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Cover images: Carers and people with dementia enjoyed working together as a group, Person-centred conversation in practice, Learning digital photography and Some members of the Older People’s Reference Group in conference.
Foreword

David McCullough, Chief Executive, Royal Voluntary Service

Sometimes in our working lives we’re lucky to see something that is simple and yet profound. I’ve been privileged to join the Royal Voluntary Service (nee WRVS) a little while after the *Shaping our Age* project began and have watched the initial findings turned into reality in the local projects.

I use the word profound carefully because while this project hasn’t been about investing in shiny new things or making technology the answer to all our challenges, it has thankfully been about new ways of doing familiar things – with remarkable results.

The project has taught us to listen carefully to older people when they tell us what they want from their lives, to work with them to help create the right results and, although this shouldn’t be a surprise, it has allowed us to experience the enormous difference that results from being involved in shaping your own world.

One of the most resonant things I’ve heard in my time at the Royal Voluntary Service was from someone involved in *Shaping our Age* who simply told me: “young man, I’ve spent too much time with people telling me what I need rather than listening to what I want”.

Surely getting older shouldn’t mean that people with a lifetime’s experience of building homes and families; of raising and educating children; of working in and for their communities are by virtue of their age less able to express what they want, to make choices and to continue to make a real contribution to society?

This is exciting and innovative research but most importantly it’s a catalogue of wonderful rich human stories that lie at the heart of *Shaping our Age*. I know that the findings in this report will shape the thinking of our organisation for many years to come; I hope you will read it and feel that way too.

My sincere thanks to all those who have contributed, funded and guided *Shaping our Age*, but my biggest thanks goes to those who have stopped to listen carefully and acted on what they have heard.

[Signature]

Shaping our Age
Summary

Introduction

*Shaping our Age* was a three year research and development project supported by the Big Lottery Research Programme and a unique partnership between WRVS (now Royal Voluntary Service); the Centre for Citizen Participation at Brunel University and the Centre for Social Action at De Montfort University. The project aimed to connect and interweave two key concerns: improving older people’s well-being and increasing their involvement while providing new insights into emerging issues around ageing by:

- Exploring how older people understand and define their well-being
- Selecting five WRVS services to participate in action and development projects
- Developing participatory ways through local activities in which older people could help each other to achieve well-being
- Providing the learning that could help to enable and support older people to improve their and other people’s well-being.

Context

Two fundamental changes in relation to ageing are currently taking place. The first is demographic. The numbers and proportions of older people have grown and will continue to grow significantly. The debate surrounding this tends to portray older people as a problem at a time when cuts in public spending are imposing financial constraints on systems of care and adding to what is seen as ‘the cost burden of a decreasing proportion of taxpayers’. The second change is in the recent political and public interest in ‘well-being’.

Images: Some members of the Older People’s Reference Group in discussion and Crochet lesson.
Summary

*Shaping our Age* challenged negative perceptions of ageing by seeking to recognise the valuable economic, political, social and cultural contributions to UK society made by older people. It also sought to move older people from the margins to the centre of debates surrounding their well-being by supporting their active contributions to society.

This report presents a summary of the seven key findings from the project. These have come from older people involved in the national well-being consultations and in the five local action projects carried out as part of the project.

**Key Finding 1: Participants defined well-being in personal terms**

Well-being was described by participants as feeling healthy and free from pain; being happy, contented, satisfied, fulfilled, ‘loving life’, having peace of mind, comfort, enjoyment, self-worth, self-confidence, safety, dignity, security, a sense of belonging, being needed and having a sense of achievement.

Participants went on to identify a complex mix of factors that shaped their well-being: good physical and mental health; achieving and accomplishing; leading an independent life; living in a comfortable, safe home and community; having sufficient personal finances and the comforts arising from faith, belief and spirituality.

They also highlighted the importance of keeping active: getting out; having a range of interests, hobbies and activities whether in the home or in the community; keeping busy and keeping fit. Many of these activities involved being with other people. This leads to the second of our seven Key Findings from the project as a whole:

**Key Finding 2: Social connectedness was by far the most strongly voiced and frequently mentioned aspect shaping well-being**

Relationships and social contacts with family, friends and within communities were highlighted as essential to well-being. As well as offering practical support, these connections bring a sense of belonging and feeling valued to older people. They also offer the well-being benefits gained from fun, good conversation and laughter. The contribution of groups and clubs to well-being was frequently mentioned along with volunteering and supporting others.
Key Finding 3: The ‘doing to’ approach - traditional approaches to working with older people, while meeting important needs, are not necessarily conducive to improving their well-being

We found that traditional older people’s services, whilst addressing important practical needs, can also encourage passivity and dependence. We observed these approaches in a number of different contexts and describe them for explanation only as ‘doing to’ approaches, the main elements of which are:

• Doing things for older people: rather than working with or alongside them and responding to expressed preferences which older people are supported to think through, identify and choose.

