

CALL FOR PROPOSALS

A Better Life for older people with high support needs: Housing with care - community or care setting? Boundaries of roles and responsibilities (Code HWC2)

Summary

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

Timescale: up to 20 months (end date no later than 31 August 2012)

Budget: up to £75K (including VAT) - one project only

Contact: Christine Appleton, Research Administrator, Policy and Research Department: christine.appleton@jrf.org.uk

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 boundaries of the roles and responsibilities of providers who run housing with care schemes, and in particular, how these issues affect the lives of older people who have high (or increasing) support needs.

1. Background: the 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. We are commissioning a range of work to inform and produce clear, costed recommendations for policy and practice that can help older people with high support needs now and in the future. By gathering evidence, and using it to influence policies and practice, we aim to achieve sustainable changes to services and support so older people who need a lot of support can enjoy a better life and greater choice.

This research project is related to the **housing with care** strand of the Better Life programme. The strand aims to influence policy and practice development on how Housing with Care schemes can *support and sustain* diverse older people who have/develop high support needs. However, the research will also need to make links with other parts of the programme focusing on residential care and community settings so that the relevant learning is shared throughout.

2. The project we want to commission

Housing with care: a complex picture

In order to set the scene for the research we wish to commission, we set out below our current views on a number of aspects of housing with care schemes. These are important because they help frame the main research question and our expectations regarding the direction, breadth and depth of the research.

Housing with care is a relatively new housing concept and does not have a single definition. Broadly speaking, the schemes offer care if needed, alongside a varying range of leisure and other on-site services and facilities. A wide variety of housing with care schemes exist, from large retirement villages to small schemes designed to offer a substantial level of care. Some, but not all, will also have care homes on site. In some schemes, the housing provider also runs care and support services, whereas in others, care services are provided by one or more separate organisations. Despite this diversity, housing with care schemes should be seen as distinct from both care homes and sheltered housing (neither of which are the primary focus of this research).

Even though the availability of on-site care is a key feature, housing with care is essentially seen as a *housing* model, since those living in the schemes have security of tenure on their property, either in the form of full or part-ownership or tenancy rights. Furthermore, schemes often offer community facilities and activities that incur a regular service charge. In terms of the legislative and regulatory framework, housing with care is not a unique category, and is therefore covered by a range of housing, community care and other legislation and rules.

Schemes are also diverse as regards entry criteria, the ethos promoted by the scheme and the mix of staff they employ. Schemes can incorporate older people with a varying range of abilities and needs:

some of them will have high support needs, whereas others may have none. Importantly, housing with care schemes create communities, but due to their age-specific nature, these communities will have specific attributes and issues.

Altogether, housing with care schemes present a complex set of relationships, with varied roles, responsibilities, and expectations regarding these. Given that many of the schemes are still new, there is also likely to be some room for re-negotiating the boundaries of roles and responsibilities between providers, individuals, their families and carers on the one hand, as well as between providers and the communities living in the schemes on the other. Through all this, the way housing providers perceive and dispense their roles and responsibilities is key in ensuring that housing with care schemes provide a good living environment.

However, within the existing fragmented (but also shifting) legislative and regulatory framework, housing providers' responsibilities towards individuals, their families and carers and the local community are not always clear-cut. There are also grey areas on the interface between the responsibilities of housing providers, care provider(s) and social services (assessment, care management and commissioning), for example, in ensuring that individual care and support needs are met, especially when there are signs of new or increasing needs.

Just as importantly, housing providers have regulatory, 'peace keeping' and activity organising roles and responsibilities within a scheme. These depend on a variety of factors such as the ethos promoted by the scheme (for example, regarding active communities), the particular mix of the population living there, as well as the expectations of groups and individuals living in the scheme, their families, carers, and the local community.¹ It is clear that the capacity of communities living in housing with care schemes can also differ regarding initiating and organising activities, setting and ensuring adherence to unwritten rules and norms, and negotiating those set by the housing provider.

The interplay between a number of key dynamics, including those outlined above, will ultimately result in different 'regimes' in terms of the

¹ Although various interpretations exist as to what constitutes a community, when we refer to 'community' in this document we mean the population living and working in a housing with care scheme, together with the relationships and resources commonly associated with a 'community'. 'Local community' in this context means the wider community of which a housing with care scheme is a part.

'degrees of freedom' individuals living in the scheme will have. This will naturally affect the opportunities to have their voice heard and exercise choice and control in their lives. This is a particularly important issue in the case of older people with high support needs, whose individual freedom can be easily limited by the way others fulfil their roles and responsibilities towards them.

The main research question the project is expected to answer is: *what are the boundaries of the roles and responsibilities of providers who run housing with care schemes, and in particular, how do these issues affect the lives of older people with high (or increasing) support needs?*

Within this, we have identified a series of additional questions which we believe will lead to insights that are timely, important and relevant.

