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Faculty of Health and Social Care

Using co-creation to explore public and professionals' awareness of location and types of care services (the Continuum of Care) available to older people: A qualitative approach

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Executive Summary - July 2023

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Background

The COVID-19 pandemic has raised some fundamental questions surrounding the provision of home care (domiciliary care) and care services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence seems to suggest that an individual is better placed in their own home as opposed to a nursing / residential care home. However, there is limited evidence to corroborate these claims. The Continuum of Care and Care Spectra, in our opinion, are essential attributes and characteristics aligned to understanding individuals' experiences of health and wellbeing throughout the life-course. The Continuum of Care highlights and represents the individual's lifespan from birth to death (dependent, independent to possible dependency), running in parallel to health and wellbeing. The Care Spectra are associated with specific elements relating to maintaining optimum quality of life. For example, Technology Spectrum is about having minimum or advanced enhanced or assisted technology to keep someone safe at hospital, home and/or in a care facility. The Care Provider Spectrum focuses on the place where care is provided

i.e., in health and/or social care facilities and delivery type ranging from informal to specialist care. It is imperative that both the Continuum of Care and Care Spectra help people and society shift the perspective from personal success and failure. It is a matter of personal preferences.

Funding

The service evaluation project is funded by the Impact and Research Co-Creation Programme in partnership with Halton Borough Council, facilitated by the Research and Innovation Office (RIO) and in support of the Research and Knowledge Exchange Institutes (RKEIs) at the University of Chester.

Service Evaluation Aims and Objectives

Aims

Using a co-creation approach, this service evaluation aimed to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study.
This is essential in shaping our understanding care services going forward. By gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people.

Objectives:

1: To use the existing Research and Practice Development Care Partnership to facilitate engagement with stakeholders and experts in older people services to identify the opportunities and challenges resulting from the Continuum of Care. [Professionals]
2: To undertake an exploratory review of the literature to explore the context of the Continuum of Care and identify how different types and location of care services influence outcomes such as benefits, harm and costs as regard older people's quality of life.
3: To apply a qualitative co-created methodology to explore public perceptions and awareness of the Continuum of Care concerning older people. [Public]
4: To devise a sharing and dissemination strategy to help inform and enhance professional, clinical practice, educational and research priorities, and activities for our community and beyond.

Methodology

The service evaluation adopted a co-creation design and associated principles aligned to qualitative inquiry. The approach provided a logical and effective approach including: discovery: what is working well, envision: what would we like to see more of, co-create: how we achieve our aims and embed: what works well.

Several methods were sequentially operationalised through four activities to achieve the aims and objectives of the service evaluation. These were:

- Activity 1: Professional and Stakeholder Engagement Events
- Activity 2: An Exploratory Literature Review
- Activity 3: Public Engagement Events, comprising of 5 creative engagement methods;
    - Snap judgement
    - Three words
    - Idea Board
    - Role Play Scenarios
    - Survey
- Activity 4: Sharing and Dissemination

Service Evaluation Context

The service evaluation was conducted using a combination of online and public engagement activities with health and care workers and the public in the Borough of Halton in North West England.

Sampling

A total of 18 professionals and stakeholders participated in activity 1 and 118 members of the public contributed to activity 3 across the various creative engagement methods resulting with over 400 participant interactions.

Ethical and Research and Development Approvals

The service evaluation obtained approval from the University of Chester, Faculty of Health, Medicine and Society Research and Governance Committee.

Findings

In relation to Activity 1: comprising of 5 sessions (3 online and 2 face to face) 18 professional and stakeholders from across 7 care sector organisations participated in the event. An endorsement of the overall co-creation service evaluation design, and the 5 creative

engagement methods for activity 3 was provided. Mechanisms for improving the approach included expanding the number of events and locations. Key challenges experienced by the care sector were identified. These included, workforce and skill mix shortages, a lack of reward and recognition and the desire to see a fair pay parallel to health sector workers.

Activity 2, Exploratory Literature Review of national and professional databases primary message was that when developing services for people of old age it is of great importance to consider the services that reinforce recovery, adaptation and psychosocial growth.

Activity 3, Public Engagement Events were undertaken over 3.5 days, covering 7 venues comprising of libraries, care facilities and marketplaces. The five innovative creative engagement methods enabled participation based on their availability of time to complete some or all of the activities. The creative engagement methods generated the following results:

1) Snap judgement n=126: highlighted interaction by age-range, the choice of location of care
2) Three words n= 91: love, care, caring, hospital, support and happy most popular word
3) Notice Board n=110: 7 sessions, 18 broad themes, 6 consolidated themes
4) Role Play Case Scenarios n=63: 6 choices, most accessed scenario D and least accessed scenario B.
5) Survey n= 41: 68.3% female, 31.7% male, mean average age 63, range of ages 22-89, residents of Halton 82.9%. Preferred location of care was own home (75.6% of respondents), closeness to family and friends most important factor in choice of care (85.4%), followed by cost (70.3%). Wide variety of sources identified to gain information about care. Desire expressed for local community based care options.
Total: 451 interactions.

In brief the results highlighted a strong commitment and desire from professionals, stakeholders and the public to engage with the activities. There was variability of awareness of the location, types and places of care. Participants sought information about care services from a variety of sources.

A synthesis of the all the activities generated 6 key themes as follows:

- Communication and Information
- Public Image and Perspectives of Care Service

- Place and Types of Care Services
- Funding
- Resources and Support
- Impact and Outcome

Several recommendations and limitations focusing on enhancing the project and services were identified.

Conclusion

Co-creation and creative methodologies have proved useful tools in evaluating awareness of care services available to older people, by both the public and professionals. The findings highlight the importance of location in terms of both the home (care provided at home) and the community (care services embedded in communities allowing closeness to family and friends, ease of access to services and local amenities e.g. GP, Library services, opportunities for connecting with people to avoid social isolation).

The feedback regarding Halton Borough Council's drive to reform the care services was overwhelmingly positive and the data allowed the development of some recommendation to continue this important work.

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1 Background

The COVID-19 pandemic has exposed some of the best areas of care and practice in the caring sectors along with their deficits. These include but are not limited to the following: failure in safety and governance systems and processes, workforce and skill mix shortages, lack of education and training, lack of care and compassion, insufficient capital and financial investment and limited access to personal protective equipment and other resources.

Care and caring are fundamental principles and are often regarded as 'threshold concepts' and are essential understandings central to a health / care / allied profession or professions (Meyer and Land 2003). Care is awash with threshold concepts, for example, 'caring' is the bedrock of the nursing profession and by extension could be argued central to care professionals and workers. Similarly, 'person-centred' is a major component for the delivery of 'individualised care'. Both concepts could be regarded as primary "threshold concepts". Like care and caring the 'Continuum of Care' (CoC) – "care options that follow an individual through time, adapting to their changing needs", and 'Care Spectra' (CS) – mechanisms that aid and support individuals along the Continuum of Care, we would suggest, are threshold concepts (see Appendix 1 for elaboration of these emerging concepts).

The CoC and CS are disciplinary-specific knowledge requirements for care workers essential to the delivery of safe, quality care and services across the care sector. If a care worker fails to understand these the following may be impeded. Firstly, the way in which care workers and practitioners make sense of their working environment and professional world. Secondly, how they engage with their future education and training through continuous professional development. Thirdly, their confidence, capability, and competence to undertake their roles and responsibility both efficiently and effectively. Finally, threshold concepts are "central to the mastery of a subject" (Cousin, 2003).

The challenge and difficultly surrounding the application of "threshold concepts" specifically to care is twofold. Firstly, in raising awareness of what they mean together with their characteristics and how they influence the Continuum of Care and Care Spectra. Secondly in highlighting their importance of facilitating care worker and practitioner learning (Meyer and Land 2003; Clouder, 2005; Bellingham-Yong, 2015).

In parallel to the above the COVID-19 pandemic raised some fundamental questions surrounding the provision of home care (domiciliary care) and care services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence suggests that an individual is better placed in their own home as opposed to a nursing care home. However, there is limited evidence to corroborate these claims.

Focusing on the Continuum of Care and Care Spectra in our opinion are essential attributes and characteristics aligned to understanding individuals' experiences of health and wellbeing throughout life's course. The Continuum of Care highlights and represents the individual's lifespan from birth to death (dependent, independent to possible dependency) which has running in parallel health and wellbeing. The Care Spectra are associated with specific elements relating to maintaining optimum quality of life. For example, Technology Spectrum is about having minimum or advanced enhanced or assisted technology to keep someone safe at hospital, home and/or in a care facility. The Care Provider Spectrum focuses on the place where care is provided i.e., in health and/or social care facilities and delivery type ranging from informal to specialist care. It is imperative that both the Continuum of Care and Care Spectra help people and society shift the perspective from personal success and failure. It is a matter of personal preferences (Weil and Smith, 2016).

The service evaluation project is funded by the Impact and Research Co-Creation Programme in partnership with Halton Borough Council, facilitated by the Research and Innovation Office (RIO) and in support of the Research and Knowledge Exchange Institutes (RKEIs) at the University of Chester.

The service evaluation project is guided by the following overarching question:

To what extent do care service professionals and stakeholders have an awareness of the 'Continuum of Care' and how well informed are the public regarding care service provision?

2. Service Evaluation Aims and Objectives

2.1 Aims

Using a co-creation approach, this service evaluation aims to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study.

This is essential in shaping our understanding going forward. By gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people.

2.2 Objectives*:*

1: To use the existing Research and Practice Development Care Partnership to facilitate engagement with stakeholders and experts in older people services to identify the opportunities and challenges resulting from the Continuum of Care. [Professionals]

2: To undertake an exploratory review of the literature to explore the context of the Continuum of Care and identify how different types and location of care services influence outcomes such as benefits, harm and costs as regard older people's quality of life.

3: To apply a qualitative co-created methodology to explore public perceptions and awareness of the Continuum of Care concerning older people. [Public]

4: To devise a sharing and dissemination strategy to inform and enhance professional, clinical practice, educational and research priorities, activities for our community and beyond.

3 Methodology and methods

3.1 Service Evaluation Design

The service evaluation is designed around the principles of co-creation. This according to McSherry et al. (2018) is ideal in this context because it offers a simple, logical, and highly effective phased approach through “discovery’. Discovery in this instance is about establishing what is working well, what needs to happen more of the time to improve the situation, and whether there was sufficient preparation to achieve goals. Qualitative inquiry enables the team to explore and evaluate the opportunities and challenges surrounding the Continuum of Care for older people.

3.2 Service Evaluation Process

The service evaluation process utilised four activities to achieve the aims and objectives of the project, as summarised in Figure 1.

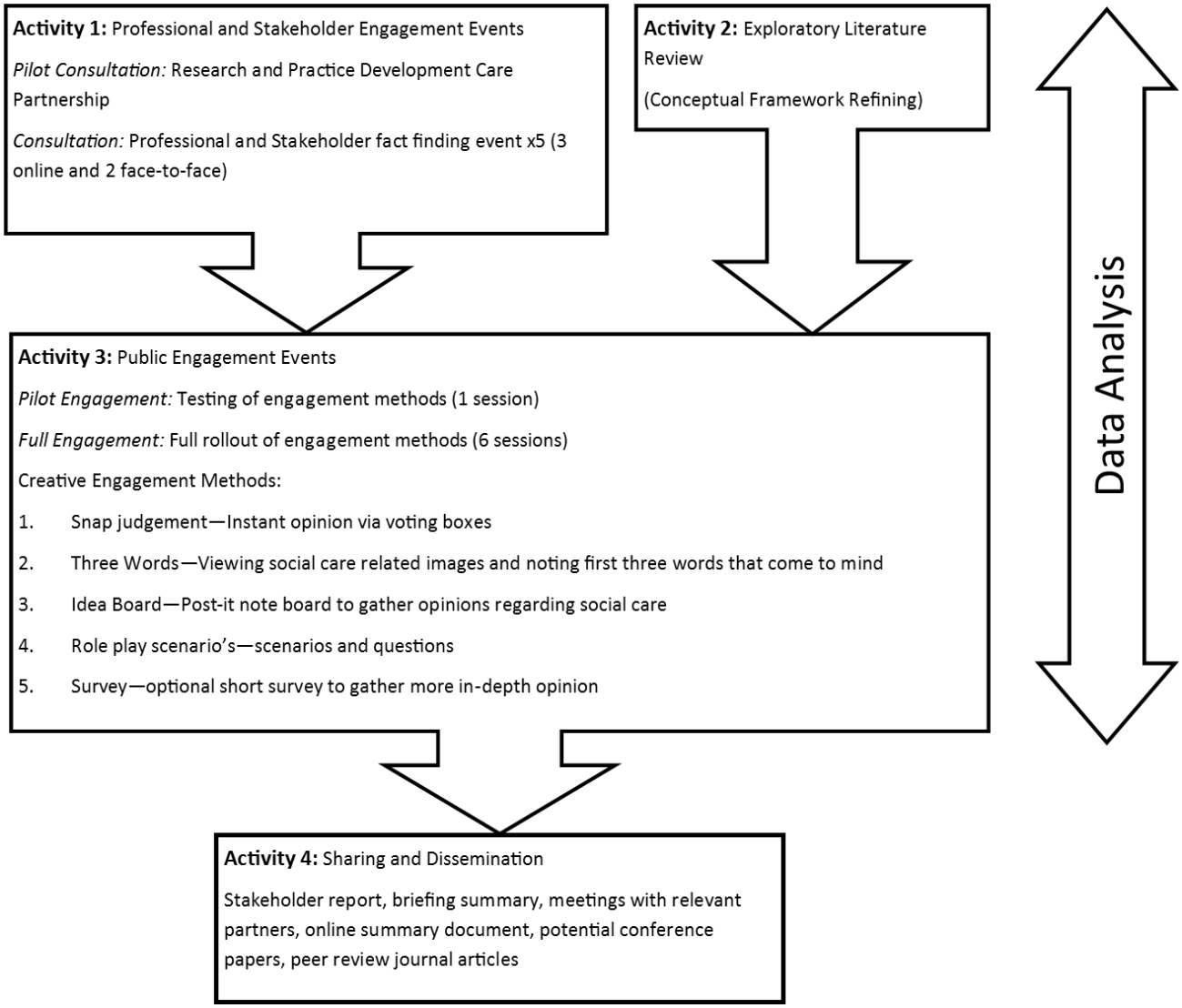


Figure 1: **Summary of Service Evaluation Processes (Activities 1- 4)**

3.2.1 Activity 1: Professional and Stakeholder Engagement Events

These events involved an Initial Consultation: Professional and Stakeholders event designed to obtain the potential stakeholder and participant's perspectives surrounding the proposed format and methods for the activities. Following this, five events were held, two face to face at a Halton Borough Council venue and three online via Microsoft Teams. The duration of these events was no longer than 90 minutes. The format for the engagement activity comprised of a briefing outlining the service evaluation framework. This was followed with a series of five discussion points:

- Professional opinions of the care sector
- Perspectives on co-creation and project design
- Thoughts and opinions associated with creative methods

- Perspectives on the Continuum of Care and Care Spectra
- Any other relevant points

3.2.2 Activity 2: An Exploratory Literature Review

An exploratory literature search included general market surveys conducted nationally such as that of IPSOS, newspaper articles such as the Guardian. This baseline search enabled the project team to gain general insight of the public's perception of the current social care context. The search was then conducted in google scholar search engine with reference list revealing previously published research. A review of these resources enabled the design of a scoping search framework of Population, Intervention, Comparator and Outcome (PICO) framework, using an updated strategy from Boland et al (2017), and shown in Table 1. Limits were set for research published in English and conducted or published between 2018 and 2023. This limitation is to allow retrieval of research published in the past five years and to exclude already been identified.

***Table 1*: Primary search terms and strategy**

Elements	Search strategy
Population	'Adults 65 years old or greater' **AND**
Intervention	'Home care' OR 'home care with support' OR 'living home with technology' OR 'companionship care' OR 'live-in care' OR home nurs* OR 'shared care' OR shared liv* OR 'extra care housing' OR 'retirement village' OR 'community-based care' OR 'retirement village' OR 'adult day care centre' OR 'at home friend' OR 'at home companion' OR 'at home visitor' OR 'family care support' OR 'domiciliary care' OR 'shared living' OR 'sheltered accommodation' OR 'support care' **AND**
Comparator	

	'nursing home care' OR 'care home care' OR 'hospital rehabilitation' OR 'respite care' OR 'long-term care'
	AND
Outcome	'physical health and wellbeing' OR 'psychological health and wellbeing' OR 'mental health and wellbeing' OR morbidity OR mortality OR 'functional status and dependence' OR activit* OR 'quality of life' OR fall*

3.2.3 Activity 3: Public Engagement Events

Public engagement activities commenced following the completion of Activity 1. A pilot of the public engagement methods was undertaken in Halton. Following revisions, a full rollout of the public engagement activities was conducted over a three-day period across six separate public engagement locations in Halton. The duration of each session was no more than 4 hours. The agreed format implemented following the pilot activity comprised of series of five creative engagement methods, as shown in Figure 2).

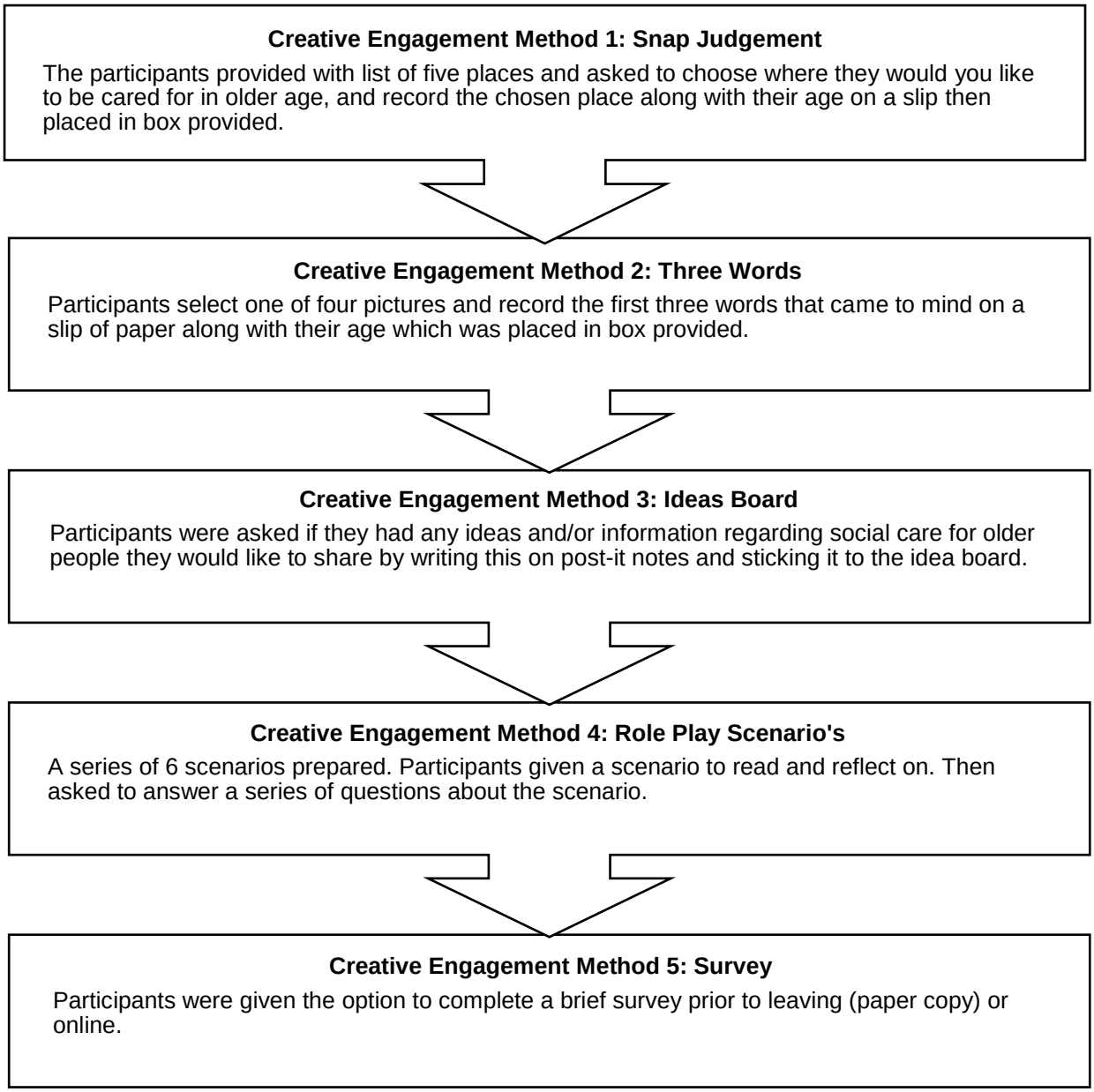


***Figure 2*: Creative Engagement Methods**

The creative engagement methods incorporated a new novel feature into the design processes. This was in the way participant responses were captured, moving from the short quick responses requiring minimal time to, the more detailed responses needing more time to engage.

