic approach to the involvement of older people in shaping public services within and across agencies.
- ‘Good involvement’ was characterised as being proactive, a partnership, of relevance to older people’s lives and with clearly defined outcomes and expectations.
- Barriers to further involvement included negative attitudes towards older people, older people’s low expectations of the effectiveness of involvement and a variety of organisational barriers.
- There did not appear to be any systematic evaluation of outcomes or the process of involvement.
- At present, there is an issue about the over-reliance of public services on a small number of committed activists when involving older people.
- Older people themselves are keen to build further links with other older community members, particularly those from hard to reach groups.
- There is a need for more capacity building opportunities for both older people and professionals in order to ensure that involvement is successful.

## **INTRODUCTION**

1.2 The Local Government in Scotland Act 2003 places a duty on Local Authorities to encourage community bodies in the local area to participate in Community Planning. The key principles underlying Community Planning promote the ideals of a shared strategic vision, integrated service delivery and, crucial to the successful implementation of these principles, community participation and involvement. Older people are just one of the communities of interest with which Community Planning partners are expected to engage.

## **METHODOLOGY**

1.3 The study was qualitative and used telephone interviews and focus group discussions to capture the experiences of both professionals and older people in relation to the involvement of older people in shaping public services. Telephone interviews were conducted with a key informant within each Local Authority area. A total of four focus groups were held in two Local Authority areas. In each area a focus group was held with older people who had been involved in shaping public services and another was held with professionals with experience of engaging with older people.

1.4 Telephone interviews proved to be a very successful way to reach key informants in all areas within a very short period of time. This method of data collection should be considered for use in other studies which operate within a short time scale.

1.5 The research team acknowledges that the involvement of older people in this research process falls short of modelling good practice in this field. That is, it would have been valuable to have engaged with older people at the outset regarding the design and implementation of this work. Time and commitment to the involvement of older people in research needs to be considered as a priority in future work if research is to be relevant and meaningful to those who have a key role in implementing the findings.

## **FINDINGS**

1.6 Below are the findings from both the telephone interviews with professionals and focus groups undertaken with older people and professionals.

### **Sources of data**

1.7 The study attempted to gather data through one key informant within Community Planning departments. It became apparent in the course of study that only a small number of authorities had an overview of involvement opportunities for older people across all agencies and often this information was not collated within each local authority area. In addition, it was not always clear who held such information or was responsible for involvement within and across Community Planning partners.

1.8 Several respondents within Community Planning felt that colleagues working in service delivery within the Local Authority were better placed to provide detailed accounts of the involvement activities undertaken. Most frequently this was personnel in Social Work



departments. Therefore, many of the professionals' views reported here have been provided by personnel within the Local Authority and more specifically within Social Work departments.

### **Current approaches to the involvement of older people**

1.9 The study found that there is a range of mechanisms currently in place to offer opportunities for older people to influence some aspects of public services. In many areas a mixture of 'generic' and 'older person specific', ongoing and one-off mechanisms were used to involve older people. There was no consensus about when 'generic' or 'older person specific' involvement activities should be undertaken.

1.10 There was a perception among professionals that older people are 'over represented' in some generic involvement activities. However, there is a lack of clarity about who is involved, on what basis they are involved and whether there are certain groups of older people whose views are not being represented.

1.11 Many of the involvement activities described were being undertaken within social work or community care settings. As a result, the older people who were being involved were often service users and aged 65 and over, that is, a minority of older people. A small number of examples of multi-agency co-operation were reported. These were mainly connected with involvement in community care or Joint Future initiatives. It was unclear whether community care involvement activities linked with the Community Planning process.

1.12 A number of authorities reported that the range and pattern of mechanisms used to involve older people had developed in an incremental and evolutionary fashion rather than as a result of strategic review. The view was expressed by both professionals and older people that there needs to be more co-ordination of involvement activities and that this needs to be more closely linked with Community Planning. There was evidence of a lack of mechanisms for communication about involvement between different levels both within organisations and across agencies.

### **Process and outcomes of involvement**

1.13 A number of key elements were identified by participants as being important if effective involvement with older people is to be achieved. These included:

- A proactive rather than reactive approach to involvement
- Involvement must be timely to allow views to have an influence on outcomes
- The pace of involvement must be determined by the needs of those being involved rather than the needs of the organisation
- Agencies must be willing to give up power and work in partnership with older people
- Clarity about the purpose and likely outcomes of involvement as well as expectations of those being involved
- Involvement must have relevance to the lives of community members
- A commitment at senior management level to real and enduring involvement of communities

- Older people should be involved in broad issues; not only be confined to commenting on community care services

1.14 It is noteworthy that these are not specific to older people but applicable across communities of interest. Many professionals reported frustration that they could not involve older people more in shaping public services. They, along with older people, identified a number of barriers to involvement including negative attitudes towards older people, older people's low expectations of the effectiveness of involvement, and a variety of organisational barriers.

1.15 While older people and professionals were able to give some examples of outcomes that had been influenced by older people's input, there did not appear to be any systematic evaluation of outcomes or the process of involvement. Both professionals and older people said that at the very least it was essential to give people feedback on what has happened, or if it has not happened, give reasons why.

1.16 Despite high levels of awareness about hard to reach groups and several measures being taken to address the barriers faced by these groups, the majority of authorities still faced difficulties reaching certain sections of the community. That said, several examples of good practice were highlighted.

### **Building capacity for further involvement of older people**

1.17 At present, there is an issue about the over-reliance of public services on a small number of committed activists when involving older people. Older people themselves are keen to build further links with other older community members, particularly those from hard to reach groups. As well as developing new groups, there is also a need to sustain current groups' activity.

1.18 Older people considered it to be important to be "in the know". They said that they welcome opportunities for self-development through education and information sessions and more informal approaches such as buddying and mentoring. Both older people and professionals felt that the term 'training' was inappropriate, particularly when the content of training was decided by professionals without any recognition of older people's skills and life experience. Joint training for older people and professionals was also seen to make a positive contribution to working in partnership.

1.19 There was little evidence of any specific educational opportunities for staff in relation to the involvement of older people. Many of the examples given of education for professionals tended to be related to service provision as opposed to involvement. There was some recognition that more education is needed to support more effective involvement generally.

1.20 There was variation in the resources available to agencies to support involvement activities. While professionals stressed that it can be costly to involve older people effectively, that is, meet their accessibility needs and give enough time for effective involvement, they also said that there are long-term benefits to involvement activities.

## CONCLUSIONS

1.21 There are a number of key issues relating to the involvement of older people in shaping public services which are not being currently addressed because there is a lack of a strategic approach to involvement.

1.22 There is a danger that, without a strategic approach, a limited range of older people will have the opportunity to be involved in influencing a limited range of issues, that is, service users aged 65 and over being involved in decisions about community care services.

1.23 It is important that a strategic approach is taken and questions are asked about whether current mechanisms are the right ones for involving people in Community Planning, whether existing mechanisms are adequate or new mechanisms are required to involve older people. The location of groups within Community Planning activity needs to be considered as it may be appropriate for such groups to sit nearer the heart of the decision-making processes.

1.24 Much is known about the theory, ethics and practice of involvement. It is noteworthy that many of the elements of good involvement as identified by professionals and older people are not specific to older people but are transferable across communities of interest. However, despite high levels of awareness of the ideal, this appears to be having limited impact on actual practice.

1.25 Evaluation of *process* needs to be seen to be as important as evaluation of *outcomes*, particularly in relation to the future development and sustainability of people's involvement.

1.26 Further capacity building is needed for both older people and professionals to ensure successful involvement.

1.27 While some colleagues within Community Planning partners' organisations have been consulted in the course of this study, there are likely to be significant gaps in the information provided. As both joint work and involvement are core goals within Community Planning, future work will be needed to examine the wider partners' experiences of involving older people.

## **CHAPTER TWO            BACKGROUND**

### **INTRODUCTION**

2.1 This report describes a study commissioned by the Scottish Executive and the Convention of Scottish Local Authorities (CoSLA). The study was commissioned to provide information about the current ways in which older people are involved in the planning, delivery, monitoring and evaluation of public services throughout Scotland and to draw some lessons for the future involvement of older people in the Community Planning process.

2.2 The study was undertaken by the Royal Bank of Scotland Centre for the Older Person's Agenda (COPA) (formerly the Scottish Centre for the Promotion of the Older Person's Agenda (OPA)). The researchers worked closely with the Scottish Community Development Centre, University of Glasgow, who took on the role of 'critical reader', integrating their expertise in Community Planning into the study.

2.3 More information about the Royal Bank of Scotland Centre for the Older Person's Agenda and the Scottish Community Development Centre can be found in Appendix 1. A description of terms used in this report can be accessed in, for example, 'Working and Learning Together to build stronger communities' (<http://www.scotland.gov.uk/library5/social/walt-04.asp>), and on the Government's Neighbourhood Renewal Unit website at <http://www.renewal.net/JargonBuster.asp>.

### **CONTEXT**

2.4 The Local Government in Scotland Act 2003, places a legal obligation on Local Authorities to initiate and facilitate Community Planning in their respective areas. Each Local Authority is expected to establish a Community Planning Partnership for its area, comprising representatives of all relevant public, private, voluntary and community bodies as appropriate. The Act also places a duty on NHS Boards, Scottish Enterprise, Highlands and Islands Enterprise, Joint Police Boards and Chief Constables, Joint Fire Boards and Strathclyde Passenger Transport Authority to participate in the Community Planning process. The Act does not prescribe how Community Planning should be taken forward. It is recognised that Scotland is a diverse place, and the legislation strikes a balance between consistency and importance of local circumstances.

2.5 The key principles underlying Community Planning promote the ideals of a shared strategic vision, integrated service delivery and, crucial to the successful implementation of these principles, community participation and involvement. The Act places a duty on Local Authorities to encourage community bodies in the local area to participate in Community Planning. Older people are just one of the communities of interest with which Community Planning partners are expected to engage.

2.6 Public involvement or participation has been given great emphasis in recent government policy statements and programmes. The view, now commonly held, is that consumers should have a voice in Community Planning and service development where planning and development activity impacts and/or potentially impacts on their quality of life. The recognised benefits of public and user involvement include: better outcomes of treatment

and care (Barnes and Bennett-Emslie 1997); the ability of services to be responsive to needs; individuals and communities developing a sense of ownership of services (Ridley and Jones 2002); increased knowledge and self confidence for the user (Thornton 2000); and, finally, better quality in both policy and services (Carter and Beresford 2000). If public services fail to understand the needs of older community members from the older person's perspective and to address these needs, there is a high risk that older people will be unable to achieve optimal quality of life, and also that financial and other resources will not be used to maximum effect but instead be spent inappropriately.

2.7 An analysis of Community Plans in Scotland published by the Community Planning Task Force in July 2001 (see [www.communityplanning.org.uk/information.html](http://www.communityplanning.org.uk/information.html)) found that only seventeen of the twenty-eight Community Planning areas for which they had data had some representation of the voluntary sector in their partnership. Representation was typically through a local voluntary sector 'umbrella' group rather than an individual organisation. Only eleven partnerships included a 'community' representative. This was most frequently a member of the 'Community Council' in the Local Authority's area. The report identifies only one partnership that includes an older person's organisation, namely, the Elderly Forum in Dumfries and Galloway. Several reports highlight the need to build greater community involvement in the Community Planning process (Joseph Rowntree Foundation 1999, Stevenson 2002).

2.8 The legal duty to undertake Community Planning has been introduced only recently and so it is perhaps not surprising that the need for further community participation has been recognised. However, public involvement has been central to policy initiatives developed by the Scottish Executive in recent years and as a result, a range of national and local structures and mechanisms for community involvement has been developed (Scottish Executive 2000a, 2001). For example, one of the key principles underpinning successful and sustainable regeneration of an area is the effective engagement of communities in the process. This is supported by a large body of research evidence and is a key principle of Scottish Executive regeneration policy as set out in the Community regeneration Statement, "Better Communities in Scotland: Closing the Gap (June 2002). There is also a good deal of evidence around which suggests that this is one of the most difficult aspects of the regeneration process to get right and that it is one which is often undertaken ineffectively, thereby leading to ineffective regeneration outcomes. Communities Scotland is addressing this specifically in two ways:

- By working with the Scottish Community Development Council (SCDC) to develop national standards for community engagement (<http://www.communitiesscotland.gov.uk/Web/Site/Whatwedo/Regeneration.asp>).
- By including community engagement as one of the readiness criteria for the integration of Social Inclusion Partnerships into Community Planning partnerships (<http://www.communityplanning.org.uk/documents/SIPGuidance.pdf> )

2.9 This study attempts to capture information about the range of activities undertaken by Community Planning partners that come under the umbrella of ‘involving older people<sup>1</sup> in shaping public services’ regardless of their relationship to Community Planning processes.

