

## CALL FOR PROPOSALS

### ***A Better Life for older people with high support needs: Exploring the potential of approaches based on exchange i.e. mutual support and reciprocal relationships (Code AA1)***

#### **Summary**

**Deadline for both email and hard copies:** Tuesday 5 October 2010 at 2.00pm. Late applications will not be accepted

**Timescale:** up to 20 months (end date no later than 1 September 2012)

**Budget:** up to £130K (including VAT) - one project only

**Contact:** Christine Appleton, Research Administrator, Policy and Research Department: [christine.appleton@jrf.org.uk](mailto:christine.appleton@jrf.org.uk)

**Interview date:** Short-listed candidates will be invited to interview on Wednesday 27 October (venue: York or London - to be confirmed).

This call is part of the Joseph Rowntree Foundation's programme, 'A Better Life', which focuses on quality of life for older people with high support needs.

The aim of this call is to fund a project which will investigate the potential, for older people with high support needs, of settings, services and ways of living which maximise exchange, mutual support and reciprocal relationships.

#### **1. Background: the Better Life programme**

What needs to change so that older people, especially those with high support needs, can have 'a better life'? JRF's five year programme 'A Better Life' <http://www.jrf.org.uk/work/workarea/better-life> (2009-2013) is focusing on a significant modern-day challenge: how to ensure quality of life for the growing number of older people with high support needs in the UK. By gathering evidence, and using it to influence policies and practice, we aim to achieve sustainable changes to services and support so that older people who need a lot of support can enjoy a better life and greater choice.

One strand of the programme explores '*alternative approaches*' i.e. other accessible and affordable approaches to support, housing and community for older people who have, or who develop, high support needs. This strand aims to look beyond what is commonly available, learning from imaginative approaches and practice, both in the UK and internationally. This call is to commission a single project within this 'alternative approaches' strand of the programme.

## **2. Mutual support and reciprocal relationships – a viable basis for 'alternative approaches'?**

Government policy for adult health and social care<sup>1</sup> is increasingly moving away from the notion of passive receipt of services. Putting People First<sup>2</sup> focuses on universal services, prevention and early intervention, choice and control and support closer to home. These themes are reflected in many other recent government strategy documents<sup>3</sup> and in practical local and national initiatives. They also underpin the new Coalition Government's emerging planning for health and social care reform<sup>4</sup>.

We have identified that many people see potential in settings, services and ways of living which maximise exchange *i.e. mutual support and reciprocal relationships*. The schemes and models which have been regularly cited are very varied in terms of their scope, history and regulatory framework. They include Homeshare, Shared Lives (adult placement schemes), cohousing/cooperative housing schemes, and Living Support Networks (e.g. KeyRing). Others that are often mentioned include neighbourhood schemes such as Southwark Circle, telephone/internet support groups, micro-enterprises, collectives, care co-ops (of users, not providers), communes, communities such as Camphill, even 'Adopt-a-Granny' schemes. While some work would need to be done to clarify which of these share the common thread of *exchange, mutual support and reciprocal relationships*, we are open to any being considered for inclusion within the scope of the project.

Many of these models have been around for a while – though they have often been developed with and by other 'user groups' (e.g. people with learning difficulties) and people at different stages of life, or indeed as

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<sup>1</sup> Health and Social Care White Paper, "Our Health, Our Care, Our Say" 2006

<sup>2</sup> 2007

<sup>3</sup> including Valuing People, Improving the Life Chances of Disabled People, The National Service Framework for Older People and 'A Sure Start to Later Life'

<sup>4</sup> E.g. Andrew Lansley's keynote speech at the 5<sup>th</sup> International Carers conference in Leeds

intergenerational approaches. Some are much more active and well-established in other parts of the world, and have formed useful international networks to share learning. Recently there has been a growing interest in the UK in such approaches, both among individuals who have begun to search for solutions for themselves, and among policy-makers. Interest from the latter group undoubtedly relates to the resonance of such models with current shifts in policy and practice towards co-production, personalisation, self-directed care and micro-commissioning and, most recently, with the debate about what a strong civil society (the 'Big Society') means, or could mean<sup>5</sup>. Another factor is that, having lived through a period of social change and economic prosperity, people may not be satisfied with more passive roles which their predecessors might have accepted.