3.2.4 Activity 4: Sharing and dissemination

The service evaluation team intends to disseminate the findings of the project to academics, health and care staff, partners, and other interested parties.

3.3 Recruitment and sample

The recruitment for Activity 1 (stakeholder engagement) was facilitated via the Research and Practice Development Care Partnership. Representatives of the group circulated an invitation email (see Appendix 2) and Participant Information Sheet (see Appendix 3) to a list of stakeholders held by the partnership. A cross sectional representative membership of care sector workers, organisations and associated partners was achieved.

Activity 3 (public engagement) was advertised on Halton Borough Council social media platforms and notice boards highlighting the date, location and times of the various events. Participants attending the events were encouraged to read and review a participant information leaflet/poster (Appendix 4). On reading and reviewing the poster they consented to participate in the various activities.

3.4 Ethical Considerations and participant support

3.4.1 Consent and confidentiality

Consent was obtained from adults over 18 years of age to participate in activities 1 and 3. Consent for activity 1 was integrated within the Participant Information Sheet**.** After reviewing the leaflet/poster verbal consent for activity 3 was provided by the participant prior to engaging with the creative engagement methods**.**

All information is anonymous and is maintained throughout the duration of the project. Information and data are password protected and stored on University of Chester main drives to protect the data and information. Access is only available to the service evaluation project team identified in the project.

3.4.2 Anonymity

Participants for activity 1 and 3 were informed in the Participant Information Sheet (see Appendix 3) and Participant Information Leaflet/Poster (see Appendix 4) that anonymity will always be maintained throughout the duration of the service evaluation. All information is non-identifiable in any sharing and dissemination of the findings.

3.2.3 Dealing with potential risks and management

The service evaluation posed limited risk to participants given the fact that we were seeking opinion and information which is already available in the public domain. A potential risk to highlight was the safety of staff undertaking the activities specifically within the public areas of Halton. A comprehensive risk assessment was undertaken and mitigating measures implemented to safeguard all staff members undertaking fieldwork. The service evaluation team received a written letter from the council authorising the public engagement consultations for review should they be challenged.

4 Findings from each Activity

4.1 Demographic overview

Tables 2 and 3 summarise the dates, locations and demographics of the stakeholder events and the public engagement events in turn.

***Table 2*: Stakeholder events demographic summary**

Stakeholder and partners engagement Events				
Date	Time	Mode	Participant areas of work/specialty	**No attended**
21/03/23	AM	Face-to-face	Local and National Voluntary and Charitable Organisation National Health Service Halton Council Primary Care Rehabilitation Services Health and Wellbeing related Social Enterprises Carers Organisations Local government elected members	**2**
21/03//23	PM			**5**
24/03/23	AM	Online		**4**
24/03/23	PM			**6**
11/04/23	AM			**1**
TOTAL				**18**

Table 3: Public events demographic summary

Public engagement events			
Date	Time	Venue	**(minimum)[1] No. seen**
28/03/23	AM	Halton Lea Library (Pilot)	**8**
17/04/23	AM	Widnes Market	**20**
	PM	Widnes Library	**20**
18/04/23	AM	Halton Lea Library	**18**
	PM	St Luke's Nursing Home	**12**
19/04/23	AM	Carer Group Meeting	**15**
	PM	Widnes Market	**33**
TOTAL			**126**

[1] These figures represent the minimum number of participants – as the five engagement activities were completed at different rates, from people completing just one, to those who completed all five, the minimum number of people seen is based on the activity which recorded the highest number of completions, i.e., the snap judgement including the pilot (though the pilot data is not included in the results).

4.2 Activity 1 – Professional and stakeholder engagement events

A total of 18 participants attended across the 5 events, with a range of organisations and care-allied work specialities represented (see Table 2). The events were focussed around a PowerPoint presentation (provided in Appendix 5) encouraging open discussions regarding professional opinions of social care and the co-creation and fitness of the creative methods for purpose framed around a series of questions identified in section 3.2.1 (page 15-16). Overall, the participants to the professional and stakeholder events agreed with the use of the co-creation and creative methods in the data collection for the public events, the following suggestions were made:

1. To consider audio format for scenarios (due to ethical and time constraints this was not practical. However, the feedback is noted for any future events).
2. To be mindful in use of some terminology for example, the use of the term 'institution' referring to care and nursing homes.
3. To consider and suggested additional public engagement sites. Several of the recommended sites were included.

During the discussion several emerging themes developed, as illustrated in Figure 3.

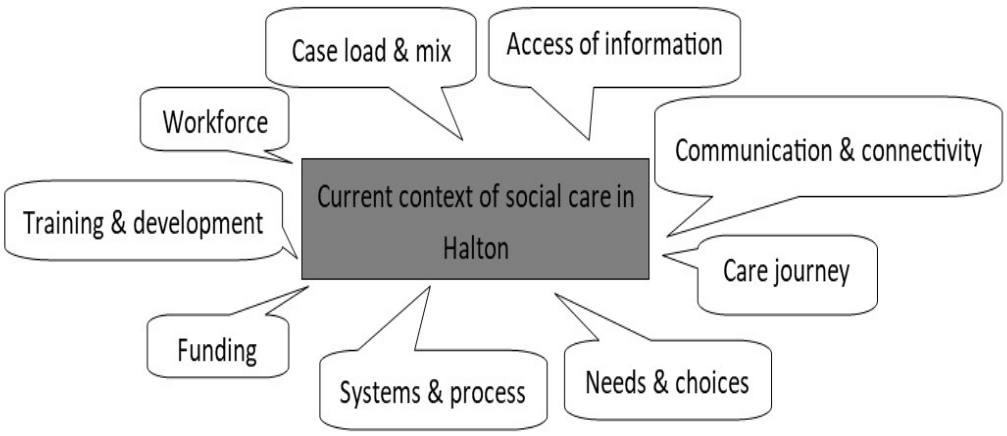


***Figure 3*: Emerging themes during the professional and stakeholder events**

4.3 Activity 2 – Exploratory literature review

At the time of writing, the literature review is still ongoing. Thus far, most of the reviewed literature favoured home as the favoured location of care (Shaw et al 2018; Bolan et al 2017; Smith-Carrier et al 2017; Beswick et al 2010). Although, aging in place highlights the socioemotional components that act as barriers to remaining in the home, it often neglects actionable safety features of the home which may also pose a threat (Brim et al 2021). These include categories home mobility and safety, personal health, access to community services, home improvement and maintenance needs, general safety concerns, and bathroom safety (Brim et al 2021). Moreover, successful ageing in terms of autonomy and wellbeing – can occur in people who are very dependent on others for daily living (Beswick et al 2010). When developing services for people of old age it is of great importance to consider the services that reinforce recovery, adaptation and psychosocial growth (WHO 2015). These may be particularly important in helping people navigate the systems and marshal the resources that will enable them to deal with the health issues that often arise in older age (WHO 2015). Figure 4 summarises the overall evidence in reviewed literature.

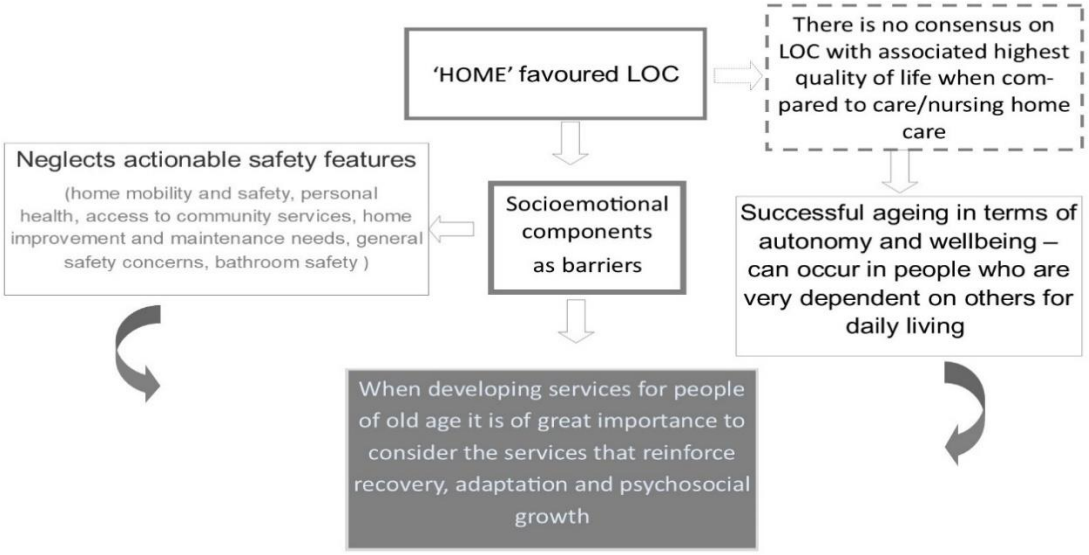


***Figure 4*: Summary of reviewed evidence on favoured Location of Care**

4.3 Activity 3 – Public Engagement Events

4.3.1 Pilot

The public engagement pilot event enabled the testing of the creative methods, and the following amendments were made:

1. *Snap judgement:* provide example of sheltered care
2. *Three words:* reduce number of photographs
3. *Idea board:* reduce structure
4. *Role play/ Scenarios:* develop template to capture data more accurately
5. *Survey:* more multiple choice, less free text

4.3.2 Creative Engagement Method 1: Snap Judgement

The snap judgement is where the participants were asked to pick location of choice of care amongst 5 options of:

A. To live in your own home with help from friends and family

B. To live in your own home with adaptions and domiciliary care workers to support you

C. To live in a retirement village

D. To live in a flat in assisted living facility

E. To live in a residential care home.

There was a total of 118 interaction at this activity. Most of the responses (60.2%, n=71) were from participants age range 55 – 89 years and the least 39.8% (n=47) from the participants age range 18 – 54 years. The highest response rate came from participants age range 55-64 (25.4%, n=30, and the lowest from those of age range 18-24 (5.1%, n=6,), Figure 5. However, 2 (1.7%) of the participants opted not to give their ages and could not be included in the analysis by age range.

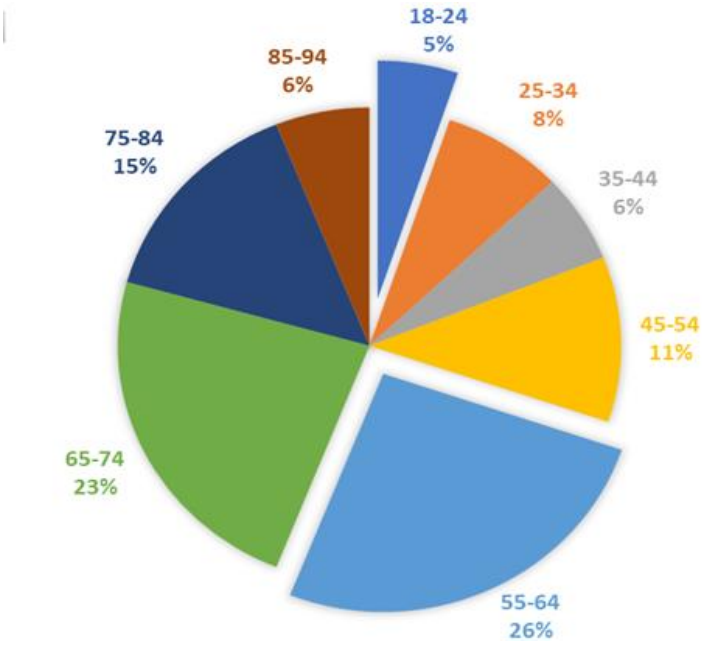


***Figure 5*: Interactions by age-range**

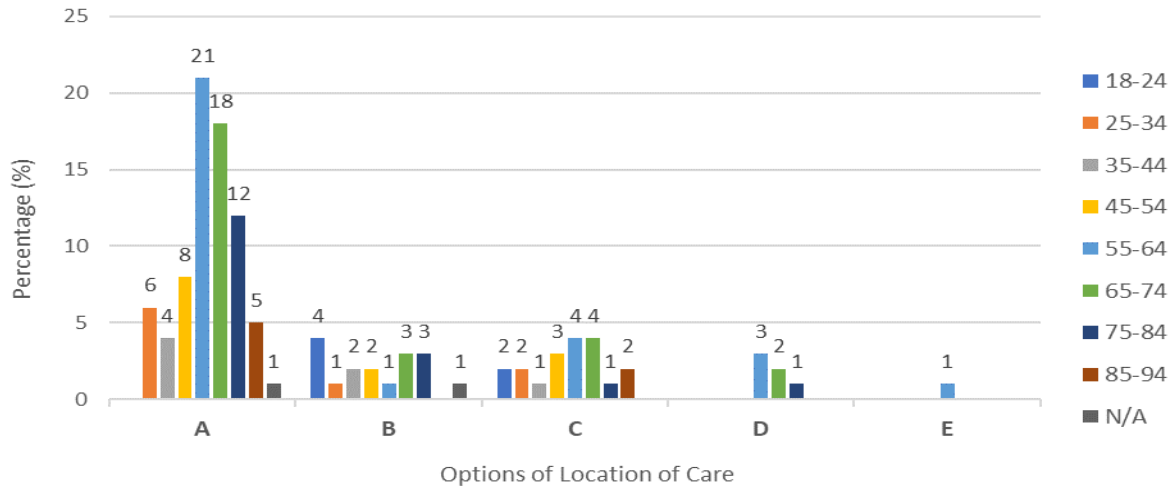
Further analysis was conducted to determine participants' choice of care by age category with the majority, 63.6% (n=75) choosing option 'A' (To live in your own home with help from friends and family). Most of these participants (74.7%, n=56) that chose option 'A' were of age range 55 to 89. The remaining (24%, n=18) were between 25-54 age range and 2.3% (n=1) did not give their age. None of participants in the age category 18-24 went for this option 'A'. The least chosen option (0.8%, n=1) of location of care of location of care was 'E' (To live in a residential care home). Table 4 summarises the results of the Snap Judgement.

Table 4: Choice of location of care by age category

Location of care	Age range (years)									TOTAL
	18-24	*25-34*	*35-44*	*45-54*	*55-64*	*65-74*	*75-84*	*85-94*	*N/A**	
A		6	4	8	21	18	12	5	1	**75**
B	4	1	2	2	1	3	3		1	**17**
C	2	2	1	3	4	4	1	2		**19**
D					3	2	1			**6**
E					1					**1**
TOTAL	**6**	**9**	**7**	**13**	**30**	**27**	**17**	**7**	**2**	**118**

*N/A = no age declared

The results in the above table are also visually presented (percentage) of the choices of care by age category in Figure 6**.** Please note the two participants did not give their age have also been included in this analysis.



N/A = No age provided

Figure 6: Choice of location of care by age category

4.3.3 Creative Engagement Method 2: Three Words

During this activity participants were asked to pick and look at an image, labelled A, B, C and D (Pictures 3A, 3B, 3C and 3D as shown in Figure 7) and to list three words that came to mind.

Figure 7: **Images used in Three Words creative engagement method (3A to D)**

There were a total of 91 interactions with 7 excluded (7.7%) in this activity. Reasons for exclusion included, participants not identifying the selected picture (n=6) or not writing down the three words (n=1). Based on participants who had provided their age, most responses to this (3-word activity) were from those of age range 55-64 years (n=30) and the least were from age rage 18-24 and 25-34 (n=4), as shown in Figure 8. Figure 9 shows results including those who did not provide an age.