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<sup>1</sup> The original specification did not specifically define an age bracket that characterises older people. Rather, it was the view of the advisory group that participants in this study should be asked for their interpretation of what constitutes older people.

## **CHAPTER THREE RESEARCH OBJECTIVES AND METHODOLOGY**

### **RESEARCH OBJECTIVES**

3.1 This study was commissioned in order to provide baseline information about the involvement of older people in the development and delivery of public services in Scotland and their participation in the Community Planning process. The intention was that this information would be used as a starting point from which further developments could be assessed.

3.2 The study had four main objectives:

- to obtain an accurate picture from each Local Authority of:
  - the current mechanisms for, and extent of, involvement of older people in shaping public services in Scotland,
  - plans for the involvement of older people in Community Planning in Scotland;
- to identify the principles of effective involvement and the barriers to the involvement of this group;
- to identify examples of good practice in involving older people in Community Planning or similar processes, in particular the inclusion of hard to reach older people; and
- to identify how involvement has improved outcomes.

### **METHODOLOGY**

3.3 Two main methods were employed to capture the experiences of both professionals and older people in relation to the involvement of older people in shaping public services. These were telephone interviews and focus group discussions. The methodology employed is described in more detail in Appendix 3, as well as some of the ethical considerations for the study. The project was guided by an Advisory Group made up of representatives from the Scottish Executive, CoSLA, Help the Aged, Age Concern and the City of Edinburgh Council.

3.4 The data collection was undertaken in two stages:

- Stage one - a telephone survey of the 32 Local Authorities in Scotland was undertaken using a questionnaire (see Appendix 2) in order to map existing and potential future opportunities for the involvement of older people in shaping public services, including Community Planning. A one hundred percent response rate was achieved;
- Stage two - focus groups were undertaken with professionals and older people in order to gather in-depth data about their experience of involvement and emerging good practice issues.

#### **Stage one - a telephone survey**

3.5 Questionnaires were sent to the Community Planning Co-ordinator in each Local Authority. These coordinators were asked to consent to a telephone interview, or to suggest an alternative contact. Less than one third of these coordinators felt they were the most appropriate person to respond to the questionnaire. The remainder felt that colleagues in other positions, for example, Joint Future Development Manager, Policy Officer, Lead Officer for Social Work, Community Care Officer and Community Development Officer were the most appropriate contact, because of their knowledge of current involvement of older people. Five of the respondents, who were not Community Planning Co-ordinators, had a specific remit for involving older people.

3.6 Co-ordinators were asked to gather the information required in consultation with their planning partners. The researchers were aware that some involvement activities undertaken by partners may ultimately feed into the Community Planning process but may not be labelled as 'Community Planning'. Through the survey, planning partners were encouraged to highlight these as well as more direct examples of involvement in Community Planning.

3.7 The questionnaire (Appendix 2) sought information about the 'who, what and how' of involvement (Ridley and Jones 2002) including:

- current structures and mechanisms that are in place to facilitate the involvement of older people in Community Planning (this will include ad hoc structures and one-off or short term mechanisms such as consultations, as well as longer term opportunities for representation or involvement);
- examples of initiatives that have been undertaken to involve older people in local planning and development activities (this may include activities focusing on older people as individual community members or on organisations 'of' or 'for' older people) and details of the methods employed;
- indications of the direct and indirect outcomes of these activities;
- barriers to the involvement of older people in local planning and development activities;
- any emerging learning about good practice when involving older people;
- experience of involving 'hard-to-reach' groups such as older disabled people or elders from minority ethnic communities and the lessons that can be learned from these experiences;
- the range of initiatives, including education and support, which have been implemented to increase older people's capacity for involvement;
- any strategic work that is being undertaken locally to identify gaps in the involvement of older people in Community Planning and to address these gaps;
- any resource issues in relation to current and future involvement of which the authority is aware; and
- future plans to further develop structures, mechanisms and good practice exemplars, in order to involve older people in Community Planning.



## **Stage two - focus groups**

3.8 Two local authorities, which had been identified by existing literature or experts in the field as demonstrating good practice in relation to the involvement of older people in shaping public services, took part. In each area, one focus group was conducted with a group of professionals who had involved older people, and one with a group of older people who had had experience of participating in Community Planning or related involvement activities, giving a total of four focus groups (n = 4). Each group was made up of between six and ten individuals.

3.9 The groups were asked particularly to give their perspective on:

- the relative effectiveness of different approaches;
- the factors associated with successful involvement;
- the factors that are important to maximise the potential for consumer involvement;
- the expectations of older people in terms of the support, education and flexibility offered to older participants;
- how older people can best be supported to be involved;
- the potential gains to be made from involvement particularly in relation to influencing outcomes; and
- the extent to which, in the experience of participants, the involvement of older people influences the decision-making process and outcomes.

## **REFLECTIONS ON METHODOLOGY**

3.10 The first point of contact within each area was a senior official within Community Planning. As Community Planning is relatively new, often this person was unable to provide the information needed and instead the researchers were given a range of other contacts within single agencies. This made it difficult to collect data in a systematic way. Recommendations are made later in the report about the need for systematic mapping, development, monitoring, evaluation and reporting of involvement activities.

3.11 It must be acknowledged that the study largely gives a public agency view of the involvement of older people in shaping public services. Resource limitations meant that the views of only two groups of older people were sought. More work needs to be done to access the views of a wider range of older people both locally and nationally in order to develop involvement further in the most appropriate ways.

3.12 Telephone interviews proved to be a very successful way to reach key informants in all areas within a very short period of time. This method of data collection should be considered for use in other studies which operate within a short time scale.

3.13 The research team acknowledges that the involvement of older people in this research process falls short of modelling good practice in this field. That is, it would have been valuable to have engaged with older people at the outset regarding the design and implementation of this work. Time and commitment to the involvement of older people in research needs to be considered as a priority in future work if research is to be relevant and meaningful to those who have a key role in implementing the findings.

## **CHAPTER FOUR FINDINGS**

4.1 Below are presented the main findings of both the telephone survey of professionals and the focus groups undertaken with older people and professionals.

### **SOURCES OF DATA**

4.2 The study was concerned with the involvement of older people in shaping public services within the main agencies involved in Community Planning. It attempted to gather data relating to this through one key informant within Community Planning departments. It became apparent in the course of study that there are a number of involvement activities organised by the statutory Community Planning partners which provide older people with an opportunity to influence public services. However, only a small number of authorities had an overview of these opportunities across all agencies and often this information was not collated within each local authority area. In addition, it was not always clear who held such information or was responsible for involvement within and across Community Planning partners. There was a high level of awareness amongst professionals that an overview of involvement is needed.

4.3 In one or two areas it was the case that Community Planning personnel were newly in post and so were just starting to build a picture of the various key involvement activities. Some reported that they are in the process of conducting a mapping exercise of involvement activities across all communities of interest, or are about to undertake such an exercise. Some used the survey as an opportunity to research this issue and made great efforts to liaise with colleagues within health, police, fire, transport and enterprise agencies. This proved easier in some areas than others.

4.4 Several respondents within Community Planning felt that colleagues working in service delivery within the Local Authority were better placed to provide detailed accounts of the involvement activities undertaken. Most frequently this was personnel in Social Work departments. Therefore, many of the professionals' views reported here have been provided by personnel within the Local Authority and more specifically within Social Work departments. While some colleagues within Community Planning partners' organisations have been consulted, there are likely to be significant gaps in the information provided. As both joint work and involvement are core goals within Community Planning, future work will be needed to examine the wider partners' experiences of involving older people.

### **CURRENT APPROACHES TO THE INVOLVEMENT OF OLDER PEOPLE**

4.5 During telephone interviews, professionals were asked to describe some of the established mechanisms currently in place to offer opportunities for older people to influence some aspects of public services. Whilst it is possible to present the range of mechanisms that participants described, it is not possible to quantify the extent to which these operate in each Local Authority.

## Ongoing and one-off mechanisms to involve older people

4.6 Some areas had very well developed ongoing mechanisms designed to involve the whole community rather than single interest groups. These are referred to in the report as ‘generic’ involvement mechanisms. They include:

- civic forums;
- community councils;
- local area forums;
- committees; and
- citizens' panels. In the case of citizens' panels, sampling techniques are used to achieve balanced representation of specific interest groups and older people are specifically included in the sample. In other cases there is a more ad hoc approach and it is expected that when a community is invited to be involved, some older people will get involved.

4.7 There was a common perception among professionals that older people are “over represented” in generic involvement activities such as Community Councils and are easier to involve than other groups such as younger people. The suggestion was also made that older people’s issues may have a higher profile as many Councillors are themselves older. However, the high numbers of older people attending generic involvement activities may not be a good indication that the full range of older people’s voices were being heard. It was unclear whether those attending generic involvement activities were doing so in the capacity of ‘older person’, ‘citizen’, or both.

4.8 Some areas had on-going mechanisms in place to regularly involve or consult older people as a specific community of interest. Examples of such mechanisms included

- older people’s forums;
- Better Government for Older People;
- an Older People’s Assembly;
- older people’s networks;
- user panels;
- day centre or care home user groups;
- older persons’ services planning groups or forums; and
- project-specific working groups.

4.9 Several areas also reported having carer forums in place, many of the members of which were older people. These groups were sometimes led by older people and attended or consulted by agencies or Councillors. Others were led by an agency and older people attended, often as representatives of an older persons’ group.

4.10 Several one-off mechanisms to involve older people were also described. These often aimed to involve individual older people, as well as groups with whom agencies have formal links, and included one-off events or conferences, surveys and focus groups.

4.11 In many areas a mixture of generic and older person specific, ongoing and one-off mechanisms were used to involve older people. A number of authorities reported that the range and pattern of mechanisms used to involve older people had developed in an incremental and evolutionary fashion rather than as a result of strategic review. This raises

questions about the adequacy of the mechanisms to involve the ‘right’ people in the ‘right’ way.

### **The meaning of the term ‘older people’**

4.12 Professionals, when interviewed on the telephone, were asked about the definition of ‘older person’ which they used when involving people. The definition varied from area to area and from activity to activity. The majority of areas said that they use either 60+ or 65+. Often 65+ was used as respondents were located within social work services. There is a danger, if the majority of involvement activities with older people continue to focus around social work services, that large numbers of older people who are not service users and are not aged 65 or over, will not have the opportunity to be involved. It will be important that Community Planning does not simply extend the focus of existing mechanisms for involving older people but also extends the range of older people who are included.

4.13 It was pointed out by both professionals and older people that the 50+ age group is a very broad category and is not a homogeneous group. Professionals suggested that thought needs to be given to the range of people within the broad category of ‘older people’ who need to be involved. Several gave examples of sub-categories of older people they have targeted including older service users, frail older people, older people from economically disadvantaged areas, older carers and the recently retired. The appropriateness of categories is likely to depend very much on the purpose of the involvement activity.

4.14 Some interviewees drew a distinction between seeking the involvement of older people as individuals and involvement of organisations representing older people. Both were seen as important. The view was expressed that older people should be involved in Community Planning as well as voluntary sector organisations working with older people. Organisations representing older people or providing specialist services were seen to have a particular role to play when an older person is unable to give their view directly, even with support, for example in the case of someone with advanced dementia.

### **Single agency or multi-agency involvement activities**

4.15 Many of the examples provided by professionals of activities involving older people were being employed by a single agency, most often the Local Authority. Several professionals also gave examples from current work being undertaken by health service colleagues as part of the ‘Involving People’ Agenda.

4.16 There were a few examples of multi-agency co-operation in relation to involvement, most often relating to Community Care and Joint Future agendas. Although some community planning partners have been involved in these agendas, the extent to which they feed into the Community Planning Partnership, which is concerned with the process of linking initiatives together, needs to be explored further.

4.17 There were one or two examples of new joint initiatives being put in place to involve older people in Community Planning activities. For example in one area health, social work, police and fire services were working together with older people’s organisations to improve home safety advice for older people as part of a Community Planning sub-group, and older

people were being involved in neighbourhood development plans and a lifelong learning group linked to the Community Planning process.

4.18 In addition, some involvement activities which were originally set up to meet the consultation requirements of one agency had been extended to meet the requirements of the Community Planning process. For example, in one area the Local Authority's citizens' panel was being extended to meet the needs of the Community Planning Partnership. In another a consultation relating to health, social work and voluntary services was extended to include questions about policing issues, pensions and community services to meet the needs of the Community Planning process.

4.19 However, again these appeared to be a few individual examples of innovation rather than an overall strategic approach and were not specifically designed to increase the involvement of older people.