Though situated at different points along the continuum between unpaid, informal care and formal, paid services, the approach these models share is based on supporting people in a way which is fluid, negotiable, non-stigmatising and based around relationships and exchange, rather than set tasks or time slots. This common feature – together with their potential for building communities and seeing people as citizens who contribute (as opposed to passive receivers of services) - challenges the boundaries of more conventional service commissioning and provision. These approaches may offer learning for more mainstream services and may have potential for cost savings. It has certainly been suggested that they can reduce needs (and therefore costs) by empowering those involved and possibly by delaying the onset of higher dependency.

However, as most models and schemes have evolved locally, individually and organically, and there has been comparatively little research around them, it is as yet far from clear whether they:

- can really work for - and enhance the quality of life of - those with high support needs (as opposed to other groups and more able and active older people)
- can be replicated, rolled out or scaled up sufficiently across the UK to become viable mainstream options (and whether indeed there is likely to be enough enthusiasm and demand from the public)
- can or could save money by replacing, complementing, or reducing/delaying the need for, other services.

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<sup>5</sup> See for example JRF Viewpoints:  
<http://www.jrf.org.uk/publications/care-and-support-community-responsibility> and  
<http://www.jrf.org.uk/publications/duty-and-obligation-invisible-glue-services-and-support>

### 3. The project we want to commission

We want to commission a significant piece of work which will aim to answer the following question:

*Can settings, services and ways of living which are based on exchange, mutual support and reciprocal relationships really offer viable and replicable 'alternative approaches' for older people in the UK who have, or who develop high support needs?*

A suggested staged approach to the project is outlined below. However, we are very open to other approaches which would also or better meet the aims of the brief and answer the research question above.

Ultimately we want:

- an informed, reflective, analytical and inspiring piece of work which will move us and others forward in our understanding of the relevance of these approaches for older people with high support needs;
- the work to influence those who can make things happen - this piece of research potentially spans several fields of policy and practice, including, most centrally, social care, but also others such as health, housing, design, planning and community development.
- the work to clarify what needs to change to make mainstreaming possible (assuming that is indicated).

We are not looking for a purely academic review, or simply a directory of putative 'good practice' examples.

A suggested approach *might* be:

- Decide on the criteria for approaches (settings, services and ways of living) to be included within (or excluded from) the scope of the programme.
- Identify, summarise and critically review the evidence on all relevant schemes/models – both from the four countries of the UK, and from other parts of the world. Prioritise evidence of impact on empowerment, quality of life and social connectedness; on costs and savings; on barriers and facilitators to replicability. Use published research and 'grey literature', inspection reports (e.g. CSCI/CQC), presentations and conference debates. Carry out interviews (face to face or by phone) with a number of key informants/experts in the UK

and from around the world<sup>6</sup>. Cost in attendance at two or three highly relevant events during the timescale of the project, where evidence and ideas around alternative approaches will be explored<sup>7</sup>.

