# Planning for an ageing population: experiences from local areas in the United Kingdom

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**Experiences from Local Areas in the United Kingdom**

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## Experiences from Local Areas in the United Kingdom

# Foreword

The Leibniz Institute of Ecological and Regional Development (IOER) together with the Technical University of Dresden and the Academy for Spatial Research and Planning (ARL) established the Dresden Leibniz Graduate School (DLGS) in 2008. The DLGS is one of the 18 graduate schools jointly founded to date throughout the country by the Leibniz Association (WGL) and universities. The start-up was financed under the "Pact for Research and Innovation" by the German Government and the Länder. It is meanwhile fully funded by the participating institutions.

Four faculties of the Technical University of Dresden participate in the DLGS: the Forest, Geo, and Hydro Sciences, Architecture, Economics, and Philosophy (Sociology). They constitute the interdisciplinary environment for Graduate School scholarship holders. All first supervisors, including professors jointly appointed by the IOER and the TU Dresden, come from one of these four faculties.

Every two years, the DLGS awards eight doctoral fellowships for research into subjects relevant to the spatial sciences. They are advertised internationally. 25 per cent of the first cohort were from abroad and 50 per cent of the second. External doctoral students can also be accepted as in an associate capacity.

Scholarship holders and associate doctoral students are offered a comprehensive, structured programme. Courses, workshops, and summer schools are offered that address the theory and methodology of science and topics of relevance for dissertations and advisory bodies provided to discuss the progress made by each student in depth. In addition, all scholarship holders and associate doctoral students have the opportunity to take part in national and international conferences.

The key topic of the first cohort at the DLGS was demographic change and its effects on spatial development and on the economy and society. This takes up lines of research in all three participating institutions, at the TU Dresden in particular in the work done by the Centre for Demographic Change (ZDW). The present work is a dissertation from the first cohort of the DLGS. Others will follow.

Dresden, October 2011

Prof. Dr. Dr. h.c. Bernhard Müller
Spokesman of the DLGS

## Preface and Acknowledgements

The population is ageing throughout Europe and beyond. My interest in how the British are confronting this development is in the first place professional, focusing on the high proportion of older people in many regions, notably on the coasts, and on the evident determination, particularly on the part of central government, to tackle the challenge actively. But I also had personal motives for undertaking this study on Britain. It was my fascination with the country and its people, my studies in English language and literature, and visits to the United Kingdom that made it possible. My thesis will hopefully contribute to the exchange of experience on dealing with an ageing population. Whereas in Germany demographic change has been the subject of intensive research, the British have tended to experiment with strategic approaches, forms of governance, and the like.

Heidelberg, October 2011

Christine Meyer

# Abstract

The majority of local areas in the UK are faced with an ageing population. Popular retirement destinations in coastal and more rural areas are particularly affected. The thesis aims to find out how local areas strategically tackle these demographic shifts. The British government has issued strategic guidance for local areas, but as yet little is known about how actual responses look. The literature has largely focused on good practice compilations. Consequently, the thesis attempts to analyse in depth local areas' experiences in planning for an ageing population. The main research question is: How do local actors in the UK plan for population ageing?

A grounded theory approach has been chosen to develop theoretical concepts from empirical data. Local governance and collective learning are used as sensitising concepts, i.e. wider theoretical perspectives. Due to the state of research and the aim to gather detailed knowledge regarding the planning for an ageing population in local areas, a qualitative research design has been chosen. More precisely, it is a multiple case study design, covering the three heterogeneous cases North Tyneside, Poole and Wealden. Empirical data has been assembled from qualitative interviews with local experts and documents such as local strategies or minutes of meetings.

The results are threefold. Firstly, local governance arrangements are analysed. This covers the identification of involved actors, their action orientations and interactions. As approaches in planning for an ageing population differ across organisations, a typology of individual actors is developed. Moreover, it is observed that and analysed how traditional hierarchical steering by public bodies is complemented by more network-like forms of governance, for example multi-organisational older people's partnerships. Secondly, local learning processes in planning for an ageing population are reconstructed. Four phases are differentiated: setting the agenda for the topic of ageing and older people followed by building up knowledge on the subject and collective learning in a narrower sense and, finally, strategy-making. Interrelations between governance arrangements and collective learning are analysed, particularly with respect to different forms of learning in different types of older people's partnerships.

Finally, central challenges and perspectives arising from the analysis of governance arrangements and learning processes are discussed. On the one hand, these pertain to the cross-cutting nature of ageing, on the other hand they are due to the ambivalent influence from national government on local areas. Ageing affects various spheres of local steering activity. Among the main implications for local areas in the UK are the continuous search for responsibility and the struggle to broaden the agenda beyond health and care. This has led to experimenting with governance structures, intensifying involvement of older people and developing inter-agency older people strategies and others as catalysts for further development. The strong influence from central govern-

ment on local steering advances local reactions to ageing but provokes superficial and unsustainable answers at the same time.

Overall, the thesis provides in-depth empirical knowledge on local planning for an ageing population. The theoretical lenses local governance and collective learning have been used to generalise from the practical experiences in the three case study areas. The thesis concludes with recommendations for practitioners locally and at the national level. These refer inter alia to local governance arrangements which come up to the issue's cross-cuttingness and to national guidance and regulation which could facilitate their introduction or modification.

# Kurzfassung

Die Mehrzahl britischer Gemeinden ist mit einer alternden Bevölkerung konfrontiert. Küstengebiete und ländliche Räume sind besonders betroffen, da sie als Altersruhesitz bevorzugt werden. Ziel der Dissertation ist es, den strategischen Umgang der Gemeinden mit diesen demographischen Veränderungen zu beleuchten. Die britische Nationalregierung gibt den Gemeinden strategische Leitlinien vor, allerdings ist wenig darüber bekannt, wie die lokalen Ansätze tatsächlich aussehen. Bisher wurden vor allem Good Practice Sammlungen zum Thema veröffentlicht. Vor diesem Hintergrund beschäftigt sich die Dissertation detailliert mit der Stadtentwicklung für eine alternde Bevölkerung in solchen Gemeinden, die in sich zwar mit der Bevölkerungsalterung beschäftigen, aber nicht als Good Practice klassifiziert werden können. Die Hauptforschungsfrage ist: Wie planen lokale Akteure für eine alternde Bevölkerung?

Die Arbeit folgt einem Grounded Theory Ansatz, der darauf zielt, theoretische Konzepte aus den empirischen Daten zu entwickeln. Lokale Governance und kollektives Lernen dienen als sensibilisierende Konzepte, d.h. weitergefasste theoretische Perspektiven. Aufgrund des Forschungsstandes und des Ziels, detailliertes Wissen über die Stadtentwicklung für eine alternde Bevölkerung zu gewinnen, folgt die Arbeit einem qualitativen Forschungsdesign. In den drei heterogenen Fallstudiengemeinden North Tyneside, Poole und Wealden wurden insbesondere qualitative Interviews mit lokalen Experten durchgeführt und Dokumente wie Strategiepapiere und Sitzungsprotokolle ausgewertet.

Die Ergebnisse umfassen drei Themenbereiche. Zunächst werden lokale Governanceformen analysiert, was die Identifikation der beteiligten Akteure, ihre Handlungsorientierungen und Interaktionen umfasst. Da Ansätze zum Umgang mit der alternden Bevölkerung sich stark zwischen individuellen Akteuren unterscheiden, wurde auf dieser Basis eine Akteurstypologie erstellt. Darüber hinaus wird analysiert wie traditionale Steuerungsansätze staatlicher Akteure durch netzwerkartige Governanceformen ergänzt werden. Bedeutendstes Beispiel sind Arbeitsgruppen, in denen Akteure verschiedener Organisationen und Sektoren zusammenkommen, um Ansätze zum Umgang mit Senioren und der Bevölkerungsalterung zu entwickeln.

Anschließend werden lokale Lernprozesse in der Planung für eine alternde Bevölkerung rekonstruiert. Dabei werden vier Phasen unterschieden: Agenda-Setting, Wissensaufbau, kollektives Lernen im engeren Sinne und Strategieerstellung. Es werden die Wechselwirkungen zwischen Governanceformen und kollektivem Lernen analysiert, insbesondere bezüglich der Lernformen in verschiedenen Typen von Arbeitsgruppen.

Schließlich werden Herausforderungen und Perspektiven der Stadtentwicklung für eine alternde Bevölkerung diskutiert, die aus der Analyse von Governanceformen und Lernprozessen hervorgehen. Einerseits beziehen diese sich auf den Querschnittcharakter des Themas Alterung, andererseits auf den ambivalenten Einfluss der Nationalregierung.

Die Alterung betrifft verschiedenste Bereiche lokaler Steuerung. Dies führt zu einer anhaltenden Suche nach lokalen Verantwortungsträgern und zu Schwierigkeiten, die Agenda über Gesundheit und Pflege Älterer hinaus zu erweitern. Darüber hinaus hat der Querschnittcharakter ein Experimentieren mit Governanceformen angeregt, sowie die Schaffung von mehr Partizipationsmöglichkeiten für ältere Bürger und die Erstellung ressortübergreifender lokaler Alterungsstrategien. Die starken Eingriffe der Nationalregierung in lokale Steuerungstätigkeiten befördern einerseits die Auseinandersetzung mit der Alterung, andererseits führen sie auch zu oberflächlichen und wenig nachhaltigen Reaktionen.

Insgesamt bietet die Dissertation detailliertes empirisches Wissen zur Stadtentwicklung für eine alternde Bevölkerung. Die theoretischen Perspektiven lokale Governance und kollektives Lernen wurden genutzt um generalisierbare Ergebnisse aus den Erfahrungen in den drei Fallstudiengemeinden zu gewinnen. Abschließend werden Handlungsempfehlungen für Praktiker auf der lokalen und nationalen Ebene abgeleitet.

# Contents

# Figures and tables

## List of Abbreviations

| | |
|---|---|
| ALMO | Arm's length management organisation |
| ASC | Adult social care |
| CAA | Comprehensive Area Assessment |
| CLG | Department for Communities and Local Government |
| I | Interviewer |
| JSNA | Joint Strategic Needs Assessment |
| LAA | Local Area Agreement |
| LDF | Local Development Framework |
| LSP | Local Strategic Partnership |
| NGO | Non-governmental organisation |
| NHS | National Health Service |
| NI | National Indicator |
| ONS | Office for National Statistics |
| OPF | Older People's Forum |
| OPPB | Older People's Partnership Board |
| OPSG | Older People Strategy Group |
| PCT | Primary Care Trust |
| POPPs | Partnerships for Older People Projects |
| POPPI | Projecting Older People Population Information System |
| PPS | Planning Policy Statement |
| PSA | Public Service Agreement |
| R | Respondent |
| RDA | Regional Development Agency |
| SCS | Sustainable Community Strategy |
| UK | United Kingdom |

# 1 Introduction

In 2007, the UK reached a demographic tipping point. For the first time in British history, the population above state pension age outnumbered young people under age 16. Both the number and proportion of older people in the population are rising steadily. This demographic shift is accompanied by an increase in the average age of the total population. On the one hand, the developments are due to an increasing life expectancy. On the other hand, they can be traced back to fertility rates which fell below the level required to maintain a stable population in the 1970s. Additionally, the baby boom generation born after the Second World War has started to reach retirement age. (Blake 2010, 43)

The implications of these demographic shifts for local steering are far-reaching, whereby two clusters of challenges are particularly relevant. Both the provision of services and the design of housing and neighbourhoods are tailored to a younger population. The most discussed aspect concerning service provision is care. British local authorities are responsible for delivering adult social care, i.e. care services for adults who need assistance such as older or disabled people. Due to the ageing of the population, the demand for adult social care and other services will increase tremendously. Apart from quantitative changes, an older population demands different kinds of services compared to a younger one. The rising number of dementia patients, for example, requires new service concepts. Furthermore, older people demand to be involved in the design of services and to be treated with the same respect as younger people. The design of housing and neighbourhoods is decisive for an older person's quality of life and for their independence should they become frail. A much debated key word is "bed-blocking". It refers to the phenomenon that people cannot return home from hospital because physical impairments have rendered their home unsuitable, they cannot climb the stairs or use the bathroom anymore, etc. Enormous financial implications arise from the changed demands regarding services and the built environment. Many questions concerning financing and strategic goals must be tackled on the national level – such as those pertaining to the pension system. The consequences of the demographic shifts are most tangible on the local level, however – at the ageing population's place of residence (see Hollbach-Grömig 2002).

## 1.1 Rationale and aims of the research

Governmental and non-governmental organisations, such as the Local Government Association or Age UK, investigate into local approaches to population ageing and intend to foster an exchange of experiences among local areas (see for example Audit Commission 2008; Improvement and Development Agency, Local Government Association 2009; Local Government Group, Department for Work and Pensions 2010; Age UK 2010; Help the Aged 2008). Academia, in contrast, shows rather little interest in study-

ing local responses to ageing. Consequently, there are several short best practice guides and some surveys, but only few studies which analyse local approaches to tackle ageing in depth. In part, the publications are influenced by particular interests of the groups which the respective organisation represents. Research which puts more emphasis on a general understanding of mechanisms in this field is lacking. Only singular studies provide more abstract reflections concerning changing requirements for local environments and housing (p.ex. Gilroy 2008; Gilroy, Castle 1995) or local development overall (p.ex. Atterton 2006).

In the past decade, however, a vast body of literature dealing with local implications of and reactions to demographic change has developed in Germany (e.g. Müller 2004; Gans, Schmitz-Veltin 2006; Küpper, Küttner 2008; Mäding 2003). Presumably, the drastic losses of population in numerous German, particularly East German, areas have resulted in a pronounced research interest in reactions to demographic shifts. Many studies focus on declining and ageing populations. This has not been the case in the UK, where only very few areas experience demographic losses and the population grows overall. The thesis brings this body of literature with its research approaches, analytical terms, etc. together with empirical research in the UK.

The thesis seeks to narrow the identified research gaps concerning in-depth research about and general mechanisms of local approaches to tackle demographic ageing by finding answers to the following research question: How do local actors in the UK plan for population ageing? The term planning covers all local strategic activities concerning population ageing here, it is not restricted for example to spatial planning. Population ageing refers to an absolute increase in older age groups and/or changing proportions between older and younger age groups.

The main question comprises three sub questions. 1. Who plans for an ageing population, and how? This question particularly aims at identifying the actors involved in planning for an ageing population and their respective approaches as well as the interactions between actors. 2. What kind of strategies are there to deal with population ageing? Both, contents of strategies and their role for the local (learning) process are in the focus of investigation. Only such strategies are considered which tackle the ageing of the population in an integrated manner, i.e. go beyond a specific field. 3. What kind of learning process has led to the current state of planning for population ageing? The third sub question builds on the first two and puts the process dimension in the centre of attention.

These research questions help to achieve several research goals. The thesis seeks to narrow research gaps, regarding local approaches to tackle demographic ageing, by gathering in-depth knowledge which goes beyond existing good practice compilations. From empirical data, the research aims to create abstract results in the form of terms, concepts

or categories (Kelle, Kluge 2010, 18). These refer to actors, strategies and processes in planning for an ageing population. Beyond this, the analysis should yield recommendations for practitioners as to how to improve their tackling an ageing population. This way, the thesis seeks to advise local authorities and their cooperation partners as well as central government departments who determine the frame for local actions. According to the underlying normative motivation, it is beneficial to plan actively for an ageing population and local steering should be "ageing-sensitive" ("alternssensibel") (Beetz et al. 2009), i.e. it should bear ageing in mind with respect to all development goals. The view of a German researcher on British experiences in dealing with ageing is considered beneficial insofar that similar questions are much discussed in German research, but enormous practical experiences exist in the UK.

The research questions and aims refer to detailed knowledge about local approaches to plan for an ageing population, which is a complex social phenomenon. The first sub question, for example, involves the investigation into action orientations, the third into social processes. Ageing itself is a cross-cutting issue which affects various thematic fields – from health to social cohesion. In order to understand this phenomenon, a qualitative research design has been chosen. More precisely, the thesis follows the "grounded theory" paradigm (Glaser, Strauss 1967; Corbin, Strauss 1998), which aims to develop new theoretical concepts from empirical data by alternating between empirical work and theory building. In contrast to earlier conceptualisations of grounded theory, it is acknowledged today that every researcher takes at least an implicit theoretical perspective and that grounded theory studies should make this perspective explicit (Kelle 2007). It is suggested to use so-called sensitising concepts for this purpose (Blumer 1954). These constitute a theoretical lens, but leave more scope to discover further aspects in the empirical data than a hypothesis-testing approach.

Two sensitising concepts or theoretical perspectives, local governance and collective learning, are used to sharpen the focus and to help achieve generalisable results. Both have been used in investigations of reactions to demographic changes before. Here, the thesis can build on the above mentioned body of German literature. Glock (2006), Hutter & Neumann (2008) and Neumann (2004), for example use learning models to examine urban policy, spatial planning and community strategy development, respectively, in local areas which experience declining populations or strong impacts of migration. They all apply specific learning models which have their roots in organisational learning theory. The governance concept is used as a rather general perspective by most authors. It points to the need for considering forms of steering which go beyond traditional hierarchical government (see for example Bürkner et al. 2005; Küpper, Regener 2008). Normative governance approaches discuss suggestions to adapt local regulation to an ageing population (e.g. Organisation for Economic Co-operation and Development 2003). With respect to urban regeneration in declining areas, local governance

arrangements in the United Kingdom are often seen as a model for other countries (e.g. Bodenschatz 2006; Brombach et al. 2005) – particularly because of the enormous role which multi-organisational partnerships play.

The thesis takes an analytical view of governance (see Selle 2008, Benz 2004), aiming to identify structures and modes of steering with respect to handling demographic ageing locally. As local scope for action is limited by national and regional influences, these are considered in a multi-level governance perspective. In order to analyse development over time, it is combined with a collective learning perspective. In contrast to the approaches described above, the latter is actor- and action oriented and not limited to the application of a specific model (see Fürst, Benz 2002; Kissling-Näf, Knoepfel 1998; Pommeranz 2001; Wilkesmann 1999; Knight 2002). Specific attention is paid to the combination of local governance and collective learning approaches, which is under-researched (see for example Fürst 2003).

The thesis' main results are presented in three parts. First, local governance structures and modes in planning for an ageing population are reconstructed. Second, it provides an analysis of local learning processes in planning for an ageing population. Finally, central challenges and perspectives which local areas face when developing strategic approaches for their ageing population are discussed on the basis of these insights. Among the main results is a typology of prevailing action orientations in planning for an ageing population. Furthermore, older people's partnerships are illuminated as collective approaches to tackle ageing. The partnerships allow for different forms of collective learning according to their design. The research addresses both, academia and practitioners particularly in the UK, but also in Germany and other (European) countries who could learn from the analysis of the British experiences.

## 1.2   Study design

All over Europe and most of the world populations are ageing. The UK, however, qualifies particularly for research into local reactions to population ageing. Firstly, the older population in the UK concentrates spatially. The "costa geriatrica" (Champion 2005, 98) and rural areas are preferred retirement destinations. Seaside areas like Dorset or East Sussex thus have as high proportions of older people today as the British average is projected to reach in 25 years. There, the impacts of population ageing are already substantial. Consequently, the research focuses on local areas which are located on the "ageing coastline".

A second motivation for researching population ageing in the UK is the remarkable policy response to the demographic shifts (European Policies Research Centre, University of Strathclyde 2006; Gilroy, Brooks, Shaw 2007). The British government has issued several strategies on how to deal with the ageing population. "Opportunity Age – Meeting the

challenges of ageing in the 21st century" (Department for Work and Pensions 2005) and its successor "Building a society for all ages" (HM Government 2009a) aim inter alia to improve older people's wellbeing by promoting active lifestyles and encouraging people to work for longer, as well as supporting older people's independence. Furthermore, they seek to improve attitudes towards ageing and older people. Other strategy papers refer to more specific thematic fields like housing, health or political participation. On the regional level some notable approaches to tackle the ageing of the population have been developed. The "Age Proofing Toolkit Regional Strategies and Demographic Ageing" (Ferry, Baker 2006), for example, aims to ensure that population ageing is considered in all regional strategies. According to the Audit Commission (2008), the majority of local areas are also beginning to develop strategic approaches; almost one third has "well developed, comprehensive strategies" in place (21). Governmental and non-governmental organisations have compiled good practice examples of local approaches. Overall, there is reason to assume that there is a certain experience in the UK in handling the ageing of the population.

The thesis follows a multiple-case design. The three case-study areas North Tyneside, Poole and Wealden feature comparatively high proportions of older people, which are connected to their seaside location. All three of them are experienced in developing strategic approaches concerning their ageing citizens which go beyond individual thematic fields, but they cannot not be classified as best practice examples. Only case study areas in England have been chosen to simplify analysing the impacts of national regulations. Some, for example concerning spatial planning, differ between England, Wales, Scotland and Northern Ireland, but most apply UK-wide. Thus, most results are valid to the "celtic nations" as well. The three local areas are heterogeneous as far as their location in North and South England, their urban or rural character or their administrative structure is concerned. Moreover, the proportion of older people of the total population and the progress in planning for an ageing population differ. The logic underlying a selection of such heterogeneous cases is the following: If common patterns can be observed in these cases, they are likely to be rather general phenomena.

The observed time frame extends from the first local strategic reactions to ageing in the respective area to the general elections in May 2010. The new Conservative and Liberal Democrat Coalition Government has brought about many changes, above all the emphasis on localism and the "Big Society". In the course of this agenda, power is being transferred from central to local government, regional governments' significance declines further. Citizens are encouraged to volunteer and become involved in social action locally, and the planning system is reformed to give more power to neighbourhoods. (Cabinet Office 2010) The government argues that "we need to draw on the skills and expertise of people across the country as we respond to the social, political and economic challenges Britain faces" (Cabinet Office 2010, 1).

Many experts, who were interviewed in the final round of data collection in June 2010, fear that the ageing agenda will suffer from the new policies as they have not signalled support but have rather created confusion about responsibilities, priorities, etc. However, in July an "Ageing Well" programme was launched by the Department of Work and Pensions Local Government Improvement and Development (2010). It aims to support "strategic and place-based approaches to preparing for an ageing society" in order to promote older people's wellbeing and tackle reductions in public sector funding. It provides information and good practice, workshops, mentoring programmes, etc. The abolition of the Default Retirement Age, which had been initiated by the previous government, is also pursued by the coalition government and will most likely come into effect in 2011.

As the research follows the grounded theory paradigm which emphasises a close connection between empirical data and theoretical abstraction, the research process has been organised in a circular way. Several rounds of data collection were conducted, data analysis and theoretical abstraction followed immediately. After exploratory interviews on the national level, the investigation focused on the case study areas. Two main methods of data collection and data analysis were applied here. First, qualitative interviews were conducted with experts in local authority administration, charities, etc. based on an interview guideline. They were analysed with the help of a reconstructive analysis method following Kruse (2009). Second, documents like the above mentioned strategies on dealing with an ageing population or minutes of working group meetings, etc. were examined.

## 1.3   Thesis structure

The thesis is divided into eight further chapters. Figure 1 provides an outline of the structure. Chapter Two is dedicated to the current state of planning for an ageing population in the UK. First, it focuses on demographic development in the UK and gives an overview on general local steering and planning arrangements before presenting reactions to ageing. These range from national strategies to local reactions to population ageing. On the basis of the current state of knowledge, the research questions are presented in greater detail than feasible within this introduction.