### **Co-ordination across agencies**

4.20 Two of the key principles underlying Community Planning are joint working and community involvement. The view was expressed by both professionals and older people that there needs to be more co-ordination of involvement activities and that this needs to be more closely linked with Community Planning. They referred to the need to "*make a circle*", that is, ensure that all efforts are joined up. There was evidence of a lack of mechanisms for communication about involvement between different levels within organisations and across agencies.

4.21 Respondents warned of the dangers of not adopting a co-ordinated approach across public agencies. Firstly, it was said that there was a danger that people will not know the range of consultation or involvement activities being undertaken. The range of potential opportunities for involvement was described as "*mind-boggling*" for staff as well as older people. Secondly, they feared that a lack of co-ordination could lead to duplication of effort resulting in resources being wasted and older people becoming frustrated and "*switching off*" if being asked similar questions by different agencies.

4.22 Some Local Authorities have tackled the issue of co-ordination. For example, four areas indicated that the Community Planning partners publish a database of consultation and involvement activities on their website to inform people who may wish to give their views and to ensure that efforts are better co-ordinated across all Community Planning agencies.

4.23 There was a recognition that "*if you're going to involve people you have to do it very consciously*". Some areas were in the process of developing a strategy for consultation and community involvement. Many existing strategies had been developed in relation to community care or were specifically concerned with Local Authority services. Several Councils reported that they have strategies in place that are now relatively old, and need to be, or are in the process of being, reviewed to take into account Community Planning. There is much work still to be done on the development of joint involvement strategies. Existing strategies, however, will provide a good starting point and mechanisms needs to be put in place to facilitate the sharing of good practice in this area. Only a small number reported that strategies specifically address issues relating to older people and so this will need to be given more thought.

4.24 The point was also made that the involvement agendas are being driven by various policy sections within the Scottish Executive and that any guidance issued by them should be consistent.

## THE PROCESS AND OUTCOMES OF INVOLVEMENT

### Levels and types of involvement

4.25 When professionals spoke of the involvement of older people they included:

- ensuring access to services;
- supporting inclusion in the community through access to mainstream facilities;
- giving information;
- undertaking consultation on topics set by the agencies, such as seeking feedback on services, identifying needs for services, or asking people to prioritise service goals;
- supporting older people to set the agenda for the future development of public services.

4.26 The majority of examples of involvement activities given by professionals were information giving and consultation activities. There was awareness among professionals that involvement could be developed further. Professionals stated that they are trying to find better ways to tailor information towards individual needs and to find a range of ways to consult people beyond the sometimes small repertoire of tried and tested methods. They said that they want involvement to be more about “*building relationships*” with older people as opposed to “*hit and run*” consultations or “*complaint fielding*”.

4.27 Older people and professionals were very aware of the dangers of involvement being “*window dressing*” or older people being sidelined and meetings becoming “*a nodding shop*” and said that they wanted to avoid tokenistic involvement of older people where they were “*just going through the motions*”.

4.28 Older people had had quite variable experiences of involvement. A few said that their experience of attending meetings with professionals had been that professionals were too concerned with talking ‘about’ or ‘to’ older people rather than ‘with’ them about the issues of concern to them. They said that a lot of meetings are no more than professionals exchanging information about older people. However, several sensed a real commitment to listen and respond to issues raised by older people and felt this commitment was demonstrated when real changes were made to older people’s services as a result of their input.

4.29 There is now a wealth of literature exploring the theory, ethics and practice of involvement (see for example Baulcombe et al. 1998 and Ridley and Jones 2002). There are also several toolkits which contain descriptions of a wide range of methods which can be employed to involve people in shaping public services (see for example Marshall et al. 2001 and Scottish Executive 2002). However, these do not appear to be having as great an impact on practice as might be expected. This raises the question about whether this literature is accessible and being disseminated effectively or whether there are other barriers to its implementation. Some of the potential barriers are described below.

## **Barriers to involvement**

4.30 There was some frustration among professionals that they were unable to involve older people more. Both professionals and older people identified a number of barriers to further involvement.

### *Negative attitudes*

4.31 A major barrier identified was the existence of negative attitudes, both within services and within society more generally, towards older people. Older people said that in their experience service providers often patronise them and can talk over older people's heads. This was said to be particularly annoying for older people who were "*brought up to be independent and respect their elders*". There was a view expressed that health and social work staff are not used to older people standing up for themselves and in some cases the voice of carers can sometimes be allowed to over-ride the voice of older people. Many older people expressed concerns that people are considered dispensable and no longer useful when they reach retirement age.

4.32 Professionals gave a number of examples of ways that older people are stereotyped. For example, it is sometimes assumed that older people are not open to change when this is not necessarily the case. Older people can be labelled technophobes and internet consultation ruled out when in fact many more older people are becoming computer literate. Older people, particularly the 75+ age group, are seen as recipients of care rather than active community members. They are assumed to have a lot to say about health and social care services but less about community learning or cleansing services. It is also expected that older people will be less competent and able to speak out than they are.

4.33 It was suggested that a culture change was called for so that policy makers, Councillors and professionals see that older people want to have a say and are able to speak up for themselves. One professional said that workers in agencies must treat the older person as "*the person you will be tomorrow*".

### *Older people's low expectations*

4.34 A second major barrier to the involvement of older people was older people's low expectations about the effectiveness of involvement. Interviewees said that often communities of interest have low expectations about being listened to and views being acted upon because of their past experience and this gets in the way of making progress towards more productive involvement.

### *Other barriers identified*

4.35 Other barriers included:

- a lack of organisational flexibility to undertake involvement in a way and at a pace that suits older individuals;
- the disabling effect of professional language, jargon and acronyms;
- a lack of knowledge or skill within Local Authority research and information departments; and
- a lack of resources to meet accessibility needs such as, venues, transport, caring responsibilities, translation, signing and production of information in alternative formats.

4.36 Some of these barriers will be more difficult to tackle and will require a long-term approach to changing the culture within public agencies.

### **Defining effective involvement**

4.37 Some important factors influencing the success of involvement emerged in this study. These have been mirrored in other research (e.g. Communities Scotland Information Notes 1 and 2, <http://www.communitiesscotland.gov.uk/Web/Site/Whatwedo/Regeneration.asp>), and Community Planning Advice Note (No 5) on Community engagement (<http://www.communityplanning.org.uk/documents/CPAdviceNotes5.pdf>). Indeed, it could be argued, the factors we identify relate to involving **all** citizens, rather than specifically older people. These are described below.

#### *A proactive approach and ongoing relationship*

4.38 It was felt that there needs to be a move away from one-off ad hoc involvement activities led by an agency's agenda towards longer-term "*relationship building*". This is about developing a relationship with an organisation through individuals, rather than with individuals per se.

4.39 The timeliness and pace of involvement was seen as crucial. One group of older people said that they want to be included in discussions about policy or public services early in the process when policy is still malleable, rather than after a decision has been made or is at the implementation stage. They felt it was important to be involved in early discussions both locally and at national level, to ensure that policy making takes account of older people's views.

4.40 Several professionals felt that successful involvement relied on activities going at the communities' pace rather than the agencies' pace. They explained that this was sometimes difficult, as professionals themselves may be presented with tight timescales on which to consult people, a fact which is often not taken into consideration.



### *Mutual benefit*

4.41 Both older people and professionals highlighted the importance of there being mutual benefit from involvement saying “*there needs to be something in it for both parties*”. It was suggested that this needs to be explicitly discussed rather than taken for granted. The importance of treating community members well and valuing their contribution was also stressed. It was suggested that this appreciation can be shown in practical ways such as offering hospitality at meetings, arranging transport and paying people out-of-pocket expenses.

### *Sharing power*

4.42 It was seen to be important that older people have real power and influence. Professionals were keen to see more partnership working between public agencies and older people. In some areas there was a clear link between the mechanisms for involvement and Community Planning or other decision-making processes but this was not universal. There were some examples of older people being involved in local actions but few examples of older people being involved at a strategic level in the Community Planning Partnership. It was suggested that involvement at both a strategic and local level are needed. Older people felt that they need to be “*closer to the action*”, that is the decision making, and professionals also recognised the need for older people to have “*a strategic place at the table*”.

#### **An innovative example of sharing power**

Having responsibility for the budget for some services was seen as a very tangible way to have influence (see for example Scottish Executive Community Budgeting Consultation Paper 2002, <http://www.scotland.gov.uk/consultations/social/cbcd-00.asp>). In one area, a services development group, led by older people, had been given responsibility for allocating more than £300,000 to new projects for older people through a Scottish Executive grant, the Better Neighbourhood Services Fund. The older people processed the applications for funding made by a number of projects, made the decision about which should be funded, reassessed the projects’ progress after one year and decided which should receive continued funding. There was a concern in the group that members will lose some power when this grant funding comes to an end. Older people suggested that they will be truly involved when given responsibility for allocating mainstream funding as opposed to additional grant funding. They said that “*older people have to become more assertive*” and “*take power, as people won’t want to give it up*”.

### *A commitment to bottom- up approaches*

4.43 Both professionals and older people stated that there must be commitment from the top to support bottom-up community development approaches, a sensitivity to the needs of older people and an acknowledgement of the implications that bottom–up approaches have for timescales and costs.

### *Clarity about expectations*

4.44 Both professionals and older people felt it was important to have clarity about the purpose of involvement and the likely outcomes of the process as well as the timescale and commitment expected of older participants. This will allow older people to make an informed decision about whether to participate, and will allow both parties to evaluate the impact of involvement.

### *Relevance to the lives of older people*

4.45 It was stressed that there needs to be a focus on issues of real relevance to the lives of older people. Older people want consultation exercises that set out to discover the issues of greatest importance to older people rather than asking them to comment on a set of issues prescribed by the agency. One professional said “*the process must start with, be about, and end with older people*”. Professionals suggested that planning can “*tap into the really burning issues*” by working locally with geographical neighbourhoods and communities of interest.

4.46 There were some discussions about the relative merits of ‘generic involvement’ and ‘single interest group involvement’ mechanisms. There was agreement that older people should deal with issues affecting the lives of older people. However, older people did not want to be involved exclusively in older persons’ groups.

4.47 Several older people spoke of the value of older people being involved in community discussions at neighbourhood level. One person suggested the model of regeneration and local rural partnerships as a basis for community activity, in order to progress the needs and wishes of communities. Older people from both focus groups commented on the value of intergenerational work to encourage greater understanding between the older and younger age groups, and to tackle ageism.

4.48 These important factors need to be given consideration when developing local strategies for involvement. Community Planning offers a real opportunity for older people to be consulted about all the issues which affect their lives.

### **The breadth of issues in which older people would like to be involved**

4.49 The breadth of issues in which older people are involved was seen to be important. Perhaps unsurprisingly, as many of the professionals taking part in telephone interviews were from social work departments, many of the examples given related to the planning and monitoring of community care services. The second most frequently mentioned issue was community safety. A small number of areas have focused on a much wider range of issues including citizenship, leisure and recreation, lifelong learning, employment, housing, transport, finance, travel concessions, library services, primary and secondary health services, safer communities, issues of importance to black and minority ethnic elders, the environment, active ageing, financial advice, support for carers, information and involvement.

4.50 Some professionals expressed concern that too narrow a focus is often taken. Community learning was particularly highlighted as an area which has tended to focus more

on young people rather than older people, as was employment. Even within the topic of community care, older people suggested that there are areas on which they should have a greater say because of their importance to the lives of older people. The areas included Local Authority charging policies and single assessment. Older people suggested that they were not given the opportunity to comment on such subjects as they were seen as very “politically sensitive” areas.

4.51 Older people felt it to be important that they are involved in decisions about all public services. They, along with some professionals, suggested that older people may need help or encouragement to speak about issues beyond health and social services with which they are more familiar.

4.52 The evidence raises questions about why older people do not appear to be as involved in areas other than community care issues. This may be linked to the fact that much of the involvement activity to date has been located within Social Work departments. Community Planners need to ensure that older people are involved in a wider range of areas or fields and need to identify any support or education needs that older people may have in order to do this.

### **Motivations to become involved**

4.53 Many older people said that their main motivation for getting involved was that they wanted to make a difference to their lives, and the lives of other older people. They said that they are dissatisfied with some services and the way things have been done in the past and want to change these. They also said that they want to use the time they have in retirement well and carry on learning. Professionals suggested that older people get involved because they feel they have life experience that they can offer, they usually have more time than people who are of working age, and they are major users of health and social services and so have a lot to say regarding these issues. Older people were therefore quite specific about their reasons for becoming involved, and these did not necessarily quite match professionals’ assumptions about why older people become involved. Increased understanding about older people’s motivation for involvement could play an important part in meeting expectations, achieving outcomes and sustaining involvement.