• Already doing it: There was a strong belief among many staff and volunteers that they were already ‘doing involvement’. This was interpreted as older people being consulted and volunteers and staff delivering to them.

• Workers reinforcing lack of engagement and involvement: Offering choices or asking older people to take on more responsibility was often considered by staff as too challenging for older people.

• Disempowerment and negative perceptions of ageing: Although older people were generally grateful, there were some who criticised the way existing services were delivered. They complained about being patronised and not being sufficiently involved or valued. We also heard from people outside the services who did not want to be associated with what they saw as traditional and stereotypical models of delivery or with services specifically targeting older people.

• Not meeting diverse needs: Traditional older people’s services and groups were often not fully accessible and inclusive for people with visual or hearing impairments, older disabled people, wheelchair users, older people with learning difficulties and older mental health users.

There was other important learning about the ‘doing to’ approach:

• Perceiving the staff/volunteer role as ‘helping’ older people rather than ‘listening, talking and working with them’ and unaware of how to do it any other way

• A focus mainly on practical tasks and on meeting physical and other needs rather than building relationships and well-being outcomes

• Having programmed activities for older people rather than facilitating a process with and/or between people to identify activities

• The worker decides, does most of the work and older people are directed in what to do
• A focus on outputs and measures rather than the quality of the experience for the service-user

• Perceiving older people as a homogeneous group.

Key Finding 4: An involvement-led approach to working with older people helps to create and sustain a humanistic process that can enhance social and personal well-being

This approach has three elements: values, methods and actions/activities. We consider each of these elements in turn.

1. Key values to underpin involvement

A fundamental value is to start with the older person or with the group; what is important and relevant to them; believing in their knowledge, skills and experience; acknowledging that everyone is different. It also involves believing that regardless of age and impairment, older people have the potential and motivation to grow and develop their capacities and make a valuable contribution to others. It is necessary to spend time with older people and to be committed to this way of working.

2. Methods for involvement

The Involvement Workers, who were recruited to work with older people in our five local projects, used a number of important methods:

a. Small groups which helped to build a sense of belonging, friendship, mutual respect and support and a sense of achievement arising from successful group outcomes.

b. The creation of an appropriate environment for involvement with contacts and meetings arranged at times to suit older people; in accessible, welcoming venues and with effective and accessible communication to keep older people informed and updated.

c. Facilitation or being ‘alongside’ participants was the most appropriate way of working and we learnt about the skill-set required to create the dynamics for involvement. This included listening, probing and encouraging older people to get to know one another, uncovering what was important to people, building rapport and trust, giving praise, encouragement and personal attention and supporting older people to take on roles and responsibilities.

d. Meaningful conversations: Participants valued having conversations with people who showed an interest in them. Being in company, talking, socialising, being treated equally and having a laugh, all enhanced involvement and well-being.
Summary

e. Engaging Diversity: The national consultations revealed that barriers exist to well-being for specific groups of older people. We discussed ways to address these barriers with black and minority ethnic communities and identified a need for direct contact and outreach in their environment, to build partnerships and to engage these communities in meaningful consultations. We also explored methods for engaging older disabled people and found success when using an approach that focused on the individual, their capabilities and interests. When working with people with dementia we found value in meaningful conversations, creative activities and games and valuing the person as an individual.

3. Action and activities for involvement

Participants engaged in wide-ranging actions and activities across the five sites including a survey, photo-films, planning and presenting at events, dementia equality outreach, healthy walks, taster activity sessions, group discussions, physical games, learning to choose and use digital cameras, computer training, poetry, baking, knitting and painting. These activities provided a focus and framework for involvement especially when the interest and motivation for the activity arose from the participants themselves. Creative activities, like collage or poetry, were therapeutic, useful to stimulate discussion, build confidence and encourage mutual support. What was important was not the activity, but what older people wanted to do.

Key Finding 5: Involvement in a process of personal development and small group interactions contributed most to social and personal well-being

Participants told us that the involvement process created the space for people to have a voice, to be motivated and gain confidence, to develop their interests, to have fun, to be open, energised and creative. Both social and personal well-being benefits were highlighted.

Social well-being benefits arose from being part of a group and doing things together. Participants said that they had formed trusting and helping friendships, gained a sense of belonging and companionship and built self confidence and achievement through positive group outcomes. They also gained benefits from feeling useful and valued by others.

Personal well-being benefits included self-confidence; learning about diverse topics including poetry, computing and dementia equality; enjoyment and contentment and personal autonomy.