Chapter Three develops the thesis' conceptual framework. It positions the research phenomenon, local planning for an ageing population, within the academic research field. Moreover, it presents the grounded theory perspective and the two sensitising concepts, local governance and collective learning. The chapter concludes with presuppositions which guide the empirical analysis.

The research design is in the focus of Chapter Four. After an overview on the overall research design, the individual sub chapters deal with exploratory interviews on the natio-

nal level and case study research. Concerning the latter, the sampling of case study areas and interviewees as well as the methods of data collection and analysis are presented.

Research question: How do local actors in the UK plan for population ageing?

Current state of planning for an ageing population (based on review of literature, policy papers, demographic data, etc.)

Chapters 1 & 2

Conceptual framework: grounded theory perspective; sensitizing concepts local governance, collective learning

Chapter 3

Research design: qualitative approach, multiple case design

Presentation of case study areas

Chapters 4 & 5

Empirical results:

- local governance structures and modes in planning for an ageing population
- local learning processes in planning for an ageing population
- central challenges and perspectives in planning for an ageing population

Chapters 6, 7 & 8

Discussion of the results and implications

- Reflections of the results with respect to the state of research
- Recommended action

Chapter 9

*Figure 1: Thesis structure (Source: own draft)*

The chapters Six, Seven and Eight are dedicated to the results of the empirical investigation. Chapter Six answers the first research question by analysing local governance arrangements in planning for an ageing population. Chapter Seven reconstructs local learning processes in planning for an ageing population – which were in the focus of the third research question. As strategy-making is an important step in this local learning process, the answers to the second research question are integrated into chapter Seven. Chapter Eight discusses central challenges in planning for an ageing population. It builds on recurring patterns from both previous chapters.

Chapter Nine finally, summarises and discusses the results. It shows how the thesis succeeded to close knowledge gaps and which questions are still open. This chapter also co-

mes up to the aim to assist practitioners in planning for an ageing population. It addresses both, actors on the local and the national level. The thesis closes with some thoughts on what other countries can learn from the investigation into British experiences.

It is important to keep in mind that the order of presentation does not necessarily follow the actual research process, which has been of an iterative nature. The research questions and the conceptual framework, for example, have evolved throughout the entire process.

# 2      Planning for an ageing population – a UK-wide overview

The population of the UK – as the world population overall – is ageing. Age, ageing and older people are much debated in politics and society, and are subject to diverse research activities. Among the most prominent challenges posed by the ageing of the population are the adaptation of the pension, health and care systems to the altered demographics – altogether issues for national policies. On the local level, demographic changes are particularly visible insofar that they influence the demand for services and impact the labour and housing markets, etc. (Hollbach-Grömig 2002, 108; Müller 2004, 1). Furthermore, older people often experience difficulties with respect to the built environment, i.e. with access to amenities or transportation, etc. The thesis focuses on local responses to those conditions and developments.

This chapter initially gives an overview on the demographic development in the UK and on local steering and planning arrangements in general. This serves as a background for the following subchapter on reactions to ageing. Here, national policies and guidance are presented as well as current knowledge on local activities. Concerning the latter, diverse knowledge gaps are evident. Finally, the research questions that guide the thesis are derived from these gaps.

## 2.1    The UK's ageing population

*A growing and ageing population*

The population of the UK, which comprised 61.8 million citizens in mid-2009, is a growing population. (If no other source given all data from the Office for National Statistics 2011a) From 1999 to 2009 it increased by 3.1 million and is projected to rise by a further 4.7 million by 2019. Figure 2 depicts the population pyramids for 2008 and 2051, by which time the population is projected to have increased to 77.1 million (2008-based principal population projection). The fertility rate in 2008 was 1.97 children per woman, which was only superseded by Ireland and France within Europe (Eurostat). Between 1998 and 2007 net immigration contributed to population increase more than natural change. Before 1998 and from 2007 on, natural change was the main driver for population growth.

Immigration and natural growth have not prevented the UK from ageing, however. In the last 25 years the population aged 65 and over grew by 1.7 million. This corresponds to an increase from 15 per cent in 1984 to 16 per cent in 2009. At the same time, the proportion of the population aged under 16 declined from 21 per cent to 19 per cent. The demographic tipping point which was reached in 2007 has already been mentioned in the introduction - for the first time people over state pension age outnumbered children under the age of 16. In 25 years time, the population aged 65 and over is projected

to comprise 23 per cent of the total population. The population pyramid is going to turn into a "population beehive" (Office for National Statistics 2010d, 2-3).

**United Kingdom**

Millions
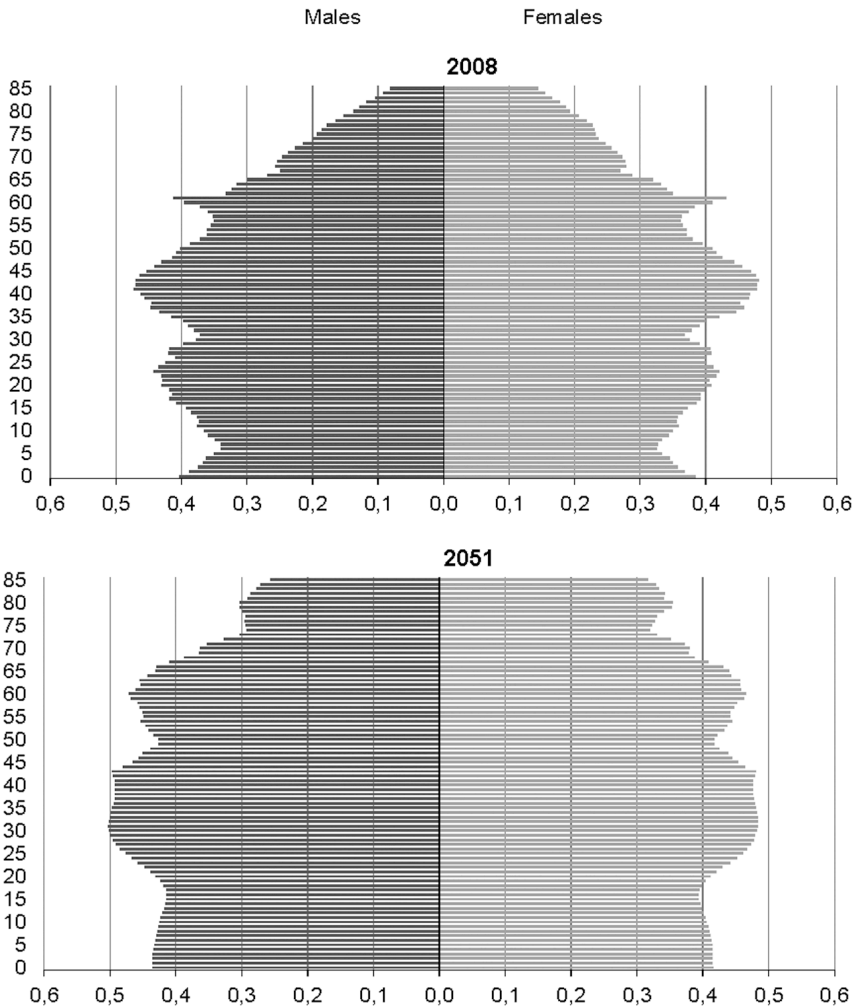


*Figure 2: Actual and projected population by sex and age, 2008 and 2051 (Source: Office for National Statistics 2010d, 2-3, based on population estimates and 2008-based principal popula-tion projection)*

Population projection data is provided by the Office for National Statistics' (ONS) 2008-based principal population projection. The projections build on trend-based de-mographic assumptions about fertility, mortality and migration. They do not consider changing policies, economic circumstances and so on. The ONS also offers variant po-

pulation projections with higher or lower assumptions for the components of population change. They illustrate a range of the total population size exceeding or going beyond the principal projection by approximately one million by 2018 and four million by 2033. (Office for National Statistics 2009)

The rising numbers and proportions of older people are due to a rising life expectancy and the reduction of fertility rates below the replacement level in the 1970s (see Figure 3 for the development of the Total Fertility Rate in England and Wales). Furthermore, the number of pensioners is rising as the baby boom generation, born after the Second World War, has started to reach retirement age. (Blake 2010, 43) Life expectancy at birth is 77.7 years for males and 81.9 years for females (2007-2009) (see also Table 1). This is the highest level that has ever been reached in the UK. 1991 to 1993, in comparison, life expectancy at birth was 73.4 years for males and 78.9 years for females. The Total Fertility Rate has been rising to 1.96 children per woman in 2009 since a record low of 1.63 in 2001, but remains below replacement level, which is roughly 2.1 children per woman. The particularly high birth rates in the past few years have mainly been attributed to the postponement of births by a significant number of university graduates as well as high birth rates of migrants. In line with the growing numbers of older people, the median age of the UK population is increasing – from 35 years in 1984 to 39 years in 2009. According to projections, it will reach 42 years in 2034. Compared to other countries in the European Union, the UK population is ageing more slowly, which is mainly due to the comparatively high fertility (European Policies Research Centre, University of Strathclyde 2006, Matheson 2010, 20).
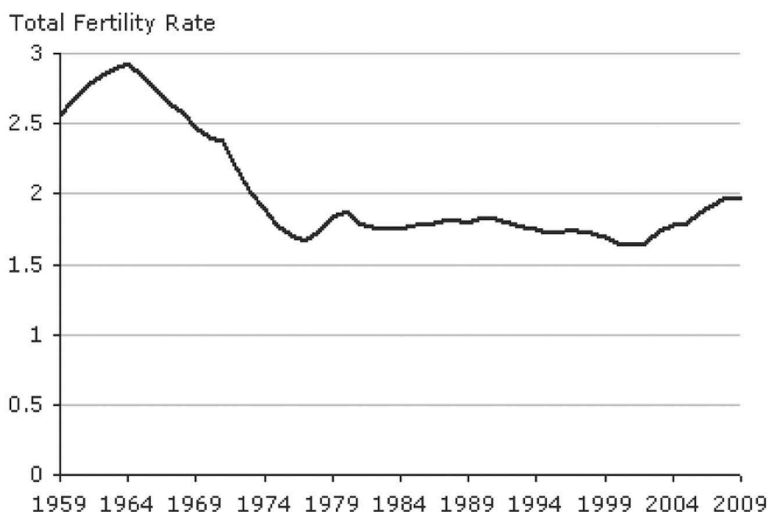


*Figure 3: Total Fertility Rate in England and Wales 1959 to 2009*
*(Source: Office for National Statistics 2011a)*

The 'oldest old', i.e. the population aged 85 and over, has been growing fastest. In 2009 there were more than twice as many people in this age group than in 1984; they increased from 660,000 to 1.4 million. On average, women live longer than men and more men than women died in the Second World War, hence there are more older women than older men. However, the gap has been narrowing. The old-age support ratio, i.e. the relation of people of working age to people of state pension age and over, is 3.2.

The spatial distribution of the population is strongly influenced by migration. A north-south movement has long been prevalent. The regions demonstrating a population increase due to the movement to the south are South East, East Anglia and East Midlands (Wehling 2007). An additional trend is counterurbanisation, which refers to a process by which settlements grow more the smaller their size. A 2005 update of Champion's "counterurbanisation cascade" model from 1996 largely confirmed this pattern of population movement (Champion 2005). Closely connected to the migration patterns is the existence of locations with a declining population. These are mainly metropolitan and industrial regions in central and northern England as well as central Scotland and Wales. Peripheral areas, for example islands, are also affected (Cunningham-Sabot, Fol 2007).

The spatial distribution of older people is characterised by a focus on more rural and coastal locations (Office of the Deputy Prime Minister 2006), which are popular retirement destinations. In this context, Champion (2005, 98) talks about the "costa geriatrica". In England, migrants over the age of 50 prefer counties such as the Isle of Wight, Lincolnshire, Dorset, East Sussex, Cornwall, Devon and West Sussex. 15 to 18 per cent of moves into these counties were made by people aged 50 and over between the censuses in 1991 and 2001 (Uren, Goldring 2007, 36). A small number of coastal areas which is already quite aged, has however experienced declining numbers of older people in the past few years. Seaside towns such as Brighton and Bournemouth have become popular with students and living costs have risen (Blake 2010, 52).

Besides retirement migration, spatial differentiations in fertility and mortality as well as other age groups' migration have led to the current spatial concentration of older people. While the proportion of the population aged state pension age and over in England (19.3 per cent) and Scotland (19.9 per cent) roughly corresponds to the UK average (19.4 per cent), it is higher in Wales (21.7 per cent) and lower in Northern Ireland (16.9 per cent) (own calculations based on Office for National Statistics 2011a: population estimates for mid-2009). Figure 4 depicts the spatial pattern of ageing on the basis of the population aged state pension age and over as a percentage of the population. It compares the situation for local authorities across the UK in 2010 and as projected for 2033, when the pattern is supposed to be reinforced. Population projections for local authorities are based on assumptions about local fertility, mortality and migration which

are derived from the values of the previous five years (Office for National Statistics 2010a).
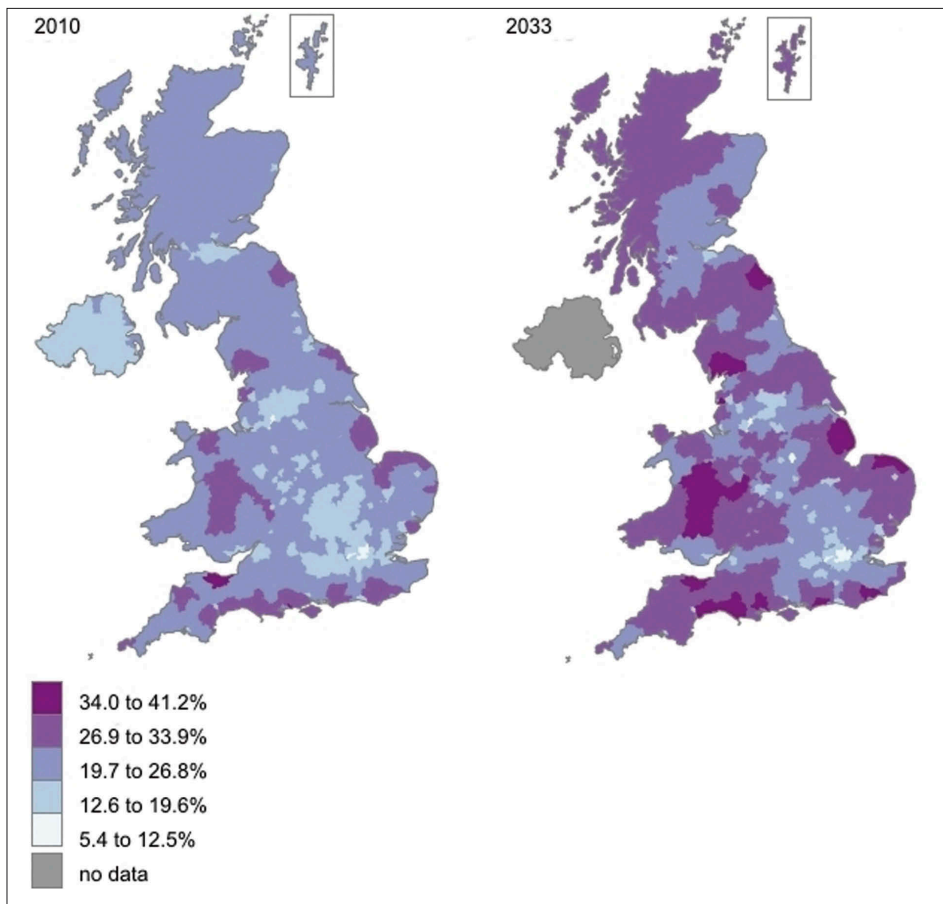


*Figure 4: Population aged state pension age and over by local area, 2010 and 2033*
*(Source map and data: Office for National Statistics 2011c)*

All British regions are projected to steadily gain population aged 65 and over in the following two decades. More and more baby boomers will be reaching pension age. Northern Ireland, the East Midlands and the East of England are expected to experience the greatest percentage increases. (Bayliss, Sly 2010, 27) If one considers the local authority level, almost all areas are projected to experience growing older populations; exceptions are mainly to be found within London (Office for National Statistics 2010c). Apart from the rising numbers overall, a major change will be the increasing number of older people belonging to ethnic minorities. Currently 96 per cent of people aged 65 and over in England and Wales are classified White (Office for National Statistics 2011a).

*Ageing individuals in an ageing society*

Local governance is faced with both, an ageing society and ageing individuals. As explained above, in the UK as in many countries worldwide, life expectancy is rising while fertility rates are lower than in the past. This leads to the fact that the British society overall is ageing. At the same time, every individual ages throughout their lifetime. A multitude of theories try to explain the reasons for ageing. There is a certain consensus that the primary reason is of genomic nature (Schachtschabel, Maksiuk 2006, 20), modified by individual behaviour and societal influences. Physical ageing goes along with mental and social changes.

There is no singular definition of old. Frequently, state pension age is used to distinguish between old people and other age groups. Under current legislation, this is 60 for women and 65 for men. It will increase to 65 for women between 2010 and 2020 and to 68 for both sexes between 2024 and 2046 (Pensions Act 1995, 2007). State pensions have been introduced as non-contributory benefits roughly a century ago, in 1909. In 1948 they were replaced by a universal coverage based on a social insurance model. Only very few people lived beyond the state pension age of 70 years at that time. In the meantime, the increasing life expectancy together with the lowered age limit have established retirement as a distinct phase in life.

According to biological age, one frequently distinguishes between young old (65 to 74 years), old old (75 to 84 years) und oldest old (85 years and over). Furthermore, the debate on ageing and older people differentiates between cohorts. The baby boom generation born in the 1960s is most prominent, because its attitudes and behaviour are supposed to differ strongly from earlier born cohorts. The older age groups are characterised, however, by an enormous heterogeneity between individuals. Gilroy (1999, 60) recommends the use of the term "older people" rather than "old people", to refer to the "continuum of life and experience". In fact, older people is the most common term, less frequently one talks about the elderly or about senior citizens.

Images of age and ageing are often negative – associated with illness, loneliness or the loss of independence. Many people try to delay ageing with the help of anti-ageing products, etc. However, individual associations with old age become less negative as people age themselves (Wahl, Heyl 2004, 18). According to experiences in marketing, older people tend to feel 10 to 15 years younger than they actually are (Bundesamt für Bauwesen und Raumordnung 2006, 83). In the British society overall, older people are stereotyped as being warmer but not as capable as younger people. Age discrimination is slowly declining (Age UK 2010; Abrams et al. 2009). Frequently, age images refer to a certain cohort or generation.

*Older people's quality of life*

What quality of life do older people in the UK have? This question is explored with respect to health, income and housing. Healthy life expectancy, i.e. the expected years of life in good or fairly good health, and disability-free life expectancy, i.e. the expected years of life without a limiting illness or disability, are useful indicators to measure older people's health. A 65-year-old man can expect to live 17.4 more years, but only 10.1 years of these in fairly good health (see Table 1) (If no other source given all data from Office for National Statistics 2011a). Between 1981 and 2006 both health expectancy measures increased at a slower rate than general life expectancy. The increase in years of life is thus accompanied by constraints in quality of life. Dementia, for example, particularly affects the old old and the oldest old.

The average gross income of a pensioner couple was 564 pounds per week in 2008/2009. This roughly corresponds to 640 Euros (exchange rate 09/12/2010). State pension income and benefits, i.e. '"benefit income", as well as occupational pensions make up the largest part of this income. Between 1994/95 and 2008/09, the average gross pensioner income increased by 44 per cent in real terms, which is more than the growth of average earnings. Overall, the number of pensioners who are classified as poor, i.e. those who have less than 60 per cent of median income after housing costs, has decreased. It still comprises 2 million people, however (Age UK 2010, 11). Furthermore, there are enormous and increasing variations concerning income (Walker, Naegele 2009, 7). Older pensioners have lower incomes than younger ones on average, because they rarely benefit from occupational pensions and private retirement provision, which were introduced comparatively late, and they usually do not have supplementary incomes (Schmied 2010, 227). Spatially, poorer pensioners concentrate in London, the East Midlands and Northern Ireland. A standard measure refers to households below average income. (Bayliss, Sly 2010, 12)

*Table 1: Life expectancy, healthy life expectancy and disability-free life expectancy in the UK (Source: Office for National Statistics 2011a (healthy life expectancy for 2000-02 simulated because a different kind of survey data was used as a basis for the calculations))*

|  | Year | Males | | | Females | | |
|---|---|---|---|---|---|---|---|
|  |  | Life expectancy | Healthy life expectancy | Disability-free life expectancy | Life expectancy | Healthy life expectancy | Disability-free life expectancy |
| At Birth | 2000-02 | 75.7 | 60.7 | 60.3 | 80.4 | 62.4 | 62.8 |
|  | 2006-08 | 77.4 | 62.5 | 63.2 | 81.6 | 64.3 | 64.2 |
| At age 65 | 2000-02 | 15.9 | 9.5 | 8.8 | 19.0 | 10.8 | 10.2 |
|  | 2006-08 | 17.4 | 10.1 | 10.1 | 20.0 | 11.3 | 10.6 |

The majority of older person households in Great Britain own the home they live in. The percentage of owner-occupied households is 79 per cent for those in the 50 to 64 age group and decreases with age to 61 per cent for those aged 85 and over. 16 per cent of those aged between 50 and 64 live in social rented accommodation. This number increases with age to 33 per cent for those aged 85 and over. (Office for National Statistics 2010c, 6) Due to housing policies and the important role one's own home plays in the British society, even older people with lower incomes are owner-occupiers. This might turn out to be a burden for them. With advancing age, more and more older people live alone. More women than men live on their own due to their higher life expectancy.

Even though there is considerable retirement migration (see above) most people age in place. UK residents are not legally obliged to register a change of address, hence internal migration data is limited. For information on internal migration one has to draw on sources such as the Office for National Statistics Longitudinal Study (ONS-LS) which combines decennial census information for one per cent of residents in England and Wales with their registration data. Migration rates decrease with age. If they migrate, about 70 per cent of migrants aged over 50 stay within the same district, as ONS-LS data for 2001 in comparison with 1991 shows. (Uren, Goldring 2007, 36) One needs to distinguish between different motives for migration. Those who migrate to the above mentioned rural and coastal areas usually hope to improve their lifestyle in an area which they appreciate. They typically move before or when they retire. This kind of retirement migration has its roots in the 19th century when affluent older people started to retire to spa towns or the like (Schmied 2010, 232). A considerable number of older people move to a foreign country, whereby Commonwealth countries are preferred. Migration at older age is frequently motivated by the need for assistance and/or the loss of a spouse or partner. Since the 1990s fewer people moved into communal establishments, because services for out-patients and care at home have been expanded. (Uren, Goldring 2007, 33)

## 2.2   Local governance and planning in transition

After explaining briefly the usage of the key terms "governance" and "planning" which recur in the thesis, this chapter introduces the local steering arrangements in the UK. These are often reported to have evolved "from government to governance", particularly under the Conservative Government of 1979 to 1997. The second section deals with these shifts, the third with current regulations in local steering.