Applicants are invited to prioritise and/or refine these in submitting their bid, providing a rationale for the proposed focus:

- How far does providers' responsibility extend in terms of ensuring the right of the individual to privacy, and at the same time, the right of others living in the scheme to organise activities and behave in a neighbourly way, without interference or restrictions?
- What are providers' responsibilities in ensuring that people (especially those with high support needs) are safe, both physically and from potential abuse?
- What are the boundaries of responsibilities, and the existing mechanisms for fulfilling these, in terms of ensuring that people who had no prior care needs (or had a lower level of needs) receive the care they need, without housing (and care) providers overstepping their mandate?
- How are housing (and care) providers' responsibilities affected by the changing regulatory landscape, and what effect will this have on the lives of those in housing with care schemes?
- When housing and care services are provided by separate organisations, how does this affect roles and responsibilities?
- What are the (intended and unintended) consequences on those living and working in a scheme of responsibilities being perceived in certain ways? In particular, how do differing approaches affect

the opportunities of older people with high (or increasing) support needs to exercise voice, choice and control?

- What are the perspectives of older people (with and without high support needs), relatives, carers, and staff on key aspects of providers' roles and responsibilities? What are their expectations and to what extent are these met by providers? What other perspectives are significant in framing expectations (e.g. the local community, local health professionals and commissioners of care services)?
- What are the cost aspects of roles and responsibilities being assumed in specific ways, and how do these relate to realised or potential benefits to providers, and to people living, visiting and working in the scheme?
- It would be desirable for the research to explore links between these issues and the ability of housing with care schemes to provide a home for life for older people with high support needs. However, it is recognised that this will also depend on the available evidence.

Although the issues to be investigated are multi-faceted, the research is *not* intended to be a comprehensive mapping exercise of varying approaches within housing with care schemes. However, the research team will need to ensure that key findings are underpinned by robust evidence.

3. 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 expect the research to be theoretically sound and based on robust evidence, and we want to ensure that the findings are relevant and accessible to, and address key concerns of, a **wide-ranging audience**. Whilst we wish to engage policy makers and key organisations that are ‘agents for change’, it is important that the research also speaks to housing and care providers, practitioners in housing with care schemes, older people with and without high support needs living in, or thinking of moving into, schemes, their families and carers, as well as the research community and the general public.

As already outlined among the research questions, we would strongly encourage applicants to include a range of **perspectives**, including those of older people both with and without high support needs. We also 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 will be 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, we as commissioners 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.

As regards the use of specific **methods**, we are open to considering suggestions by applicants. 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.

4. 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). By this we mean 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 services and/or models that it draws upon. 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 it seeks 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.

Ethical issues

If your proposal raises particular ethical issues, please indicate what they are and what your strategy for addressing them is in specific terms. 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.

Please note that JRF no longer automatically sets up Project Advisory Groups for every project we fund, and advisory arrangements will be discussed with the successful contractors when the decisions on who to fund have been made. You will not need to budget for venue charges and refreshments within your proposal.

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.

Regarding this particular project, a potential area for joint working will be with the project team of the 'Affordability, choices and quality of life' project, which is expected to start at the same time as this project. The 'affordability' project will focus on people who are required to pay for

their own personal care (fully or partly). One of the questions the project is expected to address is concerned with the process of making decisions about paying for care once people develop care needs (for example, who tends to initiate a discussion of potential care needs) and who makes these decisions.

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

5. Outputs, budget and timescale

We envisage the following **main outputs** from the project:

- We will require an *initial report* (approx 3,000-5,000 words) at the end of the first four months of the project. We envisage the core of this report to be a 'think piece', which will consider the key issues associated with the research topic. The report may make suggestions regarding refining specific research questions further, and the methodology necessary to accommodate these (but please note that there will be no additional funding available at this point).
- The main output required is a *final report* of approximately 15,000-20,000 words. In addition, a *summary Findings in JRF style* (up to 2,300 words) 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 (for example in the form of short audio or video clips), which can be used by us and by the research team to disseminate the findings. We would particularly welcome contributions by older people 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). Please indicate the estimated cost of these approaches, however you will not need to include these costs in your proposed budget. We will consider additional

ideas for dissemination and supporting policy or practice change at a later stage in the project and wider programme.

The **budget** for the commissioned work is up to £75,000.00; including VAT if applicable. Applicants will need to include in their budget all expenses associated with undertaking the work.

The **duration** of the project is 20 months, to end no later than 31 August 2012.

The anticipated timescale is as follows:

Call for proposals sent out	19 August 2010
Deadline for receipt of proposals	2.00pm 5 October 2010
Notification of decision	By 10 December 2010
Start of project	4 January 2011
Initial report	29 April 2011
Submission of draft final report	31 July 2012
Submission of final report	31 August 2012

6. Submitting a proposal

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: HWC2.

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

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

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.

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.

If you have administrative or budget queries, please contact Christine Appleton (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.

END