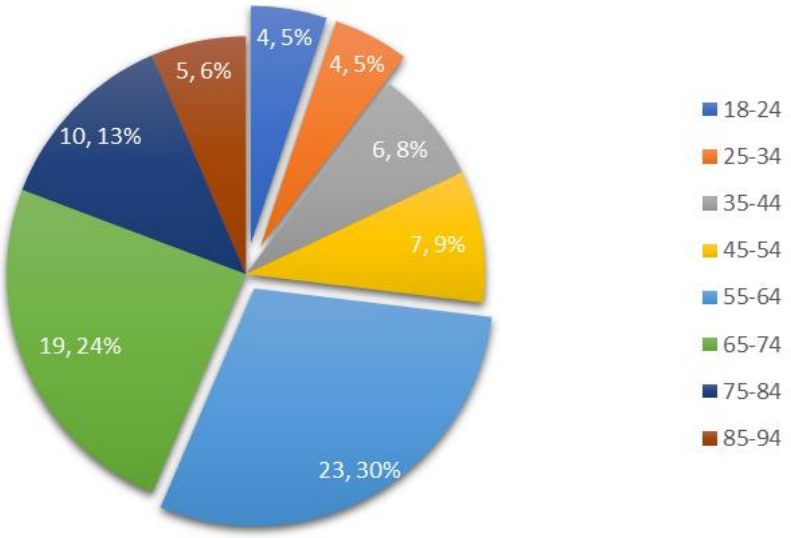
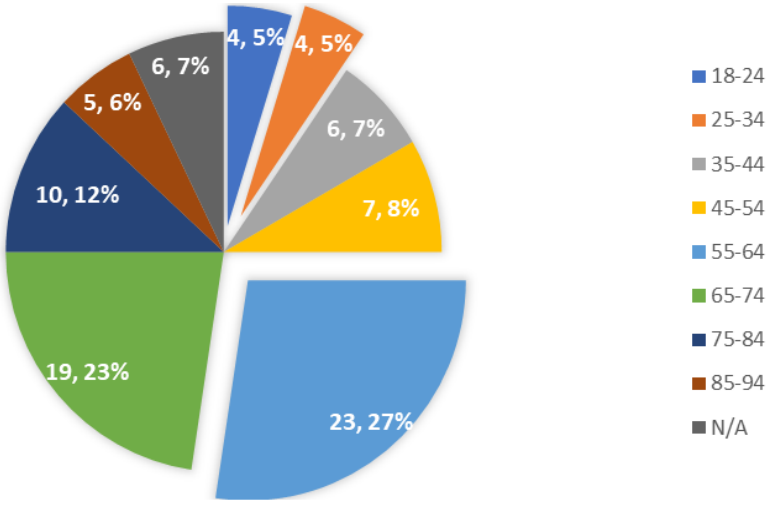


Figure 8: **Response rate to three-word activity by age range (excluding those who did not provide an age)**



N/A = No age provided

Figure 9: **Response rate to three-word activity by age range (including those who did not provide an age)**

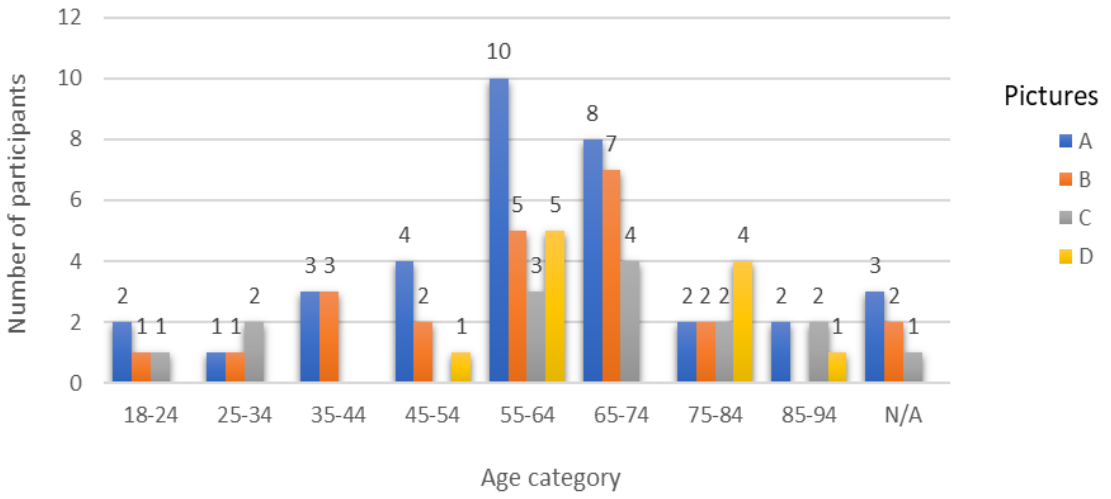
Most of the participants (41.7%, n=35) chose picture A with the least, 13.1% (n=11) having participated in picture D (shown in Table 5).

Table 5: Three-letter word participants by choice and age range

Picture choice	Age range (years)									TOTAL
	18-24	*25-34*	*35-44*	*45-54*	*55-64*	*65-74*	*75-84*	*85-94*	*N/A**	
A	2	1	3	4	10	8	2	2	3	**35**
B	1	1	3	2	5	7	2		2	**23**
C	1	2			3	4	2	2	1	**15**
D				1	5		4	1		**11**
TOTAL	**4**	**4**	**6**	**7**	**23**	**19**	**10**	**5**	**6**	**84**

N/A = No age provided

A graphical presentation of the results in Table 5 is presented in Figure 10.



N/A = No age provided

Figure 10: Participation by selected picture and age category

Qualitative data analysis was then performed to determine the participants' perceptions of the chosen picture. Individually, there were 144 words that were mentioned across all the four pictures; however, some of these words were mentioned multiple times which brought an overall grand total of 252 words. The five most recurring words across the four pictures were:

- Love (19x)
- Care (16x)
- Caring (9x)
- Hospital (8x)
- Support and happy (7x each).

4.3.4 Creative Engagement Methods 3 – Ideas Board

A total of three and a half days covering seven sessions generated a total of 110 participant's responses, shown in Table 6.

***Table 6*: Public Engagement Numbers (Based on Ideas Board)**

Public Engagement Numbers			
Date	**Morning**	**Afternoon**	**TOTAL**
28/03/2023 *(Pilot)*	8	*N/A*	8
17/04/2023	15	21	36
18/04/2023	19	21	40
19/04/2023	17	9	26
FINAL TOTAL			**110**

The qualitative data generated from the sticky notes were analysed using, Attride- Stirling's (2001) Thematic networks analytic tool for qualitative research (see Appendix 6 for summary of this approach).

Thematic networks were ideal in this context because it offers a simple 'way of organising a thematic analysis of qualitative data. Thematic analyses seek to unearth the themes that are salient within an excerpt of text at different levels. Thematic networks aim to facilitate the structuring and depiction of these themes' (Attride-Stirling 2001). This network enabled the participants' individual attitudes, perceptions and experiences to be expressed in narrative formats, which were reviewed individually and collectively at a basic, organisational and global level. The process is depicted in Table 7.

Table 7: **Transcript analysis and theming associated with "Public Images and Perspectives of Care Services".**

Participant No	Initial statement	Condensed meaning	Basic theme	Organization theme	Global theme
14	People think of old-fashioned care homes when they think of them	People think of old-fashioned care homes when they think of them	People think old-fashioned care homes	Old fashioned places Public image	**Public imagery and perspectives of care services**
17	People forget that lots of old people are just frail and not dementia sufferers and that those have different needs. Good care takes those needs into account – and helps the families too	People forget that lots of old people are just frail and not dementia sufferers and that those have different needs	Imagery of older people	Perspectives of ageing	**Public imagery and perspectives of care services**
18	Care homes frighten me. I know a few horror stories. Staff seem like they are so in demand that a few don't care enough about the patients	Care homes frighten me. I know a few horror stories.	Fear	Fear	**Public imagery and perspectives of care services**

35	Social care provision had been very good in recent years, but extremely difficult in years prior	Social care provision had been very good in recent years, but extremely difficult in years prior	Public imagery	Public imagery of care	**Public imagery and perspectives of care services**
88	You hear more cases of neglectful or careless practices i.e. people left to die at home and remaining undiscovered and children under social care suffering or even dying at the hands of their parents/care givers"	More cases of neglectful or careless practices i.e. people left to die at home and remaining undiscovered and children under social care suffering or even dying at the hands of their parents/care givers	Cases of careless and/or neglectful care	Public image and perspectives surrounding careless and/or neglectful care	**Public Image and Perspectives of care services**
90	Agencies are not as supported/vetted enough. Some terrible stories coming from our service users about agencies	Agencies are not as supported/vetted enough. Some terrible stories coming from our service users about agencies	Agencies are not as supported / vetted. Terrible stories coming from our service users about agencies	Shocking stories from public about agency care	**Public Image and Perspectives of care services**

A total of 18 themes were identified from the 110 participants. These were arranged in order of the number of comments aligned to the themes Figure 11. Figure 12 shows the final global and sub themes.

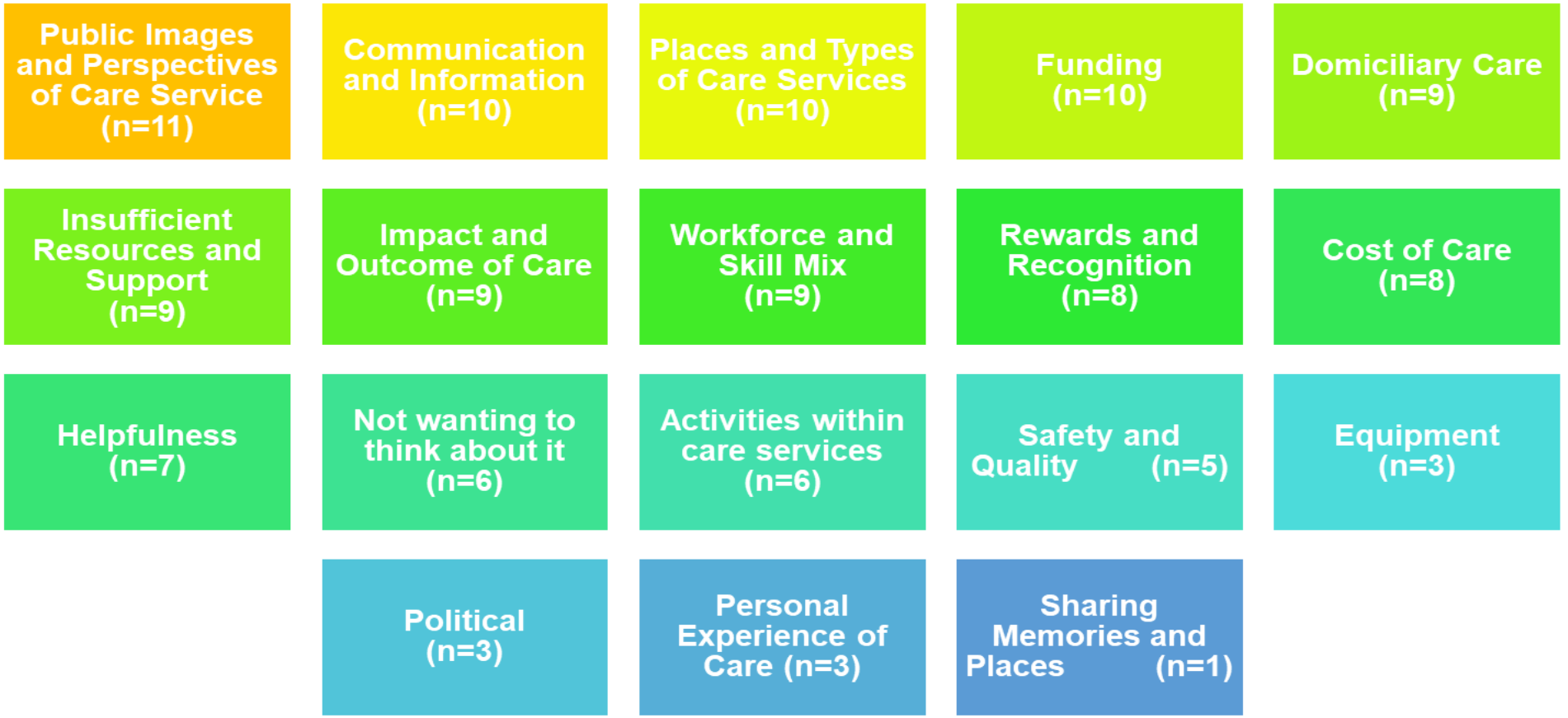


***Figure 11*: Emerging themes**

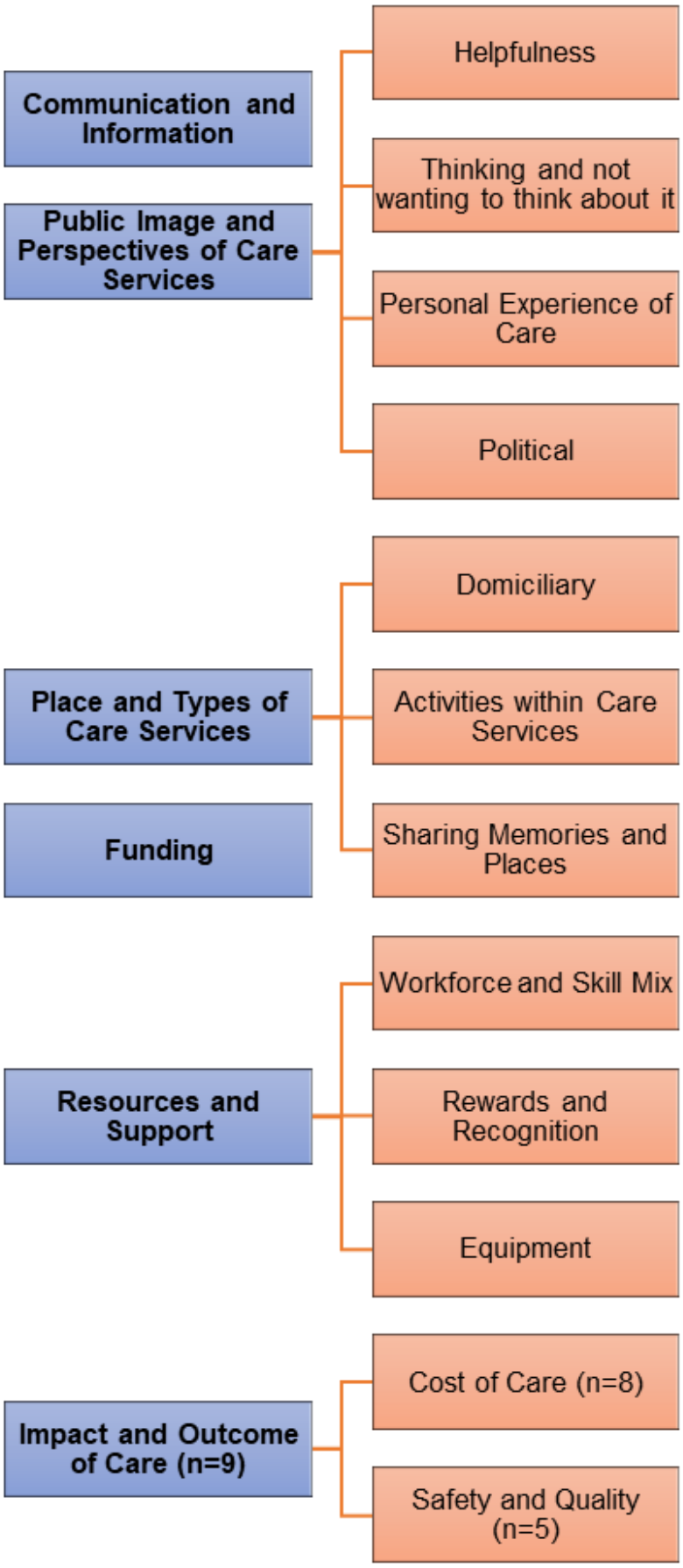


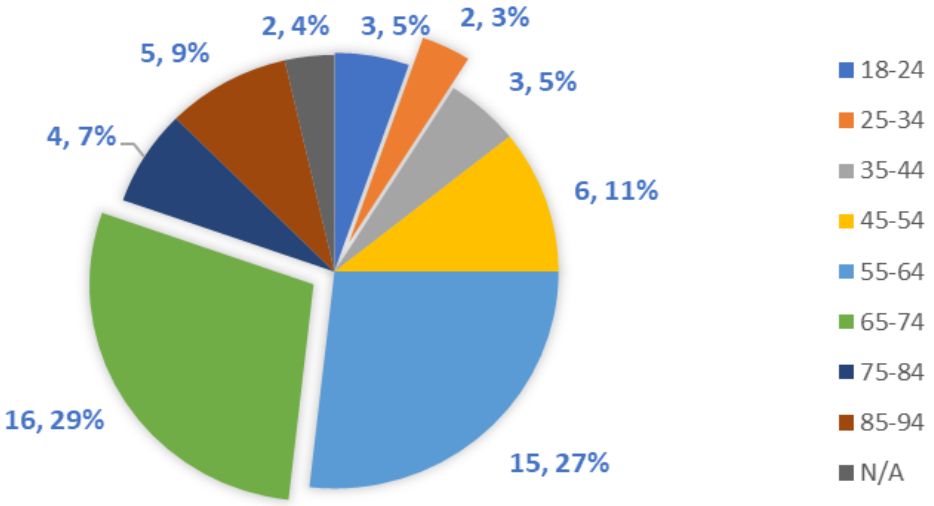
***Figure 12*: Six global and sub themes**

4.3.5 Creative Engagement Method 4: Role Play Case Scenarios

During this activity participants were randomly offered one scenario (A, B, C, D, E, F) out of six (see Appendix 7) to read. They were asked to assume being the person in the scenario and answer the following three question:

1. How do you feel?
2. What would you do next?
3. What choices do you think would be available?

A total of 56 participants got involved in this activity. While the majority (96.4%, n=54), 3.6% (n=2) did not declare their age. Most participation (29%, n=16) with the scenarios was from participants of age category 65-74 years. The least participation was from age category 25-34 years (4%, n=2), shown in Figure 13.



N/A = No age provided

Figure 13: **Participation by age category**

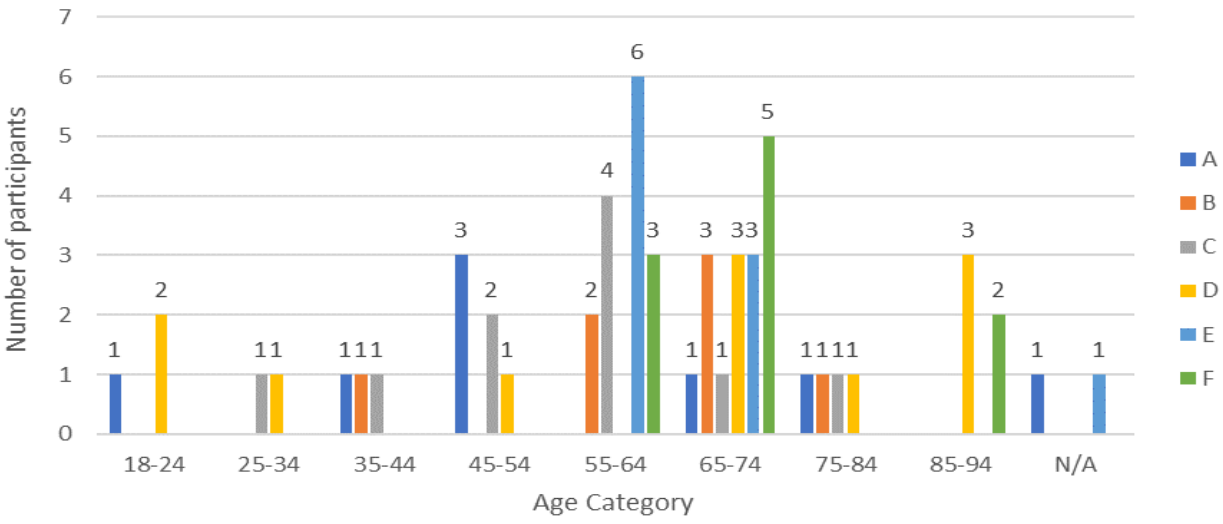
Scenario D was the most accessed (19.6%, n=11) and the least was scenario B (12.5%, n=7). Results by age category are summarised in Table 8.

***Table 8*: Participation by scenarios and age category**

Scenario	Age category (years)									TOTAL
	18-24	*25-34*	*35-44*	*45-54*	*55-64*	*65-74*	*75-84*	*85-94*	*N/A**	
A	1		1	3		1	1		1	8
B			1		2	3	1			7
C		1	1	2	4	1	1			10
D	2	1		1		3	1	3		11
E					6	3			1	10
F					3	5		2		10
TOTAL	**3**	**2**	**3**	**6**	**15**	**16**	**4**	**5**	**2**	**56**

N/A = No age provided

Results in Table 8 and Figure 13 are consolidated and presented in Figure 14 to display a picture of participation to the activity by scenario and age range.