*Planning, strategies, governance – the usage of terms*

The term planning generally refers to future-oriented decision making, more precisely to developing goals and courses of action for a certain period of time (see Rydin 1998,

1). Planning can produce written plans or strategies, and both terms are used interchangeably below. Different kinds of compulsory strategies for local development, such as Sustainable Community Strategies or Core Strategies, will be presented. Three types or levels of planning can be distinguished. Firstly, planning as reflecting on opportunities for action and on conditions and consequences of putting them into practice. Secondly, deciding in favour of one alternative and thirdly, planning while implementing the selected alternative (Heinelt 2006, 237 referring to Scharpf 1973). As Wiechmann (2008) emphasises, planning is not necessarily conscious and linear. Strategy-making can also take adaptive forms, i.e. be based on intuition, routines etc. In this case, a strategy can only be identified in retrospect.

Planning takes place in different contexts – from planning to introduce a new product in a company, to planning care home beds in a local authority. Frequently, the terms planning and planner refer to spatial planning, i.e. "place shaping and delivery" (Royal Town Planning Institute 2007, 1). The term spatial planning is currently replacing the expression town and country planning (see the following section for details on spatial planning). In the thesis, the term planning is used to cover all local strategic activities concerning population ageing – across disciplines and thematic fields. Hence, it also includes planning by nonplanners (see Campbell, Fainstein 1996, 2).

Local governance is one of the two sensitising concepts that constitute the theoretical perspective of the thesis and is thus discussed in greater detail in Chapter 3.3.1. It refers to forms of steering and coordinating, for example in regions and local areas. The term governance emphasises the interaction between organisations which are involved in the steering activities. Frequently, those comprise actors from all three sectors, public, private and voluntary. Healey (1997, 26) emphasises the collaborative aspect in her following definition of governance: "the activities and relations through which we come together to manage matters of collective concern". Heinelt (2006, 240 f.) connects Scharpf's above mentioned differentiation between three forms of planning to three forms of governance as distinguished by Kooiman (see for example Kooiman et al. 2008) – meta governing, second order governing and first order governing. Meta governing refers to orientations which guide actions, for example a vision for a local area. They are developed on the basis of discourse between the involved actors. Second order governing includes political decisions, focussing on the design of institutional structures. First order governing, finally, is concerned with implementation, Heinelt mentions neighbourhood management as an example. I will focus on the first two forms of planning and governance: the reflections and discourses on opportunities for action and decisions on alternatives and less the realm of implementation.

*From government to governance*

Besides local councils, more and more private and voluntary sector bodies have come to be involved in the delivery of services. This fragmentation of service provision is often discussed as the main component of a shift from government to governance. The roots of this development lie in the Conservative Government's (1979-1997) strive to introduce market-based principles in the public sector in order to improve performance and efficiency. One usually refers to this philosophy as New Public Management. Under Margaret Thatcher "compulsory competitive tendering" (CCT) was established, i.e. the duty to compare costs of provision in-house with those of private or voluntary contractors. Other services, such as the railways, were privatised completely. An increasing number of so-called quangos, i.e. quasi-autonomous non-governmental organisations, have taken over local public functions since the Conservative Government came into power. Urban Development Corporations, non-elected, independent companies made up of local partners from the public and private sector, are examples.

The voluntary sector comprises non-governmental organisations, like charities, which follow social, cultural or environmental values and reinvest their surpluses accordingly. Charitable work has a long tradition and high standing in Britain and is supported by the government.

A crucial element of the shift to governance is the increasing significance of multi-organisational partnerships. Often, they are formalised and have an organisational structure like a partnership board. The idea of partnership has its origins in the late 1970s when they were supposed to improve the coordination between central and local government (Bailey et al. 1995, 1). Partnerships became prominent with the Conservative Government's regeneration policy, which sought to integrate the private sector – as in the Urban Development Corporations mentioned above. Hence, the public-private partnership model became prevailing under the Conservative Government (Dabinett 2005, 50).

The New Labour Government, which came into power in 1997, has not overturned these developments. Services are still outsourced to private and voluntary sector providers. With respect to social services, for example, this applies to approximately 90 per cent of residential care for adults and about 50 per cent of domiciliary care (Wollmann 2008, 168). As under the Conservatives, performance and efficiency of public services has been the focus of local authorities' modernisation (Dabinett 2005, 61, Glendinning et al. 2002, 185). "Compulsory competitive tendering" was replaced by the "best value" regime. "Best value" introduced obligations for local authorities to review and publish their performance regularly. Additionally, central government supervised local achievements with the help of indicators. The best value approach has been amended several times but main principles still apply today. Local Area Agreements (LAA), which

will be presented in the following section, are used to agree targets between the national and local level. Local performance is monitored with the help of Comprehensive Area Assessments (CAA). In contrast to best value, LAA and CAA do not merely refer to the local council's performance, but to the whole area's. The council's partners from the private and voluntary sector, who are organised in the "Local Strategic Partnership" (see below), are thus included. The Audit Commission is the major assessor of local public services. Apart from evaluating performance of local councils, fire and rescue services and housing organisations, it carries out research about problems affecting public services.

Local Strategic Partnerships (LSP) have been introduced with the Local Government Act 2000. According to the Department for Communities and Local Government (n.d.) "LSPs bring together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together". In the Local Government White Paper "Strong and Prosperous Communities" (Department for Communities and Local Government 2006, 19), the significance of the partnership approach for local authorities is emphasised. "Working across service boundaries" and "across geographic boundaries", mainly in Local Strategic Partnerships is considered crucial for the local area's development. LSPs are responsible for developing the strategic vision for an area (see below). On the national level, inter-departmental groups like the Social Exclusion Unit have been established by New Labour.

Using the example of regeneration partnerships, some changes from the Conservatives' to New Labour's approach towards partnerships become evident. While the former introduced Urban Development Corporations, Urban Regeneration Companies were set up by the latter. Urban Development Corporations had both, specific and extensive powers and funding, Urban Regeneration Companies in contrast must bundle their members' resources (see Dabinett 2005, 57).

New Labour also introduced new methods of consultation and participation, such as citizens' panels or the incorporation of community representatives into partnerships. Concerning the New Deal for Community Partnerships, which were introduced for the regeneration of deprived neighbourhoods, citizens have even been invited to elect the board. Discursively, New Labour emphasised citizens' empowerment. This approach, especially the compatibility of partnerships and participation, is discussed from both sides. On the one hand, the opportunities for involvement are valued, on the other hand, its scope is often unclear and it is accused to compromise the political legitimacy of traditional local government (see for example Skelcher, Klijn 2007; Lowndes, Sullivan 2004).

New Labour emphasised collaboration, coordination and joined-up government in practice and rhetoric. This is closely linked to its overall pragmatic approach of the "Third

Way" (Glendinning; Clarke 2002), "a way of marrying together an open, competitive and successful economy with a just, decent and humane society" (New York Time, June 7, 1997, quoting Tony Blair's address to the European Social Democratic Parties' Congress in Malmo). The "Third Way" is thus located between neoliberalism and traditional Labour social democracy. In contrast to the Conservative Government's clear neoliberal ideology, this approach is rather difficult to define more precisely (see Allmendinger, Tewdr-Jones 2000, 1385).

On any account, partnerships are an important element, so that Elander's (2002, 192) following critical judgement applies particularly to the UK: "It is hard to escape from the impression that partnership is increasingly put forward as an approach suitable for solving any problem facing today's governments". Critical voices state that partnerships can also be inert, conflictual and ineffective, and that many partnerships remain dependent on government support and would not exist without it (see for example Lang 2008, Davies 2004). Indeed, many partnerships such as LSPs are rather top-down initiatives dependent on central government funding.

*The current state of governance and planning in local areas*

There are several types of local authorities in England: unitary authorities and metropolitan districts fulfil all major local government functions. The remaining local authorities, in contrast, have two tiers and the functions and powers are shared between counties and districts. Counties are, for example, responsible for education, social services and strategic planning, while districts cater for housing, local planning and council tax collection. The size of the authorities varies very much within the categories. On average, they are the largest local authorities in Europe (Wollmann 2008, 178). In Wales and Scotland all local authorities are unitary, in Northern Ireland there are merely districts.

Local authorities are not allowed to act "ultra vires", which is Latin meaning "beyond their powers", but can only do what they are authorised to do by an Act of Parliament. Legal proceedings can be taken against actions which lack statutory backing. In 2000, the Local Government Act (United Kingdom Parliament 2000) entrusted local authorities with the power to promote well-being, including economic, social and environmental well-being. This attenuated the effects of the ultra vires doctrin. However, the power to promote well-being is not as far-reaching as the power of general competence of local authorities in the majority of European countries (Wilson 2005). Local authorities are still implementers of national policies to a large extent. The Local Government Act 2000 also introduced major changes to local leadership. The system of government by committees was replaced by three main different varieties: a cabinet with a leader, which is the preferred option by the majority of local authorities, or a directly elected mayor with either a cabinet or a council manager. Besides this usage of the term council – referring to the elected councillors, it can also cover the whole local authority administration.

Even though local authorities obtained new powers under New Labour, overall, central government influence has constantly increased since the Conservative Government came into power in 1979. Besides parliamentary legislation, ministerial guidance has been used for this purpose (Wollmann 2008, 179). One innovation concerning local political and administrative structures has been followed by the next. Since 2001 the Department for Communities and Local Government (CLG) is the responsible government department for local government, neighbourhoods, regeneration, housing, planning, building and fire. It succeeded the Office of the Deputy Prime Minister.

The growing influence from national government and the enormous pace of change is inter alia reflected in the supervision of local performance (see above). The same holds true for local authorities' financial situation. They receive a general grant for core services and an area based grant which gives them more leeway for local priorities. Additionally, they obtain funding according to their meeting of targets, which they agree with national government, the so-called Local Area Agreement grant (see below). The ratio of central government to local funding is 50:50 on average (Borough of Poole 2009). Whereas more than 60 per cent of a local budget consisted of local taxes until the end of the 1980s, they only contribute 20 per cent today (Sturm 2008).

Local authorities have lost functions and powers to central government as well as to the private and voluntary sectors. One of the major responsibilities remaining with local authorities is adult social care, i.e. care for adults needing assistance such as older or disabled people. Poole, one of the case study authorities, for example, spent 26.3 per cent of its budget 2008/2009 on adult social care (Borough of Poole 2010). The respective departments are either referred to as adult social care or adult social services. The terms are used interchangeably in the thesis. Similar dimensions of expenses were only reached with respect to children and education services, and the complex of cultural, environmental and planning services. In England, residential care, home and day care services etc. are funded through a mix of central government money allocated to local councils, local tax revenues and service users' contributions. Locally, the needs of potential service users are assessed as are their means. Funding systems vary considerably between councils. Moreover, social care funding differs between England, Scotland, Wales and Northern Ireland.

Apart from adult social care, another major provider of statutory services for older people is the National Health Service (NHS). Its local organisations like Primary Care Trusts (PCTs) or acute trusts provide health services via doctors, pharmacies or hospitals. The NHS also offers home and residential care. Those services are free of charge as the NHS is tax-funded. Responsibilities for the provision of care services between adult social care and the NHS are regulated in that the NHS is in charge for the provision of care "where a person's primary need is a health need" (Department of Health 2007a, 12). The National Service Framework for Older People (Department of Health 2001) guides

service provision for older people by the NHS and local authority social service departments. This programme of action covers a time span of ten years and focuses inter alia on combating age discrimination, promoting older people's health and independence and providing person-centred care.

In England, the strong influence of central government on local authorities is closely linked to the weak regional level of government. The usage of the term regional can be confusing in the British context, however. The thesis refers particularly to the administrative unit of the eight English regions. North Tyneside belongs to the North East, Poole to the South West and Wealden/East Sussex to the South East of England. Scotland, Wales and Northern Ireland are usually referred to as (devolved) nations, in some instances also as regions.

The regional level has been strengthened particularly under New Labour. National parliaments or assemblies have been introduced in Scotland, Wales and Northern Ireland, but not in England. In England, Regional Development Agencies (RDAs) were created in 1998/1999, they focus on economic performance. Until 2010 unelected regional assemblies have overseen the RDAs. Meanwhile, Local Authority Leaders' Boards have replaced these – an instance of increased local authority influence. Government Offices for the English Regions are responsible for delivering policies and programmes of the national government in the regions of England. Changing regulation arrangements on the regional level lead to confusion about responsibilities and coordination deficits (see Wood 2010).

How do actors involved in local governance plan for the future development of their local area? Since all three case study areas are located in England, the description of planning tools is limited to the system that is valid there. Most regulations also apply to Wales. Planning tools comprise Sustainable Community Strategies, Local Area Agreements and Council Plans as well as spatial planning instruments. The Sustainable Community Strategy (SCS) is a mandatory, long-term vision for the area. It is supposed to be "the plan of plans" for a local area (Planning Advisory Service 2010). The organisation that usually leads the development of the SCS is the Local Strategic Partnership. A Sustainable Community Strategy should involve community engagement and is supposed to be coherent with other plans for the location (Department for Communities and Local Government 2007). The Local Area Agreement (see above) builds on the SCS. It is a set of indicators to measure success in putting the SCS into practice. Specific targets are agreed between national government and local authorities with their partners in the Local Strategic Partnership and recorded in the Local Area Agreement. In addition to statutory targets, up to 35 indicators from a set of 198 can be chosen according to local priorities (Department for Communities and Local Government 2007). The LAA is mandatory and is usually valid for 3 years. A Council Plan is a framework for all services a council provides. It usually consists of a vision and planned measures for key themes.

In 2004, a new planning system was introduced in England by the Planning and Compulsory Purchase Act. Spatial planning replaces and "goes beyond traditional land use planning to bring together and integrate policies for the development and use of land with other policies and programmes which influence the nature of places and how they can function" (Department for Communities and Local Government 2005). It is supposed to foster sustainable development by uniting social, economic and environmental aims (Department for Communities and Local Government 2007). A comprehensive description of what is understood by spatial planning in practice is given by the Royal Town Planning Institute (2007): "Spatial planning is the practice of place shaping and delivery at the local and regional levels that aims to

- Enable a vision for the future of regions and places that is based on evidence, local distinctiveness and community derived objectives

- Translate this vision into a set of policies, priorities, programmes and land allocations together with the public sector resources to deliver them

- Create a framework for private investment and regeneration that promotes economic, environmental and social wellbeing for the area

- Coordinate and deliver the public sector components of this vision with other agencies and processes (e.g. LAAs and MAAs)".

MAAs, i.e. multi-area agreements, are LAAs which are valid for a sub-region. Local spatial planning is embedded in a hierarchy of planning policy. The Government's Planning Policy Statements (PPS) provide the frame for the regional and local levels. They are issued by the CLG. "Planning Policy Statement 12: creating strong safe and prosperous communities through Local Spatial Planning" (Department for Communities and Local Government 2008) is especially relevant in this context. There are no explicit national spatial policies (Royal Town Planning Institute 2008), but PPS are usually treated as binding instructions because local planning authorities fear national government interference if they do not follow them (Wollmann 2008, 257).

The Local Development Framework (LDF) is the main tool in strategic spatial planning. It consists of several local development documents, Development Plan Documents (DPD), the Local Development Scheme, The Statement of Community Involvement, the Annual Monitoring Report and optionally supplementary planning documents. Within the Development Plan Documents, the Core Strategy is the key plan. It is supposed to be the "spatial expression of the Sustainable Community Strategy" (Department for Communities and Local Government 2006, 44). The Core Strategy contains an overall vision, strategic objectives, a delivery strategy and arrangement for managing and monitoring the delivery of the strategy. Usually it does not include site specific details. Its time horizon is at least 15 years. The Core Strategy replaces the Unitary Development Plan or Local Plan. Local planning authorities are at different stages of applying the new

planning tools. Site Specific Allocations and the Adopted Proposals Map are the other documents required within the Development Plan Documents. These Development Plan Documents together with the Regional Spatial Strategy (RSS) constitute the development plan. (Department for Communities and Local Government 2008, Planning Portal (Department for Communities and Local Government)) Regional Spatial Strategies present broad spatial planning strategies for the region. According to Wollmann (2008, 257), they have introduced an additional influence from central government on local development.

Local planning authorities give or refuse planning permission for new buildings and bigger changes to existing buildings or to the area. This system is called development control. Receiving planning consent depends on impact assessment and accordance with the Local Development Framework. (Planning Portal (Department for Communities and Local Government)).

## 2.3   Reactions to ageing in the UK

The following sections present reactions to the ageing of the population. Since the national government exerts an enormous influence on local areas, the first two sections focus on those national policies and activities that constitute the background for local planning for an ageing population. The third section gives an overview on local reactions to population ageing across the UK as far as has been investigated by governmental and non-governmental organisations. The regional level is also considered briefly. Overall, the outline of the responses to ageing serves as a background for the analysis of the case study areas' approaches.

*National policies and other major strategic activities*

On the national level, a remarkable policy response to the ageing of the population was established at the end of the 1990s (European Policies Research Centre, University of Strathclyde 2006; Gilroy, Brooks, Shaw 2007). The government originally focused on those older people most in need, but widened this subsequently to include "the wellbeing and quality of life of all older people" (Housing and Older People Development Group 2005). To achieve this, they aimed particularly for a close connection of health, housing and social services.

A key policy paper has been "Opportunity Age – Meeting the challenges of ageing in the 21st century" (Department for Work and Pensions 2005), the government's first comprehensive strategy for an ageing society. It set out the following priorities for action: increased employment of older people, active ageing as part of the community and maintaining independence and control over one's life as one grows older. "Opportunity Age" was updated in 2009; the new strategy is called "Building a society for all ages"

(HM Government 2009a). It is "designed to promote everyone's well-being, help keep people healthy, create a stronger, richer sense of community and boost our economy" (6). A chapter on "communities for all ages" is of particular interest for local actors; it deals with housing and neighbourhood design, neighbourhood safety, transport, cohesion within communities and volunteering. Furthermore, "Building a society for all ages" announces a review of the Default Retirement Age in order to assist people who wish to continue working longer. In connection with "Building a society for all ages", the UK Advisory Forum on Ageing has been established to work with Government in order to develop the strategy further. Its thematic focus is on older people's engagement at different spatial levels aiming to improve independence, health and well-being. It includes representatives from the devolved nations and the English regions.

The Department for Work and Pensions' (2007) Public Service Agreement 17 – "Tackle poverty and promote greater independence and wellbeing in later life" should be mentioned in this context as well (see also PSA Delivery Agreement, HM Government 2009b). Public Service Agreements (PSAs) consist of departments' aims and details how to achieve and measure them. An indicator for PSA 17 used in Local Area Agreements is for example older people's healthy life expectancy (see below).

Since 2007, UK Older People's Day "Full of Life" is held on 1 October each year. On that day, various events for older people take place across the country. Local authorities can choose to put the emphasis on information, fun activities, physical activities, etc. One of the main aims of the Older People's Day is to create positive attitudes towards ageing and older people.

Various non-governmental organisations exert influence concerning older people's issues. Age UK is the leading charity dealing with older people in general. It came into existence through the merger of Age Concern and Help the Aged. The Alzheimer's Society is an example of a more specialised charity dealing with dementia. Apart from providing services and funding research, non-governmental organisations (NGOs) lobby to influence national policy. Age UK's Agenda for Later Life 2010 (Age UK 2010), for example, contains a critical compilation of the state of affairs, underpinned with indicators concerning attitudes, support to be independent, financial issues, housing and health. On this basis it develops requests for improvements in public policy. They demand inter alia a change in attitudes, i.e. more dignity and respect towards older people, the elimination of pensioner poverty and more options for involvement in local communities.

As the above overview has shown, keywords in many initiatives concerning the ageing of the population are wellbeing and independence. Health and social care organisations have been particularly active in tackling the ageing of the population. By nature, these organisations have high proportions of older people among their clients. Strategically, prevention and early intervention are in the focus, i.e. measures to maintain older peop-

le in good health for as long as possible (see for example "Putting People First. A shared vision and commitment to the transformation of Adult Social Care" (HM Government 2007), "All Our Tomorrows. Inverting the triangle of care" (Association of Directors of Social Services, Local Government Association 2003)). Less care should be provided in hospitals and care homes, which cause enormous costs, but rather in the local community. Healthy lifestyles are promoted to minimise the usage of health and care services. The Department of Health's Partnerships for Older People's Projects (POPPs) programme provided funding to local authorities to set up pilot projects focussing on prevention. The ideal of active ageing promoted by health and care organisations includes more self-determination and co-determination for older people. They are given, for example, budgets to organise their own care services. More and more patients' and users' forums are founded (Walker, Naegele 2009, 19).

Another issue which gains prominence in the context of the ageing population is dementia, especially affecting the older old. "Living well with dementia: A National Dementia Strategy" (Department of Health 2009) was published in 2009. It aims to improve dementia services, inter alia through earlier diagnosis and intervention as well as improved awareness. In 2010, a dementia awareness campaign was launched by the NHS.

Beyond co-determination concerning health and care, older people's political participation is fostered. The above mentioned UK Advisory Forum on Ageing, for example, focuses on older people's engagement at different spatial levels. The Better Government for Older People initiative (BGOP), which lasted from 1998 to 2008, experimented with ways to involve older people in the design of policies relevant to them. In the past few years the launch of local and regional older people's forums has been supported (Department for Work and Pensions 2009). According to Walker & Naegele (2009, 19), political participation among older people started as a grass-roots movement in response to pension cuts in the 1980s.

In the past decade many governmental and non-governmental organisations as well as quangos have dealt with housing for an ageing society. Housing is another crucial factor in maintaining older people's independence. The Housing and Older People Development Group (HOPDEV) was created to advise the British government on older people's housing issues, bringing together representatives from government, quangos and the private sector.