### **‘Hard To Reach’ Groups**

4.54 There was a high level of awareness about the issue of hard to reach groups, the barriers some groups can face and the supports that are commonly needed. Some areas had undertaken specific work to identify the barriers and solutions. Examples of support given included translation services, British Sign Language signers, information in alternative formats such as Braille or tape, accessible venues and responsive transport arrangements. However, even when these practical solutions were available, the majority of authorities still faced difficulties reaching certain sections of the community.

4.55 Interviewees and focus group participants were asked to describe the groups that they considered to be particularly ‘hard to reach’. Both older people and professionals said that it was relatively easy to reach older people living in care homes or attending day centres. They explained that although these service users may have specific needs for support, in order to

become involved, they can, at least, be easily identified because of their location and the fact that they require services. Thus their involvement was focused on service needs rather than wider issues. There was only one example of involvement of care home residents relating to wider issues, which was carried out by use of a video link. Recent guidance on effective ways to involve people in care homes has been produced by the Senior Action Group Edinburgh (<http://www.sageonline.org.uk/involving.htm>).

4.56 Older people in receipt of minimal or no services in their own home were viewed by many professionals as difficult to identify and therefore hard to reach. Older people who are 'housebound' were seen as particularly isolated.

4.57 Other 'hard to reach' groups mentioned were people from minority ethnic communities, mental health service users, less affluent older people, people who are not active in their communities and who do not tend to join groups, people with mobility difficulties and the 'older old'. One group of older people considered it difficult to get retired professionals such as doctors or lawyers involved in their work to shape public services, who they felt would have much to offer.

4.58 It was acknowledged that the complexity of involvement needs to be addressed where people belong to multiple communities of interest, for example people who are older and from a minority ethnic community. Some areas have forums of older people and forums for minority ethnic communities but not forums for older members of the minority ethnic communities. One area is currently seeking a grant to support work with older people from minority ethnic communities. Again, it was seen as easier to reach members of minority ethnic communities where they are using services and where they were members of established user groups.

4.59 Several professionals recognised that some people, such as those with dementia, may require one-to-one support in order to give their views or be involved. Attention was drawn to the role of advocacy services in supporting people to have a voice.

4.60 Some examples of good practice in relation to 'hard to reach' groups are given below.

#### **Good practice examples in relation to 'hard to reach' groups**

Trained volunteers visit frail older people in their own settings, whether that be at home or at a day service, as part of an authority's consultation process. The older people are visited three times a year in order to help them to build relationship with the volunteer. They are asked what are the issues of main concern to them and are asked about issues on which planning partners would like to seek their views.

Agencies worked with the Muslim Association to develop a questionnaire to identify the needs of older Muslims.

A local mental health user group produced guidance for service providers from the service user perspective.

A video link was set up with care homes to allow residents to participate in a meeting that focused on wider community issues.

The age 75+ health checks were used as a way to reach frail older people.

A Local Authority is working with a local college which provides classes in English as a second language to seek the views of students from minority ethnic communities.

User Panels targeting frail housebound older people are run by Age Concern to seek their views about services. Members are identified via home care workers and their managers; social workers; district nurses; health visitors; and voluntary sector workers. Ages range from 76-99, with the average age being 84. The purpose of the User Panels is to:

- provide a 'meeting place' for older service users and service planners where older people feel comfortable and can control the pace
- ensure key service planners and decision makers are invited to User Panel meetings to listen and respond to older people's experiences, rather than have an older person attending large committee meetings as a token gesture
- influence and monitor service developments to ensure that they are responsive to the felt and expressed needs of frail older people

(Barnes and Bennett 1998)

Translation, signing and production of information in alternative formats are arranged to make involvement accessible to people with sensory impairment or literacy difficulties.

Local people and local staff who speak Gaelic are used to ensure that Gaelic speakers are not excluded from involvement activities.

The Dementia Services Development Centre at University of Stirling is developing a toolkit called 'Enabling People to Have a Voice'.

A resource worker is employed through Age Concern to carry out outreach work to identify and involve frail and isolated older people in rural communities.

A Black and Minority Ethnic Community Development Worker is employed to do outreach work with older people from minority ethnic communities.

## Reaching older people

4.61 It was suggested by some professionals and older people that a more proactive approach is needed to reach some people and a community development approach was seen as particularly beneficial. As one respondent said "*you need to put in the leg work*" and go to the people rather than expecting them to come to you. For this to happen, it was suggested that public organisations "*need more outward looking employees*". It was stated that it is not always necessary to set up new groups but instead to tap into existing networks and meeting places such as churches, community groups and social activities. Some areas employ development workers to make contact and build links with local groups. Some professionals had tapped into the local knowledge of police officers, local rural partnerships and community care forums to reach people. Health visitors and district nurses were also seen to have valuable local knowledge and Community Learning and Development staff were seen to have much to offer as they are "*close to the community*" and "*have the methodologies*".

4.62 It was suggested that there needs to be more creativity and lateral thinking to find people. Older people and professionals suggested, for example, reaching people through their grandchildren, seeking out grandparents at the school gates as they often have a childcare role within the family and will be picking up the children after school or reaching people through community school initiatives. One area was considering using the local hairdresser as a way to make contact with local people.

4.63 Older people were keen to make contact with new potential activists themselves rather than necessarily relying on organisations to do this, although they said that they are restricted in what they can do because of a lack of resources. This was raised by professionals too who said “*you’ve got to be able to be out there, which takes time and money*”.

### **Methods of involvement**

4.64 The two most frequently employed methods to facilitate ongoing involvement were formal meetings and surveys. Surveys or questionnaires targeted at a citizens’ panel were seen as a good way to reach people in their own homes, to ask about a range of issues, and to reach a range of people beyond the ‘usual suspects’. However, there was evidence that some sections of the community are less likely to respond to questionnaires. One area found that despite offering a financial incentive to participate in a survey it was still only affluent people who responded.

4.65 Another respondent felt that surveys alone were inadequate as older people tend not to criticise services unless asked about them face-to-face, or in a one-to-one situation. It was suggested that service users need permission to criticise services and it needs to be made clear to them that services will not be removed if they complain. It was also pointed out that some people are less comfortable in formal and group situations than others. A few areas had not had much success in attracting older people to public meetings, but it was not clear why this was the case.

4.66 A range of methods has been used to involve older people as a one-off activity including surveys or questionnaires, focus groups, ‘listening lunches’, participant appraisal, interactive drama and conferences. Face-to-face methods such as focus groups were seen to have the benefit of facilitating information giving, as well as allowing views to be heard.

4.67 Several professionals and older people felt it was important to be creative and to make involvement activities fun. It was suggested that authorities should try to avoid “*boring meetings*” or “*death by committee*”. Some areas, which rely on using meetings as their main method of involvement said that they try to break up into smaller groups for part of the meeting to encourage people to take an active part. It was also felt to be important to offer people something such as an activity to attract them to attend involvement activities or a financial incentive to encourage them to return a survey. The view was expressed by some that older people do not always feel comfortable being asked to speak up in groups or attend meetings and so alternative ways to help them have a say must be found. Some examples of more innovative one-off methods of involvement can be found in the box below.

### **Innovative methods of involvement**

- An inter-generational conference was held which brought together school-age children and older people to talk about lifelong learning and citizenship
- An adaptation of a community development technique called 'Planning for Real Technique' to find out what issues were most important to older people in the area. The technique involved asking older people to quickly generate 'issue cards' on which they write down an issue or concern, but do not have to discuss it. One such event was attended by 500 people, mainly older people. It was held at a venue that had some meaning for older people. Information stalls and activities such as fitness, art and crafts and music were provided to ensure that people were attracted to come to the event. The event led to the formation of a working group and an action plan. (see Planning for Real Technique, Neighbourhood Initiatives Foundation <http://www.nifonline.org.uk> )
- A theatre production was used to help people discuss health and social work services and to decide priorities in relation to these services.
- Questionnaires were adapted so that people could prioritise their needs in relation to home care using coloured stickers.
- Participatory appraisal was used at an event to involve older people. This approach was developed in the social development field to gain a rapid, in-depth understanding of a community, and uses visual techniques and community participation to do this (see [www.ids.ac.uk/ids/particip/research/pr.html](http://www.ids.ac.uk/ids/particip/research/pr.html)).
- Listening lunches is a community care initiative, where lunch invitations are sent to all local organisations which involve older people, plus older people who have specifically requested involvement, or made use of the comments/feedback process. The lunches are issue/needs/policy led, and representative social care staff and their senior managers attend. Information about the available range of community care services is provided via posters and leaflets. Staff meet with the older people and their representatives, taking views and comments, and give information and answer questions relating to services, and occasionally give structured presentations to elicit views on different elements of the planning.
- An older people's group set up a writers' group which led to a drama production to get older people's views across.

4.68 It was suggested that a variety of methods of consultation or involvement are needed in order to encourage as broad a range of people to be involved as possible. It was also pointed out that some people will be able to make a greater commitment to involvement activities than others. For example, some may wish to be an office bearer within an older person's organisation and represent the organisation on a committee. Others may be willing to give a written response to a questionnaire on an annual basis.

4.69 Most authorities use a small number of methods. One area expressed the concern that "*we can sometimes become a bit institutionalised with our consultation methods*". When asked why particular methods were chosen, many professionals struggled to answer this

question. It may be the case that people tend to stick with the methods with which they are most familiar or there may be other barriers which need to be explored.

### **Outcomes of involvement**

4.70 Both professionals and older people stressed the importance of tangible outcomes for community members, saying that people need to see change to feel encouraged to stay involved. They said that often communities of interest have low expectations about being listened to and views being acted upon because of their past experience and this gets in the way of making progress towards more productive involvement. It was also suggested that *“people have more faith in strategic engagement if they achieve positive outcomes resolving smaller single issues”*. One professional said *“there needs to be a real commitment to and organisational capacity to respond to views, ideas and proposals from older people”*. They felt strongly that meetings and committees must not just become *“a talking shop”*. Professionals, however, reported that it can be difficult to move things forward and achieve real change. One problem identified was that change in public services is often slow.

4.71 Older people reported some good and bad experiences in relation to the achievement of outcomes even within one area. Some had experience of research being undertaken but their views being ignored or lost. They recommended that older people should ask for evidence of their views being included in consultation reports. Others had seen real changes as a result of their involvement such as the introduction of free swimming for older people in the area.

4.72 Communication and dissemination of information were seen as important but it was said that these can have cost implications which need to be taken into account. It was seen as important to identify and publicise outcomes of involvement. Both professionals and older people said that at the very least it was essential to give people feedback on what has happened, or if it has not happened, give reasons why. Older people reported that the degree to which this happens is variable but in one area it was felt to be improving. They called this *“closing the loop”*.

4.73 Professionals identified a range of desirable outcomes of involvement. These included: getting a better dialogue between the community and service providers; developing a culture of responsiveness which, it was said, perhaps hasn't been there in the past; and agencies becoming less introspective and instead having to think more broadly and link issues across agencies. One area stressed that a two-way understanding between communities of interest and agencies is needed so that the community has an understanding of the limitations of public services as well as service providers having a better understanding of what it really is that the community wants.

4.74 Professionals were asked about outcomes that had been achieved as a result of engagement with older people. They reported:

- the dissemination of reports of involvement events or conferences and results being fed into the Community Planning process and other planning arenas;
- identification of needs;
- the formation of working groups and action plans;



- the Community Planning Partnership amending priorities and developing new actions to address issues raised;
- the setting up of Elderly Forums and befriending schemes as part of Community Planning actions;
- the removal of stereotypical images of older people in advertisements on the buses;
- changes to existing service provision as a result of feedback, e.g. day centre opening times and extension of a carer services for people with dementia;
- the setting up of new services such as a handyman service and a website;
- the development of small grassroots initiatives to deliver a service by and for the community;
- the complaints procedure being made clearer;
- influencing the content of the Community Care Plan and how resources are allocated .

4.75 It is noteworthy that some of the above refer to processes, rather than actual outcomes, that is, real measurable differences made by the older persons' engagement. This may be because Community Planning is relatively new, or because of a lack of outcome-based evaluation.

### **Monitoring and evaluation**

4.76 There was very little evidence of any monitoring or evaluation systems in relation to the involvement of older people in shaping public services. Only one area reported having a formal review system in place. Instead, when asked about this, the majority of respondents spoke of monitoring and evaluation of services or Community Plans rather than the effectiveness of involvement activities.

4.77 While older people and professionals were able to give some examples of outcomes that had been influenced by older people's input, there did not appear to be any systematic evaluation of outcomes or the process of involvement. In one area in which focus groups were held, the professionals and older people appeared to have different perceptions about limitations within the involvement process. Evaluation of process needs to be seen as important as evaluation of outcomes, particularly in relation to the future development and sustainability of people's involvement.