N/A = No age provided

***Figure 14*: Participation by scenarios and age category**

Participants' responses

Responses to each question for all of the scenarios were collated to determine the most recurring answers. Overall, there were 31 expressed feelings to Question 1 across all the five scenarios. The following were the most recurring expressed feelings grouped together:

- 'worried' (5), 'nervous' (3), anxious (3) (35.5%, n=11)
- 'lonely' (5), 'sad' (1), 'uncared for' (1), 'unwanted' (1), 'not understood' (1), 'let down' (1) (32.3%, n=10)
- 'scared' (4) 'frightened' (3) 'afraid' (1) (25.8%, n=8)

Responses to question one

Further analysis was conducted to determine the commonly appearing participant's feelings by scenario and by age. Out of 8 responses to question one in scenario A, half of the participants (50%, n=4) expressed word, 'worried' (2) and upset (2). The word 'upset was stated by participant's age category 45-54. For scenario B, the word 'frustrated' was mentioned twice by participants age category 55-64. Words such as 'vulnerable', 'stuck' and 'vulnerable' were mentioned once each by participants age category 65-74. Sixty percent (n=6) of the stated feeling in scenario C was 'nervous' (5) and worried (1) expressed by participants age categories 45-54 (2), 55-64 (3) and 75-84 (1). The most appearing words

(54.5%, n=6) for scenario D was lonely (3) and isolated (3). Two participants of age category 65-74 expressed the word 'isolated'. Three participants highlighted the word, 'scared', 'frightened' and 'afraid'. The most expressed word (40% n=4) in scenario E, is 'lonely' (age 55-64, 2 and 65-74, 1). Words 'forgotten' and 'isolated' were also highlighted. 'Sad' was another word expressed by 30% (3) of the participants of two of who were of the age 55-64. The most expressed (40%, n=4) feelings to scenario F were 'sad' (3) and 'depressed' (1) mostly (2) from participants in age category 55-64. 'Alone' and 'isolated' were also highlighted (one each).

Responses to question two

In response to the second question, *'what would you do next?'* a total of 69 responses were captured across all the five scenarios. The following themes emerged:

1. Family or professional involvement in future care – nephew / niece involvement and social worker and GP (General Practitioner) input
2. Resilience – 'concentrate on getting independence back'
3. Home adjustments – grab rails, 'equipment may be lifesaver'
4. Alternative care – opt for the other available services, e.g., domiciliary, residential home care
5. Remain sociable – clubs, regular visitors, past hobbies and reconnect, new hobbies

Further analysis was conducted to determine suggested action by scenario and age category. The most common response (62.5%, n=5) to the second question to scenario A was 'to wait for the scan results before making further decision'. These responses came from both the younger age category (18-24, 35-44, 45-54) and the old age category (65-74) and one from the participants that did not declare their age. The others indicated that they would not know what to do (1) or cry (1).

Most participants (57%, n=4) to scenario B indicated they would seek support for charitable organisations such as Age Concern or professional (Social Services) or neighbour's input. The responses were participants age category 55-64 and 65-74 (two each). Two (35-44; 65-74) had indicated they would look into sheltered accommodation or home care, respectively. The last participant (75-84) indicated they would continue with current activities.

In view of scenario C, there was a consensus (80%, n=8) amongst the participants to seek assistance in response to question two. Fifty percent of these participants indicated they would seek assistance from family members and friends. While one participant indicated,

would seek support without specifying where from, the other indicated they would complete physio. Most of the responses (30%, n=3) were from participants age category 55-64 and 20% from age category 45-54. The other two participants to the scenario age category 55-64 indicated they would check if 'staying at home' would be an option and the last (25-34) indicated they would 'list everyday tasks'.

There were variable responses from the 11 participants to question two in scenario D. Some of the participants (36.4%, n=4) indicated they would seek help with one specifying they would 'seek help from family but would not like to bother them'. These views were from across all age categories (25-34, 65-74, 75-84, and 85-94). A further 27.3% (n=3) age category 18-24, 65-74, 85-94, specified the type of help they would seek (domiciliary / home care). Another participant 'felt pushed into care home /sheltered housing'. Two participants of the youngest and oldest age categories stated they would 'complete physiotherapy to help them get on their feet' (18-24) and another indicated 'seek medical check-up' (85-94). While the last participant indicated they would 'nothing'.

In view of scenario E, four (40%) of the participants highlighted they would 'speak to someone to get help' with one specifying they would 'speak to family'. The participants were of age categories 65-74 (2), 55-64 (1), and one who did not specify their age. Two of the participants both of age category 55-64 stated they would 'downsize', or 'move into care environment'. A further two participants stated they would socialise 'find a club to meet people' or 'try to mix with people. Both participants were of age category 55-64. As with the previous scenario, one participant stated, 'after the grieving you have to carry on.'

Lastly, 50% (n=5) expressed the need to seek help when given scenario F, with two specifying need for professional help (GP, social worker). Most of the responders (3) were of age category 65-74. Two participants (age category 55-74, 85-94) expressed the need 'to go in a home' with the last indicating they would do 'nothing'.

Responses to question three

There was a total of 38 responses to this question with the following five highlighted assumed available choices:

1. Professional (GP/medical, community, dementia/memory teams) and social support (council, support workers) and advice of available services (5)

2. Family and friends – for advice, support, and care (7)

3. Alternative care – home, day centres, increased home visits (5)

4. Legal/financial advice – power of attorney, welfare/wellbeing rights, benefits (4)

5. External services – agency, meals on wheels (3)

6. Social activities – painting, handcraft, elderly social care clubs, local connection, community services, libraries, friendship groups via social media (8).

7. Unsure of available services/ lack of trust of NHS (National Health Service) /not wanting to depend on family (6).

Like question 2 above, further analysis was conducted to determine suggested available choices of care by scenario and age category. In response to question 3 on scenario A 37.5% (n=3) age category 18-25, 35-34, 45-54, mentioned medication/more medication. While another 37.5%, age category 65-74 (1), 75-84 (1) and another with undisclosed age, indicated they would seek professional /online advice, 25% (n=2) both of age category 45-54, indicated they 'did not trust the NHS'/ 'not a lot'.

Most participants (57.1, n=4), age category, 65-74% (n=2), 35-44, 65-74, to scenario B highlighted 'social services/worker/ care' as the available choices. Some participants in age categories 65-74 and 75-84 indicated there were 'not options/none'. The last participant highlighted they would have to 'all information before making any choices.

Ninety percent (n=9) of participants to scenario C indicated they would need more help / advice ranging from professional personnel (GP, district nurse, social services/support worker, n=4), to family/friends (2), the community (1) and home adaptation (1). Three of these responses were from participant's age category 55-64. One participant (age category 45-54) indicated there were 'not too sure' of other available choices.

Majority of the participants to scenario D had indicated various options ranging from social services/ home care/ carers (5) to family (1), NHS (1). Others were not specific as they just indicated 'services' and 'help' (2); while the last indicated 'stroke club' (1).

Most responses (50%, n=5) to scenario E were from participants aged 55-64 with the other choices of care being, care home, Help the Aged, family, and social care. The other two indicated 'unsure/very little choice.' Further 20% (n=2) aged 65-74 indicated Help the Aged and clubs as the other options.

Thirty percent (n=3) to scenario E felt the other available are social clubs (1), Help the Aged (1) both of age category 65-74 and local church (1) of age 55-64. Another of same age category felt social services and another (65-74) indicated the social services.

Most of the participants (60%, n=6) to scenario F highlighted the need to some support or care. These ranged from care home (2), social care/housing (2), relatives (1), and professionals (1). However, two participants indicated 'they did not know' and 'not many. There was one response indicating the need for technology but indicated it may not be appropriate 'not being very good to new technology.'

4.3.6 Creative Engagement Method 5: Survey

Survey Demographics

The Survey was completed by 39 respondents across the 6 main public engagement events (responses from the pilot are not included, as the event involved a trial survey which was subsequently amended based on feedback). The option to complete the survey online was given via a leaflet containing the website link to the survey, however only 2 responses were gathered via this means, giving 41 survey completions altogether.

A PDF copy of the survey can be found in Appendix 9.

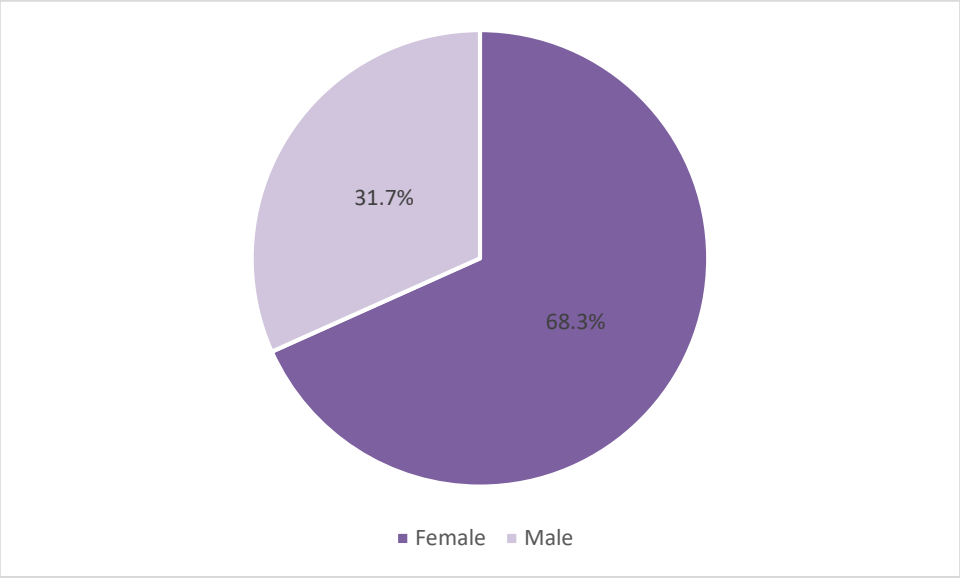


Figure 15: **Survey results demographics by gender**

Gender: The gender of respondents is shown in Figure 15. The majority of respondents were female (68.3%), due to sites visited (e.g., the majority of respondents completing the survey

at both the care home and carers group sites were female). Other public engagement sites yielded a more equal gender split (if the aforementioned sites were excluded, the weighting would be closer to a 54:46 female/male split).

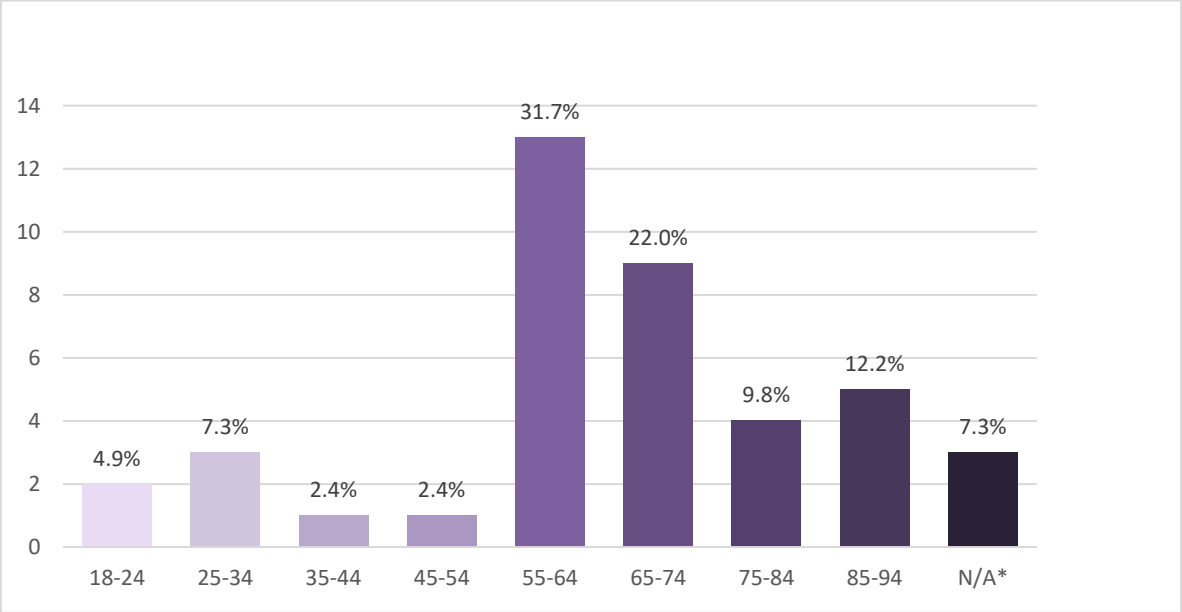


Figure 16: **Survey results demographics by age category**

Age: The age categories of respondents is shown in Figure 16. It can be seen that age group is heavily weighted towards older categories (mean average age of respondents was 63), again likely due to sampling bias, as the time of day at which public engagements took place (approx. 09:00-12:00 and 13:00 to 16:00) could have excluded those working (especially on standardised hours). This inherent bias was apparent to the project team prior to the study, but time constraints were in effect. The inclusion of an online option of filling in the survey was included as an attempt to address this (giving people passing but in a hurry for whatever reason the option to complete at a more convenient time), however, as noted, not many people took up this option.

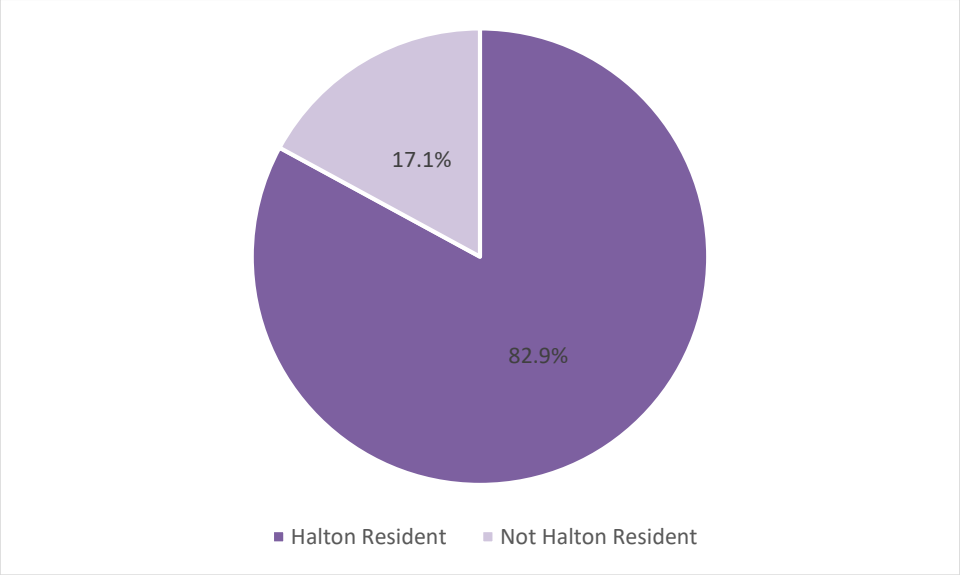


Figure 17: **Survey results demographics by residence**

Residence: Figure 17 shows the proportions of respondents who resided within and outside of Halton borough. Respondents were asked for their area of residence via which council area they lived within. By far the majority of respondents (82.9%) were from Halton borough itself. Of the seven people from outside the area, they were mainly still local (two each from Warrington and Cheshire West, and one each from Knowsley and St Helens), with one individual residing outside the UK visiting family.

Survey Results

After demographics, the survey consisted of questions concerning:

- preferred location of care (if you were / are over 65 years of age and in need of care services), and whether that choice in based upon yourself or with someone else in mind
- the factors that would influence choice of care location
- sources of information utilised to learn about care options
- whether Covid-19 had an impact on choice of preferred care location and type opinions
- levels of awareness regarding a range of care providers and types
- a chance to share any other thoughts about care services in Halton itself, or in general

Preferred location of care (for self or with others in mind)

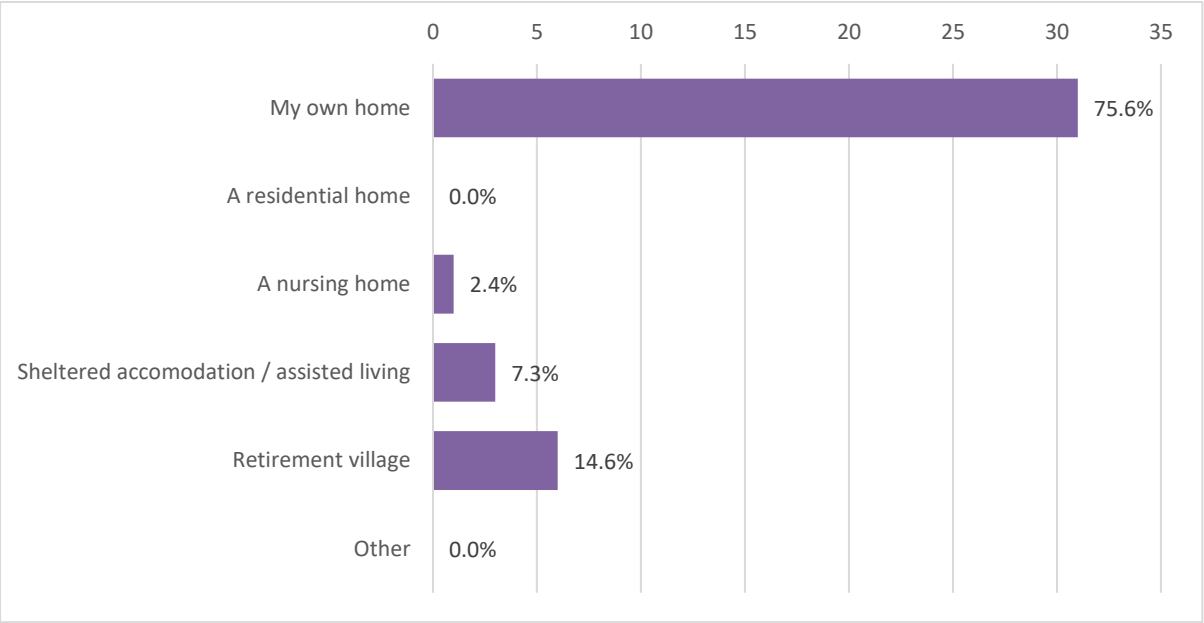


Figure 18: "If you are/were aged 65 years and over and needed care, where would be your preferred location of care?"

Figure 18 shows responses for preferred location of care. Own home was by far the preferred location selected in which to receive care (75.6% of respondents). There was some interest in retirement villages and sheltered accommodation, but residential homes and nursing homes proved very unpopular with respondents to this survey.