In 2008, the activities culminated in the publication of "Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society". It was issued by the Department for Communities and Local Government, Department of Health & Department for Work and Pensions (2008) and is much appreciated by practitioners in housing and spatial planning. This document describes the current reactions to the ageing of the population and develops a future strategy for the housing and planning field. It seeks

to assist regional and local level authorities to consider housing needs of older people in their areas and aims at a close connection of housing, health and social care – the "triangle of independence" (Department for Communities and Local Government et al. 2008, 122), e.g. through housing support services. More people should be assisted in growing old in their own home.
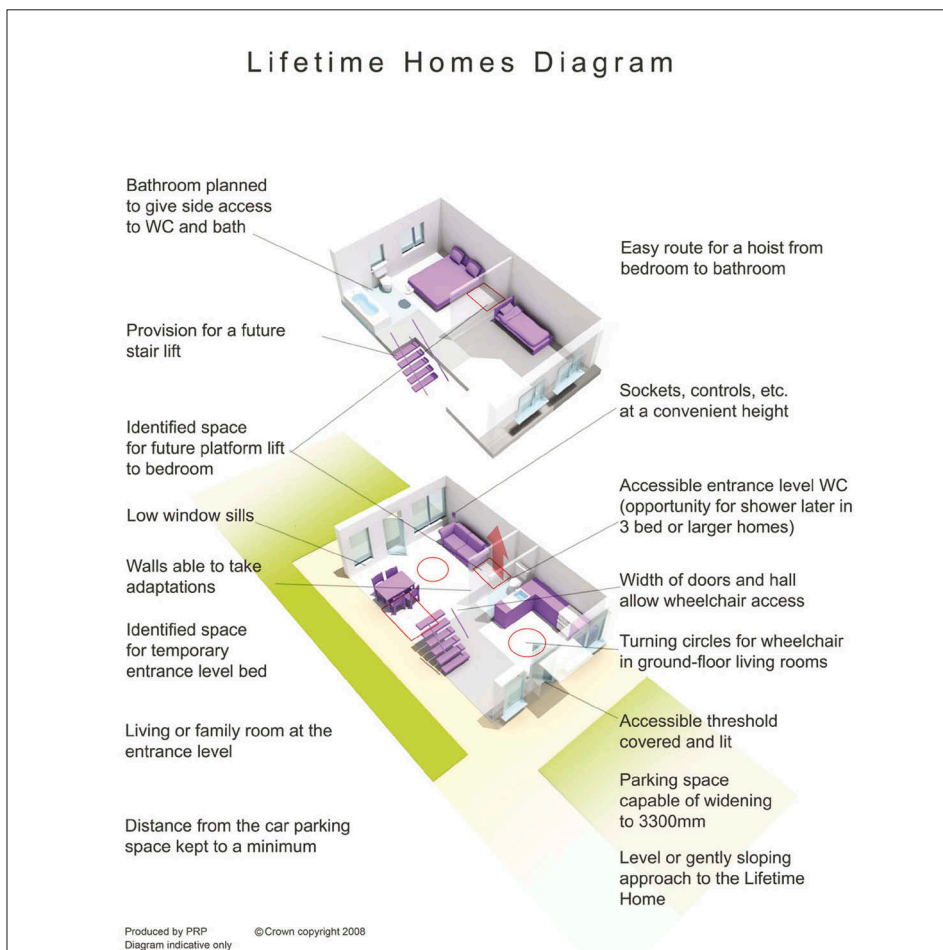


*Figure 5: Lifetime Homes Diagram*
*(Source: Foundation for Lifetime Homes and Neighbourhoods 2010)*

As the title suggests, the two thematic focal points are "Lifetime Homes", which follow design criteria making them adaptable for different stages of life and in parallel "Lifetime Neighbourhoods". According to the strategy, (spatial) "planning can be the most powerful tool in improving housing and communities for older people" (Department for Communities and Local Government et al. 2008, 112). "Sustainable planning for housing in an ageing population. A guide for regional-level strategies" (Department for

Communities and Local Government, International Longevity Centre UK et al. 2008) complements "Lifetime Homes, Lifetime Neighbourhoods".

A "Lifetime Home" (see Figure 5) fulfils design criteria which makes it adaptable to different needs arising in the course of a lifetime. It is barrier-free but not necessarily equipped for all wheelchair users. Level access with no steps, for example, benefits older people with walking frames and parents with pushchairs alike. The 16 design criteria only cause little additional costs for newly built houses. The Lifetime Homes concept was mainly developed by Habinteg, a housing association, and the Joseph Rowntree Foundation and is promoted by the Foundation for Lifetime Homes and Neighbourhoods today. (Foundation for Lifetime Homes and Neighbourhoods 2010)

The "Lifetime Neighbourhood" concept transfers the idea of an accessible and adaptable home to the surrounding area. Figure 6 assembles the central themes integrated in the concept: from social cohesion to the built environment. Concerning the built environment, for example, it refers to the accessibility to public amenities and public transport, the availability of public toilets, the design and condition of pavements, etc. Social inclusion refers to both, a built environment which offers places to meet and local opportunities for social participation, exercise, etc. The Lifetime Neighbourhoods idea, too, was chiefly developed by Habinteg and the Joseph Rowntree Foundation. Apart from the Department for Communities and Local Development, Help the Aged and the International Longevity Centre UK have especially promoted the concept (see for example Help the Aged 2008). Both, Lifetime Home and Lifetime Neighbourhood are meant to benefit people of all ages.



*Figure 6: Central themes to the Lifetime Neigbourhoods concept (Source: Department for Communities and Local Government, International Longevity Centre UK 2007, 8; Crown Copyright)*

For many of the above described approaches, two motivations interact with each other. On the one hand, they are supposed to improve the ageing individuals' quality of life. On the other hand, public authorities support those approaches in particular which help

to make the ageing of the whole population affordable to the public purse. Health prevention or designing homes to Lifetime Homes standards helps to reduce expensive hospital and care home places. The promotion of active ageing more generally is supposed to result in less need for public support. Older people are expected to take more responsibility for their own old age. Their intensified integration into decision making concerning services is inter alia motivated by the aim to target these more precisely to their changing needs.

*Guidance for local authorities to plan for an ageing population*

Governmental and non-governmental organisations provide ample advice for regional and local authorities on how to plan for the ageing population, especially on which instruments are to be used. On the regional level, ageing should be considered in the Regional Spatial Strategy (RSS) and the Regional Housing Strategy (from 2010 Integrated Regional Strategies replace separate regional strategies). The Housing and Older People Development Group (2004) and Department for Communities and Local Government et al. (2008b) offer guidance on this subject.

For the local level, the following formats are suggested to consider ageing in an integrated manner (Harding 2007; Housing and Older People Development Group 2006; Office of the Deputy Prime Minister u. a. 2003; Royal Town Planning Institute 2004). In this context, integrated means considering more than a single aspect, such as care for older people.

- Older people strategies are self-contained strategies which are concerned with how to deal with older people locally. They can either cover a broad range of themes or they can be more specialised, for example on health or housing and related issues.

- Sustainable Community Strategies have been introduced in the previous chapter. These mandatory cross-cutting strategies can be used as a platform to tackle the ageing of the population in connection with other major challenges for a local area.

- Local Area Agreements (see Chapter 2.2) can contain indicators concerning older people. The national indicator set and the accompanying LAA guidance make special reference to older people with respect to National Indicator (NI) 137 "Healthy life expectancy at age 65", NI 138 "Satisfaction of people over 65 with home and neighbourhood" and NI 139 "The extent to which people receive the support they need to live independently at home". Local partners, however, do not have to consider these in their LAAs.

- Local Development Frameworks (see Chapter 2.2) potentially tackle ageing with respect to spatial development.

Local authorities are also offered practical advice for setting up strategies. Several guides, checklists and the like are available for older people strategies with a focus on housing (Office of the Deputy Prime Minister et al. 2003; Housing and Older People Development Group 2005; International Longevity Centre UK 2006 and revised edition 2008; Housing Learning and Improvement Network, Department for Communities and Local Government 2008). The advice ranges from sources of demographic data to model action plans.

The Association of Directors of Social Services & Local Government Association (2003) deals with appropriate governance structures for older people's issues. It recommends that within the Local Strategic Partnership an older people's partnership board should be created in each local area. This partnership board should elaborate and oversee the implementation of an older people strategy. The study emphasises that older people should be appropriately represented on the partnership board.

The most recent publications focus on financial issues as public spending is declining. Local authorities are advised to work in partnership and focus on prevention to achieve savings (Audit Commission 2010b). However, it will be more difficult under tight financial conditions to put for example the idea of Lifetime Neighbourhoods into practice (see Harding 2009).

An influence from the supranational level has to be mentioned in this context as well: the World Health Organization (2007) "Global Age-Friendly Cities" project has advanced awareness on the relevance of adapting cities to the ageing of the population. London and Edinburgh were partner cities in the project, but it is well-known beyond the actual participants.

*Actual local reactions to population ageing*

How do regional and local actors actually plan for an ageing population? On the regional level, diverse ageing strategies have been developed. According to the European Policies Research Centre, University of Strathclyde (2006), their emergence is connected to devolution in Wales, Scotland and Northern Ireland and to regionalisation in England. The "Age Proofing Toolkit Regional Strategies and Demographic Ageing", for example, advocates regional actors taking the ageing of the population into consideration when preparing strategies (Ferry, Baker 2006). "5050vision" is a regional network in the North West of England successfully coordinating activities that have to do with ageing (5050vision, Thurmann 2008). It was the first regional forum on ageing, a model for forums that were launched later on. However, the charity Care & Repair England (2008) carried out a survey of Regional Housing Strategies and Regional Spatial Strategies to examine in how far they address population ageing. According to the authors, none of the strategies sufficiently responds to the ageing of the population.

Several studies have enquired about actions on the local level. In 2003, The Office of the Deputy Prime Minister et al. presented different approaches that local authorities have followed:

- Citizenship strategy linked to the then Community Plan, which corresponds to the current Sustainable Community Strategy, and the Local Strategic Partnership
- Health-led strategy
- Integrated Strategy for the older population
- Accommodation and service strategy for older people.

Those are still among the most common approaches today.

An evaluation of "how well a council works with its partners to develop a strategic approach to older people that goes beyond health and social care and covers the areas that older people say are most important" and related issues was carried out by the Audit Commission (2008). They found out that 28 per cent of authorities were "performing well and had meaningful engagement with the older community, well developed cross-cutting strategies and a coordinated range of services", the far bigger proportion was evaluated as at an "early stage of strategic development" (21). An important result was also that there is no direct link between preparedness and the proportion or number of older people living in the authority (22). As Figure 7 shows, the region with the highest proportion of older people, the South West, features the lowest number of local strategic approaches.

There are various compilations of good practice examples. The Improvement and Development Agency & Local Government Association (2009) for example present good practice of councils working with older people. Apart from strategic frameworks, they also consider the topics social networks, information and targeted action. Deriving lessons from ageing strategies, they emphasise the need for more coherent approaches in public services. A study on spatial planning and the ageing of the population by the Planning Advisory Service & Improvement and Development Agency (2009, 4) "emphasize[s] that planning for an ageing population is not good enough. Authorities seem to be focused on housing older people, with less regard to the wider implications that this shift will have on the community." Nevertheless, it presents case studies of local authorities' attempts to incorporate the ageing issue into their plans. In comparison with the state of affairs reported by the Royal Town Planning Institute in 2004 – covering merely "a few limited examples" (13) – progress is noticeable. The Housing and Older People Development Group (2006) determined that local authorities rarely have housing strategies for older people, but "where these do exist it is possible to identify pockets of positive activity that go beyond a limited focus" (13). They also give examples of local good practice.

## 2.4    Questions raised

To sum up, national policy aims to maintain older people independent for as long as possible and gives guidelines for local areas how to put this into practice. In the last years the volume of policy papers has increased, with a peak in the year 2008. Main recommendations are to follow national government in connecting health, housing and social services, preventing health issues and designing homes and neighbourhoods for all ages. Surveys have shown that indeed, local areas are working on these issues, but there is no detailed knowledge beyond national overviews and certain aspects of good practice.
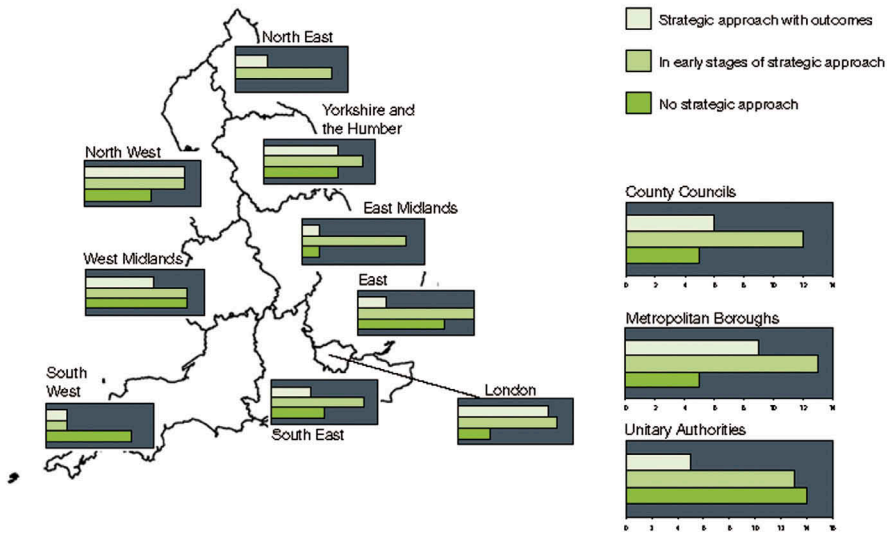


*Figure 7: Local strategic approaches to ageing across the UK*
*(Source: All rights reservec. Audit Commission 10043998, 2006, 22, Crown Copyright)*

NGOs challenge national policies concerning ageing and older people and develop own approaches. Concerning housing in an ageing society, they have, for example, pursued the Lifetime Homes and Lifetime Neighbourhoods concepts. NGOs also provide guidance for local authorities on how to plan for an ageing population and investigate into existing local approaches.

On the one hand, governmental and non-governmental organisations provide compilations of measures which are applied in local authorities to tackle population ageing. They give an overview on activities across the country. On the other hand, good practice studies offer more detailed knowledge either about particularly successful initiatives or about local authorities whose remarkable reactions to population ageing go beyond individual measures. In-depth research, which is not restricted to good practice, but

investigates "normal practice", is lacking. Surveys as well as good practice studies agree that there is as yet no satisfactory planning for an ageing population. To identify the underlying reasons, one should investigate the constraints that local actors experience. Here, one would benefit from an examination over time, i.e. of the local process towards integrated planning for an ageing population.

The thesis aims to narrow those knowledge gaps. The main research question is: **How do local actors in the UK plan for population ageing?** Van de Ven (2007, 145) divides such process questions, asking "How does the issue emerge, develop, grow, or terminate over time?" from variance or causal questions, asking "What are the antecedents or consequences of the issue?". While the latter focus on statistical relations between variables, the type of research question that was chosen aims at reconstructing the local "story" of developing strategic approaches to tackle the ageing of the population.

The following three sub questions guide the research further.

• Who plans for an ageing population, and how?

This question aims at identifying the steering arrangements in planning for an ageing population. The involved actors will be identified and their activities will be assembled as well as their views on the issue. Furthermore, their interdependencies and interactions will be considered. Remarkable changes in the course of time will be noted. In how far is the requested approximation of health, housing and social services put into practice on the local level? Is the recommendation followed to create older people's partnership boards within the Local Strategic Partnership?

• What kind of strategies are there to deal with population ageing?

Local strategies which tackle the ageing of the population in an integrated manner, i.e. going beyond a specific field, are identified and analysed. Which of the suggested types – older people strategies, Sustainable Community Strategies, Local Area Agreements and Local Development Frameworks – are used? The investigation goes beyond formats and contents of plans to include the role they play for the overall local approach. With respect to strategies, too, development over time is considered. However, the thesis will not examine the actual effects of the strategies. On the one hand, strategic approaches towards ageing have only become prominent in the last few years, so that impacts might not have unfolded yet. On the other hand, a separate empirical analysis would be needed to consider these.

• What kind of learning process has lead to the current state of planning for population ageing?

In contrast to best practice studies, which often focus on results, the third sub question puts the process dimension in the centre of attention. Inter alia, this allows for an

identification of hurdles in planning for an ageing population. Supposedly, the answer integrates results concerning actors and strategies.

The following two chapters will set out how the research questions are going to be answered. Chapter 3 introduces the conceptual framework, Chapter 4 presents the research design.

# 3  Conceptual framework

The previous chapter presented the state of local planning for an ageing population in the UK as well as the research questions which aim to narrow knowledge gaps on this issue. This chapter will complement the overview of existing knowledge regarding the research phenomenon, by positioning it within academic research. Beyond that, my own theoretical perspective will be developed. To this end, the grounded theory approach is discussed before focussing on the two sensitising concepts: local governance and collective learning, which constitute the lens for investigating planning for an ageing population. The chapter concludes with presuppositions to guide the empirical analysis. Again, one must suggest the different orders of the research process and its documentation. While the first is characterised by parallel developments, the latter has to keep to a stricter sequence to enable the reader to follow. The presuppositions have been refined in the course of the empirical analysis. Similarly, the research questions have been presented in the previous chapter for didactical reasons. The academic research, which is discussed in this chapter, however, has also influenced their generation.

## 3.1  Local planning for an ageing population – linked to various research areas

The previous chapter, about the state of planning for an ageing population in the UK, repeatedly alluded to research by governmental and non-governmental organisations. They have for example developed and promoted the concept of Lifetime Neighbourhoods. This subchapter will give an overview of the position of the topic planning for an ageing population in the research field, thereby focussing on academic research and going beyond British literature. It must be remarked, however, that academic research and research by NGOs cannot always be clearly separated and influence each other. In particular NGOs commission university institutes to carry out research on their behalf. Age Concern has even established an Institute of Gerontology at King's College London.

Local planning for an ageing population is an issue which is relevant for diverse disciplines and subject areas. The following overview is oriented to disciplines, however, the lines between which are not clearly defined and there is much interdisciplinary research. Demography and gerontology deal with the ageing of populations and individuals. Demography examines the ageing of the population and other changes and characteristics of the human population. It has developed theories such as the Second Demographic Transition to explain demographic changes and uses mainly quantitative methods. The interdisciplinary field of gerontology researches physical, mental and social ageing of individuals and the society. It discusses inter alia genetic, medical, psychological and sociological theories of ageing.

The thesis considers the ageing of the population as given and does not investigate the underlying reasons; instead it focuses on the consequences which arise for local areas. The following disciplines deal with issues of place and ageing. Urban design seeks to make housing and neighbourhoods more age-friendly (p.ex. Hanson 2002, see also the discussion on Lifetime Homes and Lifetime Neighbourhoods in Chapter 2.3). This ties in with "inclusive design", "universal design" or "design for all", which have been debated with respect to disabled people for a longer time (Burton, Mitchell 2006, 5 f.). Spatial planning approaches go beyond constructional aspects. Gilroy (2008), for example, deals with older people's needs concerning quality of place – comprising a variety of housing options, potentials for social interaction within the neighbourhood, accessibility of public transport, etc. In 1995, Gilroy & Castle had already analysed "Planning for our own tomorrow" in six case study authorities. They examined local responses to ageing with respect to housing policies, buildings and streetscape, transportation, etc. One remarkable finding was that the authorities with the highest numbers of older people were the least aware. A similar result from the Audit Commission (2008) concerning the correlation of preparedness for an ageing population and the proportion or number of older people living in a certain area was presented in Chapter 2.3. The concept of ageing-sensitive urban development ("alternssensible Stadtentwicklung") can be regarded as a normative ideal. It considers ageing with respect to all development goals and uses the experiences and measures of urban and regional development with their integrative perspective (Beetz et al. 2009, 19 f.).

Geographical investigations examine different spatial aspects of ageing, for example areas where high proportions of older people live (e.g. Atterton 2006 about coastal communities). In contrast to spatial planning approaches, they focus more on analytical than normative aspects. Several authors from both geography and spatial planning use ecological gerontology as a theoretical foundation to examine the role the environment has for older people and ageing. This investigates the interrelationship between an individual's development and its environment. (p.ex. Kreuzer, Scholz 2008; Schneider-Sliwa 2004) Schneider-Sliwa's study included an extensive survey of pensioners in Switzerland regarding their aspirations for housing and neighbourhood.

Political science deals with implications of ageing for local governance (e.g. Organisation for Economic Co-operation and Development 2002, Hendrixen 2010). Such studies emphasise the cross-cuttingness of the issue, which demands cooperation between actors. Accordingly, Hendrixen analyses case studies of local partnerships between housing, care and social support in the Netherlands. Building on Healey's approach to collaborative planning (Healey 1997), he investigates the institutional change and governance dynamics within these partnerships. Glendinning et al. (2002) examine the development of integrated services for older people, particularly collaboration between health and care.

Researchers from a variety of disciplines assume an older person's perspective to examine requirements for places where one grows old. Godfrey et al. (2004), with a health and social care background, for example illuminate what "a good life for older people in local communities" means together with groups of older people. The research was supported by the Joseph Rowntree Foundation. Croucher (2008) investigates older people's housing choices and aspirations for the Department for Communities and Local Government. This housing policy research builds on the participation of focus groups.

Topics which reappear in literature on ageing in local areas concern attitudes towards older people, which are often negative, the heterogeneity of the older population (see Chapter 2.1) and the awareness concerning demographic changes, which for example politicians or designers do or do not have. The field is dominated by application-oriented research. Research designs range from case studies to surveys. My approach to answer the question "how do local actors in the UK plan for population ageing?" has its closest links to the research on governance and spatial planning presented above.

As ageing is a component of wider demographic changes, the debates on dealing with demographic changes and with ageing are closely related. One must take into account however, that the term "demographic change" is used much less than for example in Germany, where it is very prominent (see Chapter 4.2). Much research on demographic change is conducted there, particularly into the decline of the population, which many East German areas are experiencing (see below). An analysis of the widespread trade magazines "Planning" and "Regeneration and Renewal", according to the keyword "demographic" (articles from 2003 on), shows that one rather speaks about "demographic trends" in the UK. Most contributions regarding demographic issues deal with the increasing housing demand due to population growth. Other important topics are the needs of older people, particularly with respect to housing, and demographic developments as superordinate influences on spatial development, comparable to megatrends such as globalisation or climate change. Less frequently, articles deal with international migration or ethnic minorities.

German literature of various fields – spatial planning, geography, sociology and political science to name just a few – dominates the debate on dealing with demographic change or demographic trends. It distinguishes between adaptation and mitigation strategies – similar to the climate change debate. A variety of studies deal with local governance and demographic change. Theoretical foundations refer to strategic spatial planning, coping or learning. Mörl (forthcoming) analyses strategies which have been explicitly articulated in cities, responding to demographic shifts such as concepts for the integration of migrants. Coping has its roots in psychology – in simple terms it investigates how individuals deal with external or internal stress. Bartl & Jonda (2008) use a multi-disciplinary model of challenge und response, which builds on this concept to analyse reactions to demographic shifts in human resource policy. Neumann (2004), finally, applies Argyris

& Schön's (1996) model of organisational learning (see 3.3.2) to community strategy development in the German-Polish border region. The model enables him to distinguish different qualities of adaptation to new circumstances – with or without a reflection of aims or even with a reflection of learning processes themselves. Among the research gaps which the studies on demographic change identify are the implementation processes and the effects of strategies (see Bartl, Jonda 2008; Spangenberg et al. 2007; Küpper 2010).

A more specific debate is concerned with population decline as an aspect of demographic change. Even though another facet of population development is in the focus there, the thesis can benefit from this body of literature insofar that it poses similar questions. It aims to find out how actors in cities or regions deal with demographic shifts, too. In Germany, the term shrinking cities ("schrumpfende Städte") was coined and promoted inter alia by the shrinking cities project, which the German Kulturstiftung des Bundes (Oswalt 2005) led. As Gissendanner (2007) notes, Germany might have been the first industrial nation implementing strategies and programmes to manage population decline. Mainly due to the enormous depopulation especially in Eastern German areas, the discussion about demographic change has started early and is prominent in comparison to other European countries. Coordinated by German researchers, the COST network "Cities Regrowing Smaller" (www.shrinkingcities.eu), fosters the exchange of knowledge concerning regeneration strategies in shrinking cities across Europe. The activities on shrinking cities frequently consider British examples. Manchester und Liverpool, for example were case studies in the above mentioned shrinking cities project. The British approach of employing partnerships to regenerate cities facing strong decline is often considered a model for other countries (Bodenschatz 2006, Brombach et al. 2005). The debate on declining cities also deals with adaptation and mitigation strategies. Many authors state that it is necessary to end reliance on the growth paradigm (Grossmann 2007; Müller, Wiechmann 2003). Theoretical approaches to examine regeneration strategies for shrinking cities are, for example, discussed by Bürkner, Kuder & Kühn (2005). These range from path development approaches from institution theory via strategic spatial planning (see above) to placemaking, which refers to social constructions of space. The urban governance concept is connected to all of those approaches. Learning theory has been applied by Glock (2006) and by Hutter & Neumann (2008). Glock combines Argyris & Schön's (1996) model of organisational learning with structural and action-oriented political science approaches to depict changes in dealing with declining populations in two German cities. This allows her to disclose differences in scope of political changes between the cities. Hutter & Neumann use a different organisational learning stage model (Carroll et al. 2003) inter alia to identify learning barriers in shrinking cities in East Germany. Research designs of the studies on demographic change generally and shrinking in particular, cover surveys and particularly case studies.