- Building on the review, identify half a dozen particularly promising or inspiring approaches (whether models or individual schemes) which *have clear relevance to, or potential for, older people who have, or who develop, high support needs*.
- Collect further in-depth information on this sub-group of approaches, probably through a combination of site visits and video-conferencing. Focus on what has made them work and on what would help to make them replicable across the UK. Perhaps support one or two older people (e.g. one over age 70 and with high support needs) to accompany the research team on site-visits. The report would include case studies based on these visits and discussions.
- Concurrently produce or collect video or audio clips, photographic images etc. These may be used to explain the schemes/models to older people who have high support needs, to illustrate the final report, and to support the later influencing phase e.g. at seminars and conference presentations, and on websites.
- Convene (with JRF) key figures<sup>8</sup> from across the UK to consider these examples and help shape the final recommendations. Discuss what is hampering, and what could facilitate, replicability/mainstreaming/upscaling in the UK (and what are the levers/drivers in the current context of ageing demographics and spending cuts).
- Produce a final report which summarises the key learning from all these stages. The final report should include assessment of:
  - the benefits and the risks/limitations/boundaries of the approaches/models explored to quality of life for older people who have, or who develop, high support needs
  - the benefits and the risks/limitations/boundaries for other key stakeholders and perhaps more broadly for society
  - the barriers to setting up successful and sustainable schemes in the UK (e.g. technical, legal, financial, political, cultural barriers)

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<sup>6</sup> JRF has already made helpful connections with key organisations while scoping this project e.g. NAAPS, Cooperatives UK, UK Cohousing Network, Homeshare International, KeyRing, and Hanover.

<sup>7</sup> e.g. 'World Homeshare Congress' (Cologne, July 2011) or 'Cohousing on the National Agenda' (Washington DC, June 2011)

<sup>8</sup> Note: for the convening meetings, we can provide a London or York venue at no charge for up to 20 people.

- the potential and possible facilitators for mainstreaming of promising approaches, including implications for current approaches to risk and regulation amongst regulators, commissioners and providers
- affordability and value for money (including savings or costs in other areas)
- impact in terms of diversity, equality and human rights, and of relationships with family, carers (paid and unpaid) and community
- ‘ingredients’ which could be helpful in more conventional settings/services e.g. domiciliary care, residential homes, housing with care/sheltered housing or mainstream housing
- suggested outcomes measures/benchmarking for approaches of this kind (this could help to start a framework within which these kinds of services could be commissioned and evaluated alongside other more traditional approaches)
- clear recommendations for policy and practice development.

#### **4. Approach and methods**

Underpinning the Better Life programme is a social (as distinct from a medical) model of ageing, health, and disability, as well as a commitment to sustainable, rights-based approaches to increasing the quality of life for older people with high support needs, and to listen to their voices and ask them to define their lives, particularly the things they want and value in life, on their own terms.

The body of work JRF has commissioned over the years suggests that perceptions about the lives of older people with high support needs are often characterised by low aspirations set by older people themselves and others, amounting to ‘dignity’ at the most. Assumptions made by other people are also rife, mostly framed in terms of the limitations of what older people can do. For this reason, we see it as critical that applicants explain *in a concise manner* the theoretical grounding of their proposed work, and how this informs their overall approach and chosen methodology. We encourage applicants to break through the boundaries of viewing older people with high support needs as passive recipients of services whose views and wishes should be articulated by others. We will expect proposals to set out how the perspectives of older people are appropriately gathered in the course of the fieldwork. We would welcome imaginative, sensitive and ethically sound approaches that include older

people with high support needs, for example in setting directions for and advising this research project.

Naturally, as commissioners we want to ensure that the project is worthwhile, both from the perspective of older people with high support needs, and as a source of learning, practice development and 'cross-fertilisation' across various settings where older people with high support needs live. Therefore, applicants are asked to outline in their proposals, in specific terms, their thinking on feedback and payback to older people, and how they, perhaps in partnership with us and/or others, will encourage the use of the findings for wider learning and for policy and practice change. We anticipate the audiences for the report to be wide-ranging: policy makers and key organisations that are 'agents for change', providers and practitioners, older people with and without high support needs, families and carers, as well as the research community and the general public.

We are open to a wide range of methodologies and research tools. Our main concern is to ensure that the selected methods are capable of answering the main research question. Please note that applicants will be required to set out their intended methodology and schedule of work in specific terms. Applicants will also need to detail the risks and potential challenges they foresee to successfully completing the project, and how they are proposing to respond to these.