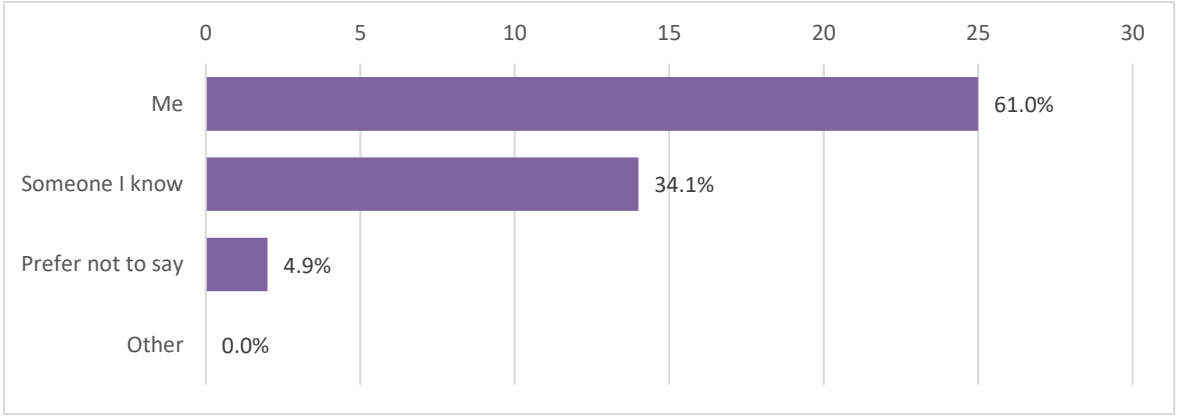


Figure 19: "Is your choice based on you or somebody you know providing or accessing the care?"

Figure 19 shows how the majority of respondents were making their choice regarding themselves (61%). “Someone I know” included grandparents, great-grandparents, parents, spouses, siblings, uncles/aunts, in-laws and friends. When elaborating on their choice, most responses were negatively linked to care homes, though there was also some positive notes regarding care staff). Others were linked to the desire to maintain independence:

- “I've witnessed care outside the home and it was appalling”
- “My experience of residential and nursing homes has always negative and they would always be a very last resort for either myself or an elderly family member”
- “Would like to remain independent as long as possible”
- “The want for independence!”

One respondent compared the experience of two relatives, one receiving home care viewed positively:

- “Having family around her and being in familiar surroundings made her feel more comfortable”

And one receiving care home care having a more negative experience:

- “Whilst the staff in the care home were great, [relative] would miss home and would fret whenever we left her. She wouldn't understand why she was sharing a house with so many other people”

Factors that would influence choice of care location

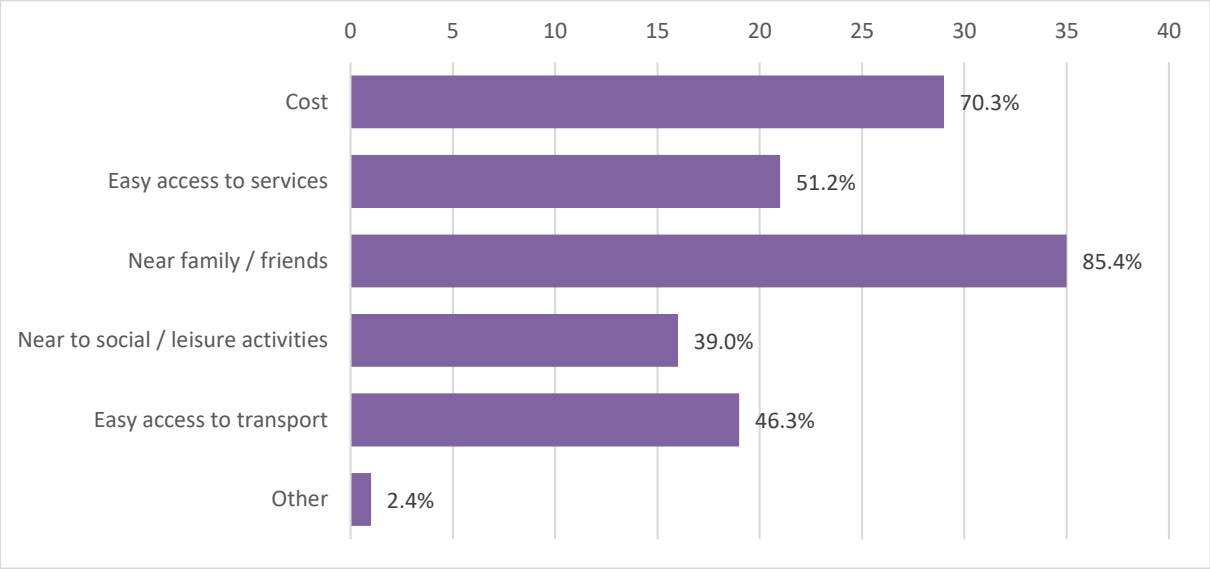


Figure 20: "What would determine where you accessed care from?"

Respondents were given a list of possible factors determining their care access choices, and able to give multiple answers. As can be seen in Figure 20, while cost was an important consideration when determining care access (70.3% of respondents selecting this option), it was remaining near family and friends which was seen as most important (85.4%). The 'other' option selected by one respondent identified a good point; that their choice of care location would be determined by their health over time / the amount of care they required.

Sources of information utilised to learn about care options

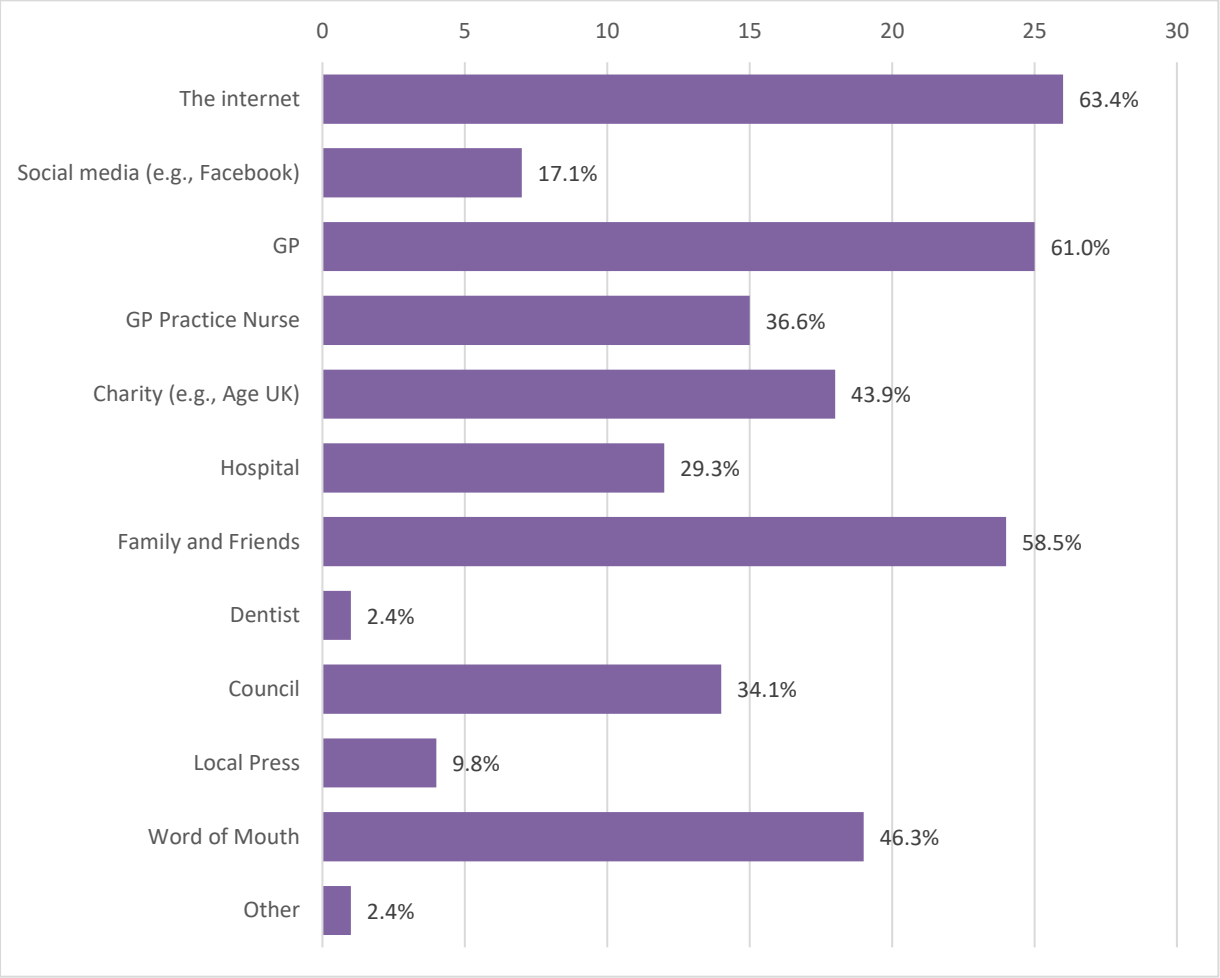


Figure 21: "Where would you seek information about available care?"

Respondents were given a choice from a list of potential sources of information, and able to give multiple answers. Responses showed a whole variety of options being chosen for information-seeking sources regarding care, as can be seen in Figure 21. The internet (63.4%), GP's (61.0%) and family and friends (58.5%) proved the most popular three sources of information. The Council was also identified as an information source by over a third of respondents (34.1%). Social media was identified by only 17.1% of respondents, which may be linked to the survey sample population being skewed to older age groups. The individual who filled out "other" referred to seeking information from social workers. The variety of sources identified suggests that publicity strategies for information regarding care need make use of a multitude of source types. Also, the fact that even the highest ranked source (internet) was still only used by less than a third of individuals suggests that there is no 'one stop shop' from which people feel they can access all the information they need.

This suggests that the provision of a resource giving a consolidation of information regarding care services and support could be useful.

Impact of Covid-19 on opinions of care services

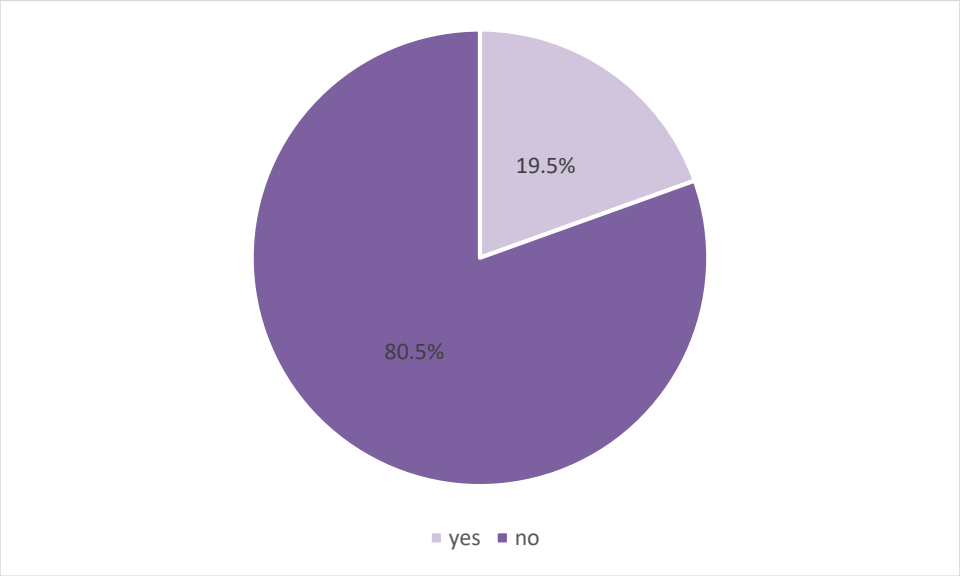


Figure 22: "Has COVID-19 affected your opinion of choice of care services?"

The majority of respondents noted that Covid-19 had not affected their opinions on care services (80.5%), as illustrated in Figure 22. When asked to expand on their decisions, respondents in this group noted that Covid-19 was just another illness to manage, and a fact of life:

- "Whilst the initial virus was detrimental to health, the virus is now part and parcel of everyday life / health."
- "It has been the same for years even before Covid 19"

However, of the 19.5% who said their opinions had been affected by Covid-19, respondents noted specific reasons linked to the stories about struggles faced by care homes during the pandemic:

- "Covid caused a collapse in social care. People discharged from hospitals to intermediate care services then forgotten about."
- "Slightly, it was scary to see older people not being able to see family during Covid."
- "The isolation of care homes during Covid made me feel I wouldn't want to go!"

- "Shortage of staff and medical services that was provided to care homes during Covid-19 - should have been prioritised like they did with the NHS."

Levels of awareness regarding a range of care providers and types

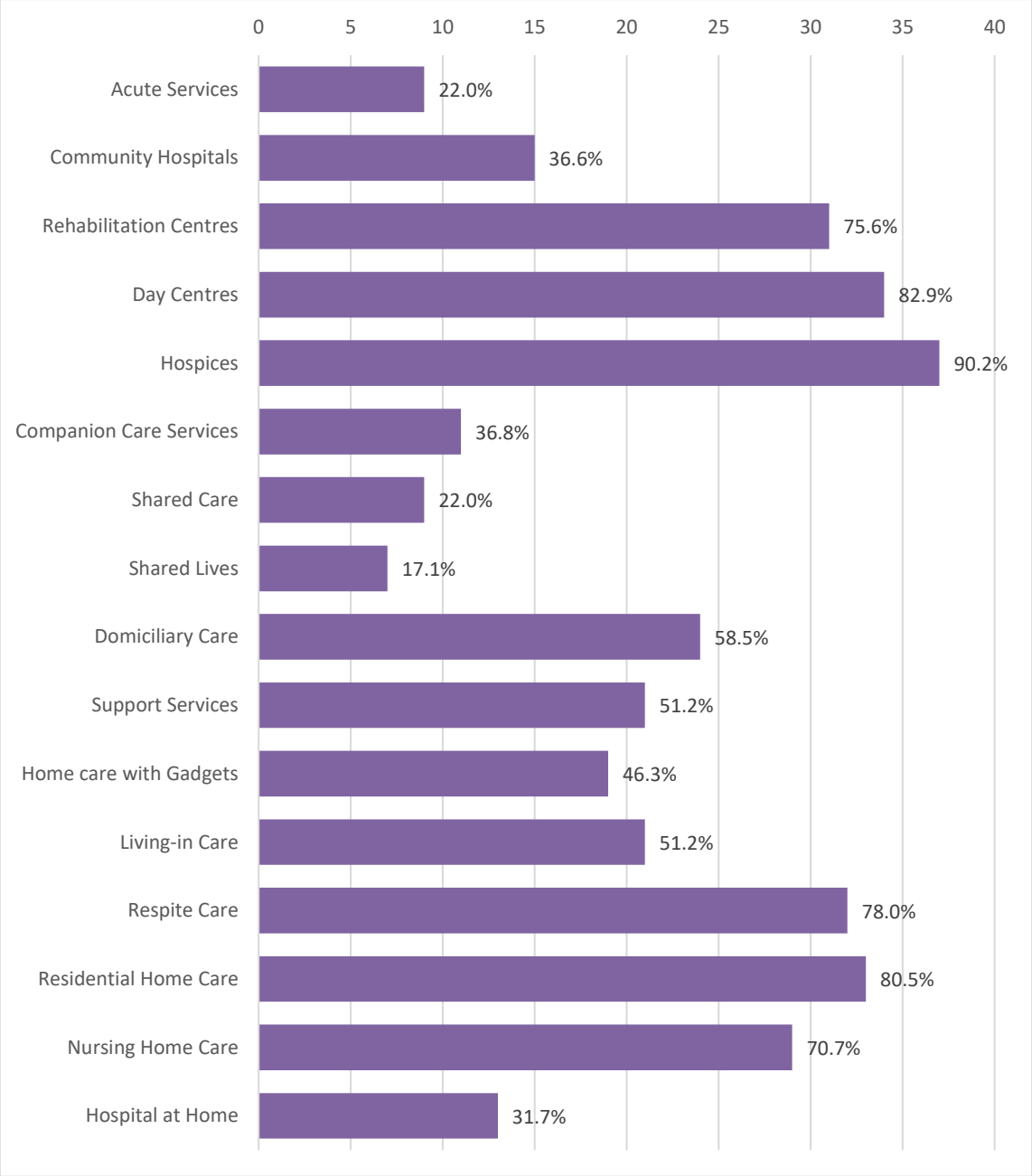


Figure 23: Have you heard of any of the following services?

Respondents were given a list of care related services and providers to choose from, and able to give multiple answers. Figure 23 shows the choices of respondents, most of whom had heard of such services as Hospices (90.2%), Day Centres (82.9%), Residential Homes (80.5%), Respite Care (78.0%), Rehabilitation Centres (75.6%) and Nursing Homes (70.7%). It should be noted, if people failed to fill out the question, this will affect the exact percentages, but the chart in Figure 23 still illustrates some of the better known services, compared with services that are not known as well (e.g., the Shared Lives scheme on 17.1%). This is no judgement on the quality of these services, just the public awareness of them, showing some may need more effective marketing or publicity. The low recognition of acute services (22.0%) could be linked by the choice of terminology by the project team (i.e., it is possible that if terms such as "NHS hospital services" or "Medical Care" had been used, more respondents would have shown awareness).

Thoughts about care services in Halton and beyond

Responses to this open box question will be examined using the global themes identified in Figure 12 (page 35).

Communication and Information

The survey reiterated the findings of the other public engagement activities, with some respondents feeling there was a dearth of information regarding care services and support.

- *"I don't think there is enough information for Halton area for social care."*
- *"Too many people are isolated as they get older. Support not promoted enough"*

Public Image and Perspectives of Care

As reflected in the low numbers of people selecting care homes (both residential and nursing) earlier in the survey, when elaborating, respondents indicated a low / fearful opinion of care homes.

- *"I prefer to be at home. Don't like nursing homes"*
- *"Would always like to care myself if I could not heard good things about care homes.*

There was a feeling that local services were lacking, and needed to be improved. There was also evidence for a feeling that care had deteriorated in quality over the years.

- "*Halton need to improve all aspect of care."*

- *"There are not a lot of available beds in the local area. Need to fight to get near family."*
- *"The change in today's standards from my parents experienced in their old age"*

As noted in the other public engagement activities, there were also those who admitted to not thinking about care up to that point, showing again that planning for care is not currently a normalised behaviour, until a crisis point is reached.

- *"Not thought about it yet."*
- *"I haven't had any experience of any type of local care so don't think I can comment."*

Places and Types of Care Services

While one's own home was identified as the preferred location in which to receive care, there was also a stress placed on the importance of the local area / community, and the desire to maintain the social connections of family, friends and neighbourhoods. This was seen as of paramount importance by many respondents.

- *"There are not a lot of available beds in the local area. Need to fight to get near family."*
- *"It needs to be more local"*
- *"Not a lot of choice of care homes in the local area, some are too far to travel to."*
- *"I think that proximity of care to someone's home and extended family is a key factor"*
- *"Domiciliary care is the perfect location / distance!"*

Funding

Respondents indicated appreciation of the difficulties regarding funding for care services. Some also showed awareness of and support for Halton council's strategy of bringing care home services back in house. The survey did not ask outright what the opinions of people were regarding this strategy; it could be of use for the council to more explicitly explore these public views regarding who should be providing care.