To sum up, local planning for an ageing population is linked to various research areas. The thesis can build on singular studies in spatial planning, which have examined local responses to ageing, and on political science investigations into the implications of ageing for local governance. It can also benefit from experiences of research on local reactions to declining populations and demographic change overall, which are prominent in Germany. Related questions are discussed there. However, there are no well-established theoretical approaches one could build on in the sense of applying a certain model suitable for answering the research question. At the same time, the thesis aims to gain detailed knowledge about local approaches to plan for an ageing population. In order to approach the complexity of the research phenomenon, the theoretical perspective should not obstruct the view on previously unconsidered aspects. So as to use a theoretical framework, as a guide for the empirical analysis, while maintaining scope to discover new aspects in the empirical data at the same time, I use a grounded theory approach which aims to build concepts out of empirical data. To sharpen my focus, I use two concepts which I assume to be fruitful based on their previous usage in several studies on local reactions to demographic change: local governance and collective learning. The former focuses attention on actors and steering arrangements, the latter on development over time. The next subchapter will explicate the grounded theory approach; subsequently I will focus on the theoretical concepts. The chapter will conclude with presuppositions which have been developed to guide the empirical analysis.

## 3.2   Grounded theory perspective

Grounded theory is often viewed as a methodology (even most prominent authors such as Strauss, Corbin, e.g. 1996, 8, talk about grounded theory as a "qualitative method or methodology"), but it goes beyond this and can rather be considered a research attitude or research paradigm. In essence, it aims to develop new theoretical concepts from empirical data by alternating between empirical work and theory building. The theories which are developed are usually medium-range theories, in contrast to grand theories they refer to a certain empirical context. Grounded theory is characterised by openness to empirical findings. They decide upon the variables which are considered – not the choice of a theoretical approach before the empirical phase. Hypotheses are only acceptable in the sense of ideas or suggestions, not as statements to be verified or falsified. It implies the usage of a certain kind of – predominantly qualitative – methods, but does not prescribe particular methods of data collection and analysis. Grounded theory was developed by Barney Glaser and Anselm Strauss, who published "The Discovery of Grounded Theory" in 1967. Later, Glaser and Strauss refined the concept separately, Strauss in cooperation with Juliet Corbin (see for example Glaser 1992; Corbin, Strauss 1998; Strauss, Corbin 1996).

Deborah Dougherty (2002) condenses the nature of grounded theory research into four principles. I build on these to discuss the main features of this approach. First, it "should capture the inherent complexity of social life" (851). Grounded theory is suitable for researching complex social phenomena. The researcher should try to understand these by immersing himself or herself in the researched situation. Here, the views of the people involved are important. Furthermore, this first principle implies that grounded theory studies are rather concerned with process questions than variance questions. Remember that the main question guiding the thesis is the process question "how do local actors in the UK plan for population ageing?" (see Chapter 2.4). Multiple methods of data collection can be used for grounded theory studies – from qualitative interviews to document analysis. Most approaches for data analysis include a certain variety of coding, i.e. assigning concepts to text passages. Those concepts are thus developed out of the empirical data and are not imposed upon it.

The second principle which Dougherty presents is that "the researcher must interact deeply with the data" (853). The data must be examined minutely to grasp the phenomenon, one cannot use standardised methods. Consequently, grounded theory research cannot avoid being subjective. It does not reach the quality criteria for quantitative research – objectivity, reliability and validity. However, other quality criteria apply for qualitative than for quantitative research. These are intersubjectivity, reflected subjectivity and openness to avoid imposing own concepts onto the data instead of reconstructing them from the data (Kruse 2009b, 17). As long as other researchers can retrace the investigation, the lack of subjectivity is no disadvantage.

As a third principle, grounded theory "intertwines research tasks: Each done in terms of others" (854). Data collection takes place parallel to data analysis and abstraction. Sampling continues until one reaches theoretical saturation, i.e. does not discover new concepts in the data any more. Accordingly, research processes in grounded theory studies are often described as circular, data collection, data analysis and theoretical abstraction are closely connected. This proceeding ensures that the abstract result of the analysis is grounded in the empirical data.

Finally, grounded theory "stands on its own merits" (857). This principle emphasises that grounded theory research is different to quantitative research. Neither is it a precursor of quantitative research nor can it be judged using the same criteria. Repeatedly, grounded theory research is mistaken for pre-testing instruments or generating hypotheses as a basis for quantitative research. While pre-testing aims to verify the measurement of a variable, grounded theory research aims to identify suitable variables to capture the actual situation. Grounded theory is an explorative and hypothesis-generating approach, but goes beyond this to test new theoretical concepts with the help of recurring rounds of data collection and analysis. As explained above, other quality criteria are valid for grounded theory research than for quantitative research.

Grounded theory is often criticised for its alleged ignorance of extant knowledge. According to Glaser and Strauss' original book from 1967, the researcher should ignore his or her previous knowledge about the research object. This way, new theories were thought to emerge from the empirical data. However, there is a consensus in philosophy of science today that researchers cannot avoid being influenced by the concepts they already know. Furthermore, it is extremely difficult to develop concepts out of empirical data without any guidance from previously existing research. Glaser and Strauss reacted to the criticism, Glaser by developing "coding families" (Glaser 1978, 74 f.), Strauss and Corbin suggest using a "coding paradigm" (e.g. Strauss, Corbin 1996). Coding families are compilations of terms from different theoretical backgrounds which are supposed to guide abstraction from empirical data. The coding paradigm is a general model based on a micro-sociological theory of action. It basically distinguishes between conditions, actions/interactions and consequences referring to the phenomenon under study (Corbin, Strauss 2008). While the usefulness of coding families is disputed, the coding paradigm is used more frequently, albeit mainly for micro-sociological studies (see Kelle 2007, 45).

More generally, Kelle (2007) proposes the use of general and abstract theoretical statements from grand theories to guide the construction of more specific concepts out of the empirical data. In a similar vein, Kruse (2009, 202) recommends approaching the data as inductively as possible and as deductively as necessary. For this purpose one should use interpretation guides, which makes one's perspective explicit. This is similar to the usage of sensitising concepts, a term introduced by Blumer in 1954. Sensitising concepts focus attention on certain features of social phenomena and can be refined or replaced when confronted with empirical data. Such a theoretical framework can guide the research by providing initial codes and relations between them (Corbin, Strauss 2008, 40, Kelle 1997, 368). I use two main sensitising concepts in the thesis: local governance and collective learning, they will be discussed in the following subchapters.

## 3.3   Sensitising concepts

The sensitising concepts, local governance and collective learning, were determined after the first empirical phase. Other potential theoretical concepts showed not to be connectable to the empirical findings. From then on empirical data collection, analysis and theoretical abstraction were carried out in an iterative fashion. More specific references to theory beyond the sensitising concepts will be discussed in the course of the presentation of empirical results.

### 3.3.1 Local governance

The term governance has been introduced in Chapter 2.2. In essence, it refers to steering and coordinating activities and points to the interaction between actors who usually come from all three sectors, public, private and voluntary. Governance has become a buzzword in political science, spatial planning and other disciplines. Many scholars talk about "governance theory" (e.g. Mayntz 2004), others state that there is no closed governance theory and rather call it a conceptual approach (e.g. Fürst 2007, 8). The concept is "notoriously slippery" (Pierre, Peters 2000, 7) and it is used with varying meanings. Three main perspectives will be distinguished below – an analytical, a descriptive and a normative view (see Selle 2008, Pierre 2005). Because of its equivocality many scholars question its utility as an analytical concept. Following Benz (2004, 27), however, I consider it as a lens and a guideline to analyse complex structures of collective action.

Mayntz (2004a, 66, translated from German by the author) defines governance as the entirety of co-existing forms of collective regulation concerning societal issues. This ranges from institutionalised self-regulation in the realm of civil society and different forms of collaboration between public and private actors to public actors' sovereign activities. According to such a conceptualisation, governance comprises both, the regulation structure and the process of regulation. Implicitly at least, one assumes that governance is of common interest (Mayntz 2009, 9).

Other authors define governance more narrowly and exclude sovereign action by public actors. According to Rhodes (1997, 5) for example, "governance refers to self-organizing, inter-organizational networks characterised by interdependence, resource exchange, rules of the game and significant autonomy from the state". Local planning for an ageing population is expected to include public actors' sovereign activities as well as more network-like forms of steering (see Chapter 2.3). Consequently, the above described broader perspective on governance is adopted, which covers all institutionalised regulation of decision processes concerning collective issues.

The term governance has long been used to denote the activity of governing by political actors. In its current sense, as it is discussed above, it was first used in the context of economic transaction cost theory. Initially, market and hierarchy were distinguished as ways to coordinate economic activity, later also network, clan, etc. Scholars talked about governance when referring to forms of steering beyond hierarchy. Subsequently, political science adopted the term. (Mayntz 2004b)

Klemme & Selle (2008) refer to the usage of governance as an analytical concept as "governance perspective". As mentioned above, there are also descriptive and normative views on governance. Descriptively or empirically, governance is frequently used as a "trend hypothesis" (Selle 2008) postulating changes in steering and coordinating

towards more involvement of non-state actors (for example by Elander 2002, Stoker 1998). As presented in Chapter 2.2, in the British context it is observable that private and voluntary sector bodies have become more and more involved in the delivery of services. The Conservative Government, which came into power in 1979, particularly enforced these developments. More than other countries, the UK has experienced an increase in non-hierarchical forms of steering – the above mentioned shift from government to governance. This is for example reflected in the establishment of Local Strategic Partnerships bringing together representatives from the three sectors for local strategy development. Consequently, the governance debate has been strongly influenced by a British perspective. The thesis follows an analytical perspective on governance. However, it acknowledges the shift from government to governance especially in the British context as a background for analysing governance arrangements in planning for an ageing population.

Two main underlying causes seem to be responsible for this trend. Steering becomes more challenging as issues and environments become more complex. Klijn (2008, 118 f.) refers inter alia to societal developments such as increased specialisation or individualisation. Involving more actors into steering activities is one approach to tackle this complexity. A second cause, disappointment with traditional forms of government, is closely related to these challenges of steering. In Western Europe, new approaches to governance were mainly explored from the 1970s on, a time of economic crises. Non-state actors should be involved in order to maintain economic growth (Mayntz 2006, 19). Summing up the major changes in western societies from globalisation to new forms of political participation, Madanipour et al. (2001) talk about the "redefinition of state-society relations" which is responsible for the change from government to governance.

In a third perspective, the term governance is used normatively – in the sense of "good governance". According to Hall & Pfeiffer (2000, 164) good governance, "seen as an integrated effort on the part of local government, civil society and the private sector, will set sustainable development as its central objective". Grants for developing countries are for example dependent on fulfilling certain criteria of good governance. In the developed countries, the normative usage of the governance concept particularly emphasises the inclusion and empowerment of the civil society.

Regardless of the use of the term in an analytical, descriptive or normative sense, governance can refer to different entities – from corporate governance in firms to global governance. Klemme & Selle (2008, 28) suggest structuring these according to the categories (spatial) level of action, field of action – such as health policy or economic policy – and reference to organisations. According to my research interest, I investigate the local level including all actors involved in planning for an ageing population. The term local governance is thereby preferred to the wide-spread expression urban governance, because both, urban and rural local areas are considered. Local development experien-

ces various influences especially from regional and national levels, however, therefore a multi-level governance perspective is needed. The local level is in the focus, regional and national developments are regarded insofar as they impact the local level.

In the analytical perspective on governance which this thesis follows, the different forms of regulation in planning for an ageing population are examined. The central dimensions of analysis are actors, their constellations and interactions as well as institutions. In order to regulate collective issues, different actors, from local governments to private actors, interact in certain constellations and take decisions according to hierarchies, majorities, etc. These processes are embedded into an institutional context of formal rules, informal routines, etc. The analysis aims to identify the consequences which arise for planning for an ageing population. In order to answer the main research question "How do local actors plan for population ageing", the investigation goes beyond the status quo and includes development over time concerning all aspects. As mentioned in the introduction, the observed time frame spans from the first local strategic reactions to ageing in the respective area to the general elections in May 2010.

*Actors*

Actors belong to one of the three sectors, "roughly speaking, state, capital and organised civil society" (Friedmann 1998, 251). The public, private and voluntary sectors are characterised by different values, logics of action, etc. Each actor in turn has different capabilities and action orientations concerning planning for an ageing population. The term actor usually refers to collective actors, i.e. groups or organisations of individuals. Following Scharpf (2000, 96 f.), it is assumed that, like individuals, such complex actors are able to act intentionally. A common action orientation is developed through internal interactions.

Drawing on Mayntz and Scharpf's approach of Actor-Centered Institutionalism (e.g. Scharpf 1997, German edition Scharpf 2000), actors' capabilities and action orientations can be further specified. Capabilities comprise resources which enable an actor to influence a result in a certain direction and to a certain degree. These go back to material resources, personal characteristics or competences which are assigned via institutional rules, etc. Action orientations comprise characteristic perceptions and preferences. How do the actors perceive the nature and the causes of the problem, what are desired solutions, etc.? Here, organisations' identities and aims play a role. Moreover, one has to consider interaction orientations which can range from individualism to altruism.

*Governance structures and modes*

Beyond individual actors' capabilities and action orientations, a governance analysis must examine constellations of and interactions between those actors. It is useful to

distinguish between governance structures, i.e. constellations or institutions and governance modes, i.e. interactions or processes. Structures and modes do not necessarily coincide. Even if actors are for example organised in a network structure, hierarchical modes or market modes of governance might be dominant (see Lowndes, Skelcher 1998). If the interaction mode within a certain actor constellation changes, this might result in different outcomes (Scharpf 2000, 137).

As mentioned above, market and hierarchy forms of governance have traditionally been distinguished. According to Williamson's (1991) influential typology in New Institutional Economics, hierarchies are characterised by strong administrative controls and low incentive intensity, e.g. to improve performance. Markets, in contrast, feature weak administrative controls but high incentive intensity. Furthermore, they differ with respect to contract law, which is stronger in markets. While markets are advantageous in terms of efficient autonomous adaptation to disturbances, hierarchy regulation is to be preferred if disturbances require coordinated responses. Between market and hierarchy, Williamson locates a hybrid governance structure which is network-like.

A popular governance typology pertaining to political science distinguishes according to structural coupling (Manytz 1993). There is no structural coupling in markets, tight structural coupling in hierarchies and lose coupling in networks. Building on earlier work in cooperation with Renate Mayntz, Scharpf (1997) suggests a further governance typology in the context of Actor-Centered Institutionalism. It connects institutional structures and interaction modes. Concerning the first, he distinguishes anarchic field, network, association and organisation, with respect to the latter unilateral action, negotiated agreement, majority vote and hierarchical direction. More than one mode of interaction is possible in a certain institution, but there is "a possibility frontier, where the institutional setting constrains the modes of interaction that can be employed" (Scharpf 1997, 47). While organisations for example allow for all modes of interaction, there is usually only unilateral action in an anarchic field. Scharpf (2000) uses game theory to analyse actor constellations. He emphasises, however, that each constellation is different and must be constructed on the basis of empirical data and contextual information. Theoretically conceivable constellations can merely help to analyse these. Accordingly, governance typologies are presented here to raise awareness on potential varieties of governance, but not to test whether the empirical situation corresponds to them.

Networks are especially prominent in the governance debate. Rhodes' definition of governance, quoted above, for example, refers to networks explicitly. According to him, networks are particularly relevant if investigating governance in the British context as "policy networks of resource-dependent organisations typify the British policy process and are a basic building block to understanding the shift to governance" (Rhodes 1997, 13). Similar to governance, the term network is used extensively but differently in the literature. Klijn (2008) distinguishes three traditions of network analysis – a political sci-

ence tradition, an inter-organisational perspective and a public administration tradition – which seem to have merged nowadays.

To analyse network structures, one has to identify the network members and the connections between them. Commonly, the following kinds of ties are distinguished. Strong and weak ties develop due to the frequency of interaction between network partners. One talks about cohesive ties if partners of a network member are connected with each other. Bridging ties, in contrast, refer to a network member's connection with another member who is not otherwise linked. (Gulati et al. 2002)

Usually, a certain governance mode is associated with networks. Mutual benefit, trust and reciprocity are supposed to characterise interactions in network (Lowndes, Skelcher 1998, 314). In Scharpf's above mentioned typology, for example, networks are connected to negotiated agreement but unilateral action can occur, too. Decision-making processes must be analysed to recognise governance modes. Therefore, one has to identify the arenas in which interaction takes place (Klijn 2008, 137), whether there is a network manager, how he or she guides interactions, etc. Currently, a lot of research deals with possibilities to combine network governance and more traditional political regulation which is predominantly hierarchical (Klijn 2008, 128).

In the British debate, the (multi-organisational) partnership, a specific form of network, is especially prominent (see Chapter 2.2). The concept originates from the regeneration debate and has a "stronger ideological load" (Elander 2002, 192) than other network concepts. Lowndes & Skelcher (1998, 314-317) sum up the arguments for the partnership approach as follows: partnerships may

- increase resource efficiency and help to gain additional financial resources
- suit the "increasingly fragmented organisational landscape"
- tackle "issues that cross organisational boundaries" and
- be "a strategy to open up the local decision-making processes".

Elander (2002, 198) adds that partnerships can

- help one partner influence the world view and way of action of other partners
- be a way of reducing open conflict and creating a consensual policy climate and
- reduce demand overload upon a government to create a broader, more diffuse situation of accountability.

As pointed out in Chapter 2.2, the British government has promoted the introduction of partnerships in different contexts and has introduced statutory partnerships like Local Strategic Partnerships. Supranational organisations such as the European Union also encourage partnerships.

At the same time, research is conducted on the problematic aspects of partnerships. One strand of debate is concerned with the risk of hollowing out representational democracy (Klijn 2008, 135). One fears that the public's "general interest" might be disregarded. This relates to the British debate on citizen's involvement into these partnerships (see Chapter 2.2) which is also suspected of compromising the political legitimacy of traditional government (see for example Skelcher, Klijn 2007).

*Institutions*

With respect to both, action orientations and governance arrangements, institutions play an enormous role. Again, institution is a term which has varying meanings. In sociological institutionalism, one of several new institutionalisms which have become prominent in the previous decades, the term is characterised as follows. It goes beyond "formal rules, procedures or norms" to include "symbol systems, cognitive scripts, and moral templates" relevant for action (Hall, Taylor 1996, 14). Actors are for example assigned competences via formal contracts, their actions being led by informal routines at the same time. Similarly, networks or other governance modes are regulated via formal institutions such as laws. In the course of ongoing interactions further institutional features, p.ex. certain practices or routines develop and guide further interaction (Klijn 2008, 130). Apart from institutions which develop in interaction, the wider institutional context of collective interpretation patterns or frames of meaning should be considered. Particularly with respect to change and learning, which will be the focus of the following subchapter, such cognitive and discursive influences are important determinants (see Glock 2006, 68).

*Governance and learning*

Governance structures and modes are crucial determinants for collective learning (see below). Fürst (2007) conceptualises urban governance narrowly as actor networks aside of traditional governmental structures. He describes governance processes in this sense of non-state coordination as collective learning processes. Fürst argues that patterns of perception, action- and interaction-orientations have to change in order to allow for collective action. According to Butzin (2000, 152) networks facilitate learning because actions are oriented to collective problem solving and experiences are exchanged constantly. Assuming a broader perspective on governance, the empirical analysis will investigate which impacts regulation structures and modes comprising all actors involved in planning for an ageing population have on collective learning.

Vice versa, new governance arrangements, like the formation of partnerships, can be viewed as results of collective learning processes. According to Kissling-Näf & Knoepfel

(1998), collective learning can manifest itself in both, content and structure – like the formalisation of network linkages. As presented in Chapter 2.3, regional forums on ageing have been created to tackle the ageing of the population; for the local level the creation of older people's partnership boards is recommended. The empirical analysis has to clarify whether these or other partnerships on the local level exist and which role collective learning has played in their formation.

As this overview on the governance debate has shown, the concept is useful as a perspective for the empirical analysis of planning for an ageing population in local areas. It points to regulation structures and processes of regulation and the involved actors including local governments but also the private and voluntary sector. Both, formalised and informal arrangements of local governance are considered. In Chapter 3.4, this perspective is summarised in the form of presuppositions.

### 3.3.2  Collective learning

The second sensitising concept or theoretical lens is collective learning. It allows for analysing changes in planning for an ageing population over time. Learning approaches are used in different disciplines and research areas which conceptualise learning differently. Frequently, learning is seen as a prerequisite for adaptation to changing framework conditions such as societal or ecological challenges like climate change (e.g. Kissling-Näf et al. 1993, 239 f.; Resilience Alliance 2010). As presented in Chapter 3.1, some authors have already used such approaches in the context of handling demographic shifts. While they use stage models of learning to analyse processes of tackling population changes in local areas, my approach is more open and does not rely on a certain model of learning. This perspective uses insights from policy learning and organisational learning. In contrast to systemic views on learning (see below), it is an action-oriented perspective. Learning approaches strive for two main goals: explaining changes and deducing recommendation to improve practise (Bandelow 2003).

In everyday language use, the term learning refers to "the alteration of behaviour as a result of individual experience" (Encyclopedia Britannica). Policy learning and organisational learning approaches, however, agree that learning does not necessarily lead to a change in behaviour. Learning is primarily a change of cognitive structures which might or might not be accompanied by a change in behaviour. This poses a challenge for research on learning processes insofar that they cannot be observed directly. Empirical research frequently relies on manifestations of learning such as modifications of policies or changes in governance arrangements as well as changed interpretation patterns and values (Kissling-Näf et al. 1993; Kissling-Näf, Knoepfel 1998). If learning results in changed behaviour, performance of individuals, firms or the like do not necessarily improve, but can even worsen.

Learning is always linked to changes in individuals' cognitive structures; policy learning and organisational learning are primarily interested in collective forms of learning, however. A vast body of literature is concerned with organisational learning, i.e. learning within organisations. Interorganisational learning is less prominent (Kissling-Näf, Knoepfel 1998, 240; Knight 2002, 429). Collective learning goes beyond an addition of individual learning insofar that learning can also take place in interaction. This learning in interaction between organisations in local areas is in the focus of the thesis.

Nevertheless, one should know the mechanisms of and terms to analyse individual learning. These are the basis for understanding collective learning and can partially even be transferred to the analysis of collective learning. Different forms of individual learning can be distinguished, whereby the differentiation between behaviourist and constructivist approaches is crucial. Behaviourist approaches regard learners as passive and focus on observable behaviour. Examples for behaviourist forms of learning are conditioning, i.e. learning to associate certain actions with certain consequences (operant conditioning) and learning from observing others (Bandura 1977). According to constructivist approaches, learners process new information actively and individually. Problem solving is a perspective for examining how people use their knowledge – what kind of solutions for what kind of problems (Mietzel 2003).