4.78 It appears that greater clarity is needed about the purpose and desired outcomes of involvement so that their success or otherwise can be judged against these. It was also said by an older person that older people need to be asked more often about their perception of the involvement process. More emphasis clearly needs to be given to evaluation and monitoring of community involvement. There are several resources which may assist this process (for example, Barr and Hashagen 2000, The English Neighbourhood Renewal Unit, [www.renewal.net](http://www.renewal.net)).

## **BUILDING CAPACITY FOR FURTHER INVOLVEMENT OF OLDER PEOPLE**

### **Widening participation**

4.79 In both areas where focus groups were held, the organisations led by older people, whether they were Older People's Forums, Age Concern groups or Better Government for Older People groups, were well developed. Older people highly value the opportunity to work together to make a difference for themselves and other older people. Professionals also spoke about the value of having such groups to hold their organisations accountable in terms of involvement.

4.80 Concern was raised by both older people and professionals about the problem of an over-reliance on a small number of older people. Several authorities reported difficulties reaching people beyond the small pool of committed activists. Professionals were concerned to involve a wider group of older people in order to ensure that those involved are 'representative'. Several professionals spoke about the danger of assuming that involvement has been achieved if they have consulted and involved office bearers from local groups. They suggested that as well as doing this they also need to make efforts to go beyond these groups and seek the views of people who are not active in this way.

4.81 Many older people were concerned about activists becoming fatigued and losing their freshness. Both professionals and older people suggested that this can be even more of a problem for small communities such as older people from minority ethnic communities who can feel bombarded by questionnaires.

4.82 There was some evidence in one or two areas of authorities struggling to attract older people to be involved in planning groups and at least three areas reported older persons' forums and older committee representatives withdrawing or ceasing to operate. The reasons for this were unclear.

4.83 Both older people and professionals highlighted a need to develop forums and groups further. At least two areas reported that a future aim was to develop older persons' forums locally. The issue was raised about the resources needed to maximise the potential of existing groups, to sustain involvement and to develop groups further. One professional described public agencies' role as "*empowering older people with their own mechanisms to involve their peers*" and "*releasing the energy and wisdom of older people*".

#### **Good practice in relation to widening participation**

One area setting up a new planning group made efforts to attract new older people to be involved as well as the very experienced members of Age Concern and the Older Persons' Forum. Adverts were placed in several locations to recruit four new people from four localities. A range of people applied to become involved and a selection process was used to identify the four new members. In order to avoid losing the potential contribution of the unsuccessful candidates, the remaining applicants were asked if they would form local support networks for the four new members.

Databases of people who are willing to be involved in consultations have been developed jointly by health and social care services.

A development worker has been appointed to find new ways to encourage older people who are not currently actively involved to become so.

Older people want to reach out to more people and develop the potential for them to be more involved using ‘buddying’ and ‘mentoring’ to build capacity. These approaches link a more experienced activist with a new activist in a one-to-one supportive relationship. The buddy can introduce the new activist to new situations and at the same time offer support, advice, and feedback.

### **Sustaining existing community groups and maximising their effectiveness**

4.84 As well as developing new groups, several professionals felt it to be equally important to develop and nurture existing networks and groups. The importance of offering support for this was highlighted. Some groups send out newsletters to members to keep them informed as well as holding regular meetings.

4.85 Despite groups being well established in some areas, some older people felt that the expertise and “*local intelligence*” within existing groups was not always being harnessed by public services. Older people in one focus group gave the example of research conducted by community groups. It was their experience that research conducted by community groups on transport, healthcare and shopping services for older people was not always given consideration by public agencies. Instead ‘outsiders’ were brought in to do research although local information already existed. They felt there was a need to have a system to record and disseminate research information more effectively, perhaps through a directory and/or website.

### **Strengthening the capacity of older people to be involved**

4.86 Older people said that they “*need to be in the know to be effective*”. Both professionals and older people identified the need to have clear information in easy to understand language which provides background information, policy news and keeps activists up-to-date with developments. They want information and ‘induction sessions’ to allow them to get to know who they are working with and their background and experience. Several older people in focus groups had attended ‘education and self-development courses’ which they considered to be very valuable. These included courses run by Scottish Human Services Trust, ‘Inspiring Action’ and ‘Partners in Change’, and an education programme run by the Scottish Centre for the Promotion of the Older Person’s Agenda, ‘Education for Participation’ (see box below).

4.87 People who had attended these courses said that they had gained a number of things from them. For some the value of the course lay in learning to think in new ways. A further benefit of the courses was learning new skills. For example, on one course people learned how to prepare a convincing argument and were able to persuade a local service provider to offer a more inclusive service.

4.88 However, older people and professionals alike felt that the term ‘training’ for older people to be involved was inappropriate, particularly when it is prescribed by agencies. The view was expressed strongly that older people have many skills and a range of life and work experiences that need to be recognised and drawn upon, and that for them, the term ‘training’ negated the above, and insinuated lecturing or telling people how to do things. It had typically been people’s experience that they have been offered committee skills training despite some of them being very experienced in this area. Both professionals and older people pointed out that not all older people are the same and so a universal approach to building capacity will be ineffective. Professionals felt there was a danger that it was assumed that all older people are disadvantaged, unable to engage in planning and monitoring of public services. The term capacity building was also viewed by professionals as unhelpful and meaningless to older people.

4.89 Several professionals gave examples of capacity building initiatives that have been put in place to support older people to be involved. Some areas have or hope to establish posts to undertake community capacity building. Current skill development opportunities reported include training in setting up groups, committees, constitutions, how to manage budgets, information technology, and running a lunch club. In some areas, professionals, like older people, suggested that there is a need to get away from training in committee skills and move towards confidence building. It was identified by professionals that older people will need some education in Community Planning – how to influence Community Planning Partnerships, understanding how these structures can work, what they can realistically do, how these systems work, and how they can use them to best effect.

4.90 Professionals reported a number of outcomes of ‘training’ including older people being able to speak out in meetings and feel safe, and give a presentation on stage. There were also examples of action that groups were taking such as a community transport initiative.

4.91 Joint education for both professional and older people was seen as particularly helpful. One older person described the positive effect such education had had on relationships between older people and professionals on a committee that she attends, which she felt to be “*a great leveller*”.

4.92 Older people in particular expressed that there needs to be some recognition of the useful skills and experience that older people contribute. They raised the question about how to best identify and harness older people’s skills and social capital. It was suggested that both professionals and older people have a role to play in nurturing and supporting an Older People’s movement, and that this requires resources and it can take a long time for people to develop the confidence to speak out and make suggestions.

4.93 In two of the areas in which focus groups were held and in one area interviewed, an arrangement was described whereby older people who wish to be active are helped to think through their support and development needs and put arrangements in place for these to be met. These were either called ‘individual learning plans’ or ‘individual training plans’. Another group of older people suggested that ‘meet and greet sessions’ would help older people to get to know each others’ skills and strengths using an informal approach. Job descriptions for the various roles that older people take on were seen as particularly helpful. These were seen to give some formal recognition of the abilities that older people bring to a role and to focus in on the expectations of the role.

4.94 A professional made the point that capacity building has to be extended to reach people who are not currently active. As well as formal education, older people felt it was important that people who are new to involvement have the opportunity to gain experience of being in meetings or dealing with professionals with the support of more experienced activists. They explained that the more meetings you attend, the more you tune in to the issues and the language. One older person explained that in her experience, people in day centres may at first appear very shy and quiet, but after several weeks start to speak up. They suggested models such as ‘buddying’ as a way of helping people gain confidence and develop skills. People living in some of the care homes were receiving support from volunteers, advocates or befrienders to help their voice be heard. This study suggests a range of approaches are required to meet the needs of older people in relation to involvement. Determining these requirements is complex, and processes need to be put in place to assist in their identification.

### **Good practice in building the capacity of older people**

Dedicated development workers have been employed to support community groups. These workers may have a role in providing briefings of policies and papers produced nationally or locally to help older people to keep abreast of developments; they may provide administrative support such as taking minutes or letter writing or they may co-ordinate the production of regular newsletters about activities and outcomes of involvement.

Voluntary groups have service level agreements with Local Authorities to provide support and co-ordination for older people’s groups.

Older people suggested the development of a glossary of jargon, titles, organisations and acronyms in order to help people orientate themselves in meetings.

Community Councils are providing ‘training’ to community members about how the Local Authority and the NHS work and their planning activities.

Partners in Policymaking is a leadership development programme run by the Scottish Human Services Trust, whose overall aim is to increase social inclusion and achieve social justice. It achieves this aim by recruiting, educating and training the next generation of community leaders.

‘Partners In Change’ is a programme of national and local projects designed to promote involvement of patients throughout the NHS in Scotland, which has been put in place and evaluated by the Scottish Human Services Trust.

‘Inspiring Action’ is a course run by Scottish Human Services Trust, which was designed for the Local Authority and NHS in Dumfries and Galloway. The aim of the programme is to help participants clarify ways in which they would like to change existing services, develop new services and work together with service providers in making change happen. The course ran over four months, and brought together a wide range of people, aged from between 27 and 73 years.

‘Wisdom in Action’ is a series of four workshops run by Scottish Human Services Trust, with the aim of promoting the value and contribution of older people in Scottish society. The workshops examined ways of enabling older people to stay well, continue to thrive and contribute, and most importantly, have their say about the kind of country they want to live in.

‘Education for Participation’ is a series of four short educational modules run by the Scottish Centre for the Promotion of the Older Person’s Agenda. The course was for older people who wanted to become more involved in shaping services for older people; who wanted to become more confident in participating and influencing the development of services; who wanted to learn from each other, and who wanted to ensure that the older person’s voice is heard.

Older people suggested the use of ‘individual learning plans’ whereby the individual is helped to think through their strengths and needs in relation to involvement. A personal development plan can be drawn up from this.

### **Capacity building for professionals**

4.95 When interviewees were asked about education available to staff for involvement, many gave examples of staff education that was more related to services provision, such as caring for people with dementia. One area said that it runs two to three ‘training’ courses a year for their staff through the Local Authority’s training centre. Another said that a development worker has attended the Institute of Public Finance training on involvement and one authority has used the Pacific Institute training which is a video based course promoting self development and confidence building. In another area the chairs of strategic planning groups were trained to work with carers and there is to be a further course about working with service users. A fourth area is taking part in a pilot project run by the Scottish Community Development Centre about capacity building for staff. This project has been commissioned by the Scottish Executive and focuses on the training needs of professionals involved in community regeneration, and is due to report in early 2004. The evidence to date from interviews and focus groups reinforces many of the issues identified in this study.

4.96 Although there were these few examples of capacity building initiatives for staff involving communities of interest in shaping public services, this appears to be an under-developed area, and there was no clear way forward suggested by participants. In one area it was suggested that the skills of involvement are core skills that workers would be expected to have as a matter of course. However, in others, professionals felt that workers need to develop new consultation techniques to engage with older people, that is, to ask new questions in new ways. A few professionals felt that there was a need to build capacity for workers to use a community development approach to involvement in Community Planning, rather than a more traditional approach of seeking feedback through consultation exercises and surveys.

4.97 The majority of older people felt that it is more important to tackle staff attitudes towards older people than to provide ‘training’, although they did suggest that staff should receive “*training in listening skills*”.

4.98 From the interviews with professionals, there appeared to be a lack of clarity about the concept of capacity building, and about what is needed to facilitate staff to support involvement.

### **Resource implications of developing involvement further**

4.99 There was some variation in the resources available to agencies to support involvement. For example, one area said that they had only recently set up a budget to pay people's expenses when taking part involvement exercises. Professionals stressed the need to ensure that people get out of pocket expenses as a minimum. A few areas offered payments to people attending one-off events such as focus groups. Two offered cash prizes as an incentive for people to take part or as a 'thank you'.

4.100 A small number reported having dedicated posts to support and develop involvement within a single agency. Local Authority staff members suggested that there is a need for more dedicated staff to take involvement forward, similar to the posts that have been developed within NHS Trusts. It was suggested that resources for support must be formally identified within the relevant budget, rather than being funded by "windfall savings". There was also a concern that there were often resources available to develop a new initiative but fewer or none allocated to maintain it. People referred to the opportunities made available to support involvement through relatively recent initiatives, such as A Joint Future and the NHS Public Involvement work (Scottish Executive 2000b and Scottish Executive 2001).

4.101 While professionals stressed that it can be costly to involve older people effectively, that is, meet their accessibility needs and give enough time for effective involvement, they also said that there are long-term benefits to involvement activities.