- *"Care under-funded and not priority for central Govt. Local Govt under pressure to help fund care. Some care homes which were private in Halton rescinded ownership therefore putting even more pressure on L Govt / HBC to fund & provide adequate care."*
- *"More home carers & care homes put back into council control rather than run by private companies that are only interested in making a profit."*

Resources and Support

The range in quality of care services and support was identified. Care services / staff in Halton was viewed positively on average (though facing the same struggles in care as other locations), while there were concerns for relatives sent away to care outside of the local area. Variations based on residential area type (rural / urban divide) was also identified (though the majority of the population of Halton can be found in its large towns, the experiences with care services of those living in its more rural areas would also be interesting to explore).

- *"There are variations in different care homes around. Had a brother in one care home that provided good care and was moved to another outside the area where services were poor. It had shortage of staff."*
- *"Care is usually miles away if you live rurally, and standards vary from very good to poor"*

Some respondents did appreciate the choice available for services offering support in the home, while others noted improvements were still needed.

- *"There are a lot of companies that offer home care too so I do feel like there are a lot of options available for people."*
- *"Improved domiciliary care needed and supported accommodation with carers on site and warden support."*

Impact and Outcome of Care

The fear of becoming a burden was raised, as it was in other of the public engagement activities, along with a desire to maintain 'independence' for as long as possible, the importance of being treated with 'dignity', and being provided with the appropriate support to achieve these.

- *"I would hate to be a burden to my children but they would be the first place I would look."*
- *"We all deserve good care as we get older, and personally respect & dignity"*
- *"People should be supported to live at home with support, equipment and adaptations until it is no longer feasible or safe for them to live alone."*

4.4. Synthesis of findings

Table 9 shows a summary of all of the public engagement activities combined. In total, there were 451 'engagements' with the activities.

Table 9: **Summary of Public Engagement Activities**

Date	**Time**	**Venue**	**Activity 1: Snap**	**Activity 2: 3 Words**	**Activity 3: Ideas Board**	**Activity 4: Scenarios**	**Activity 5: Survey**
28/03/23	AM	Halton Lea Library (Pilot)	8	*20*	8	5	N/A
17/04/23	AM	Widnes Market	20	16	15	21	16
	PM	Widnes Library	20	20	21	2	
18/04/23	AM	Halton Lea Library	18	15	19	11	9
	PM	St Luke's Nursing Home	12	13	21	13	3
19/04/23	AM	Carer Group Meeting	15	15	17	11	10
	PM	Widnes Market	33	12	9	0	1
Online							2
TOTAL			126	91	110	63	41
				Total no. Engagements: 451			

A synthesis of the data from the three activities enabled us to map the data to reveal the crossover of the themes Figure 24.

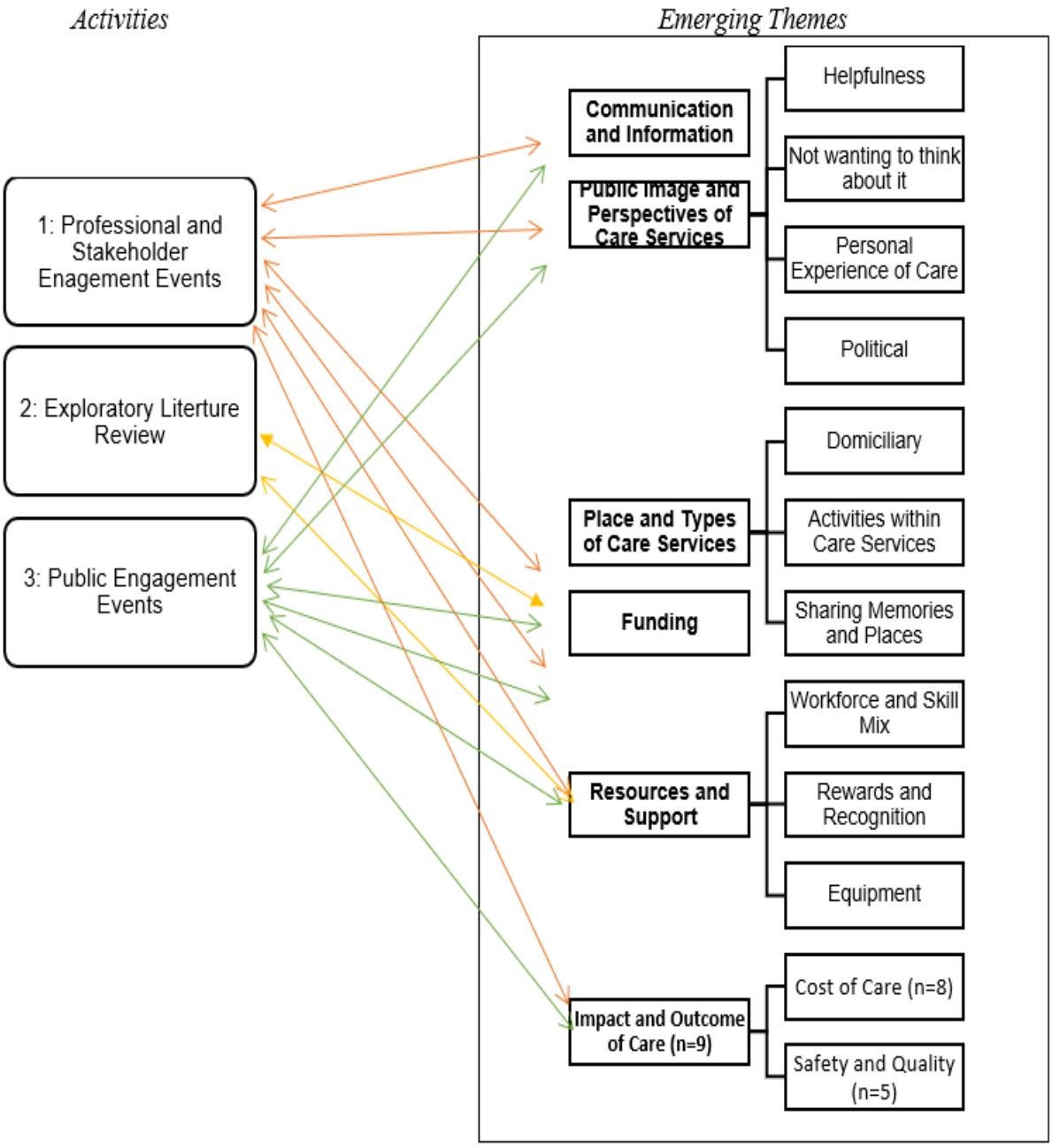


***Figure 24*: Synthesis and mapping of the three activities**

Figure 24 highlights how the three activities facilitated the capturing of data in a tripartite way; stakeholders and partners, the literature and the public. The uniqueness of this approach was in how the primarily open-ended options of data collection enabled a blend of positive and negative statements to be captured. The narrative was both personal, anecdotal and first-hand experiences of professionals and stakeholders of care services and the public showing that one size does not fit all. Similarly, the approaches demonstrate the importance

of utilization several creative methodologies to engage the participants at varying levels of time and intensity. The approach facilitated the capturing of narratives that could be traced across the three activities illuminating priorities for action. For example, the six global themes and associated sub themes.

4.5 Activity 4 – Sharing and Dissemination

In addition to this report, the service evaluation team is currently writing papers to be submitted to relevant peer-reviewed journals. Appropriate care conferences will be identified and, if applications are accepted, presentations will be delivered. There are planned briefing summaries (in person or via visual presentations such as posters) for some of the public engagement sites included in the project (i.e., carers group, stakeholders, libraries). Summaries for online display are also being prepared.

5 Discussion and Recommendations

The discussion is presented in three sections highlighting the emerging theory, notes on methodology and key themes originating from the service evaluation.

5.1 Emerging theory

The importance of type, location and place of care services was confirmed across all activities and associated methods. The public participant feedback demonstrated an indirect appreciation of the Continuum of Care by the fact they were able to articulate some of the various types, location and places where they would like care to occur. In contrast, the stakeholders and partners engagement activity generated in-depth, supportive discussions highlighting an awareness and understandings of the Continuum of Care and Care Spectra endorsing the emerging theoretical framework (refer to Appendix 1 for more details). They found the visualization and presentation of the Continuum of Care and Care Spectra to be interesting concepts that merit further development.

The theory regarding the Continuum of Care was reflected in the variety of responses to the preferred location of care. While participants in the public engagement events overwhelmingly preferred care to take place at home, there was variety in this selection as some favoured family/friends support, some emphasised the importance of technological types of support and others preferred external independent care support e.g. home help, domiciliary care. Also, whilst the least preferred option was nursing home type settings, the participants stressed the importance of local geography and accessibility with care remaining embedded in the community, thus if care homes (residential and nursing) were confirmed to remain within the local area, this could become a more appealing option.

Some participants indicated types of help and support which indirectly related to the Care Spectra emerging theory including:

- Technology Spectrum in references to stair lifts, smart watches, personal alarms, mobility aids
- Care Provider Spectrum such as, domiciliary care, home help, meals on wheels,
- Risk and Safety Spectrum like safeguarding issues

The professional and stakeholder meetings helped the team to identify a new spectrum framed around legal issues which was reaffirmed by the public engagement responses e.g. enduring power of attorney, wills, issues with service contracts (i.e., banks, mobile companies) and issues with benefits, amongst other legal matters.

These results reinforce the potential significance of the emerging theory regarding the Continuum of Care and Care Spectra, which warrants further research in this field.

5.2 Notes on Methodology

The co-creation process has proved its importance and utility. The nature of the service evaluation as an exploratory piece of work means the focus has been on co-ideation (the first of the four-stage process of co-creation developed by Pearce et al, 2020). This was evidenced in the way the professionals and stakeholders feedback led to direct amendments to the public engagement events, assisted the team with the use of terminology (both in terms of elaborating on professional terminology and highlighting sensitivities pertaining to potentially problematic phraseology (i.e. the weight behind nomenclature such as institutional, formal and informal care), and helped further develop the emerging theory. There was also support for the innovative approach adopted.

The novel creative methods developed specifically for the service evaluation have also proven highly successful with both support from the professionals and positive feedback from the public participants. The creative methods facilitated the collection of a wide ranging and diverse set of data primarily due to the engaging and stimulating nature of the methodology. The success of this approach has inspired the team to repeat these methods future projects.

5.3 Themes

Based on the synthesis of the three activities it is evident that several universal overarching key themes have emerged as follows:

- **Communication and Information**
- **Public Image and Perspectives of Care**
- **Places and Types of Care Services**
- **Funding**
- **Resources and Support**
- **Impact and Outcome of Care**

The themes will be discussed separately.

5.3.1 Communication and Information

There was variability of awareness about the type, location and place for care and the associated services available. Both the professionals and public have challenges regarding the accessibility and availability of information through various mediums. The first port of call from the public was to access information on the internet. Others sought information from professionals such as General Practitioner's (GP), family and friends, word of mouth and charitable organisations, with the council also recognised as a source of information. While some of the participants sought information regarding social care from a variety of sources, others did not know where to go, or who to contact (this could be especially concerning when many of the participants were older adults). Some information was considered to be outdated and participants noted struggles to know where to start accessing information about available services.

5.3.2 Public Image and Perspectives of Care

Residential and care home were the less preferred option for care. There exist fears of care homes, alongside a recognition that information about choices is absent. Most participants noted COVID-19 would not influence their decisions regarding care, but those who did expressed fears based on problems experienced by care homes during the pandemic. There was an apparent lack of trust in official lines of social services. People would turn to family first, but do not want to and fear becoming a 'burden'. Living at home gives older people comfort they will be cared for; but there is also acknowledgement of feeling depressed, anxious and worried about the children's future and their own commitments (Smith-Carrier et al 2016). Overall, it was clear people do not want to think about 'aging and getting old' and make advance preparation of the type and LOC they would prefer when the time comes. Stigma has also been highlighted as one reason for people not wanting to talk and plan for getting old due to unappealing aesthetic (e.g. grab bars, accessibility devices) proactively implementing home modifications to reduce the risk of accidents and support extended living at home (Shaw et al 2018). The participants responses to the three words creative engagement method seem to be highly positive with the terms, 'love' care' and 'caring' most recurring. Such response may have perhaps be reflective of the cultural markers' residual following the COVID-19 pandemic. Seeing the image of an individual with a mask, socially distancing seems to have highlighted these markers which continue to evoke deep emotive feelings.

5.3.3 Places and Types of Care Services

Most participants opted to be cared for at home or at home with support. Those below the age of 55 years were more receptive to the idea of sheltered and retirement village types of accommodation. Overall, most of the reviewed literature identified 'home' as the favoured location of care (Shaw et al 2018; Bolan et al 2017; Smith-Carrier et al 2017; Beswick et al 2010). Although, aging in place highlights the socioemotional components that act as barriers to remaining in the home, it often neglects actionable safety features of the home which may also pose a threat (Brim et al 2021). Healthy Ageing reflects the ongoing interaction between individuals and the environments they inhabit; the interaction of which results in trajectories of both intrinsic capacity and functional ability (WHO 2015). These include categories of home mobility and safety, personal health, access to community services, home improvement and maintenance needs, general safety concerns, and bathroom safety (Brim et al 2021). Specific groups may not be using the services and may face difficulties because they are unaware of the depth and breadth of care services available to them. Losses in physical function and ability of a person to care for themselves lead to reduced social engagement, and that this in turn accelerates functional decline (Beswick et al 2010. These factors could increase isolation and enhance decline. When viewing the three words images (see Figure 7, image '3D'), some respondents identified the care home as a hospital setting, thus leading to associations with ill-health and sickness, with related emotions attached (i.e., medicalising care homes). In addition to the preference for 'home', there was also an emphasis on the importance of community, stressing the importance of local facilities for care, the desire to have family and friends nearby, and the benefits of maintaining community links, especially when care in the home is no longer an option.

5.3.4 Funding

When deciding on care, the most important consideration was being able to remain near family and friends – cost was secondary to this. As noted, local services and resources and keeping loved ones requiring care nearby were very important to participants. The ability to make the best choices at different stages in life is influenced by a range of environmental and personal resources such as financial security and social connection (WHO 2015). Being aware of such influences with an individual requiring care could facilitate assignment of appropriate location of care. Participants were generally positive both as regards care workers (though this was noted as variable, with good and bad examples provided by some), and the work of the local council, with an appreciation of funding pressures faced by both.

5.3.5 Resources and Support

When developing services for older people requiring care it is of great importance to consider the services that reinforce recovery, adaptation and psychosocial growth (WHO 2015). Such services could enhance function and independence, and, or support when required. Public services and facilities could be considered an essential place to the public for connecting, accessing information, advice, social gatherings and sign posting to other essential services. These may include legal services and arranging financial matters (e.g. ensuing powers of attorney, will-writing, care finances) which were identified as an area requiring support. It is apparent from across the different public engagement activity findings that many people are unaware of the resources and support available to them.

5.3.6 Impact and Outcome of Care

The holistic care journey approach through integration of care services across the public, voluntary and private sectors could facilitate the healthy ageing, including in those fully dependent on others. Moreover, people who are very dependent on others for daily living can age successfully in terms of autonomy and wellbeing (Beswick et al 2010). Therefore, interdisciplinary and inter-sectoral approach is essential in the allocation of appropriate care to all the population with variant needs. Furthermore, assessment of such care would be appropriately identified through thorough and continuous assessment of care needs, with collaboration across different services.

5.4 Recommendations

The recommendations are presented under the headings of 'Project Recommendations' (potential further work to expand the project) and 'Service Recommendations' (advice for service providers based on the project findings).

5.4.1 Project Recommendations

It would be useful to repeat the public engagement events developed during this project targeting young adults, and individuals with long term conditions, co-morbidities and people living with different types of disabilities (physical, mental health, learning disability etc.). People with greatest heath care need at any time may at any time may also be those with the fewest resources to address it (WHO 2015). Interventions need to be crafted in ways that overcome, rather than reinforce, these inequities (WHO 2015). The initial approach could be performing resources and assets assessment (e.g., asset and resource audit) at grass roots level and revisiting current services. Such an approach could highlight current successes and areas in need of further development. A follow-up through interdisciplinary and inter-sectoral research could enhance understanding of the needs of such members of the population around care services and ageing in place (Shaw et al 2018; WHO 2015). Such evidence would support planning and early action, laying the groundwork for people and the services they require to safely remain in their homes as changes in their capability occur (Shaw et al 2018). It would be beneficial to find more participants from all ages, to enhance the quantitative components of the method (e.g. word counts, word clouds). It could also be helpful to expand the project into a greater range of residence area types, i.e., the data gathering was concentrated in the two biggest urban centres of the borough, and a look at more rural areas could be of interest so they are not 'left behind'.

As the creative methods used in this project were novel, there were a number of potential amendments the team identified which could be carried forward to future work. The choice of pictures in 'public engagement activity 2: three words' could have been influenced by the type and style of picture. If repeating, the team would seek to use photographs / images that are targeted to specific questions that are under review, and that are natural / neutral to avoid unintentionally influencing people. Research materials could also be adapted for all types of participants e.g. accessibility for vision impaired, potentially larger print materials/images and some audio recorded descriptions of the various methods, use of easy read / 'Makaton' materials. Greater emphasis could also be given to fully explaining what people need to do more with each creative method (e.g., making the method more explicit in what to do and how it works, for example, in the 'three words' activity, some individuals

provided statements like ‘I love you’ and ‘enjoy the outside’, rather than giving three separate words). There could also be scope to increase the digital options for data collection. There was low take up of these options here (i.e., digital returns of survey), however, successfully utilising digital means could open data collection to a wider sample population, with the digitisation of other methods beyond just the survey, e.g., development of a digital ideas board to capture real-time feedback. Having an innovative approach is key.

5.4.2 Service Recommendations

Service recommendations based on the findings of this project are presented in Table 10, each categorised by the team as to their perceived priority level and required timescales.

Table 10: Service Recommendations by priority and timescale

	Higher Priority	Medium Priority	Lower Priority
Short Term	Explore existing localised care based options within communities Consolidating a public care communication and awareness strategy Review domiciliary care services	Engage with diverse, hard to reach, groups about views of care and services (e.g. chronic illness, disabilities, life limiting etc...)	Invite new and diverse members onto the Research and Practice Development Care Partnership
Medium Term	Undertake a resources and assets audit Create ways of engaging the public to enhance trust, confidence, in care services Enhance the accessibility and clarity of available resources for care planning	Create accessible free community-based space for connecting Facilitating and connecting care services (health, social, allied) Explore the possibility of merging existing assessment methods into a single holistic individualised framework Having adequate ongoing care education and training standards and competencies for all staff	Consider a public awareness campaign regarding healthy ageing, planning for ageing well and celebrating ageing
Long Term	Designing innovative and creative ways for the provision of localised care	Maintain proactiveness with partners enhancing services, resources and assets Emphasising care that is individualised, targeted, flexible and adaptable Review existing workforce, skill mix and employment conditions to ensure safe, quality care services	Engaging with younger age groups to gather opinions on care and services

The key themes provide a road map informing priorities for care services. The responses highlighted the importance of engaging with all sectors of the public when focusing on changing or designing new services. It would be beneficial that more of the stakeholders and partners involved in this project be invited onto the care partnership (Research and Practice Development Care Partnership). Furthermore, it is important to widen the stakeholder and partnerships to elicit the voices of allied professionals and organisations (e.g., housing, urban planning, cultural services). Interdisciplinary and inter-sectoral collaboration and creation of an advisory committee could enhance easy access to mainstream specialised knowledge, contacts and services and build awareness of how to prepare to age in place (Shaw et al 2018). Moreover, it is essential to keep the proactiveness around stakeholders and partners to enhance and maintain excellent services through engaging with resources and assets.