Participants and local staff acknowledged that the Involvement Workers had been
instrumental in enabling and supporting involvement. They identified the qualities required to work with older people as being open, friendly, caring, interested, patient and a good listener. Skills considered to be particularly valuable were being able to forge group bonding; giving people the opportunity to talk; working at the pace of the participants; encouraging, rather than leading and making participants aware of their own skills and abilities.

The Involvement Workers also made a positive impact on staff and volunteers who, having witnessed at first hand the benefits from working within an involvement-led approach, took this approach into their own practice. In particular, they learnt to hand responsibility to older people rather than doing everything themselves. They also learnt how important it is to listen to older people.

**Key Finding 6: Education and training are required for an involvement-led approach to working with older people**

A question to emerge was to what extent it would be possible to enhance existing practice through education and training. This question arose from our observations that some volunteers were not confident in sustaining conversations with older people. We, therefore, developed a pilot training course on communication, person centeredness and equality.

Attendees evaluated the training very positively, saying that it was highly relevant and they recommended it for staff and volunteer induction to the host organisation. They particularly commended the course for being tailored specifically to their roles and for bringing together staff and volunteers from other locations to share professional practice and experiences.

**Key Finding 7: There are significant barriers to involving older people in improving well-being**

A number of barriers to well-being and involvement were identified by participants.

- The main barriers to well-being were poor physical health, particularly when mobility is affected; mental health problems; hearing and sight impairments; the ill health or impairments of close relatives and pressures associated with being a carer; financial pressures and discrimination owing to race, impairments, sexual orientation, dementia and old age. Being isolated was considered by many to be the biggest barrier to well-being in old age, caused by a range of factors including all of those above. All of these barriers need to be addressed as effectively as possible. Older people’s well-being cannot be conceived of or treated in isolation.
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- The main barriers to involvement included negative perceptions and labelling of older people; traditional services which are off-putting to many older people, particularly people who do not wish to be identified as old or who prefer to mix with all ages. A lack of practical support for involvement was also mentioned as a barrier in relation to transport, staff, community centres and venues, funding and information. Other barriers to involvement were identified as:

  - Low self-confidence/self-esteem: linked to bereavement, retirement, low educational attainment and living in areas of deprivation.

  - For older people from black and minority ethnic communities, barriers included: having a low profile within some third sector organisations, a lack of confidence in accessing services outside of their communities, language barriers and the lack of provision to take account of cultural requirements.

  - Older men can be less involved than older women and on retirement tend to have fewer local social connections. Missing the company of other men is a particular issue and there are few men only clubs or activities to address this.

  - The resistance of some older people to group involvement: their negative stereotypes and expectations of existing provision; preferring to socialise at an individual level; feeling their lives are busy enough or being too tired.

  - Older people reluctant to take on leadership or other responsible roles which they associate with ‘doing things together’ and traditional organised activities.

Conclusion

There are two overriding messages arising from the findings:

1. Social connectedness and positive relationships are central to older people’s well-being.

2. Older people have important insights to contribute to the well-being debate.

These messages have a number of implications:

- Older people’s involvement in all aspects of Shaping our Age reveals the potential that exists for their greater contribution. This requires a shift in mindset away from notions of personal ‘deficit’ (what people cannot do) to one which focuses on people’s collective and individual capacities to shape their own well-being. The findings from this project support an involvement-led approach that values the potential of older people, their aspirations and strengths.

- Major barriers exist to well-being for specific groups of older people. However, an involvement-led approach offers new possibilities for tackling these barriers and issues of exclusion.
Summary

• The creation of a more involving approach will require changes in worker/volunteer education, training and roles.

In a period of austerity, it is especially important to revalue traditional ways of working and to consider issues of sustainability and prevention. It is also timely to value the resources of older people and their potential contribution. We have found that a new generation of older people do not necessarily want to be associated with traditional models of service. If ‘Darby and Joan’ clubs were a helpful traditional response to older people’s longstanding need for social connectedness, it is now time to take forward their twenty-first century equivalent and this is likely to be a participatory one. In this likely future scenario, the traditional ‘doing to’ model will have increasing limitations. The involvement-led approach is not a panacea to address all the challenges of ageing. However, as part of a range of initiatives, we believe it can make a significant contribution to older people’s well-being and may have knock-on effects for other social care and health services.

We hope that the findings and recommendations from this study can inform current policy and practice debates and future provision, as we believe they fit well with health and well-being agendas and wider policy initiatives.

The Next Steps: Informing Change

A supportive framework is necessary to release the contribution, experiences and energies of older people. Such a framework needs to promote cultural, policy, organisational and practice changes.