### **EXAMPLES OF INVOLVEMENT ACTIVITIES ACROSS LOCAL AUTHORITIES**

4.102 In the box below are listed the main activities and initiatives mentioned and/or discussed by respondents during the telephone interview. It is unlikely that the list is comprehensive and it is not intended to reflect all activity within each Local Authority. Rather, it gives some examples of existing involvement mechanisms. The listing of Local Authorities is not in any particular order.

<p style="text-align: center;"><b>Examples of involvement activities</b></p> <p><i>(Abbreviations: CP – Community Planning; CVS – Council for Voluntary Services; BGOP – Better Government for Older People)</i></p> <p>1. Older people network and older people core forum and other smaller forums; 50+ groups held by Local Authority; older people representative for BGOP; local tenants' associations and residents' groups. Future – looking to set up older people representation at council level, in terms of communities.</p>
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2. Services development group for older people, which will become a CP partner; Home Safety sub-group, specifically relating to CP; Elderly forum; older people have places on local partnerships and are part of strategic change group.
3. Social work: older people planning and implementation group; consultation around strategy for older people services; advocacy project, with older people members; Community Care user conference; citizens' panel. Future – developing older people strategy on service provision, which will link to CP.
4. Consultation with residential homes and day centre groups; Seniors forum; best value review of older people services – focus groups, postal questionnaire and telephone interviews, conference; new consultation group being set up for older people, which will consult on CP.
5. Support given to community care forum, through a community development team, with input from local elderly forums, Age Concern Scotland and a Local Authority staff member; stakeholders' conference for older people services; social services strategic review of older people services, with extensive consultation using postal questionnaires, focus groups, public meetings and meetings in every sheltered housing unit; people's panel; community budgeting project (through CP Partnership), involving a survey of older people, asking about community budgeting and barriers to involvement. Future – local partnership agreement for older people services, with continued involvement of older people.
6. Planning group for older people, part of community care planning, with representatives from health, Local Authority, community care forum and carers group; older people advocacy worker, who links with development worker and patient involvement worker; annual consultation event, open to general public including older people to discuss (NHS) planning priorities.
7. Elderly forums, which link into BGOP meetings; Local Authority library services to run focus group with older people re information technology and getting involved in local community; Local Authority leisure services set up local health forums involving older people; Social work held older people conference, to become annual event hosted by social work and NHS.
8. Best value review of older people services; older people network; older people forums steering group, who held a conference to address issues of concern to older people; older people working groups in day care services; people's panel; sheltered housing residents' groups.
9. Community care forum, which will link into CP; elderly forum.
10. Involvement of older people through their NHS participation agenda, community care forum.
11. Local older people focus groups with members from Age Concern Scotland and local voluntary organisation – feed into older people strategy; CP event, with focus group on services for and needs of older people in community; Age Concern Scotland training and support framework to involve older people in service planning; baseline survey of older



people and carers re views of NHS and social services. Future – repeat older people and carers’ survey; set up community care forum.

12. Area forums; older people forum; citizens’ panel; consultation survey relating to review of services for older people; community care arranges occasional lunches (issues/needs/policy led) to give information and seek feedback relating to services for older people. Future – follow-on consultation of older people services using focus groups.

13. Within social services, a residential forum, including families and carers, and a consultation and planning user group in day and respite care. Ongoing work in NHS Trust relating to older people, and plans for social services to link with outline strategy for developing the patient focus for public involvement.

14. Community councils; public meetings; health-interest groups; face-to-face consultation with older people re social care.

15. Age Concern Scotland User Panels feed into social work; Elderly forum - representatives attend local forums for community care; modernising government fund project – developed website for older people; health conference which included a large proportion of older people; minority ethnic older people association consulted on range of planning and service development issues, and various minority ethnic lunch clubs; Joint Future Agenda consultation with user and carer groups; older people involved in developing survey form for monitoring users’ views on assessment process in social work. Future – developing a CP framework for older people services, based on older people input and survey.

16. Survey to establish older people issues and needs; Consultation Open Day, with representation from older people themselves as well as older people groups. Information from these and various Local Authority services have been fed into a Council Working Group, who are developing an older people Action Plan to examine the best ways to consult and involve older people; older people volunteers. Also work being undertaken as part of the Joint Future Agenda.

17. Elderly committee, who hold annual seminar day, and produce a monthly newsletter; people’s panel; voluntary services with strong links to older people; local area committees; Joint Future Agenda work

18. Seniors’ forum; Community care planning strategy – three subgroups with older people representation; Local Authority and NHS strategy for older people; meetings with older people in care homes/day centres; citizens’ panel; home care service annual survey. Future - looking at Joint Future Agenda structures and how they fit in with CP.

19. Trained volunteers visit frail older people to get views on range of issues relating to health, Local Authority and voluntary services; older people forum; Age Concern Scotland have contacted older people groups as part of research; region-wide strategy, at implementation stage, and event held to involve older people in its implementation; Local Authority (& NHS) Joint strategy for older people, with consultation focus groups conducted by community education workers, looking at Local Authority issues, and Age Concern Scotland held meetings to look at health issues; a Local Authority, community education and health network, with extensive involvement leading to identification of older people needs;

project looking at modernising government, with older people specific element; community officer with specific remit to deal with older people issues; citizens' panel.

20. BGOP; an older people's assembly; older people advisory group; With regards to CP, older people sit on Health and Care partnership, are involved by the community safety partnership and have been offered an older people member on the rural partnership; older people in Community Learning and Development group; older people on Local Healthcare Cooperative (LHCC) advisory groups.

21. Community forums; citizens' panel; transport forum; health and social work older people team.

22. Community conference – to raise profile of older people, including presentations by members of older people groups; older people forum; local Seniors' forum; citizens' panel. Future – CP to focus on involvement of older people in terms of service provision by partner agencies.

23. Health and social care project – developed older people strategy, and looking to establish local older people forums; Pensioner's forum, which led to information event for older people, relating to services in public, voluntary and private sectors; Age Concern part-time resource worker.

24. CP partnerships, with older people representation and participation; area-wide older people forum with links into many other local forums for older people, including care home residents; local development committees; local older people forum connected to local community partnership; Strategy for older people headed by Local Authority; community safety partnership and community care strategy development group, both specifically with regard to CP; consultation events on services for people with dementia, and mobility and transport needs; older people member of council Executive.

25. Local CVS; Social Inclusion Partnership; citizens' panel. An Elderly Befriending Scheme and Elderly Forums were specifically set up as one of the actions of the Community Planning Partnership.

26. Older people forum, which established older people Action Group, with representation from older people, public and voluntary sectors, carers, further and community education. This group feeds into the joint older people management group, as part of the CP structure. They produce a quarterly magazine – set up focus groups from citizen's panel for each publication, to inform content and review outcomes; setting up older people Advisory Group to feed into national advisory group; citizens' panel; joint work with NHS; citizen's jury on care for older people.

27. Ongoing strategy for engaging older people in community planning; citizens' panel; community councils; community safety and area forums; tenant participation; local community planning; Local Authority planning department meetings for development plan process and consultation – Age Concern Scotland, voluntary organisation representatives and CP partners involved; Strategy for engaging older people – joint management commission group, health and community care; Future plans: system for older people similar to Young Scot initiative to encourage and hopefully increase access to and use of services – libraries,

leisure, and discount for local retail activities – put in place by Local Authority and CP partners.

28. Older people questionnaire by community services and NHS; joint health and social care database of people willing to be consulted (including older people); care home groups. Future – conference for older people.

29. BGOP; lifelong learning and citizenship group for CP; lifelong learning strategy with older people element; citizens' panel; citizens' forum, with predominantly older people; intergenerational lifelong learning conference, with older people part of planning group; older people groups set up by Local Authority for consultation and involvement in service planning; joint health improvement plan – NHS and CP.

30. Elderly forum; local area committees, with representatives from Age Concern Scotland, pensioner groups, tenants associations, and other independent groups; care home user group; joint community care planning; community leisure group working with older people groups; carers forum.

31. Consultation with older people for a review of social work services; older people network; representative from Age Concern Scotland feeds into public sector services; Community care forum networks; care strategy group.

32. Older people strategy group – Joint Future Agenda; older people forum, supported through local CVS organisation; older people local planning group, linked to community care planning; carers' forum; citizens' panel. Future – developing strategic framework for older people services, with input for older people into planning process.

## **CHAPTER FIVE                    CONCLUSIONS**

5.1     Bearing in mind the points noted in section 3.3, conclusions are drawn with reference to the study's four main objectives. These were:

- to obtain an accurate picture, by Local Authority area, of:
  - the current mechanisms for, and extent of, involvement of older people in Community Planning in Scotland,
  - plans for the involvement of older people in Community Planning in Scotland;
- to identify the principles of effective involvement and the barriers to the involvement of this group;
- to identify examples of good practice in involving older people in Community Planning or similar processes, in particular the inclusion of hard to reach older people; and
- to identify how involvement has improved outcomes.

### **CURRENT PICTURE AND FUTURE PLANS IN RELATION TO THE INVOLVEMENT OF OLDER PEOPLE**

5.2     There are numerous opportunities for older people to become involved in influencing Community Planning decision-making. Such involvement could focus on

- Generic issues of relevance to all community members including older people – e.g. thematic areas such as community learning and safety;
- Issues specific to particular interest groups – e.g. developing an older persons' strategy; and
- Geography specific work – e.g. neighbourhood development planning.

5.3     There is also a range of well-established mechanisms in place which offer opportunities for older people to influence public services. These include generic and interest group specific mechanisms, as well as ongoing and one-off activities.

5.4     However, the degree of co-ordination and communication within agencies (across departments and between operational and strategic levels) and between Community Planning partners about these activities appears to be very variable. The study identified little evidence of a strategic or co-ordinated approach to the involvement of older people. Involvement was characterised by professionals as organic, incremental and evolutionary. This incremental approach has led to the development of some examples of innovation. However, there are a number of key issues which are not being adequately addressed in order to ensure that older people are effectively engaged in the Community Planning process.

5.5     Some thought needs to be given to the appropriateness of generic involvement and when it is necessary to involve specific communities of interest such as older people or older people from minority ethnic communities. There is evidence that older people, in particular, have been marginalised in the public involvement process (Carter and Beresford 2000)

therefore there is a danger of this being perpetuated unless careful thought is given to this issue. At the same time, research undertaken by SCDC supported by the Joseph Rowntree Foundation and the Social Work Services Inspectorate (Scotland) (Barr, Stenhouse and Henderson 2001), revealed that professionals often draw artificial lines between older people and the rest of the community. It is likely that no one approach will be adequate and any strategy should take account of the community as a whole, as well as of specific interest groups within it.

5.6 There is a perception that older people are “over represented” in generic involvement activities. However, there is a lack of clarity about who is involved, on what basis they are involved and whose views are not being represented. More thought also needs to be given to the appropriateness of:

- involving older people as individuals;
- involving older people as representatives of groups led by older people; and
- involvement of organisations representing older people.

5.7 It is likely that the efforts of both agencies and individuals will be undermined if individuals or organisations are seen as ‘unaccountable’ or ‘unrepresentative’.

5.8 It appears that most often involvement mechanisms have been put in place by single agencies or community care planning partners. There were a few examples of involvement activities undertaken jointly by the main Community Planning partners, although in some cases activities have been extended to meet the requirements of the Community Planning process or there are plans to do so. The majority of examples of involvement activities reported in this study were reported by professionals in the Local Authority and many of the examples given related to community care planning and monitoring. As a result, it appears that many of the older people who are currently involved in shaping public services are ‘services users’ aged 65 and over. As long as involvement is situated mainly within social work and community care there is a danger that only a very limited range of older people will be asked for their views about a limited range of subjects. Attention needs to be paid to involving a wider range of older people who are not necessarily service users, and to the basis on which they are involved.

5.9 There is a concern that where current activities are not well co-ordinated, there is a potential for increasing what has become known as ‘consultation fatigue’, whereby a small core of committed activists is repeatedly contacted to give opinions and feedback.

5.10 It is important that a strategic approach is taken and questions are asked about whether current mechanisms are the right ones for involving people in Community Planning, whether existing mechanisms are adequate or new mechanisms are required to involve older people. The location of groups within Community Planning activity needs to be considered as it may be appropriate for such groups to sit nearer the heart of the decision-making processes.

5.11 Within the legislation there is a duty upon Community Planning Partners to evidence how they have engaged with the community. To assist with this process some Local Authorities are already developing strategies for engaging with the community in Community Planning. There would be value in all Local Authorities doing so.

5.12 The Scottish Association of Health Councils et al (1999) identified five steps needed to develop an effective involvement strategy. These included:

1. Developing a vision or policy which describes the concepts and principles of involvement.
2. Establishing a multi-disciplinary steering group which includes voluntary groups and communities of interest to ensure that the vision is put into practice.
3. Undertaking an audit of current practice, skills, experience and activities.
4. Developing and supporting a range of existing successful activities and new activities, including training, and reflecting on these.
5. Undertaking monitoring and evaluation using quantitative and qualitative measures and giving feedback.