Localised care based within communities was of paramount importance to participants in the public engagement activities (not being sent to large care homes at a distance from families, friends and communities). Given the growing number of older adults who face health decline and who wish to remain at home instead of moving to long-term care facilities, there is an urgent need to assist this population in preparing to live longer at home (Shaw et al 2018). Developing a strategy of a diverse set of mechanisms for sharing and communicating information about care services is of great importance. When devising information sharing strategies, a range of sources should be utilised. It is also important to develop awareness raising programmes for the public to improve communication and provide information which is easily accessible and understandable about the various types, locations and places of care services. This could include creation of accessible free community-based space for people to identify and connect, for the sharing and finding of information, for socialising and feeling included. There is also some evidence for a lack of trust in formal services associated with care, so building ways of engaging the public to enhance trust and confidence in care services is imperative. Strategies for information sharing should also help to encourage people to think about their own future care needs (and from earlier ages), and should assist in normalising thinking about and discussing care. When the need for care is identified by allied care services, it should be followed with multidimensional assessment at intake, enhancing effective creation of care plans targeted at appropriate management of health and social care of older adults requiring care (Smith-Carrier et al 2016). Facilitating and connecting the services to ensure a shared comprehensive holistic assessment of an individual's health and care needs and requirements will allow interventions to become more individualised and targeted.

5.5 Fulfilment of Aims and Objectives

Tables 11 and 12 illustrate how the service evaluation project has met its aims and objectives.

Table 11: Fulfilments of Aims

Aim	**Achieved – Yes/No**
Using a co-creation approach, this service evaluation aimed to discover the current situation and most pressing issues affecting location and types of care services (the Continuum of Care) as determined by the public and professionals using Halton as a case study.	**Yes**
Shaping our understanding going forward, by gaining real world insight into the Continuum of Care, we can begin to explore wider issues and concepts, such as the impact of location and type of care services on the health and wellbeing of older people.	**Yes**

Table 12: Fulfilment of Objectives

Objective	**Achieved – Yes/No**
1: Use the existing Research and Practice Development Care Partnership to facilitate engagement with stakeholders and experts in older people services to identify the opportunities and challenges resulting from the Continuum of Care. [Professionals]	**Yes**
2: Undertake an exploratory review of the literature to explore the context of the Continuum of Care and identify how different types and location of care services influence outcomes such as benefits, harm, and costs as regard older people's quality of life.	**Yes**
3: To apply a qualitative co-created methodology to explore public perceptions and awareness of the Continuum of Care concerning older people. [Public]	**Yes**
4: Devise a sharing and dissemination strategy to inform and enhance professional, clinical practice, educational and research priorities, activities for our community and beyond.	**Ongoing** (at time of writing)

5.6 Limitations

- Population - Sample size small numbers of public, sample demographics, weighted towards older adults, female.
- Locations – enhance the breadth and depth of places to engage with the public.
- Creative Methodology – Adjustment's and amendments e.g., address potential bias in list of care location provided (could be read as ranking) influencing choices. Could include a description of place and mixing these choices. Adapting the ideas board to focus on what you are requiring information about. Having an awareness that put the ideas on the board may influence other participant's contributions. Some sensitivities may emerge around the topics of the case scenarios that may need to be addressed appropriately.
- Having greater clarity and instructions in place to allow the activities to run smoothly and with enhanced autonomy, access to technologies to aid completion of online methods in person.
- Loss of capturing the anecdotal discussions and conversations, having an additional project team member to note these comments may be useful.

6 Conclusion

Co-creation and creative methodologies have proved useful tools in evaluating awareness of care services available to older people, by both the public and professionals. A synthesis of the data from the three activities has highlighted a number of key themes:

- Communication and Information
- Public Image and Perspectives of Care
- Places and Types of Care Services
- Funding
- Resources and Support
- Impact and Outcome of Care

The findings highlight the importance of location in terms of both the home (care provided at home) and the community (care services embedded in communities allowing closeness to family and friends, ease of access to services and local amenities e.g. GP, Library services, opportunities for connecting with people to avoid social isolation). The feedback regarding Halton Borough Council's drive to reform the care services was overwhelmingly positive and the data allowed the development of some recommendations to continue this important work.

7 Acknowledgements

The service evaluation team would like to thank the University of Chester and Halton Borough Council for the funding to undertake the service evaluation project. We would also like to say thank you for having the confidence and insightfulness to commission the project during a difficult and challenging time for social care and society. We would like to thank and acknowledge Dr. Jan Blain (University of Chester), Dean Stevens (University of Chester) and Jacob Barnard (Halton Borough Council) for their assistance with data collection. We would like to thank all participants and organisations for their contributions throughout the four activities and duration of the project period. We would also like to thank the University of Chester, Faculty of Health and Social Care Research Ethics Committee for reviewing our application and approval as a service evaluation project. Finally, we would like to thank the care workers who again found the time and resource to participate in the project that will contribute to improving the care sector in the future.

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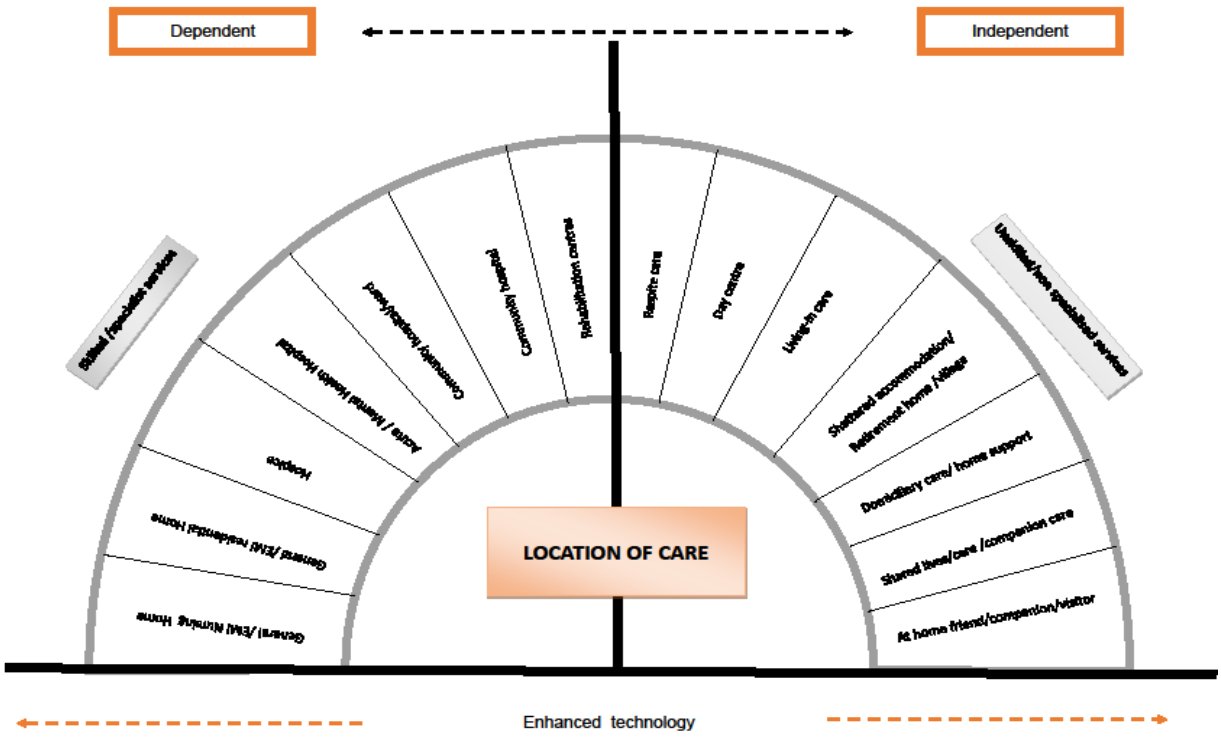
APPENDICIES

Appendix 1: The Continuum of Care and Care Spectra: The Emerging Theory and Framework

The 'Continuum of Care' is an emerging concept being developed as part of this service evaluation project.

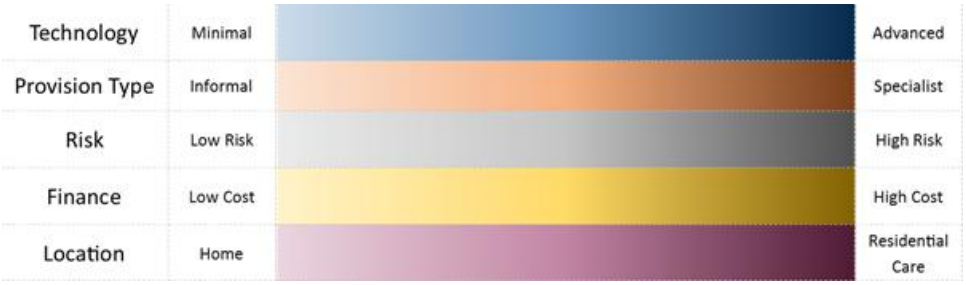
The term has previously been used by Weil and Smith (2016) to move beyond a binary in care home choice, i.e., domiciliary care vs care homes, and instead consider the wide range of concepts in between (see figure below).



"Aging in place should be moved from the personal "success" or "failure" of an older individual to include the role of society and societal views and policies in facilitating or hindering aging in place options." (Weil and Smith, 2016)

We are proposing a further development and widening of this concept, with "The Continuum of Care" highlighting and representing an individual's lifespan from birth to death, with varying levels of intervention required for retaining independence, health and wellbeing.

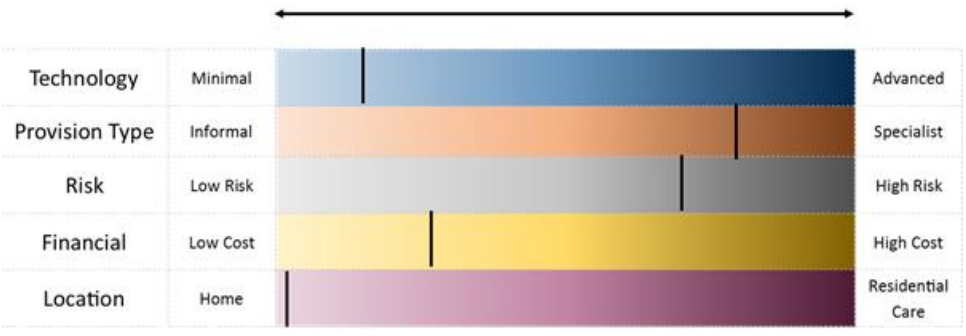
We also propose there are a number of “Care Spectra” which are associated with specific elements relating to maintaining optimum quality of life. For example, the “Technology Spectrum” is about having minimum or advanced enhanced or assisted technology to keep someone safe at hospital, home and/or in a care facility. The “Care Provision Spectrum” focuses on the place where care is provided i.e., facilities and delivery type ranging from informal to specialist care. The figures below illustrate the Care Spectra concept visually, with some examples:



Everyone fits somewhere along the spectra. Using an example scenario:

“Priscilla, 85-year-old lady was living in her own home with domiciliary care before a fall which resulted in a fractured hip. Priscilla had an operation four days ago and has now been discharged from the medical team who have now referred her to the physiotherapist to commence her rehabilitation.”

The diagram for ‘Priscilla’ would look something like this:



(Low technology required, high levels of specialist care, relatively high risk, low to medium cost and home/community-based care)

By viewing care through the lens of a continuum, shaped by the spectra, a shift in perspective can be made, removing care options from binary concepts of home/care home, low tech/high tech, etc., and consequently away from viewing care choices as forms of personal success and failure.

Appendix 2: Professional and Stakeholder Invitation Letter

Dear Sir/Madam,

We are contacting you regarding a project we are undertaking into **'exploring professional awareness of location and types of care services available to older people'.** The project is jointly funded by the Research and Innovation Office (RIO) of the University of Chester and Halton Borough Council; and is being supported by the Research and Knowledge Exchange Institutes (RKEIs) at the University of Chester.

Using a co-creation approach, the project aims to discover the current situation and most pressing issues affecting location and types of care services as determined by professionals and later the public, using Halton as a case study.

We will be holding a listening and learning event to gather "stakeholder perceptions of the effect of location and type of care services on older people". This event will comprise of a choice of one of two sessions: either face-to-face or online. Both will involve fact-finding consultation with professionals and stakeholders where a brief outline of the service evaluation framework will be presented followed with a series of questions.

As a person with interest and/or experience in older people's services or working in the field we would be very grateful if you would be willing to attend or nominate a representative to attend either a face-to-face session on 21 March 2023 from 10:30 to 12MD **or** 13:00 to 14:30 at the **Civic Suite, Runcorn Town Hall, Heath Road, WA7 5TD**. There will also be option of online sessions via Microsoft TEAMS on 24 March 2023 from 9am to 10:30am ***or*** 13:30 to 15:00. Please specify whether you would prefer to attend the face-to-face or online session, and the time by emailing the project team (r.crompton@chester.ac.uk). The sessions should last no longer than 90 minutes.

We hope that the project and the proposed process is essential in shaping greater understanding of current old age services and will enable the development of new approaches. Please feel free to consider helping to further promote participation in the project by inviting other eligible individuals to the session(s), by forwarding this email to them.

The project team comprises:

Professor Robert McSherry (Principal Investigator), email: r.mcsherry@chester.ac.uk

Rhian Crompton (Research Assistant), email: r.crompton@chester.ac.uk

Nellie Makhumula-Nkhoma (Research Assistant), email: n.makhumulankhoma@chester.ac.uk

If you have any queries or would like any further information about the project, in the first instance please contact Rhian Crompton via email.

We would be most grateful if you would let us know if you are interested in participating in the project.

Yours sincerely,

Professor Rob McSherry

Centre for Ageing and Mental Health

University of Chester

Appendix 3: Professional and Stakeholder Participant Information Sheet

University of Chester

Participant Information Sheet (PIS)

Stakeholder perceptions of the effect of home care and nursing home care services on the health and wellbeing of older people: a care sector listening and learning event

You are being invited to take part in a stakeholder fact finding event. Before you decide, it is important for you to understand what the event is for and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything which is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the project?
The COVID-19 pandemic has exposed some of the best areas of care and practice in the caring sectors along with its deficits. It has reiterated some fundamental questions surrounding the provision of home care (domiciliary care) and nursing home care services and their impact on an older individual's quality of life and health and wellbeing. Anecdotal evidence seems to suggest that an individual is better placed in their own home as opposed to a nursing care home. However, there is limited evidence to corroborate these claims.

Staff from the Centre for Ageing and Mental Health (University of Chester) have organised this event with the intention of opening a dialogue between staff specialising in older peoples services across a diverse range of organisations and stakeholders.

Why have I been chosen?
You have been chosen because you have specialist knowledge and experience regarding older people's services in Halton and/or its surrounding area.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to attend, you are free to leave at any time during the event.

What will happen to me if I take part?
If you decide to take part you will be sent details of the event including its schedule, and some points to think on ahead of time. As we want to give the opportunity for as many people as possible to attend, we will be running two parallel events; one in person, and one online. Both events will follow the same structure, and you only need to attend one.

In Person:

If you choose to attend in person, you will be emailed event details, including travel advice about getting to the venue.

Online:
If you choose to attend the online event, you will be sent an invite through Microsoft Teams, will a link to follow at the beginning of the event. You do not have to be registered with Microsoft Teams in order to attend (attendance will be as a 'guest'). You will need internet access and a computer equipped with internal or external microphone, camera and speakers. If you would like to take part online but have any issues or queries regarding equipment, please contact staff at the Centre for Ageing and Mental Health (see 'further information' section of this form for contact details).

What are the possible disadvantages and risks of taking part?
There are no anticipated disadvantages or risks foreseen in taking part in the event.

What are the possible benefits of taking part?
By taking part, you will be contributing to the development and co-ideation of both this project and potential future research directions in collaboration with researchers based at the Centre for Ageing and Mental Health, University of Chester. You will have the opportunity to contribute your opinions and raise issues regarding social care provisions for older people. There will also be the chance to network with other professionals and stakeholders across older peoples services in Halton and its surrounding areas.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this project, please contact: Professor Angela Simpson, Executive Dean, Faculty of Health and Social Care, University of Chester, Riverside Campus, Castle Drive, Chester, Cheshire, CH1 1SL. Tel: 01244 513380. Email: angela.simpson@chester.ac.uk

The University does not accept responsibility for any harm experienced apart from that which is proven to have been caused through its negligence. In the unlikely event that you experience harm through your participation in the event, and this is due to the negligent conduct of the university team, then you may have grounds to bring legal action. If you choose to bring such action, you may incur legal costs.

Will my taking part in the study be kept confidential?
All information will be anonymised and we will not collect any personal information about you beyond your position/role and organisation.

What will happen to my data?
By agreeing to participate in this event, you are consenting to the retention and publication of data.

What will happen to the information gathered at the event?
The project team will prepare a draft summary report of event findings. Attendees will be able to suggest amendments or clarification, following which a final event report will be distributed. Information may also be published in academic journals and used at conferences. Individuals who participate will not be identified in any subsequent report or publication.

Who is organising and funding the event?
The event is jointly funded by Halton Borough Council and the University of Chester. Staff from the Centre for Ageing and Mental Health (part of the Faculty of Health and Social Care) at the University of Chester will be organising the event and analysing its findings.

Who may I contact for further information?
If you would like more information about the event and/or would like to take part, please contact:

Prof. Rob McSherry r.mcsherry@chester.ac.uk (Principal Investigator)
Rhian Crompton r.crompton@chester.ac.uk
Nellie Makhumula Nkhoma n.makhumulankhoma@chester.ac.uk

Or write to us at:
Centre for Ageing and Mental Health
Faculty of Health and Social Care
University of Chester
B95, Room 106
Thornton Science Park
Pool Lane
Chester
CH2 4NU

Or call us on: 01244 512249

Thank you for your interest in this project.

University of Chester

Social Care Provision for Older People: What do you think?

Hello!

This engagement event is seeking to discover what you think about social care provision for older people in Halton and beyond.

Please read the following information if you would like to take part.

Who are we?

We are a team of researchers from the Faculty of Health and Social Care at the University of Chester.

What are we doing?

We are working in collaboration with Halton Borough Council to seek public opinions about social care provision for older adults in the area, and across the UK in general.

How do I take part?

We have a number of engagement activities to help people to focus their thoughts about social care provision for older people, and offer opinions and ideas. **By taking part, you are consenting to any information you provide being used by the research team**. **All information gathered is anonymous**. Please talk to one of our research team for more information.