## **5. Additional considerations**

### **Older people with high support needs – a diverse group**

The project should have *a clear focus on older people with high support needs* (as opposed to other groups/life stages or younger-old people who are relatively active and do not require much, if any, support). Our focus is on older people of any age who need a lot of support due to physical frailty, chronic conditions and/or multiple impairments (including dementia). Most will be over 85 years old. A minority will be younger, perhaps reflecting the impact of other factors linked to poverty, disadvantage, nationality, ethnicity or lifestyle.

Initial work in the programme has identified a number of particularly marginalised groups amongst older people with high support needs. These include people who are lesbian, gay, bisexual or transgender

(LGBT); who have learning disabilities; those from BME communities; those with strong religious beliefs; who are living in poverty; who are living with HIV; who have dementia; and who are travellers. We wish the research team to consider how far new approaches do, or could, meet the needs of these groups, even though we recognise that the extent to which this can be addressed as part of the present research may be limited.

### **What older people want and value**

A research team from the Open University is currently considering the evidence about what older people with high support needs have said about their wishes and aspirations, and also what might be inferred from other evidence. Although work is ongoing in validating these findings with individuals and user-led organisations, key themes emerging include: meaningful relationships; self-esteem; optimised health; appropriate and respectful support; consultation in decision-making; information; roles, activities and pursuits; getting out and about; adequate income; security; independence, interdependence and control.

The research we are commissioning should use these (still developing) criteria to guide the design and operational stage, and also to assess the approaches it is looking at. The validated criteria should be available early in 2011. Further, the findings and recommendations of the Better Life programme research projects will be tested out against these criteria by JRF and also by older people with high support needs.

### **Countries of the UK**

The Foundation's remit is UK-wide and we seek to fund research and development that reflects experience across England, Scotland, Wales and Northern Ireland. It is important that this project considers both the learning from, and the policy/practice relevance to, all four countries. However, we acknowledge that there may be limits to what can be achieved in terms of full geographical coverage.

Reflecting any learning from the differences between urban and rural settings would also be helpful in this project.

### **Ethical issues**

Please indicate the specific ethical issues you will need to address, and how you will do this. If your proposal requires consideration by an ethics committee, please specify this in the proposal, together with any

additional information, for example the expected timescale required for this.

### **Advisory and collaborative arrangements**

A collaborative approach to working with JRF is essential. It is expected that there will be regular one-to-one discussions, either face-to-face or over the telephone, with the Programme Manager regarding project progress and milestones. Your proposal should reflect these requirements.

JRF will set up a Project Advisory Group for this project which will meet 2-3 times during its course. JRF will meet the costs for venues, refreshments and travel expenses.

The team will also be expected to have some involvement in the broader Better Life Programme, for example by presenting interim or final findings to the Programme Advisory Group or at other events to be agreed with the Programme Manager (including possibly to groups of older people with high support needs). We will also expect project teams working within the same programme to liaise with each other, if and where appropriate, to minimise any overlap and support mutual learning.

Your proposal should reflect these requirements. Please allow up to 6 days in your budget for these activities.

## **6. Outputs**

We will require a progress report (approx 3,000-5,000 words) at the end of the first six months of the project. This report will summarise the work undertaken so far, the key issues associated with the research topic and further work to be undertaken.

The main output required is an illustrated report of approximately 20,000 words. In addition, a summary document (a 'Findings' or 'Solutions' in JRF style) will be required. [You will not need to budget for the publication of these outputs.]

As part of the main output, we will look for short case studies/examples illustrating particular issues, and testimonials representing the perspectives of those who participated in the research (preferably in the form of short video or audio clips), which can be used by us and by the

research team to disseminate the findings. We would particularly welcome contributions from older people, including those with high support needs. Please factor these costs into your project budget.

Applicants may also wish to propose additional approaches to support effective dissemination, influencing and learning (such as the provision of online resources or events in different formats). We will consider additional ideas for dissemination and supporting policy or practice change at a later stage in the project and wider programme.