As this statement about problem solving denotes, the term knowledge is inextricably connected to learning. According to Neuweg (2004, 2), knowledge refers to "the invisible cognitive repertoires that underlie competent behaviour: that is, a hidden mental substance (in the form of propositions, programmes, rules, algorithms, theories) as well as mental processes dealing with that substance". Learning means acquiring knowledge but, according to many conceptualisations, it goes beyond to include changes in values and options for action. Knowledge can take different forms. Many authors distinguish tacit from explicit or codified knowledge. Tacit knowledge refers to the fact that "we know more than we can tell" (Polanyi 1966, 4) – there is a part of knowledge which cannot be articulated with the help of words. A related meaning of tacit knowledge refers to intuitive action, for example when riding a bike (Neuweg 2004). It is difficult to pass tacit knowledge from one person on to another.

What types of collective learning can be observed? A widespread model of stages or qualities of learning is Argyris & Schön's (1996) differentiation of „single-loop learning", "double-loop learning" and "deutero-learning". They follow a systemic view on (organisational) learning. Single-loop learning refers to a simple form of problem solving. Argyris & Schön describe it as a change in action strategies or the assumptions that underlie such strategies without a change in values of a theory of action. A firm's actions are for example adapted to a change in demand without any further significant changes. The reasons for the changed demand are not considered. Double-loop learning in contrast includes a change in values of the theory of action. The firm changes

for example from an approach of selling goods which have been produced at low cost in a developing country to a focus on products of higher quality, which they can sell at higher prices. The first feedback loop refers to the new strategy, the second loop to the underlying values. Deutero-learning finally, is concerned with "learning how to learn". Going beyond both, single-loop and double-loop learning, the ability to learn itself is reflected.
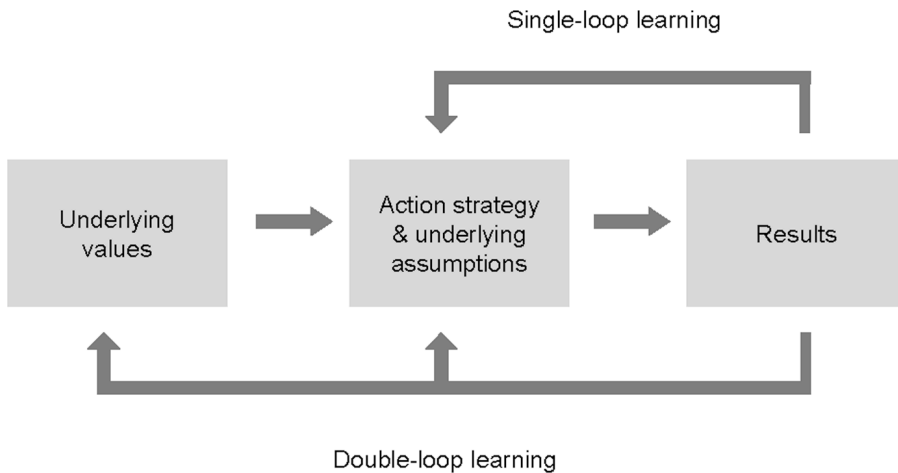


*Figure 8: Single-loop and double-loop learning*
*(Source: Own illustration following Argyris, Schön 1996)*

Knoepfel & Kissling-Näf (1998) have chosen a different approach to identify "learning paths". Their analysis of social learning in policy networks is based on a grounded theory perspective. The main steps in the learning path which they distinguish on the basis of case study data are:

1. External stimulus

2. Reaction to the stimulus which depends on the concern caused by the stimulus

3. Formation of a new network or modification of an existing one

4. Establishment of a new shared consensus in the network

5. Action and modified outputs.

The steps are necessary but not sufficient conditions for collective learning. The learning path can terminate at each of them.

Knight (2002) recommends analysing "network learning episodes" empirically by identifying and explaining

• the learner network;

- time boundaries of the episode, i.e. triggers for learning and the end, which is commonly difficult to define;

- motivations or drivers for learning, which can be exogenous and/or endogenous;

- learning process(es); hereby the crucial question is "how did the changes come about?";

- implications for performance;

- associated learning on the level of organisations, groups and individuals.

Several authors point to the significance of the starting point of collective learning. Basically, a learning process can begin with an external intervention or through individual actors within the group. The literature on collective learning emphasises the impact of external stimuli or triggers. These can take the form of an event like a natural disaster, a new law, a new instrument, etc. Kissling-Näf & Knoepfel (1998) highlight that it is decisive in how far these external influences create concern in individual actors or groups. They assume that such a concern is reinforced should it be linked to actors' misconduct. The further learning process depends on the transmission of concern to additional actors. Fürst & Benz (2002) state that learning processes which are set off by individual actors are more likely to be effective. However, they acknowledge that individuals' efforts to stimulate learning are usually framed by a supportive environment or even "the Zeitgeist of the society to which they belong" (33).

A differentiation of collective learning types which does not depict development over time, but different qualities of learning is suggested by Wilkesmann (1999). It follows an action-oriented perspective as well. Wilkesmann focuses on learning in organisations, conceptualising them as networks. He suggests distinguishing simple collective learning ("einfaches kollektives Lernen") from problem solving ("Problemlösungslernen"). Both forms of learning are used to solve complex problems which cannot be achieved by a single person. They contrast with respect to the way individual perspectives are joined. Simple collective learning means that the solution is based on majorities or on hierarchy. Hence, the solution suggested by certain individuals or groups becomes the overall solution either because a majority of individuals votes for this solution or because certain actors are more powerful than others to establish their perspective. Problem solving learning in contrast creates an actual collective solution. Here, the different perspectives are exchanged and used to build a collective perspective. The solution is based on consensus. No single member of the group would be able to achieve such a solution. According to Wilkesmann, the conditions for problem solving learning are the following.

- Small size of the network, which enables face-to-face-interaction

- Only small power differences

- Longer-term interaction which creates trust

- All tasks should be carried out from beginning to end so that intrinsic motivation can develop

- Interaction culture oriented to consensus.

Pommeranz (2001) has further elaborated on Wilkesmann's concept of problem solving learning in a study on urban policy networks. His definition of "Learning by Networking" is largely based on Wilkesmann's work. According to Pommeranz (218), a common action norm, high intrinsic motivation and consensus-oriented coordination of distributive issues are crucial characteristics of learning by networking. The more open the access to the network and the more lose coupling within and between networks, which enables overlapping of networks, the more probable is network learning (q.v. Butzin 2000). Further conditions are small power differences and releasing socioculturally fixed resources and tacit knowledge accompanied by a professional network management. Socioculturally fixed resources can for example be activated by identifying groups of actors who have already cooperated in certain local projects. Pommeranz talks about collective adaptation learning ("kollektives Adaptionslernen") to refer to Wilkesmann's concept of simple collective learning. Apart from Wilkesmann's and Pommeranz's studies, little research has been carried out on the interrelations between individual and collective learning (e.g. von Löwis 2005, 65).

The concept of the "Learning Region" (Florida 2005, Morgan 1997) emphasises the location where learning happens. It focuses on economic development and tackles the questions why some regions are more successful than other in adapting to economic changes. There are attempts to make use of the concept for research on urban development. Schläger-Zirklik (2003) for example employs it for a study of the introduction of city marketing in transformation countries, Stein (2006) for a study of planning in city regions. The concept of the learning region does not have an explicit learning theory background. It is related to discussions on networks, milieux and clusters. In essence, it states that innovation is supported by certain regional characteristics, particularly institutions like norms and routines that encourage innovation and cooperative action. The link of the Learning Region debate to institutional arrangements is weak, however (Fürst 2003, 15, 27). Furthermore, it emphasises that spatial proximity can encourage interaction and diffusion of knowledge between actors (Hassink 1997, 163). Thierstein & Wilhelm (2000, 12) state that a part of knowledge is even bound to the region. Many studies list characteristics of learning regions, there is a lack of explanation, however. In addition, it is difficult to examine Learning Regions empirically. Regions differ according to many factors; one can hardly identify those which are responsible for learning. According to Fürst (2003, 26), one of the main merits of the approach is raising the awareness concerning the interrelations between a region's performance and actions by individuals, groups, etc. Learning processes are accomplished by actors, but these in turn are influenced by structural conditions and situational stimuli and threats.

As mentioned in the previous chapter, there is a two-way relationship between collective learning and governance arrangements. Fürst & Benz (2002, 23) assume "that the organisation of regional governance is the decisive variable to explain the learning capacity of a region". Likewise, local governance arrangements in planning for an ageing population are supposedly crucial determinants for collective learning. Fürst & Benz as well as Wilkesmann (1999) and Pommeranz (2001) try to identify the criteria governance arrangements should fulfil in order to allow for certain forms of collective learning. As explained above, collective learning processes on the other hand, can manifest themselves in a change of governance arrangements.

## 3.4   Presuppositions guiding the analysis

In order to make the theoretical perspectives which have been described in this chapter applicable to the empirical analysis of local planning for an ageing population, twelve presuppositions have been developed. They differ from hypotheses insofar as they are more open and not restricted to "if…then" or "the…the" statements used in critical rationalism (see Kruse 2009). The empirical analysis does not aim to verify or falsify the presuppositions; instead, they sum up the researcher's perspective. Seven presuppositions refer to the sensitising concept governance and six to collective learning. Short descriptions of the tasks which arise for the empirical phase complete the chapter.

The governance concept is used as an analytical focus to examine local steering with respect to the ageing population.

P 1   In order to regulate collective issues, different actors interact in certain constellations (governance structures) and take decisions in specific forms of interaction (governance modes).

P 2   Actors who are involved have different capabilities, perceptions and preferences. The latter are referred to as action orientations. The term actor comprises both, individual and collective actors (Scharpf 2000).

P 3   Besides traditional political regulation by public bodies, actors belonging to the private and voluntary sectors are involved in planning for an ageing population in the UK. The three sectors are characterised by different capabilities and action orientations.

P 4   Governance processes are embedded into an institutional context of formal rules, informal routines, etc.

P 5   Individual actors' capabilities, perceptions and preferences as well as governance structures and modes change as planning for an ageing population proceeds.

P 6    Local development experiences various influences from regional and national le-
       vels, therefore a multi-level governance perspective is suitable. The local level is
       in the focus, regional and national developments are regarded insofar that they
       impact the local level.

P 7    There is a two-way relationship between governance and collective learning.
       Governance arrangements are a crucial determinant for collective learning and
       collective learning is supposed to lead to the development of new governance
       arrangements.

In order to capture local governance arrangements the following tasks arise for the em-
pirical analysis (see Selle 2008, Elander 2002):

•    Identification of relevant actors, i.e. those involved in planning for an ageing po-
     pulation

•    Analysis of actors' perceptions of the issue, preferences, and capabilities

•    Analysis of actor constellations and modes of interaction

•    Consideration of the institutional context

•    Analysis of influences from regional and national levels

•    Analysis of interrelations between governance arrangements and collective lear-
     ning

•    Analysis of the development of all aspects over time.

Collective Learning is the second analytical focus, which is used to examine develop-
ments in planning for an ageing population over time.

P 8    Learning is primarily a change of cognitive structures which might or might not
       be accompanied by a change in behaviour. Thus, learning processes cannot be
       observed directly but only via manifestations such as changed policies or chan-
       ged interpretation patterns, etc.

P 9    Learning can be identified on different levels: individual and collective learning.
       Concerning the latter, one can distinguish organisational and interorganisational
       learning. Collective learning goes beyond an addition of individual learning inso-
       far that learning can also take place in interaction.

P 10   Learning comprises acquiring knowledge and changing values and options for
       action. It is useful to distinguish tacit from explicit knowledge. Tacit knowledge
       can be described as that part of knowledge which cannot be codified with the
       help of language and hence is difficult to transfer to another person.

P 11   In an action-oriented view on collective learning, one can distinguish between
       simple collective learning and problem solving (Wilkesmann 1999). Simple coll-

ective learning means that the solution is based on majorities or on hierarchy. Problem solving learning in contrast creates an actual collective solution through exchanging and building a collective perspective.

P 12   Regarding collective learning one can distinguish between different points of departure: learning processes can begin with external interventions or through individual actors. External stimuli, particularly if combined with individuals' concern are especially effective.

P 13   Localised characteristics, such as particular institutions as well as spatial proximity, can foster learning.

The empirical analysis will comprise

• Identifying manifestations of learning

• Focussing on collective learning, but considering interrelations between individual and collective learning

• Not merely considering codified knowledge, but also tacit knowledge

• Striving to identify types of collective learning

• Considering localised characteristics which impact collective learning.

# 4 Research design and methods

For each research project, a specific research design has to be created which suits the research aims, the research questions, available resources, etc. Aiming to make the research process transparent and traceable, this chapter presents the thesis' blueprint. As mentioned in the introduction, the logics of conducting research and of documenting research differ. The iterative research process connected prior knowledge, data collection, data analysis and theoretical abstraction in a circular fashion. The research design, similar to the conceptual framework and the research questions, evolved during this research process and was not finalised before the empirical investigation. For reasons of clarity and readability, however, the documentation of the research design is condensed in this chapter preceding the presentation of the empirical results.

Chapter 4.1 explains why a qualitative approach was chosen, more precisely a multiple-case design. Additionally, it links the orientation of the research process to grounded theory, which has been described in the previous chapter, to the overall research design. Table 2 gives an overview of this general research design and the methods used. Chapter 4.2 deals with exploratory interviews which were conducted on the national level. From Chapter 4.3 on, the case studies are in the focus. The sampling of local areas and interviewees as well as the methods of data collection and analysis are presented.

## 4.1 Overall research design

This subchapter describes and explains the general research design which the thesis follows. It focuses on the following questions: Why is a qualitative approach suitable to answer the research question and in how far can one generalise from the results of case studies? Table 2 assembles the most important facts about the thesis' research design. Several authors haven given orientation concerning the specific qualitative research approach, among the most important are Corbin & Strauss 1998, Flick 2007, Kelle & Kluge 1999 and Kruse 2009.

The research questions and aims as well as the current state of research are decisive in deciding on a specific research design. How do local actors in the UK plan for population ageing? This is the overall research question the thesis seeks to answer. The sub questions refer to actors, strategies and processes (see Chapter 2.4). The research questions thus aim at detailed knowledge about a complex social phenomenon which could not be gathered by analysing existing data or via a survey. Overview information, especially on ageing strategies, is mainly provided by the British government and by NGOs (see Chapter 2.3). However, neither these organisations nor academia had focused on local areas' experiences with such strategies – difficulties in preparation, effects, etc. – when this research project started. Even less, they had dealt with actors and learning processes. Hence, the research has an exploratory character. Furthermore, it was not possible

to identify a specific theory suitable to help answering the research questions (see Chapter 3.1). Since the research field was not yet well researched, it was also important not to limit the number of variables considered. This would have been the case if a certain theory had been chosen. Instead, it was decided to remain open for further variables proving to be important during the research process and to follow a grounded theory approach.

Only a qualitative research design could come up to the exploratory nature of the research and the lack of suitable theoretical approaches. Such a qualitative approach reconstructs the structure of the phenomenon out of the empirical data by developing terms, concepts and categories. A certain philosophy of science underlies qualitative approaches. It refers particularly to social constructivism and symbolic interactionism. According to social constructivism reality does not exist objectively but is socially constructed. Symbolic interactionism assumes that people construct meaning on the basis of interaction and interpretations. The researcher can approximate the constructed realities with the help of a hermeneutical, i.e. interpretative approach.

A key principle of qualitative research is keeping open in the sense of approaching the research field without hypotheses. Only in this manner can individual interpretations, new courses of action, etc. be investigated. Previous theoretical knowledge is rather used to frame the research perspective than to develop closed hypotheses. In this manner, the two sensitising concepts, local governance and collective learning, are used in the thesis (see Chapters 3.3 and 3.4). The grounded theory approach (see Chapter 3.2) emphasises the close connection of data collection, data analysis and theoretical abstraction in order to develop theoretical concepts which are grounded in the empirical data.

A qualitative approach is especially suitable for research in a culture which is foreign to the researcher, because it does not impose predefined categories onto the research object. To grasp the object precisely, it is important to keep a professional distance to it. In this sense, research in a foreign cultural context is advantageous (Cappai 2008, 20 f.), even if one cannot grasp all language subtleties in both the written and spoken language. In one's own country one tends to take structures for granted. Kruse (2009a) emphasises that reflecting one's own presuppositions, as is common in intercultural communication, is a precondition for openness, the central principle in qualitative research.

In order to be able to investigate planning for an ageing population in local areas in detail, a case study design was chosen, more precisely, a multiple-case design. Case studies are especially suitable if one aims to answer a "how" question such as the main question guiding this research or a "why" question (Yin 2003, 9). Furthermore, Yin (2003, 13) recommends a case study design "when the boundaries between phenomenon and context are not clearly evident" i.e. it is for example not obvious which variables a

grounded theory should take into account. To give a concrete example, the case study design allows analysing in how far the proportion and number of older people living in a local area merely constitutes the context for or determines local planning for an ageing population. According to Yin 2002 (8) "The case study's unique strength" is the opportunity to use different kinds of evidence, ranging from documents to interviews or observations. The evidence can be of quantitative and qualitative nature. Triangulation, i.e. combining different perspectives and methods (see Flick 2007b, 136) is important to avoid the risk of neglecting certain aspects of a phenomenon. Hence, I have combined qualitative interviews with document analysis and other written data sources, for example to reconstruct governance arrangements or development over time. The laborious task of conducting and analysing qualitative interviews was indispensible to identify action orientations, cognitive changes, etc. Quantitative methods complete the predominantly qualitative approach, for example with respect to the selection of cases, where population development was a decisive criterion. If one conducts research in a foreign cultural context, it is especially important to consider different sources of information in order to grasp as many aspects of the phenomenon as possible (see Cappai 2008, 22).

*Table 2: Overview on the research design and the methods (Source: own compilation)*

| | |
|---|---|
| **Overall research design** | Qualitative approach aiming at reconstructing structure of phenomenon out of empirical data (no testing of hypotheses) |
| | Multiple case design: 3 case study areas |
| **Research process** | Oriented to grounded theory: close connection of data collection, data analysis and theoretical abstraction |
| **Sampling of case study areas** | 3 cases study areas |
| | Combined strategy of pre-selection according to characteristics mainly determined by research question and step by step selection of heterogeneous cases during research process |
| **Sampling of interviewees** | 29 experts |
| | Combined strategy based on contact persons for older people strategies and snowball sampling |
| **Main methods of data collection and data analysis** | 24 qualitative interviews with experts in local authority administration, charities, etc. (based on interview guideline) |
| | Reconstructive analysis following Kruse 2009: elaboration of central motifs and rules of expression |
| | Document analysis (older people strategies, minutes of meetings, etc.) |

With respect to both, qualitative approaches and case studies, a much discussed aspect is the generalisation of results. In how far are results valid beyond the cases studied? In contrast to quantitative approaches, it is not possible to generalise from a representative sample to a whole population. However, an "analytic generalisation" (Yin 2003, 10) to

theoretical propositions is possible, i.e. the results should be used to develop theory. This can take the form of "concepts, a conceptual framework, propositions or mid-range theory" (Eisenhardt 1995, 83). A careful selection of cases relevant for the research question is required (see Chapter 4.3.1). Other preconditions for generalisation are a transparent and traceable research procedure and the researcher's self-reflection of his or her interpretation process. The next subchapters are dedicated to these issues: the selection of case study areas and interviewees is documented as well as data collection and data analysis. The main methods are expert interviews, which were analysed with a reconstructive approach, as well as document analysis.

## 4.2    Exploratory interviews – national level

Following the principles of grounded theory, a first round of data collection took place early in the research process. The aims of this first empirical inquiry were to capture the British debate on demographic change profoundly, to gain insights into the ways in which organisations operating at a national scale deal with such shifts and which local approaches are observable. Additionally, I sought assistance with the selection of case studies and put my own research conception up to discussion. For these purposes, qualitative interviews with representatives of national government departments, charities, etc. were conducted.

More precisely, the interviewees were:

- Age Concern England: Head of Public Policy
- Department for Communities and Local Government: Senior Policy Advisor, working on older people's housing issues, especially the implementation of the "Lifetime Homes, Lifetime Neighbourhoods" strategy
- School of Architecture and the Built Environment, University of Westminster: Senior Lecturer also working in spatial planning practice; the interviewee is one of the authors of a comparative study on Leipzig and Manchester's experience with urban regeneration and a shrinking population (Mace et al. 2004)
- McCarthy&Stone, major British builder of retirement homes: Land and Planning Director and member of the Housing and Older People Development Group (HOPDEV, see Chapter 2.3)
- The Planning Bureau Ltd, planning consultants for McCarthy and Stone: planner (joint interview with the McCarthy&Stone representative).

The interview data was analysed according to Meuser & Nagel (2002), the interpretation procedure was simplified, however. Meuser & Nagel's approach aims to identify common issues in the interview data. The analysis followed three basic steps: partial transcription of the recorded interview, paraphrase of contents and thematic compari-

son. In the second step, contents are not only paraphrased but also supplemented with headlines. The latter step, thematic comparison, refers to assembling passages from different interviews which deal with similar topics. The headlines of the different passages are then harmonised. Meuser & Nagel suggest creating categories out of these headlines which are consistent with more general discussions within the researcher's discipline. On the basis of these categories one could develop typologies and theories as a further stage of theoretical generalisation. This final step is not necessary if one is merely interested in experts' contextual knowledge ("Kontextwissen") as opposed to knowledge of their own activities ("Betriebswissen"). As the exploratory interviews aimed at more general knowledge regarding debates, approaches, etc., and less about the experts own activities and views, the fourth step was omitted. Furthermore, the third step was only partly carried out. It terminated with formulating headlines for groups of passages from different interviews. The results of the preliminary interviews should merely be the basis for further case study research. Hence, it was considered beneficial to maintain headlines based on interviewees' terminology instead of more abstract categories at this stage of the research process.

Overall, the first round of data collection confirmed my assessment of the situation and debate on demographic change, which had mainly been based on a literature review. In unison, the interviewees reported that the term "demographic change" is relatively uncommon in the British debate, population ageing and population decline are discussed separately. Ageing is tackled more actively than population decline. While "shrinkage" – almost a taboo term – is debated with respect to economic decline in Northern England, ageing is usually discussed relating to retirement migration to the south coast. Choosing heterogeneous interviewees with different perspectives on demographic change helped to extend my knowledge. The results of the preliminary interviews strongly influenced the further research process insofar as the topic was refined – from dealing with demographic change, covering population decline and ageing, to a focus merely on ageing. It would have been very difficult to examine both in one research project. Interview results have been incorporated into the UK-wide overview concerning planning for an ageing population (Chapter 1) as well as the empirical results which will be presented in Chapters 6 to 8.

## 4.3   Sampling procedures

The following two subchapters describe how the case study areas and interviewees have been sampled. Three local areas constitute a small sample, thus a careful selection was especially important to cover the heterogeneity of the research field. Conversely, the small sample size allowed for considering a multitude of perspectives particularly by talking to a variety of interviewees.