5.13 These steps form a continual process of development. Such a process would be helpful in relation to Community Planning. Emphasis would need to be given to ensuring that the process is participative and iterative. There is also a need for a joined up approach to policy making, in relation to involvement within the Scottish Executive as well as within Local Authorities.

## **THE PRINCIPLES OF EFFECTIVE INVOLVEMENT**

5.14 A number of key elements of effective involvement with older people emerged including:

- Involvement must be timely to allow views to have an influence on outcomes
- Every effort should be made to ensure the pace of involvement is determined by the needs of those being involved rather than the needs of the organisation
- Agencies must be willing to genuinely share power and work in partnership with older people
- There must be clarity about the purpose and likely outcomes of involvement as well as expectations of those being involved
- Involvement must have relevance to the lives of community members
- There must be a commitment at senior management level to ensuring real involvement of communities
- Older people should be involved in broad issues; not only be confined to commenting on community care services

5.15 It is noteworthy that work undertaken by SCDC and others (Campbell et al. 2000) has shown that these elements are not specific to older people but are transferable across communities of interest.

5.16 Although professionals and older people were able to identify key aspects of effective involvement, they were aware of the difficulties of putting these into practice. From the study, four main areas were highlighted which require attention if involvement is to be developed further. These were:

- Tackling barriers to effective involvement
- Widening involvement and increasing engagement
- Capacity building for professionals

- Capacity building for older people

### **Tackling barriers to effective involvement**

5.17 While there is clear evidence from this study about what older people and professionals consider constitutes effective involvement and there is much literature to support these views (see for example ‘Focusing on Citizens: a guide to approaches and methods, COSLA 1998, Community Planning Advice Note 5, ‘Effective Community Engagement’ <http://www.communityplanning.org.uk/documents/CPAdviceNotes5.pdf>), the study has shown that these are not consistently applied. For example, the range of methods reported was very narrow. It appears that there are a number of barriers to the implementation of effective involvement principles. The most frequently reported of these were:

- the existence of negative attitudes, within services and within society more generally, towards older people and, therefore, low expectations of older people;
- older people’s low expectations of involvement activities resulting in real changes;
- organisational barriers.

5.18 More work is needed to understand the nature of these barriers and their impact on involvement, so that the barriers can be reduced or removed.

### **Widening involvement and increasing engagement**

5.19 In order for a community involvement strategy to be successful it is important to have an active community of interest and infrastructure to support this activity. At present, there is a major issue about the over-reliance of public services on a small number of activists.

5.20 Agencies and older people can each take a role in ensuring that their communities are active. Older people will need resources and may need support to achieve this.

5.21 Improving community involvement demands a multi-level strategy:

- involving from the outset parts of the community which are the most organised;
- stimulating new or better activity amongst the community at large;
- providing special assistance to particularly excluded people and to organisations active amongst them
- widening consultation and involvement by stages as the community becomes more active

(Atherton et al. 2002)

5.22 Community groups at all levels of sophistication should be supported but Local Authorities and their Community Planning partners should in addition aim for both ‘horizontal’ and ‘vertical’ growth, that is, growth of activities outwards to include more people and more effective activity, and growth of activities ‘upward and downward’ to create mutually beneficial interactions between the different levels of activity such as small community groups, well-established voluntary organisations and community representatives on formal committees, for example, within the Local Authority (Chanan, Garrett and West 2002 and Atherton et al. 2002).

5.23 In addition, particular attention needs to be given to the inclusion of people from 'hard to reach' groups. The study did uncover some examples of innovation in this area, many of which were in a narrow field of practice, that is, community care. Less is known about involvement in wider issues, what approaches are effective and 'hard to reach' groups' preferences in relation to how they are involved. Existing members of community groups wish take a role in identifying, supporting and maintaining the involvement of older people who are 'hard to reach'.

### **Capacity building for professionals**

5.24 During the study there were very few examples of education opportunities about involvement for professionals which had taken place or were planned. A need was identified for professionals to hear directly from older people about their expectations of involvement and to undertake education which explores attitudes towards working in partnership with older people.

5.25 Although education needs were not identified during telephone interviews, we are aware that a number of needs analyses are currently being conducted. For example, SCDC are undertaking a capacity building training needs analysis. The Involving People Team at the Scottish Executive Health Department are conducting a training needs analysis of all NHS staff in the area of public involvement. In addition, there are also resources available to structure learning such as the Capacity Building for Community Planning study (Eglinton 2002) which suggested a Learning Development Framework for Community Planning practitioners which incorporates: values and visioning, partnership working, practitioner skills, engaging communities.

5.26 There would be value in undertaking an exercise to develop an overview of the implications of the findings of the current needs analyses and existing guidance on capacity building for professionals in relation to the involvement of older people. These should be considered in conjunction with the findings of this study.

### **Capacity building for older people**

5.27 Few examples of capacity building for older people were mentioned in the course of the study. The examples valued by older people emphasised self-development, confidence building and empowerment. Older people also wanted to define their development needs themselves rather than having training topics decided by professionals.

5.28 There is growing evidence of the value of providing education and support to enable older people to participate as active citizens (Dewar, Dickie and Morrison 2003). Older people were interested in using creative approaches to build their capacity for effective involvement such as buddying and mentoring. Shared development opportunities for professionals and older people were also welcomed.

5.29 Often older people felt that their expertise and knowledge was not acknowledged and used. They suggested that more structured approaches need to be considered to achieve this such as issuing job descriptions for activists who act as representatives on behalf of a group.



There is also value in putting in place formal arrangements with voluntary organisations to support capacity building, for example, a service level agreement between a Local Authority and voluntary organisations to provide education, awareness raising and support to activists to be available for consultation and planning. This allows capacity to be built over time and ensures that potential activists have a mechanism by which to become involved.

5.30 Participants in this study had difficulty articulating the outcomes of educational opportunities. To assist in resource allocation for capacity building systematic, evaluation research needs to be carried out to determine the value of these programmes.

## **EXAMPLES OF GOOD PRACTICE**

5.31 The study has identified a number of examples of good practice across Scotland. Examples of good practice have been discovered in relation to hard to reach groups, methods of involvement, capacity building and widening participation.

5.32 Involvement in Community Planning is a developing activity and there needs to be a mechanism for those within agencies and within communities who are active in this area to reflect and learn from each other. The Community Planning Team within the Scottish Executive are encouraging Community Planning Partnerships to bring forward examples of good practice and are using the Community Planning website (<http://www.communityplanning.org.uk/index.html>) as a tool for dissemination. They are planning to develop additional means of dissemination. There may be a range of other ways of sharing good practice. These could include:

- publishing visions, strategies and policies both through websites and in hard copy. These would need to be produced in accessible formats.
- Setting up action learning groups which include communities of interest, strategic and operational staff and wider partners in order to share and learn from experiences. The learning from this could be documented and disseminated.
- Holding regional conferences to discuss emerging issues.

## **IMPROVED OUTCOMES**

5.33 There were a few examples of improved outcomes of involving older people in shaping public services. However, this study highlighted a need for systematic monitoring, evaluation and reporting of involvement activities. Older people identified a real need to find out about the outcomes of their input as this often prompted enthusiasm for further involvement. Evaluation needs to detail these outcomes but in addition needs to explore process if we are to develop our understanding of effective involvement. Any mechanism for evaluation should be built into the Community Planning process rather than being undertaken post hoc (Thornton 2000). It is also important that older people themselves are involved both in developing the criteria against which success is to be judged and taking part in the evaluation (ibid). Both older people and professionals may need support and education to carrying out the evaluation of both process and outcomes.

5.34 ‘Communities Scotland – Standards for Community Engagement’ is a project which is underway to develop and pilot a set of national standards for community engagement for both agencies and community organizations (for more information, see <http://www.communitiesscotland.gov.uk/web/FILES/StdsCommunicationNote.pdf> and <http://www.communitiesscotland.gov.uk/web/FILES/StandardsNo2.pdf> .

5.35 These standards are to be welcomed as they will inform participants of good practice with regard to community engagement and will provide a benchmark against which to measure their own experiences.

## **USING THE LESSONS LEARNED**

5.36 The study has identified a wide range of involvement activities for older people currently in place throughout Scotland. While these initiatives are to be welcomed, Community Planning, as it develops, will undoubtedly provide increased opportunities for dialogue between public services and older people. The challenge will be to take on board the complexities of involvement that have been highlighted by professionals and older people in this report. These include:

- Developing a process in which all partners, including communities of interest, feel some level of ownership
- Ensuring that marginalised groups are given a voice through involvement activities
- Tackling structural and cultural barriers to involvement
- Working in partnership with communities of interest to identify the limitations within the involvement process and to develop partners’ capacity for involvement
- Keeping a focus on achieving real change for the benefit of communities

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## **APPENDIX ONE                      INFORMATION ABOUT THE RESEARCH ORGANISATIONS**

### **The Scottish Centre for the Promotion of the Older Person's Agenda**

The Scottish Centre for the Promotion of the Older Person's Agenda aims, through its work, to improve the quality of life for all older people through research, practice development and education. This includes:

- working together with older people,
- listening to their agenda, and
- turning the political rhetoric into reality.

The Centre's work is firmly rooted in practice. A core feature of research programmes is the dissemination and utilisation of findings in health and social care contexts.

The work of the Centre complements and further supports the work of the health, social and voluntary sectors. In particular, the Centre offers:

- opportunities for collaborative work,
- multidisciplinary perspectives,
- research expertise,
- innovative educational programmes,
- routes for information dissemination.

More details of its work can be accessed through the website [www.qmuc.ac.uk/opa](http://www.qmuc.ac.uk/opa).

### **The Scottish Community Development Centre**

The Scottish Community Development Centre is an innovative partnership between the Community Development Foundation (a UK non-departmental public body funded by government to support community development) and the University of Glasgow. It promotes and supports best practice in community development throughout Scotland with the aim of building stronger and healthier communities.

SCDC activities include research, project development and management, evaluation, training and consultancy, conferences, seminars and events, international practice exchanges, policy advice, and supporting community organisation networks. SCDC frequently works in partnership with other agencies, and draws on a pool of experienced associates.

The main programmes of SCDC are in the fields of community health, social inclusion, community learning, regeneration, active citizenship and community care. The website [www.scdc.org.uk](http://www.scdc.org.uk) provides an overview of activities.



## Involving Older People: Lessons for Community Planning.

### Background to the study

This study has been commissioned by the Scottish Executive and CoSLA and is being carried out by the Scottish Centre for the Promotion of the Older Person's Agenda (OPA) at Queen Margaret University College.

The study will provide important information about how older people are being involved in the planning, development, monitoring and evaluation of services. Its outcomes will be shared with community planning partners and older people's organisations to assist the future development of involvement activities. As part of the study OPA are conducting a survey of key people in each Local Authority area in order to map current practice in relation to involvement. The survey is focussing on:

- involvement activities that are targeted specifically at older people;
- the involvement of generic groups or organisations which although not solely concerned with older people's issues include these within their remit;
- involvement mechanisms that feed directly into the Community Planning process;
- involvement initiatives that are undertaken by community planning partners.

This questionnaire outlines the particular issues that we wish to discuss in a telephone interview with you. We would be grateful if you could make some notes on each of the areas covered in preparation for the telephone interview. You may wish to consult with your planning partners in order to answer the questions. **You do not need to post the questionnaire back to us at this stage.**

### Details of key contact

Name ..... Designation .....

Organisation .....

Address .....

.....

Tel no. .... Fax no. ....

E-mail .....

**1. Examples of the involvement of older people in planning, development, monitoring and evaluation.**

1a. In what ways do (a) your authority and (b) other community planning partners involve older people, older people's organisations or organisations which are concerned with older people's issues in the planning, development, monitoring and evaluation of public services?

1b. We would like to ask you more about **one** of the examples you have given above. Please choose one that you consider to be noteworthy and answer the questions below.

Example chosen .....

What methods of involvement were used?

Who was involved? (think of older members of the public, representatives of organisations led by older people, representatives of organisations working for and with older people)

What was your working definition of 'older person'?

How were these people identified or chosen as potential participants in involvement activities?

Was the involvement mechanism a one-off or part of an ongoing process and if ongoing what was the frequency?

Did the involvement activity address particular themes?

Why was this particular method or mechanism chosen?

Can you give examples of the ways that this involvement has influenced the outcomes of planning, development, monitoring or evaluation of public services?



## **2. Lessons learned about involving older people**

2a. What barriers have you identified to the involvement of older people in the planning, development, monitoring and evaluation of public services?