## **7. Budget**

The budget for the commissioned work is up to a maximum of £130,000.00; including VAT if applicable. Applicants will need to include in their budget all expenses associated with undertaking the work, including all aspects mentioned in the brief, such as attending events/conferences, site visits, convening meetings, involving older people, producing video/audio clips etc.

No additional costs will be available apart from those mentioned specifically in the brief (i.e. to publish the final report and summary; to cover the venue, refreshment and travel costs for the JRF Project Advisory Group; and to support additional dissemination where agreed at a later stage).

## **8. Timescale**

The successful project will be notified by 10 December 2010. The project timescale can be up to 20 months assuming a start date of 4 January 2011. The project must complete no later than 1 September 2012 (this is to allow sufficient time for the completed project to inform the final stage of the whole programme).

## **9. Application process**

Applicants are advised to read the Funding section of our website before submitting a proposal. The Application guidelines contain the necessary forms for completing a proposal. **IMPORTANT:** On the front page of the proposal registration form, in the project title box, please prefix the title of your proposal with the code: AA1.

Two unbound hard copies of all documents are required. Please also email a Word version of the complete proposal and summary forms and also the Excel budget form to:

Christine Appleton  
Policy and Research Department  
Joseph Rowntree Foundation  
The Homestead  
40 Water End  
YORK  
YO30 6WP  
[christine.appleton@jrf.org.uk](mailto:christine.appleton@jrf.org.uk)

Both email and hard copy versions need to reach us by 2.00pm on **Tuesday 5 October 2010**. No late applications will be considered.

#### **APPLICATION TIMETABLE**

Call for proposals sent out	19 August 2010
Deadline for receipt of proposals	2.00pm on 5 October 2010
Notification re short-listing	By 19 October 2010
<b>Interview for short-listed applicants</b>	<b>27 October 2010</b>
Notification of decision	By 10 December 2010
Start of project	4 January 2011
Submission of progress report	4 July 2011
Submission of draft final outputs	30 June 2012
Submission of final outputs	31 August 2012

The proposals will be reviewed by JRF staff and an independent expert reviewer. JRF reserves the right to ask for further clarification on any aspect of the proposal.

**Interview:** The process is likely to include an interview of shortlisted teams (including a representative of each main partner if it is a partnership bid) to be held on **Wednesday 27 October 2010** (venue: York or London – to be confirmed). *Please ensure that you keep this date free – no alternative dates will be possible.* This is likely to involve a brief presentation followed by an interview with a panel of JRF staff plus an external assessor. Reasonable travel expenses will be paid for up to two team members (plus, if appropriate, one representative per main partner).

Proposals will be assessed against the following main criteria (not in order of importance):

- Demonstration of understanding of, and commitment to, the questions/issues to be addressed and of appropriate theoretical grounding
- Relevance of the proposed approach, including methods and analytical framework
- Demonstration of ability to draw appropriate conclusions from a broad evidence base, to build on it to develop ideas and to promote practice change
- Demonstration of ability to understand and appropriately address risks, ethical issues, feedback and payback issues for older people, UK coverage
- Evidence of knowledge, experience and credentials in relation to the area and type of work
- Track record of actively involving the target group(s) of your research in the research process
- Value for money
- Demonstration of capacity to carry out the work to a high standard within timescale and budget.

Where partnership bids are submitted, we will be looking for clarity on the roles and responsibilities of each party and clear arrangements for coordination and project management.

Judgments about proposals are made on the basis of what is written down, and proposals are most often rejected because insufficient information has been provided about key aspects of the research methods, a lack of clarity about what is planned, or a mismatch between aims and methods. Applicants are advised to be clear about their proposed approach and to ensure that they respond fully to the criteria.

If you have administrative or budget queries, please contact Christine Appleton ([christine.appleton@jrf.org.uk](mailto:christine.appleton@jrf.org.uk), 01904 615911). Please note that we are not able to discuss the substance of proposals, including proposed research sites, approaches, methodologies etc.

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