### 4.3.1 Sampling of case study areas

The significance of careful case selection has already been mentioned, avoiding bias and selecting relevant cases is as important in qualitative research as it is in quantitative research (Kelle, Kluge 2010, 42). Qualitative research does not aim at statistical representativeness, neither is it possible to sample according to methods based on theory of probability, because the sample sizes are too small. Nevertheless, its target is a generalisation of results beyond the studied cases, the aforementioned "analytic generalisation" (Yin 2003, 10). Hence, there has to be a purposeful sampling which leads to a sample representing the research field's heterogeneity (see Kelle, Kluge 2010, 42 f.). Accordingly, the crucial principle underlying such a sampling is the principle of maximum structural variation (see Kleining 1982, 12 f.), i.e. the cases should be as different as possible concerning factors which are supposed to have an integral influence on the research object. One assumes that patterns which are evident in such a variety of cases can be considered as general phenomena (Kruse 2009b, 221). If local areas are in the focus of the research, the cases should for example cover areas contrasting with respect to prosperity or location.

As the research questions suggest, the study's unit of analysis is the local process of planning for an ageing population. Development over time is one focus of the research questions, therefore the time boundaries of the research must be defined as well. Firstly, local strategic reactions to ageing decide on the beginning of the time period observed. They were reconstructed from empirical data, i.e. publication dates of strategy documents and interviewees' recollections. The end is defined by the general election in May 2010 because it marks an enormous change in policies (see Chapter 1.1).

How exactly have the case study areas been chosen? In qualitative research, the sampling of cases can either be concluded before the empirical investigation starts or it can take place step by step during the research process. The first strategy implies a theoretical selection of criteria independent of empirical data. The latter, referred to as theoretical sampling, is inextricably connected to grounded theory methodology. Cases are selected on the basis of concepts relevant for the grounded theory being developed (Strauss, Corbin 1996). Theoretical sampling of new cases goes on until one reaches "theoretical saturation" (Glaser, Strauss 1967, 61), i.e. one does not expect new findings any more. Sampling before the empirical phase carries the danger of disregarding certain categories that are empirically relevant. By choosing theoretical sampling, in contrast, one risks getting lost in empirical data. Thus, a combination of both strategies is beneficial (p.ex. Helfferich 2009, 174; Przyborski, Wohlrab-Sahr 2008, 181).

The combined strategy applied here follows the general idea of selecting cases that have certain characteristics in common which are determined by the research question and

practical considerations. This way, a population of potential cases has been defined. The criteria are:

- Local area as defined by the lowest level of local government, i.e. unitary authority or district in two-tier local authorities, which complies with the level of the local planning authority. This level of government has direct responsibilities for the delivery of services and for steering the development of the built environment.

- Above average ageing, also in the past. The potential case study areas should feature higher proportions of citizens over state pension age compared to the English average in 2008 and in 2003. 60 years is the current state pension age for women in the UK, 65 for men (between 2010 and 2046 it will increase to 68 years for both sexes, Directgov 2010). The local areas should already have a certain experience with an ageing population.

- Existence of an integrative strategy tackling ageing in the local area. In this context, integrative means that the strategy is not restricted to a specific thematic field like care or housing, but takes a wider approach covering at least three fields. This criterion ensures that only such local areas are picked which have experience with a certain strategic approach. They are not best practice examples, however (see Chapter 1).

- Location on the coast. This criterion is linked to the above average proportions of older people in that there is a spatial concentration of older people on the British coastline (see Chapter 2.1). On the one hand, the criterion has been chosen for pragmatic reasons. The entirety of ageing coastal authorities has been investigated for integrative strategies to tackle ageing via an internet search. On the other hand, the restriction to coastal areas implies similar reasons for the age structure of the population as well as similar needs and demands by older people. It can be assumed that there is an immigration of older people because of natural assets connected to the location on the coast.

- Location in England. Governance arrangements, planning systems, etc. differ slightly in Northern Ireland, Scotland, Wales and England. To reduce complexity, only such case study areas are considered that are located in England.

Further case selection occurred step by step during the research process, according to the concept of theoretical sampling. It was led by the above mentioned principle of maximum structural variation, i.e. by searching for cases that differ with respect to categories which are expected to be theoretically relevant. This way, one can test which factors have an influence on the phenomenon and the heterogeneity of the research field can be captured. Local development processes were investigated by choosing cases at different states of the process and by reconstructing development with the help of documents and interviews.

The first case was selected as a so-called critical case which provides most information on the research object (Patton 1990, 174). With the help of information gained in the exploratory interviews, an analysis of policy papers etc. and an internet search, this area, North Tyneside, was identified as being exceptionally experienced in developing strategies for their ageing population. This manifests itself among others in the existence of a general older people strategy and a strategy for older people's housing, care and support.

The second case, Poole, was selected maximising differences according to the following criteria:

- Location. This implies differences in resources, mentalities, etc. While North Tyneside is located in North East England, Poole belongs to South West England. There is a marked north-south divide in England with a far more prosperous economy and a more rapid population growth in the south.

- Proportion of older people of the total population. While North Tyneside is home to slightly more older people than the national average – 17.53 per cent people aged 65 and over compared to 16.45 per cent for England. Poole in contrast has an enormous proportion of 21.28 per cent older people. This variation approaches the observation from previous studies that reactions are not necessarily linked to extent of ageing (see Chapter 3.1).

- Progress in planning for an ageing population. The publication date of the first ageing strategy was used as an indicator. While North Tyneside had already issued its older people strategy in 2004, Poole's was published in 2008. An analysis of spatial planning documents showed a different picture, however. While in North Tyneside those documents do not take ageing into account, Poole's reflect it extensively. This discrepancy was of particular interest for examining the role of spatial planning with respect to ageing.

During the first round of data collection and analysis, a number of further criteria proved relevant and were added to select the third case. Furthermore, the sampling of further case study areas was discussed in the interviews. Wealden was selected as the third case following the criteria below. Again, the principle of maximum structural variation was pursued.

- Administrative structure. The sample should contain single and two-tier local authorities (see Chapter 2.2). As both, North Tyneside and Poole are unitary authorities bundling all local responsibilities, the administration in the third case study area should be split into a district and a county level. This is the case in Wealden, which belongs to the county East Sussex.

- Rurality/urbanity. The Department for Environment, Food and Rural Affairs' local authority district classification was used to distinguish more rural and more urban

areas (Department for Environment, Food and Rural Affairs 2009). It differentiates between six classes of local areas. North Tyneside belongs to the most urban type, "Major Urban", because it is situated in the Newcastle city region. Poole, belonging to the Poole-Bournemouth-Christchurch conurbation, is classified "Large Urban". Wealden on the other hand is part of the most rural category, "Rural-80", which is characterised by at least 80 per cent of the population living in rural settlements and larger market towns.

Following grounded theory, the number of cases was not defined before the empirical phase. After data collection and analysis for the third case, a satisfying theoretical saturation was reached. See Chapter 5 for details on the case study areas. In the following, the sampling of interviewees is presented.

### 4.3.2 Sampling of interviewees

The core method of data collection in the thesis is the qualitative interview. Interviewees were recruited from those people who are involved in planning for an ageing population in their local area. Strategy documents, such as older people strategies, were used as the point of departure for sampling interviewees because they name contact persons and refer to further actors. This approach was combined with the snowball method, i.e. the persons identified via strategy documents were asked to recommend further potential interviewees. The results depend on a comprehensive selection; hence, the principle of maximum structural variation is also valid with respect to the sampling of interviewees. Taking strategy documents as a basis for sampling poses the risk to overestimate such strategies. The experience has shown, however, that even those who where were directly involved were able to reflect the significance of the strategies critically.

The potential interviewees were contacted via e-mail. An exemplary e-mail text and accompanying project outline can be found in Appendix B. The majority of persons responded to the e-mail and were willing to participate if available at the suggested date. In contrast to North Tyneside and Wealden, more potential interviewees in Poole rejected participation in the study. This is in line with the topic being less prominent there, overall. A difficulty in organising the interviews was the fact that I could only be present in the respective local area for one week maximum because of travel costs, thus it was impossible to arrange meetings with all potential interviewees in this narrow time frame. The problem was solved by travelling to all case study areas for at least two time periods, conducting telephone interviews or by being referred to other potential interviewees. Another challenge was connected to the attempt of researching development over time. In some cases it was difficult or impossible to get into contact with people who in the meantime worked in another position, if they had not merely changed within the organisation. If potential interviewees did not react to the e-mail inquiry, they were contacted via telephone. All persons who were called agreed to take part in an inter-

view. In some instances, interviewees decided to bring a colleague to the interview. In total, 29 persons participated in 24 interviews, 10 persons in North Tyneside, 8 in Poole and 11 in Wealden/East Sussex.

Appendix A assembles all interviewees who could be won with the positions they hold. They occupy different positions in the job hierarchy from more operative to more managerial roles – another aspect of maximum structural variation. The majority work in different council departments, others for example in charities.

The councils' adult social care departments are crucial actors concerning older people's issues; this is for example reflected in them having the main responsibility for general older people strategies in two of the three areas. In all areas there are also housing, (care,) and support strategies. Thus representatives of adult social care and housing were interviewed in all of them. Housing is either organised as a council department or an arm's length management organisation (ALMO). Planning departments are involved in some areas, in others not, but for the sake of comparison planners have been interviewed in all areas. Where possible, councils' older people's champions, i.e. councillors who are supposed to lobby for older people's issues, were integrated in the sample. Representatives from the Local Strategic Partnership were interviewed in all three areas. There are non-governmental organisations dealing with older people's issues all over the UK. Besides providing services for older people, some of them are also strategically involved. Age Concern is a very prominent charity in this respect. Accordingly, representatives from Age Concern were interviewed in North Tyneside and East Sussex. In Poole and surroundings another charity is more prominent in this respect – Help and Care. Hence a representative of this organisation was included in the sample. Concerning older people's forums, interviews were conducted with members in Wealden and with the group's moderator in Poole. As the group was in a process of restructuring, it was not possible to talk to representatives of North Tyneside's older people's forum. Only one representative of the National Health Service was interviewed, even though health is one of the core areas discussed in connection to ageing. Adult social care cooperates more and more with health as concerns service provision, but local NHS organisations have little influence on an area's overall strategic development. Hence, it did not seem necessary to include further representatives from health into the sample. Additional interviews were conducted with a consultant specialised on older people's strategies and the manager of a POPPs project in Dorset, neighbouring Poole. Those two interviews took place at the end of the empirical phase to discuss preliminary results.

Data privacy is ensured by anonymising all data used in the thesis. Initial letters, which do not refer to the real names, are used to denote the interviewees. References to persons, personal biographies, etc. are changed, for example by substituting place names. The interviewees signed a participant consent form (see Appendix C), in which they agreed that the interview could be recorded, the interview transcript could be used for

the PhD project, and that short extracts from the interview transcript could be used in documents intended for publication.

## 4.4    Data collection

### Interviews

In order to enable the interviewees to express their views openly and to ensure that all aspects of interest for the research are covered at the same time, qualitative interviews were conducted on the basis of a guideline (see Appendix C). The questions were asked in a flexible order to give the interviewees the opportunity to structure the conversation in their own fashion. Paradoxically, an interview guideline ensures an open conversation (Meuser, Nagel 2002, 78). By preparing such an interview guideline, the researcher becomes acquainted with the relevant topics, which enables him or her to react flexibly to the expert's statements in the interview situation. The questions were predominantly open to leave the interviewees room to develop their own interpretations of the questions. I avoided own comments and interpretations during the interviews in order to influence the interviewees as little as possible. To keep the conversation flowing, I used neutral questions like "how did it go on then?". These questions are not part of the interview guide.

*Table 3: Topics in the interview guideline (Source: own compilation)*

| Process/Learning 1: Beginning | Beginnings of dealing with the ageing of the population in the local area and the organisation |
|---|---|
| Process/Learning 2: Phases | Process of dealing with ageing, enabling and hindering factors, changes of attitude, influences from national/regional levels, role of local characteristics, etc. |
| Strategies | Role of local strategies, organisation's involvement in strategies |
| Challenges | Challenges for the local area posed by ageing, adequacy of reactions |
| Actors 1 | Organisation's role in planning for an ageing population, other actors, interdependencies, change of actors and actor constellations, etc. |
| Actors 2: Older people's partnerships | Details of cooperation (leadership, decision-making, etc.), external relations, collective learning, success factors, etc. |

Table 3 gives an overview of the topics in the interview guideline. After explaining the research interest and some technical issues about recording etc., an introductory open question was posed: "How did it come about that your local area deals with the ageing of the population?". It was designed as an open stimulus to allow for the interviewee's own setting of focal points, which he or she considered relevant for the whole topic of planning for an ageing population. The following questions dealt with the further local development, narrowing down from a very open to more specific questions. After

talking about local strategies, the interviewee was asked to estimate the challenges which are attributed to ageing. Together with the next section on actors, this aimed at reconstructing the roles of interviewees and their organisations according to their perception of challenges and their goals and strategies. Apart from their knowledge concerning other actors and actor constellations, more specific aspects of partnerships were discussed, e.g. details of cooperation or collective learning. The final question was very open again, giving respondents the opportunity to add aspects which had not been treated before: "That's it from my side. Is there anything else you would like to mention?". The interview guideline has developed during the research process. The section about older people's partnerships, for example, was extended after the first interviews had proved their significance.

The interviewees were very open to share their experience and thoughts. All interviewees agreed to recording the conversation. In this context, it seemed advantageous that I as a German researcher study British approaches to ageing. My curiosity about the English situation seemed natural for the interviewees and they were willing to explain it to me, the foreigner. There were several hints, that interviewees felt they could speak more freely, also more critically, than had I been part of a circle of British experts. A disadvantage was, however, that some explanations seemed to be simplified, because interviewees assumed me to be unfamiliar with peculiarly British institutions, instruments, etc.

Details about the atmosphere, disturbances, etc. during the interviews, were noted in a postscript (see Appendix C). While interviews were usually held in interviewees' office or conference rooms, those with senior citizens took place in their homes. Depending on the interviewees' position, conversations focused more on issues of hands-on planning or were very abstract – the interview guide allowed for both. Answers to the question about challenges posed by ageing, for example, ranged from concrete examples – like a lack of transport options for older people without a car – to thoughts concerning the suitability of governance arrangements to complex and cross-cutting issues. This variety of perspectives had been desired. Another remarkable experience was the fact that charity representatives were much more critical concerning national policies, etc., whereas local authority employees generally were more cautious. In some cases, interviewees were very interested in the German situation and/or the other case studies; they seemed to demand information in return for the information they gave. To comply with such a request, information about experiences in Germany was provided subsequent to the actual interview – this information should not influence their answers beforehand.

Most interviews took around one hour, more precisely between 42 minutes and 92 minutes. Usually, the interviews were one-to-one conversations, in some instances there were two or even three interviewees. In such group interviews it is easier to estimate which statements are common sense and not just the view of an individual. If there is no hierarchy within the group, which was the case in all instances, statements which are not

commented by the other interviewee(s) can be interpreted as consent. Furthermore, one can gain insight into day-to-day discussions if the interviewees are colleagues.

*Documents*

Local documents which broach the issue of ageing and older people constitute the second pillar of information about the case studies. They are particularly relevant for answering the second research question: "What kind of strategies are there to deal with population ageing?". On the one hand, there are specific strategies concerning older people, like housing, care and support strategies for older people. On the other hand, relevant documents cover a variety of further strategy documents for a local area's development: Sustainable Community Strategies, Local Area Agreements, Core Strategies or Unitary Development Plans/Local Plans and Council Plans (see chapter 2.2 for the different kinds of plans). Both current documents and those covering the time span mentioned above are taken into account. Remarkably, the beginning of this time frame is often defined by work on a strategy for older people.

As process development could only be observed directly during the empirical phase which extended one and a half years, it had mainly to be reconstructed in retrospect. Documents like strategy documents and minutes of meetings were combined with the recollections of interviewees. A focus was put on the reconstruction of collective learning processes with the help of minutes of meetings.

## 4.5   Data analysis

*Interview Analysis*

The analysis of the interviews is the most crucial step for answering the research questions. On the one hand, information about the researched phenomenon is gathered in the analysis process, i.e. information on the aspects which are treated in the interview guideline. On the other hand, an interpretation of the interview material takes place. This interpretation enables a deeper understanding of the phenomenon by investigating the subjective dimension of expert knowledge, i.e. implicit knowledge, argumentation and interpretation patterns as well as action routines (Kruse 2009b, 172). This subjective dimension is especially relevant with respect to the first research question: "Who plans for an ageing population, and how?" The knowledge gained goes beyond the questions in the guideline. This meets the concern that the knowledge of the phenomenon is still fragmentary when preparing the interview guideline. Furthermore, the interpretation provides the context for the information the interviewees give. Thus, the analysis goes beyond summarising.

Reconstructive interview analysis is based on textual hermeneutics. It aims at understanding someone else's constructions of sense based on their linguistic expressions. This po-

ses the challenge of the hermeneutic circle, i.e. the danger of constructing sense based on own previous knowledge. To control for subjectivity, interview analysis must be conducted according to a set of interpretation rules, which make the process reproducible. A basic principle of reconstructive analysis is the assumption that linguistic expressions are not arbitrary, but individual relevances and rules determine what is being said. To elaborate this individual system of relevances, it is crucial that the researcher keeps open and holds back his own specific knowledge on the subject, this excludes having hypotheses (Kruse 2009, 104, 106 f.; Lucius-Hoene, Deppermann 2002, 192 f.; see also Chapters 4.1 and 4.4). Previous knowledge should only serve as a broad perspective on the subject. Another central problem refers to the indexicality of language, i.e. the fact that its meaning can only be reconstructed with respect to the – situational and linguistic – context. An ironic expression, for example, cannot be understood otherwise.

To meet these challenges posed by a reconstructive analysis, the interviews must be available in textual form, i.e. they have to be transcribed. This way, the researcher can apply the following established course of action. He can slow down the interpretation process and avoid premature interpretations by elaborating different interpretations before deciding on the most plausible one. Transcripts also allow for a comparison of text segments in order to test the consistency of interpretations. Furthermore, if an analysis is based on transcripts, it is also more transparent and traceable. Software for qualitative data analysis like MAXQDA can only be used if transcripts are available. Specific reasons to work with transcripts in this research were the fact that I dealt with a high complexity concerning interviewees. Experts are at the same time individuals and representatives of organisations, and those in turn are part of more complex governance arrangements. The usage of transcripts facilitates dealing with such complexity as well as the challenges posed by analysing data in a foreign language.

Transcripts were produced following a set of transcription rules according to the GAT 2 transcription system (Selting et al. 2009, 391, see appendix D). The approach was simplified in that breaks, "erms", etc. were noted down but not breathing, length of pauses, etc. It was considered important for the interpretation how something is said (see below) and this level of detail was chosen as an optimal balance of effort and benefit. The majority of transcriptions were carried out by the author, and six by a student assistant. The final seven interviews were only partially transcribed. Relevant passages were chosen based on the preliminary results of the first waves of data collection and analysis.

The actual procedure of the interview analysis followed Kruse's (2009) "integrative, texthermeneutische Analysemethode". This approach is related to theoretical coding, the analysis method suggested by Strauss & Corbin (e.g. 1996) for grounded theory studies. However, the micro-sociological paradigm they use for coding is considered too specific (see Kelle 2007, 45; Chapter 3.2) and the approach is extremely time consuming. Kruse's method is more practicable and more responsive to the actual interview

text. It aims at elaborating the central motifs and rules of expression as a basis of the final interpretation. In the following, the analysis procedure based on the "integrative, texthermeneutische Analysemethode" (Kruse 2009b, 145 f.) is summarised. Apart from its association with theoretical coding, the method is also related to and partially builds upon other analysis methods, such as objective hermeneutics (p.ex. Oevermann 1972) and the documentary method (p.ex. Bohnsack 2007).

In a first step, a description of the text takes place for segments of one interview. This description comprises four levels: interaction, syntax, semantics and figures and form of narration. This close look at the text makes sure that interpretations are grounded in the data and are not read into the text. Following the description, first interpretations are developed. Central passages are analysed in an interdisciplinary team of PhD students to validate interpretations. The interview is analysed chronologically following the course of the conversation as common in objective hermeneutics. The focus of the analysis lies in the first passage and other dense passages. This first phase is comparable to open coding in Strauss & Corbin's approach.

Previous theoretical knowledge is introduced in the form of interpretation guidelines, i.e. systems of categories and subcategories. They are consistent with the sensitising concepts and the questions in the interview guideline. This way, implicit "scanners" which the researcher uses in his or her analysis are made explicit and can be specified in the further research process.

In a second round of analysis, bundling and structuring take place. This can be compared to axial coding in Strauss & Corbin's approach. Motifs are developed as well as rules of expression. Motifs comprise argumentation structures, statements or linguistic images, etc. that recur. Kruse builds on the documentary method concerning the identification of motifs. Usually they appear in introductory passages and other dense passages and the text descriptions for all four levels mentioned above add up to a motif. Such motifs or patterns can distinguish different interviews from each other, but can also be similar for them. Rules of expression describe how and how detailed the interviewee verbalises contents as well as striking omissions of issues. As mentioned above, it is assumed that individual relevances and rules determine linguistic expressions.

The main result of this step of interpretation is an excerpt for each interview, mainly containing these central motifs and rules of expression and a final interpretation resulting from these which connects them. The excerpt also contains relevant quotations. Table 4 presents extracts from such an excerpt. While up to now the analysis took place with the help of paper and pencil, MAXQDA comes into play at this point, where, for further analysis, central motifs and rules of expression are listed as codes in a code tree and linked to the relevant passages. The excerpts and MAXQDA code tree follow the structure of the above mentioned interpretation guidelines.

Table 4: Excerpt for one interview (extracts) (Source: own compilation)

| Position of the interviewee: Planning Policy & Implementation Manager Poole | |
|---|---|
| **Central motifs** | People-based conception of planning:<br>• people are the focus: „planning deals with people", quality of life<br>• relevance of the evidence base, "understand" → ageing plays a role here<br>• role of planning: "provide for the needs" → ageing plays a role here<br>• also: planning as technical/quantitative: "bed spaces and sites", "land and physical side of things"<br>• planning system respected but too detailed regulation (see below influence of national government)<br>Ageing as an (economic) problem<br>... |
| **Rules of expression** | Habitus of a modern service provider ("It is important for us […] to understand then how we target particular services and how we target needs, ahm, so that we can actually be sure that we're we're delivering […]")<br>Often sounds like PR talk<br>… |

The final step in Kruse's (2009) "integrative, texthermeneutische Analysemethode" is a cross-comparison of the different cases. First, codes for all interviews belonging to one case study area are compared, then codes across the cases. The comparison aims to figure out which codes appear repeatedly and which are case-specific. MAXQDA allows assembling interview passages for a certain topic because these are linked with codes. This function is used to search for patterns in motifs, rules of expression and the relevant text passages. It is crucial that patterns are clear and consistent, not how often they appear, as long as they appear several times. This links back to sampling heterogeneous cases to allow for a certain generalisation (see Chapter 4.3.1). From the results of the cross-comparison a common code tree is constructed, core categories are elaborated. In parallel to the analysis of central interview passages in a team, specific aspects of cross-comparison are also discussed in the group.

In addition to analysis in a group, I discussed interim results with some of the interviewees to check the validity of my interpretations. Since documentation is crucial for the transparency of the research process, audio records and transcripts are stored, as well as MAXQDA files with codes and memos which sketch the interpretation process.