Recommendations - A Framework for Involvement and Well-being

Here we offer some practical recommendations for taking the findings forward drawn from the ideas and suggestions from older people, partner organisations and others involved with Shaping our Age. These are intended for practical implementation, ongoing discussion and further research within the sector.

1. **Promote a new culture of ageing** by challenging negative perceptions of ageing and acknowledging the collective and individual capacities of older people and the value and diversity of their experiences and opinions in improving well-being.

2. **Introduce, promote and monitor policies that facilitate and enable** the involvement of older people to shape policies and strategies at all levels of government that affect their well-being. Also, adopt ageing policies and practices that embrace all aspects of their lives and not just those concerned with health and social care issues.

3. **Commit to changing to organisational cultures** which demonstrate the principles of involvement and inclusion of older people at the highest level within
organisations in governance, planning, delivery and evaluation of services. This would include an organisational policy on involvement with commitment from leadership and staff at all levels and dissemination of these principles throughout the organisation especially in relation to management, staff and volunteer supervision and support.

4. **Promote involvement-led approaches** to working with older people which value human interaction, communication and inclusivity and support older people to develop individual and collective self-help around their well-being. This would require organisations to recruit and support staff and volunteers with the values and skills for this approach and training, supervision and support with a focus on the benefits and potential of ageing rather than only on the deficits. This would include experiential training in an involvement-led approach and person-centred communication. Education/training would also need to address issues of diversity and equality, ageism, dementia and disability.

5. **Implement systems to support involvement** to include ensuring accessible venues, transport and information, IT support and the funding in support of these and other expenses including training, personal assistance, respite care and activities.

6. **Build partnerships between organisations** that maximise funding opportunities across the third and statutory sectors, including user-led and black and minority ethnic organisations, particularly at local level, to encourage and support more generic work around older people’s well-being, joint training for staff across organisations, intergenerational activity and community cohesion.

7. We recommend that **further research** is needed to support the *Shaping our Age* model:

- Apply the involvement-led model to a specific service/location/group over a longer timeframe to further explore the impact of this approach on older people’s well-being.

- Undertake participatory/action research to address the barriers to well-being and involvement for black and minority ethnic older people, older men, older people in residential care and lesbian, gay, bisexual and transgendered/ing people.

- Involve older people in rolling out involvement-led approaches more broadly. Further research is required to support older people to shape policy issues across the UK and beyond. Such research could build on the learning from *Shaping our Age* in relation to the mechanisms required to facilitate this work, involving older people in the process.
Appendix 1: Shaping our Age Reports and Photo-films

The following can be sourced from www.royalvoluntaryservice.org.uk/shapingourage

**Reports**


**Photo-films featuring work in the five local projects**

*Darnall Dementia Group: Raising awareness of dementia: creative possibilities. Shaping our Age 2012.*

*The Friends of Chesham House Community Centre, Lancing, West Sussex. Shaping our Age 2012.*

*Person-centred training in Jedburgh and Kelso. Shaping our Age 2013.*

*Shaping our Age in Kirklees. Involving older people in creative activities to support their well-being. 2013.*

*Shaping our Age group, Thanet, Kent. 2013.*

Appendix 2: Biographies of the Shaping our Age Research Team

**Martin Hoban** was a part-time Research Project Worker for *Shaping our Age*. Prior to joining the project, Martin worked as a community worker in the South Wales Valleys, the North East of England and in Ireland. He has a background in the Disability Movement and has considerable experience of involving service users as a development worker, educator and researcher.

**Vicki James** was WRVS Research Manager and also shared the *Shaping our Age* Project Worker post for two days a week with Martin Hoban. Vicki has worked as a researcher and consultant in a variety of roles within the public, private and University sectors over the last 30 years. Before joining WRVS in 2010 she worked in a social research agency and before that as a consultant in an international tourism consultancy. She is now a Freelance Researcher and Independent Consultant.

**Peter Beresford OBE** is Professor of Social Policy and Director of the Centre for Citizen Participation at Brunel University. He is also a long-term user of mental health services and Chair of Shaping Our Lives, the national independent service user controlled organisation and network. He has a longstanding involvement in issues of participation and empowerment as writer, researcher, educator, service user and campaigner. He is a member of the Ministerial Leadership Development Forum for Social Care, a Trustee of the National Skills Academy for Social Care and a regular contributor to the Guardian.

**Jennie Fleming** is Reader in Participatory Research and Social Action Director of Centre for Social Action at De Montfort University. Before coming to De Montfort University she had many years professional work experience as a community worker and social worker and is professionally qualified in both disciplines. Jennie is committed to working in a participative and empowering way; whilst being at the Centre she has been active in the development of participative research methodologies working with community members and service users ensuring their input and contribution to research projects that affect them.
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