Do I have to take part?

Not at all – involvement is completely voluntary.

What information are we collecting?

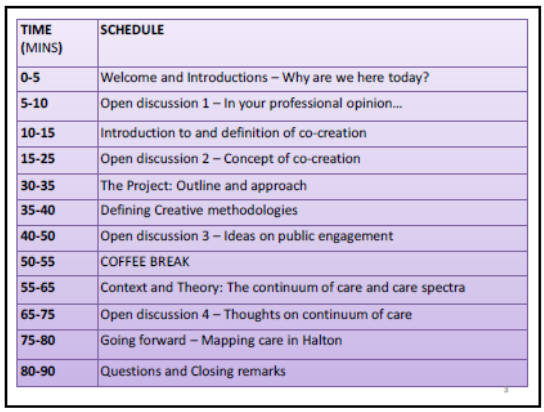
In addition to opinions, we are gathering 3 pieces of basic information – age, gender, and village/town/city of residence. This is to allow us to compare opinions gathered (e.g., does age effect opinions of social care provision?). **No information being collected could be used to identify any individual.**

What will happen with collected information?

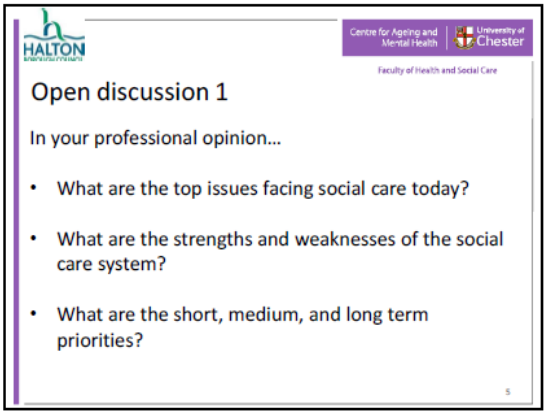
Information collected will be used to prepare a report about public opinions of social care provision for older people for Halton Borough Council, its partners, and stakeholders. Information may also be used by the research team for publication in academic journals. Again, all information provided is completely voluntary, and anonymous. A summary of results will be available on the University of Chester website.

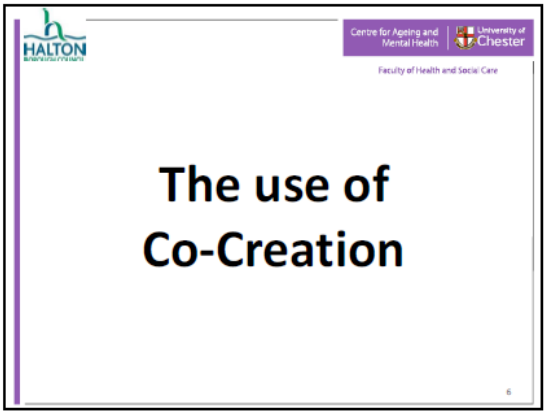
Please ask one of our research team if you would like to learn more about this project.

Appendix 5: Professional and Stakeholder Event PowerPoint Presentation



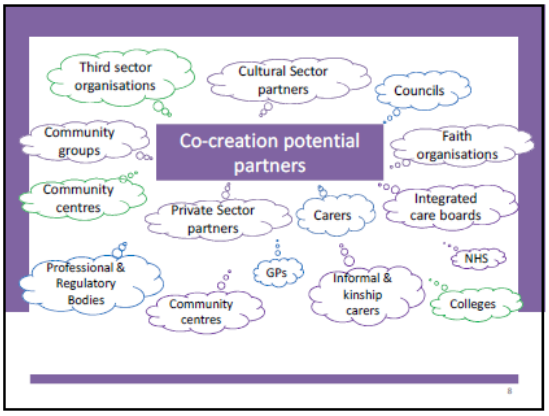
TIME (MINS)	SCHEDULE
0-5	Welcome and Introductions – Why are we here today?
5-10	Open discussion 1 – In your professional opinion…
10-15	Introduction to and definition of co-creation
15-25	Open discussion 2 – Concept of co-creation
30-35	The Project: Outline and approach
35-40	Defining Creative methodologies
40-50	Open discussion 3 – Ideas on public engagement
50-55	COFFEE BREAK
55-65	Context and Theory: The continuum of care and care spectra
65-75	Open discussion 4 – Thoughts on continuum of care
75-80	Going forward – Mapping care in Halton
80-90	Questions and Closing remarks





Co-creation is ....

...the generation of new knowledge that is derived from the application of rigorous research methods that are embedded into the delivery of a program or policy (by researchers and a range of actors including service providers, service users, community organisations and policymakers) through four collaborative processes.



Co-creation process

Generating an idea (co-ideation)

↓

Designing the program (co-design)

↓

Implementing the program (co-implementation)

↓

Collection, analysis and interpretation of data (co-evaluation)

Open discussion 2

- Have you heard or used the concept of co-creation in the past?
- What was the context in which it was applied?
- What other partnership/collaborative methods have you used?

The Project:

Using co-creation to explore public and professional awareness of the continuum of care (location and types of service) available to older people

The Project: Aims

To provide an initial exploration into the effect of the continuum of care on the health and wellbeing of older people using qualitative methods and adopting a co-creation approach.

The Project: Public Engagement Sites

- **Retail** (Markets, Shopping centres)
- **Health and Wellbeing** (GP practices, Care/Nursing Homes)
- **Cultural** (Libraries, Leisure Centres, Theatres)

The Project: Planned Timetable

- Public Engagement Pilot: 28th March
- Runcorn: 17th – 19th April
- Widnes: 8th – 10th May
- Data Analysis: Late May – Early July
- Findings Dissemination: July

Creative Methodologies

Creative methods ...

...are qualitative methods that use **visual** (photo-elicitation) and **narrative** (storytelling) techniques for both collecting data and presenting findings.

Haynes 2022

Order of activities

1. Snap judgement
2. Three words
3. Role play – scenarios
4. Idea board
5. Survey

Snap Judgement

- Voting box
- Back board with options labelled A, B, C, etc.
- Paper slips with tick box for A/B/C etc.
- Space to enter age / tick age range

Three Words

- Care-related images on board (4 or 5 pictures)
- People asked to write and submit first 3 words that come to mind linked to each picture
- Submissions used to develop Word Clouds

Role Play / Scenarios

- Card options
- Different scenarios on each card
- Role play imagining how you would feel / behave in given circumstance
- Feedback collected

Idea Board

- Back board / Flip chart
- Post-Its for people to make comments / voice ideas
- Develops into Idea Board

Survey

- Traditional survey (paper copies and link to online version)
- Basic demographic questions
- Short section of Multi-choice questions
- Final free-text section

Open discussion 3

- What are your thoughts and experiences of using arts-based and creative methods?
- Do you think creative methods are able to capture the current social care context?
- What are your thoughts on our proposed approach?

Background to the proposed context and theory

Research Context

"Research about aging in place tends to stress the value of one place (one's home) over other living settings. This limits the ability of people to age in place and curtails discussion of all the items necessary to maintain place."

Weil and Smith 2016

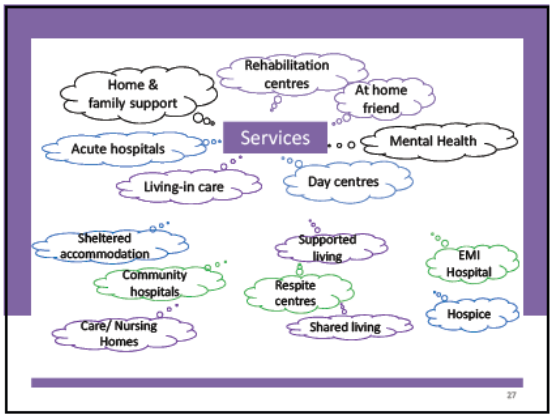
Continuum of care and care spectra

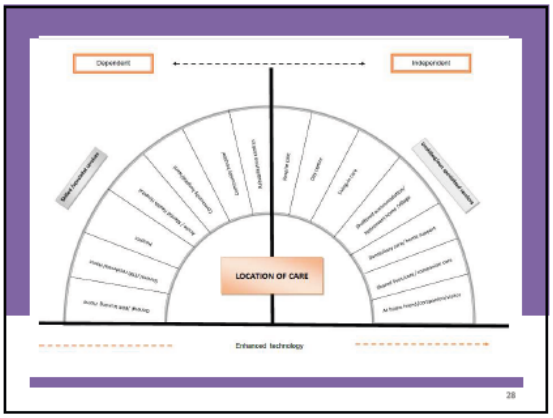
Continuum of care

Refers to bundled care options that follow an individual through time, adapting to their changing needs.

Care spectra

Are specific elements relating to maintaining optimum quality of life.

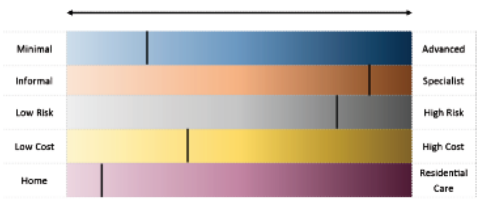




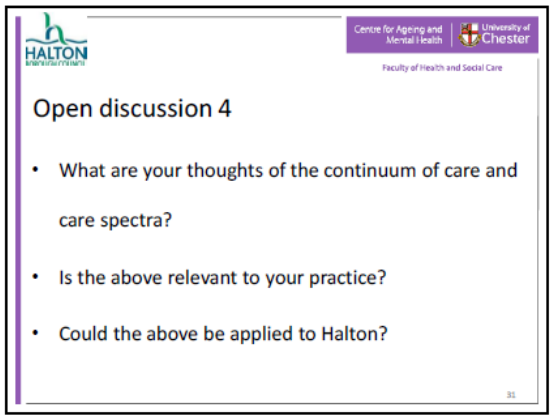
Care Spectra: Visualising

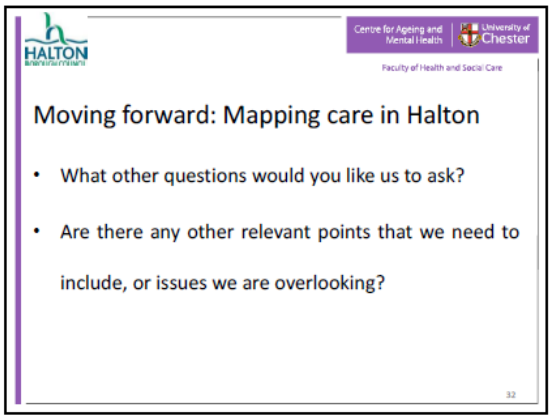
Examples:

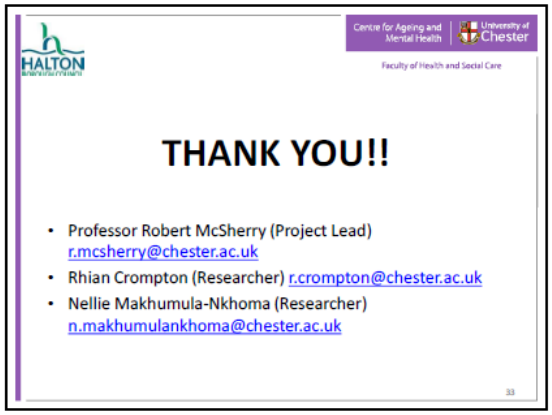
- Technology
- Types of Provision
- Risk Levels
- Finance
- Location



Priscilla, 85-year-old lady was living in her own home with domiciliary care before a fall which resulted in a fractured hip. Priscilla had an operation four days ago and has now been discharged from the medical team who have now referred her to the physiotherapist to commence her rehabilitation.


HALTON
Centre for Ageing and Mental Health
University of Chester
Faculty of Health and Social Care
Open discussion 4
• What are your thoughts of the continuum of care and care spectra?
• Is the above relevant to your practice?
• Could the above be applied to Halton?
31


HALTON
Centre for Ageing and Mental Health
University of Chester
Faculty of Health and Social Care
Moving forward: Mapping care in Halton
• What other questions would you like us to ask?
• Are there any other relevant points that we need to include, or issues we are overlooking?
32


HALTON
Centre for Ageing and Mental Health
University of Chester
Faculty of Health and Social Care
THANK YOU!!
• Professor Robert McSherry (Project Lead) r.mcsherry@chester.ac.uk
• Rhian Crompton (Researcher) r.crompton@chester.ac.uk
• Nellie Makhumula-Nkhoma (Researcher) n.makhumulankhoma@chester.ac.uk
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Appendix 6: Idea Board – Attride-Stirling (2001) thematic analysis networks applied to review and analyse the findings

Stages	Steps	Rationale
A **Reduction or Breakdown of Text**	1. Code material	Each individual post it notes and was reviewed and transcribed.
	2. Identify themes	A transcript template was devised where each post it notes statement was recorded. The transcript enabled a review of the participant's responses by basic, organisational and global themes to be undertaken.
	3. Construct thematic networks	Focused on consolidating the transcript into basic themes.
B **Exploration of Text**	4. Describe and explore thematic networks	Achieved by identifying emerging organisational themes derived from consolidating the basic themes.
	5. Summarise thematic networks	By reviewing and consolidating the organisational themes for global themes and trends.
C **Integration of Exploration**	6. Interpret patterns	Associated with reviewing the occurrence of the global themes.

Appendix 7: Role Play Scenarios

Read through the information below and imagine yourself being in the situation described. Then, turnover the sheet, think about the questions, and share your thoughts.

Scenario A

You are 58 years old, you work so does your wife. You have four children, the youngest is 14 years old. Of late you've started to become more forgetful. A few times you have forgotten to attend a few important meetings at work and are getting frustrated more easily. Today you received a letter advising you to take early retirement. Your partner is concerned and has sought medical advice. The doctor has requested blood tests and a brain scan to rule out dementia.

Scenario B

You are 81 years old, live alone, have no close family, and suffers from Parkinson's disease. You have recently had 2 falls. You enjoy living in his own home and community. You have an influential and active role in community life but have had to slow down due to your Parkinson's getting worse in the last few months, You have a good relationship with your neighbours, who help when they can but of late, you can tell they are getting concerned of your safety.

Scenario C

You are 85 years old and are living in your own home with domiciliary care. You have a niece and nephew living nearby who come over to visit when they can. You recently had a fall which resulted in a fractured hip. You had an operation four days ago and have now been discharged from the medical team, who have referred you to the physiotherapist to commence rehabilitation. You are happy to be home but more nervous than before when carrying out everyday activities.

Scenario D

You are 70 years old and live independently in your own home. You are divorced. You are close to your two children but they live in London with their young families and can't see

them in person as often as you would like. A month ago, you experienced a stroke living you with partial paralysis on your right side and mild swallowing problems. You have been seen by the medical team and referred to the physiotherapy and speech and language teams.

Scenario E

You are 94 years old. You lost your spouse 6 months ago. Before then, you enjoyed a walk to the pub, talking to your neighbours and working in your garden, with the help of one of your grandchildren. Since your spouse's death, you spend most of the day indoors and rarely speak to the neighbours. You are also working less in your garden. You gradually have become frailer, have lost weight, and feel lonely. Your family visit when they can, and are getting worried about your appearance and frame of mind.

Scenario F

You are 78 years old; you live alone but with support from family and close friends. You have heart failure and lately have become short of breath at slight exertion. The past couple of days you started to become incontinent. As your support can only come a couple of times a day, you are spending time sitting in a wet pad, not drinking much as you fear needing to use the toilet again. Due to work commitments and changing care requirements, some of your friends and family have indicated they can't continue in their current role. A social worker has been contacted.

Q1. How do you feel?

Q2. What would you do next?

Q3 What choices do you think will be available to help?

Appendix 8: Public Engagement Activity 5 – Survey

University of Chester

Perceptions of Care Services for Older People in Halton

Page 1: Page 1

Perceptions of care locations, types and services available for older people across Halton and beyond.

This Survey is part of a joint project by Halton Borough Council and the Centre for Ageing and Mental Health at the University of Chester, looking at perceptions of social care for older people.

We appreciate you taking the time to give us information about your perceptions regarding older people's care services. By filling out the survey, you are consenting to the University of Chester using the data provided. Please note the information is being collected anonymously, but we require some demographic information about you that will facilitate the analysis of the data we collect. Completing the questionnaire should take around 10 to 15 minutes.

1 / 7

Page 2: Demographic information

1. Please state your age. *Optional*

2. What is your gender? *Optional*

- Female
- Male
- Prefer not to say
- Other

2.a. If you selected Other, please specify:

3. Are you a resident of Halton? *Optional*

- Yes
- No
- Prefer not to say

3.a. If you are not a resident of Halton, please note the council area you live in e.g., Warrington Borough Council, Cheshire West and Chester Council, Liverpool City Council, etc. *Optional*

Page 3: Choosing care

4. If you are/were aged 65 years and over and needed care, where would be your preferred location of care?

- My own home
- A residential home
- A nursing home
- Sheltered accommodation/assisted living
- Retirement village
- Other

4.a. If you selected Other, please specify:

5. Is your choice based on you or somebody you know providing or accessing the care?

- Me
- Someone I know
- Prefer not to say
- Other

5.a. Please feel free to provide more information about who influenced your choice. *Optional*

3 / 7

6. What would determine where you accessed care from? Please select all that apply.

- ☐ Cost
- ☐ Easy access to services
- ☐ Near family / friends
- ☐ Near to social and leisure activities
- ☐ Easy access to transport
- ☐ Other

6.a. If you selected Other, please specify:

7. Where would you seek information about available care? Please select all that apply.

- ☐ The Internet
- ☐ Social media, e.g. Facebook
- ☐ GP
- ☐ GP Practice Nurse
- ☐ Charity, e.g. Age UK
- ☐ Hospital
- ☐ Family and friends
- ☐ Dentist
- ☐ Council
- ☐ Local press
- ☐ Word of mouth
- ☐ Other

7.a. If you selected Other, please specify:

8. Has COVID19 affected your opinion of choice of care services?

- ○ Yes
- ○ No
- ○ Prefer not to say

8.a. Please explain your answer.

9. Have you heard of any of the following services? Please select all services you have heard about.

- ☐ Acute services
- ☐ Community hospitals
- ☐ Rehabilitation centres
- ☐ Day centres
- ☐ Hospices
- ☐ Companion care services
- ☐ Shared care
- ☐ Shared lives
- ☐ Domiciliary care
- ☐ Support services
- ☐ Home care with gadgets

5 / 7

- ☐ Living-in care
- ☐ Respite care
- ☐ Residential home care
- ☐ Nursing home care
- ☐ Hospital at home

10. Please give your thoughts regarding location of care in people as we age (feel free to write about personal experiences but please do not include any identifiable information, e.g., names, addresses, contact details etc.)

Page 4: Final page

Thank you for taking the time to complete this questionnaire and for your interest in the project.

If you would like any further information about this questionnaire or project, please contact Professor Robert McSherry.

email: r.mcsherry@chester.ac.uk

Telephone: 01244 512249

Address: The Centre for Ageing and Mental Health, Faculty of Health, Medicine and Society, B95, Room TEC106, Thornton Science Park, Pool Lane, Chester, CH2 4NU.