2b. In what ways can older people best be encouraged and supported to be involved in planning, development, monitoring and evaluation processes?

2c. Are there any other issues that need to be considered when involving older people in the planning, development, monitoring and evaluation of public services?

## **3. Involving 'hard to reach' groups.**

3a. What steps have been taken to involve older people from disadvantaged or 'hard to reach' groups in the planning, development, monitoring and evaluation of public services? (this may include, for example, older minority ethnic community members, frail or 'housebound' older people, older people with mental health problems, disabled older people, economically disadvantaged older people, geographically isolated older people or people living in care homes).

3b. What particular issues has this raised and what have you learned from this?

#### **4. Capacity building for involvement**

4a. Has any work been carried out to identify the best ways of supporting older people and their organisations to be involved in shaping public services?

Yes  No

If yes, what support and training needs did this identify?

4b. Have any initiatives been put in place to support or train older people to achieve more effective involvement?

Yes  No

If yes, please give details

4c. Have any initiatives been put in place to support or train staff to achieve more effective involvement of older people?

Yes  No

If yes, please give details

4d. If you answered yes to 4b or 4c please describe the impact that these initiatives have had?

#### **5. Use of resources to support involvement**

What resources do you consider to be needed for the effective involvement of older people?  
(for example, people, time, money, buildings)

## 6. Maintaining and developing community involvement

6a. Has your local authority developed a formal strategy for involving community members in shaping public services?  
(If a strategy exists, would it be possible to receive a copy) Yes  No

6b. If a community involvement strategy exists, does it specifically address the involvement of older people? Yes  No

Please give examples

6c. If the strategy does address the involvement of older people, what issues have you faced while implementing this involvement strategy?

6d. What steps have been taken to alert older people and their groups and organisations to opportunities to shape public services?

6e. Is there a system for regularly reviewing community involvement in shaping public services? Yes  No

If yes, what issues or gaps has the review system highlighted?

6f. How do you ensure that there are equal opportunities for all citizens to be involved or have a say in the shaping of public services?

## **7. Future plans**

What are your plans for further developing the involvement of older people and the organisations which work with or for older people in the future? (please give timescales if possible)

## **OTHER CONTACTS OR EXAMPLES OF INVOLVEMENT**

Finally, are you aware of any other initiatives to involve older people in your area which you were not able to give information about but to which you would like to draw our attention. (Please details)

Thank you for taking the time to work through this questionnaire. Do not send it back to us. We look forward to discussing it with you when we contact you for the telephone interview. If you have any queries please contact Chris Jones on 0131 317 3771 or [cjones@qmuc.ac.uk](mailto:cjones@qmuc.ac.uk) or Fiona O'May on 0131 317 3615 or [fomay@qmuc.ac.uk](mailto:fomay@qmuc.ac.uk)

## **APPENDIX THREE RESEARCH OBJECTIVES AND METHODOLOGY**

### **Research objectives**

This study was commissioned in order to provide baseline information about the involvement of older people in the development and delivery of public services in Scotland and their participation in the Community Planning process. The intention was that this baseline information would be used as a benchmark from which further developments could be assessed.

The study had four main objectives:

- to obtain an accurate picture from each Local Authority of:
  - the current mechanisms for, and extent of, involvement of older people in shaping public services in Scotland. (The original specification focussed on community planning specifically. However, the focus was broadened to include any examples of involvement in shaping public services.)
  - plans for the involvement of older people in Community Planning in Scotland;
- to identify the principles of effective involvement and the barriers to the involvement of this group;
- to identify examples of good practice in involving older people in Community Planning or similar processes, in particular the inclusion of hard to reach older people; and
- to identify how involvement has improved outcomes.

### **Methodology**

Two main methods were employed to capture the experiences of both professionals and older people in relation to the involvement of older people in shaping public services. These were telephone interviews and focus group discussions. The methodology employed is described in more detail below as well as some of the ethical considerations for the study. The project was guided by an Advisory Group made up of representatives from the Scottish Executive, CoSLA, Help the Aged, Age Concern and City of Edinburgh Council.

The data collection was undertaken in two stages:

Stage one - a survey of the 32 Local Authorities in Scotland was undertaken in order to map existing and potential future opportunities for the involvement of older people in shaping public services, including Community Planning;

Stage two - focus groups were undertaken with professionals and older people in order to gather in-depth data about their experience of involvement and emerging good practice issues.

*Stage one - a survey of Local Authorities*

A survey of each Local Authority was undertaken in order to capture information about the involvement of older people in Community Planning and related activities. The survey gathered primarily qualitative information.

A draft questionnaire, to be used with each of the 32 Local Authorities in Scotland, was prepared by the researchers and presented for comment to the Advisory Group. The choice and construction of the tool was informed by a brief review of key literature and advice from the Scottish Community Development Centre. Amendments were made to the questionnaire following this process of consultation. Time did not permit piloting of this tool, however, further clarification about the questions was possible during the telephone interview. The questionnaire was sent out with a covering letter explaining that the researchers would telephone the co-ordinator to make an appointment to conduct a telephone interview in which their answers to the questions will be sought. This combination of written questions and telephone interviews allowed the researcher to gather both descriptive information and more qualitative data in a resource efficient way and to achieve a good response rate (Witcher et al. 2000). A one hundred percent response rate was achieved, although three responses were provided in written form only.

The questionnaire (Appendix 2) sought information about the ‘who, what and how’ of involvement (Ridley and Jones 2002) including:

- current structures and mechanisms that are in place to facilitate the involvement of older people in Community Planning (this will include ad-hoc structures and one-off or short term mechanisms such as consultations, as well as longer term opportunities for representation or involvement);
- examples of initiatives that have been undertaken to involve older people in local planning and development activities (this may include activities focusing on older people as individual community members or on organisations ‘of’ or ‘for’ older people) and details of the methods employed;
- indications of the direct and indirect outcomes of these activities;
- barriers to the involvement of older people in local planning and development activities;
- any emerging learning about good practice when involving older people;
- experience of involving ‘hard-to-reach’ groups such as older disabled people or elders from minority ethnic communities and the lessons that can be learned from these experiences;
- the range of initiatives, including education and support, which have been implemented to increase older people’s capacity for involvement;
- any strategic work that is being undertaken locally to identify gaps in the involvement of older people in Community Planning and to address these gaps;
- any resource issues in relation to current and future involvement of which the authority is aware; and
- future plans to further develop structures, mechanisms and good practice exemplars, in order to involve older people in Community Planning.

Questionnaires were sent to the Community Planning Co-ordinator in each Local Authority. These coordinators were asked to consent to a telephone interview, or to suggest an alternative contact. Less than one third of these coordinators felt they were the most appropriate person to respond to the questionnaire. The remainder felt that colleagues in other positions, for example, Joint Future Development Manager, Policy Officer, Lead Officer for Social Work, Community Care Officer and Community Development Officer were the most

appropriate contact, because of their knowledge of current involvement of older people. Five of the respondents, who were not Community Planning Co-ordinators, had a specific remit for involving older people.

Co-ordinators were asked to gather the information required in consultation with their planning partners. The researchers were aware that some involvement activities undertaken by partners may ultimately feed into the Community Planning process but may not be labelled as 'Community Planning'. Through the survey, planning partners were encouraged to highlight these as well as more direct examples of involvement in Community Planning.

#### *Stage two - a series of focus groups*

One of the difficulties in finding answers to some of the questions about involvement is that there is a lack of clarity about the meaning of the term 'user involvement'. Several authors have emphasised the complex nature of this activity (Ridley and Jones 2002, Carter and Beresford 2000, Walker and Dewar 2001). This complexity is difficult to capture using a survey, even with the additional telephone interview. Therefore, two local authorities, which had been identified by existing literature or experts in the field as demonstrating good practice in relation to the involvement of older people in shaping public services, were approached. They were asked to take part in focus group discussions in order to elicit richer information about the process of involvement.

In each area, one focus group was conducted with a group of professionals who had involved older people and one with a group of older people who had had experience of participating in Community Planning or related involvement activities, giving a total of four focus groups (n = 4). Participants were identified and contacted with the help of the key contact for involvement of older people in the Local Authority.

Each group was made up of between six to ten individuals. The groups were facilitated by two researchers, both experienced in group facilitation. One researcher took on the role of lead facilitator whilst the other observed the group process, took brief notes and summarised key themes which emerged from the discussion. It was hoped that these summaries would be fed back to participants towards the end of the focus group and, therefore, would serve as an important validation tool for checking with participants the accuracy of the researchers' interpretation of emerging themes. Due to time constraints it was only possible to feedback key themes that emerged from the discussion. Individuals in one focus group requested a written summary to check for accuracy. This was possible, in this instance, but time did not permit us to carry this out for all groups.

Each focus group lasted approximately one hour and was used to capture qualitative data about individuals' perceptions of the experience of involving, in the case of professionals, or being involved, in the case of older people. This method allowed the researchers to gain in-depth data not captured by more traditional methods such as surveys or structured interviews (Ashbury 1995, Dewar, O'May and Walker 2001). The groups were asked particularly to give their perspective on:

- the relative effectiveness of different approaches;
- the factors associated with successful involvement;
- the factors that are important to maximise the potential for involvement;
- the expectations of older people in terms of the support, education and flexibility offered to older participants;
- how older people can best be supported to be involved;

- the potential gains to be made from involvement particularly in relation to influencing outcomes; and
- the extent to which, in the experience of participants, the involvement of older people influences the decision-making process and outcomes.

### **Data Analysis**

To aid the process of analysis, the telephone interviews were audio-recorded and written notes were taken by the researcher. Due to time and budgetary constraints, the audio recordings were not transcribed but instead acted as a back-up resource in case the researcher's notes were insufficiently detailed in regard to any point.

Each focus group was audio-recorded and summary notes were taken by the co-facilitator. The tapes were not fully transcribed, again due to resource limitations, but they were used as necessary to add further detail or richness to the notes taken by the co-facilitator. (Ethical considerations are described below)

A thematic analysis of the qualitative data collected through the telephone survey and focus groups was undertaken. The data were coded in conjunction with any field notes the researchers had made, and their initial reflections on the focus group data. These themes then formed the basis of the final report.

A draft report summarising the methodology, research findings and emerging conclusions was prepared and the Scottish Community Development Centre were then asked to undertake a critical review of the draft report and comment on the findings and their implications. Their comments were incorporated into the report and it was then presented to the Advisory Group for discussion. Following this meeting, the report was finalised.

### **Ethical issues**

Ethical considerations were paramount throughout this study.

#### *Informed consent*

All participants received both written and verbal information about the study. The initial letter to local authorities explained the purpose of the study, gave a brief description of the study design and timescale and an indication of how the findings would be used. Participants were asked verbally to give their consent to contribute to the study before the telephone interview or focus group and confirmation of consent was sought at the end of the interview or focus group. The exploratory nature of this study was emphasised to older participants so as not to raise expectations about future involvement in Community Planning or service provision.

#### *Confidentiality and anonymity*

In relation to confidentiality and anonymity, the key informant in each Local Authority was informed that the information that they gave would not be attributable to them and would not be disclosed to other areas. It was also explained that the data collected through the survey would be presented in the final report by Local Authority area. While areas would not be named, some information may render the authority identifiable, and so anonymity could not be fully assured.



In respect of the focus groups, informants were assured that neither the sites nor the participants would be named in reports. However, where examples of good practice were discovered which could have a positive impact on practice in other areas, negotiations would take place between the researchers, the participants, their organisations and the Scottish Executive to seek permission to identify the area in any publications.

Only the research team and the Advisory group would have access to the names of individuals and sites participating in focus groups. Tapes and written records were anonymised and stored securely. All tapes are to be destroyed six months after the study is completed.

### **Reflections on methodology**

The first point of contact within each area was a senior official within Community Planning. As Community Planning is relatively new, often this person was unable to provide the information needed and instead the researchers were given a range of other contacts within single agencies. This made it difficult to collect data in a systematic way. Recommendations are made later in the report about the need for systematic mapping, development, monitoring, evaluation and reporting of involvement activities.

It must be acknowledged that the study largely gives a public agency view of the involvement of older people in shaping public services. Resource limitations meant that the views of only two groups of older people were sought. More work needs to be done to access the views of a wider range of older people both locally and nationally in order to develop involvement further in the most appropriate ways.

Telephone interviews proved to be a very successful way to reach key informants in all areas within a very short period of time. This method of data collection should be considered for use in other studies which operate within a short time scale.

The research team acknowledges that the involvement of older people in this research process falls short of modelling good practice in this field. That is, it would have been valuable to have engaged with older people at the outset regarding the design and implementation of this work. Time and commitment to the involvement of older people in research needs to be considered as a priority in future work if research is to be relevant and meaningful to those who have a key role in implementing the findings.

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