*Document analysis*

Many research studies do not disclose the concrete procedure of the document analysis they follow, even though transparency is as important with respect to document analysis as it is to interview analysis or other methods. My approach to document analysis is illustrated in Figure 9. In a first step, the documents which were considered relevant

(see Chapter 4.4) were scanned for their tackling ageing. If not obviously dealing with this issue, a search for the following keywords was conducted: old, older, age, ageing, elderly and demographic. Additionally, all documents were skim-read to make sure that no hints to ageing/older people were overlooked. If a strategy dealt with ageing and older people exclusively, for example a housing and support strategy for older people, its aims and topics were summed up and leading actors were noted down. For this purpose, MAXQDA was used, where one file with interviews and documents was created for each case study area. Further codes were added as orientation to the above mentioned interpretation guidelines, which were also used for interview analysis. This system of categories and subcategories is based on the research questions. An exemplary code is "planning process"; under this code all text segments referring to development over time are assembled. For those strategies dealing with ageing/older people among other issues, standard codes referred to the role older people/ageing plays for the strategy, contents and leading actors plus further individual codes. The first code, role of older people/ageing for the strategy, comprises an estimation of the significance the topic has for the strategy and a description of the topic's placement within in the strategy – mentioned sporadically, separate chapter or woven into the whole strategy. Parallel to the interview analysis process, a cross-comparison of strategies and case study areas took place.
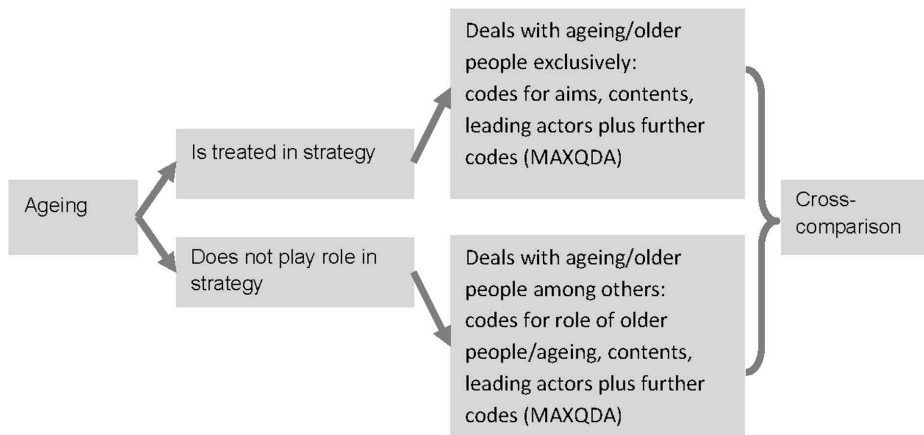


*Figure 9: The document analysis process (Source: own compilation)*

## 5    The case study areas

This chapter presents the selected case study areas - North Tyneside, Poole and Weal-den/East Sussex. Figure 10 depicts their location in connection with the local proportion of pensioners. As described in Chapter 4.3.1, several case study areas were preselected according to criteria arising from the research question, for example above average proportions of older people. The concrete selection of the three cases proceeded step by step during the research process, led by the principle of sampling heterogeneous cases. As has been mentioned in Chapter 2.4, the aim is not to analyse best practice examples of planning for an ageing population but rather the "normal practice".
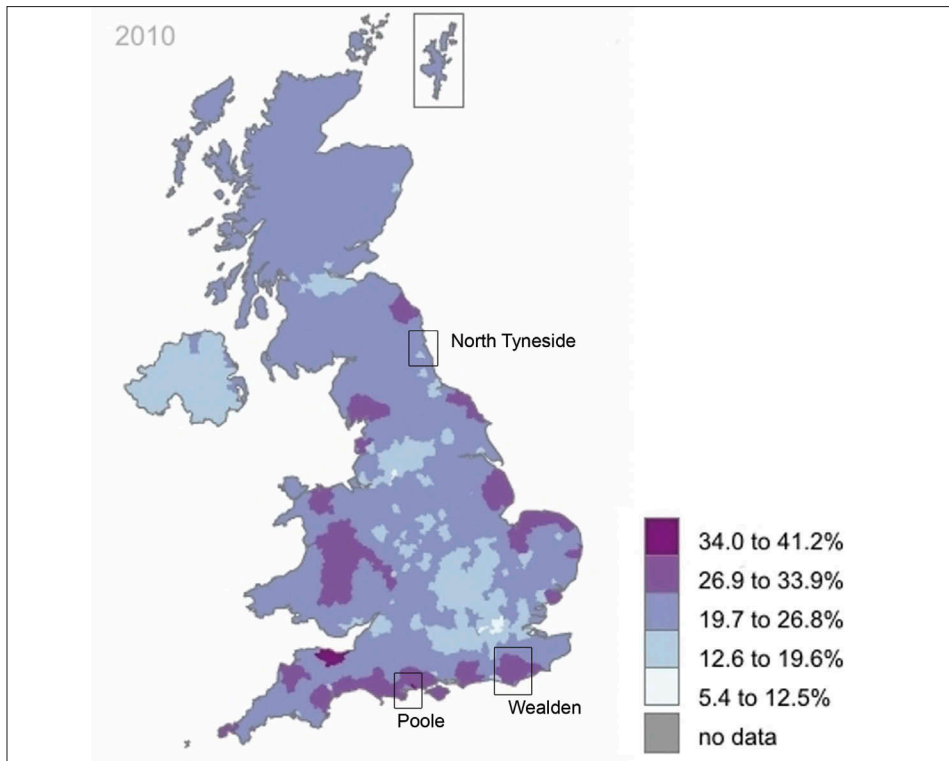


*Figure 10: Population aged state pension age and over as a percentage of the population and the case study areas (Source map and data: Office for National Statistics 2011c, modified)*

In the following, North Tyneside, Poole and Wealden are profiled according to general characteristics of place such as location, settlement structure and economic development. After sections on population development in the areas, particularly concerning ageing, an overview of how the areas manage the ageing of their population is provided – when did they put this topic on the agenda, what kind of strategies are there to accommodate the ageing and older people, who is involved in planning for an ageing

population? Illustrations visualise the individual development of planning for an ageing population and actor constellations. The chapter is not only based on publications and data concerning local development but also includes information gained from interviews with local experts.

## 5.1    North Tyneside

### 5.1.1  North Tyneside in profile

*The place*

North Tyneside is a metropolitan borough in North East England (see Chapter 2.2 for details on local governance). It is located on the coast and the river Tyne, and borders onto Newcastle. Together with Newcastle, Gateshead, Sunderland, South Tyneside, Northumberland and Durham, it forms the Tyne and Wear city region. North Tyneside's main towns are Wallsend, North Shields and Whitley Bay; there is no main centre, however. It can be characterised as an area of contrasts, consisting of seaside towns, former mining villages and urban areas. Its 198,500 inhabitants live in an area covering 8.2 hectares. (oneplace, Office for National Statistics 2011b)

Historically, North Tyneside was a centre of shipbuilding and coal-mining. After suffering high rates of unemployment due to the decline of heavy industry, the economic situation has improved; employment opportunities in service industries and the public sector have been created. Several new business parks are being developed. The unemployment rate of 8.3 per cent (April 2009 to March 2010) is thus lower than the North East average (9.8 per cent) but slightly higher than the British average (7.9 per cent) (Office for National Statistics, 2010b). Average wages are below the national average. Overall, deprivation as expressed by the Index of Multiple Deprivation has declined: in 2004 North Tyneside was the 80th most deprived area out of England's 354 local authority districts, in 2007 it had been the 102nd most deprived area. The Index of Multiple Deprivation combines economic, social and housing issues into one deprivation score. Within the area, there are enormous disparities, for example concerning life expectancy at birth. On average, it is lower than in other parts of England: 76.63 years in North Tyneside versus 77.93 years in England for males and 80.62 years versus 82.02 years for females (Office for National Statistics 2011b, oneplace).

*The population*

After decades of population decline, North Tyneside's population has been increasing by 2.1 per cent since the 2001 census (North Tyneside Council). According to current projections, the population will continue to grow from 198,500 persons in 2010 to 213,700 in 2020 and 227,700 citizens in 2030 (Projecting Older People Population Information System). This is an increase by 7.7 per cent or 14.7 per cent respectively. See Table 5 for

further details about the projected development of the older population. North Tyneside is a Growth Point which receives national funding for housing growth since 2007. People are also attracted by employment opportunities in the new business parks.

*Table 5: North Tyneside total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2030*
*(Source: Projecting Older People Population Information System based on ONS data, Office for National Statistics 2011a)*

|  | 2000 | 2010 | 2015 | 2020 | 2025 | 2030 |
|---|---|---|---|---|---|---|
| **Total population** | 194,100 | 198,500 | 205,700 | 213,700 | 221,300 | 227,700 |
| **Population aged 65 and over** | 34,900 | 34,800 | 38,500 | 42,000 | 46,200 | 50,900 |
| **Population aged 85 and over** | 3,700 | 4,700 | 5,300 | 6,100 | 7,200 | 8,200 |
| **Population aged 65 and over as a proportion of the total population** | 17.98 % | 17.53% | 18.72 % | 19.65 % | 20.88 % | 22.35 % |
| **Population aged 85 and over as a proportion of the total population** | 1.91 % | 2.37 % | 2.58 % | 2.85 % | 3.25 % | 3.60 % |

The local area has above average proportions of older people. While the English average is a proportion of 16.45 per cent population aged 65 and over of the total population, it is 17.53 per cent in North Tyneside. The proportion of older people has decreased since 2000 because predominantly younger people have moved into the area. For the population aged 85 and over, the English average is 2.29 per cent, whereas it is 2.37 per cent in North Tyneside. According to projections by the Office for National Statistics, there will be an increase by 4.82 percentage points for people aged 65 and over to the year 2030 and by 1.23 percentage points for people aged 85 and over. This is less than the projected percentage point increases for England, which are 5.21 and 1.73 percentage points respectively. In 2030 the percentage of people aged 85 and over is supposed to be even be below the English average.

### 5.1.2 Planning for an ageing population in North Tyneside

North Tyneside started to tackle the ageing of its population early compared to other local areas in the UK. During the preparation for an inspection of North Tyneside's social care services for older people in 2003, staff and management of the council's adult social care department became aware of shortcomings in this respect. The inspection was carried out by the then Social Services Inspectorate, belonging to the Department of Health. The involved adult social care employees realised that they offered individual high-quality services for older people but that coordination of those services was lacking. This led to the publishing of an initial older people strategy in 2004, which presented strategic targets for different areas like health and social care, housing or financial security and which aimed at improving attitudes towards older people. While the inspection of

services for older people can be seen as the main stimulus to elaborate an older people strategy, at least two other factors must be mentioned: the launch of the Older People's Forum and the National Service Framework for Older People. The Older People's Forum was initiated in 2001 to give a voice to older and retired people. The National Service Framework for Older People was also launched in 2001 by the Department of Health (see Chapter 2.2) and led to establishing an implementation group, which should later develop into an Older People's Strategy Group (OPSG).
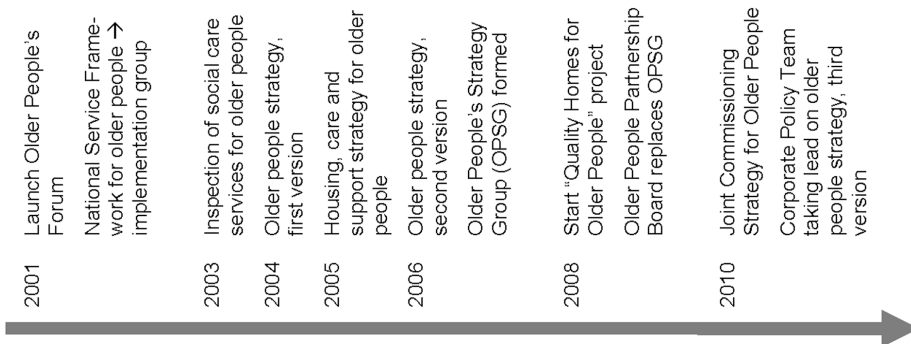


*Figure 11: Overview on North Tyneside's process of planning for an ageing population (Source: own illustration)*

The older people strategy was a catalyst for further improvements in North Tyneside's planning for older people. It led to the commissioning of a consultant who elaborated a housing, care and support strategy for older people. This strategy was published in 2005, and eventually led to the complete remodelling of North Tyneside's sheltered housing, the "Quality Homes for Older People" project. The older people strategy itself was reworked and, through connecting it to the North Tyneside Strategic Partnership, it tried to achieve a broader impact. The second version, "Planning for all of our tomor-rows" was published in 2006. To monitor progress of the strategy's implementation, the Older People's Strategy Group was formed. While there was enormous commitment by the members, "it was the commissioning bit, the money bit, that was missing" (Ms T., charity North Tyneside: 17) and their work did not have the desired impact. Thus, the Older People's Partnership Board replaced the older people's strategy Group and a closer link to the health and well-being theme partnership of the LSP was established. In 2010 the Older People's Partnership Board published an "Older People's Joint Health and Social Care Commissioning Strategy" with detailed plans for health and social care services. The most recent development is the corporate policy team, which coordinates the LSP, taking the lead for the review of the older people strategy. Again, this is an attempt to achieve a broader impact and to widen the agenda beyond a social care and

health focus. Figure 11 gives an overview of major events in North Tyneside's planning for an ageing population. All strategies are analysed in detail in Chapter 7.4.1.
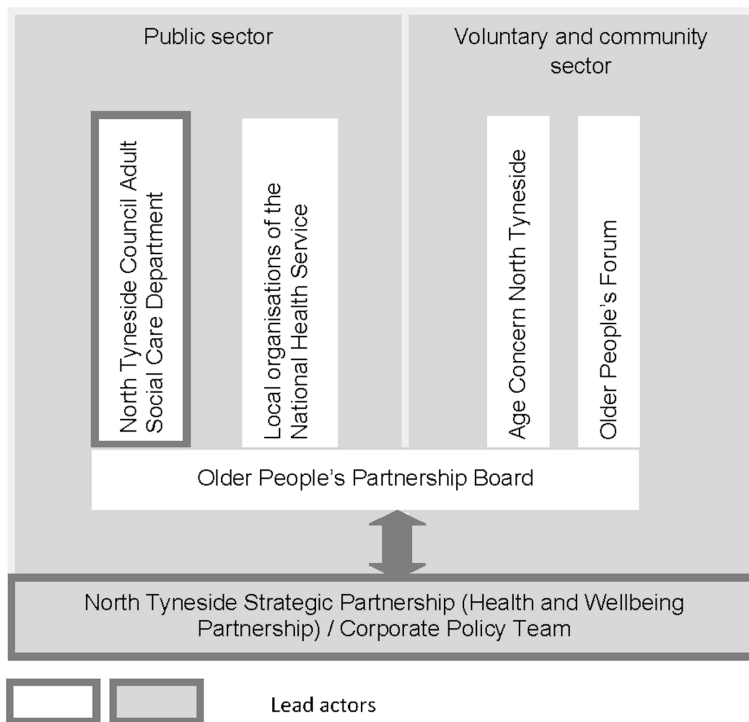


*Figure 12: North Tyneside's key actors in planning for an ageing population (2010) (Source: own illustration)*

Figure 12 shows key actors in North Tyneside's current governance structure for older people. For years, the adult social care department has been leading in the process; recently, however, the corporate policy team has taken charge of the older people strategy. Therefore, both actors are marked as lead actors in the illustration. Other key actors are the local organisations of the National Health Service, such as the North of Tyne Primary Care Trust and Northumbria Healthcare Trust. Regarding voluntary and community sector organisations, the above mentioned Older People's Forum and Age Concern North Tyneside play an important role. As several interviewees emphasised, the strength of the voluntary and community sector in general and with respect to older people in particular is considered a local characteristic of North Tyneside. It is for example reflected in the fact that the Vice-Chair of the Local Strategic Partnership is the chief executive of Age Concern North Tyneside. The same person chairs the Older People's Partnership Board. Representatives from the adult social care department, the local organisations of the National Health Service, Age Concern and the Older People's Forum are the main

members of this partnership board. It "brings together key partners in our health and social care system to identify areas of need and opportunities to improve the quality of life, health and well-being and safety of adults in North Tyneside" (North Tyneside Council, NHS North of Tyne 2010).

## 5.2 Poole

### 5.2.1 Poole in profile

*The place*

Poole is part of a conurbation with Bournemouth and Christchurch situated on the coast in South West England. Its area covers 6.5 hectares. In 1997 Poole became a unitary authority, previously it belonged to Dorset County Council. It is a tourist resort because of its natural environment which includes attractive beaches and Europe's largest natural harbour. Poole's local economy is strong and comprises service industries with many people working in tourism, a relatively large manufacturing sector, including for example the port and the construction of motor yachts. (oneplace)



*Figure 13: Charity shops in Poole's high street (Source: own photograph)*

Average earnings are similar to the national average, but a low unemployment rate, a

high life expectancy and a low level of deprivation reflect a comparatively high standard of living. The unemployment rate is 6.1 per cent and is thus significantly lower than the British average of 7.9 per cent (April 2009 to March 2010) (Office for National Statistics, 2010b). Life expectancy at birth is 78.93 years for males and 83.14 for females compared to 77.93 and 82.02 for England respectively. According to the Index of Multiple Deprivation Poole is the 217th most deprived area in England. (Office for National Statistics 2011b) Some areas in Poole are particularly affluent, scenic locations on the coast attracting national celebrities. However, there are also "pockets of deprivation" which the Borough of Poole Council and its partners in Poole Partnership aim to address (Poole Partnership 2006).

*The population*

Poole's population of 141,900 citizens has an enormous proportion of older people: 21.28 per cent are 65 and over, 3.45 per cent are 85 and over, compared to 16.45 per cent and 2.29 per cent respectively for England. Poole's current proportion of people who are 65 and over equals the projected figure for England in 2030 (21.66 per cent). In Poole 27.64 per cent of the total population are projected to be 65 years and over in 2030. (Projecting Older People Population Information System) Table 6 provides further details about the projected development of the older population. Many people move to Poole as they near retirement age, because they value its natural assets and mild climate. However, Poole is not an archetypical retirement town insofar that it has a strong economy and high employment. Poole's population has been growing by 3.5 per cent during the last 15 years, but opportunities for growth are limited because the town is surrounded by protected environment. Nevertheless, projections assume a further population increase by 8.1 per cent in the next 15 years (Calculations are based on Office for National Statistics 2011a).

The older population concentrates in some of Poole's wards: In Canford Cliffs 44 per cent of residents are 65 and over, whereas in neighbouring Branksome West only 14 per cent belong to this age group (Borough of Poole 2006). Poole's proportion of older people is slightly higher than the average for the South West region, but there are many other areas with similar or even higher proportions, for example Cornwall or neighbouring Dorset.

*Table 6: Poole total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2030*
*(Source: Projecting Older People Population Information System based on ONS data, Office for National Statistics 2011a)*

|  | 2000 | 2010 | 2015 | 2020 | 2025 | 2030 |
|---|---|---|---|---|---|---|
| **Total population** | 141,000 | 141,900 | 145,100 | 149,100 | 153,400 | 157,400 |
| **Population aged 65 and over** | 27,200 | 30,200 | 33,500 | 36,200 | 39,300 | 43,500 |
| **Population aged 85 and over** | 3,900 | 4,900 | 5,500 | 6,300 | 7,400 | 9,000 |
| **Population aged 65 and over as a proportion of the total population** | 19.29 % | 21.28 % | 23.09 % | 24.28 % | 25.62 % | 27.64 % |
| **Population aged 85 and over as a proportion of the total population** | 2.77 % | 3.45 % | 3.79 % | 4.23 % | 4.82 % | 5.72 % |

## 5.2.2 Planning for an ageing population in Poole

With the preparation of Poole's Sustainable Community Strategy in 2006, the topic older people and ageing has become prominent on the local agenda. This occurred later than in the other case study areas, despite Poole having a large proportion of older people. One chapter of the Sustainable Community Strategy is dedicated to "Valuing Our Older People". Beyond that, the topic was considered to be crucial for local development so that a theme partnership of the Local Strategic Partnership took ownership of it – the Older People Services Steering Group was formed. Two years later, in 2008, the group presented an Older People's Strategy. This strategy, "A Time of Our Lives", gives an overview on activities and services for older people, assembles contact details of service providers and presents plans to improve quality of life for older people. It covers a variety of topics ranging from older people's involvement to health.
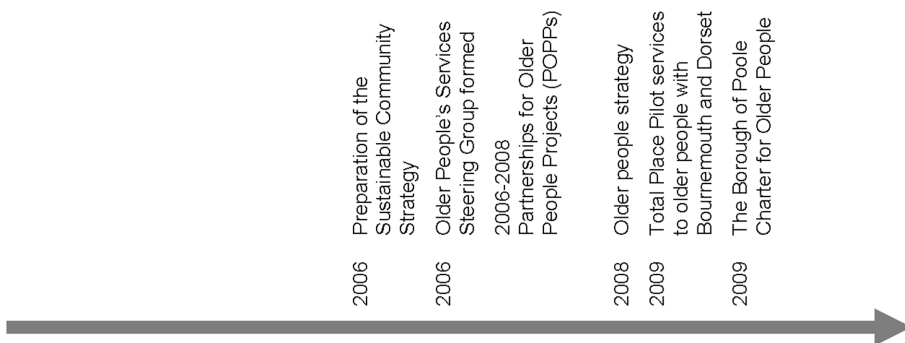


*Figure 14: Overview on Poole's process of planning for an ageing population*
*(Source: own illustration)*

Between 2006 and 2008, Poole was one of the areas which took part in the Department of Health's Partnerships for Older People's Projects programme. The Borough of Poole Council and NHS Bournemouth and Poole used POPPs funding to establish an Intermediate Care Service which reduced admissions to hospitals and residential care, and facilitated fast discharges from hospital. Beyond this focus, POPPs had a wider impact on Poole's dealing with older people, for example insofar that it supported the usage of (demographic) data as a basis for service planning and involved older people in designing services. It was also conducive to the integration of health and social care.

Most recent developments concerning older people and ageing are the Total Place Pilot services to older people and the Charter for Older People. Total place is a national initiative to improve local services and make them more efficient by taking a "whole area" approach (Leadership Centre for Local Government 2009). Poole, Bournemouth and Dorset have agreed to work on the question "How can we secure improved outcomes for older people at less cost through improved collaboration between agencies, a deeper engagement with citizens and communities and a genuine focus on place?" (Bournemouth Borough Council et al. 2010). As the main result of the project, the involved agencies seek to shift more investment from providing acute care to preventative services. Also in 2009, the Borough of Poole Charter for Older People was introduced. It builds on the United Nations Principles for Older Persons and contains pledges for example about providing accessible and consistent information for older people. Figure 14 shows main developments at a glance.

Figure 15 illustrates Poole's specific constellation of actors involved in planning for an ageing population. Poole Partnership is leading with its theme partnership, the Older People Services Steering Group. This large group has a very diverse membership including councillors, representatives of health organisations, various charities, older people and council departments. In contrast to the other two case study areas and many other areas nationally, there is no adult social care focus as concerns council departments, but a broad membership covering transportation, leisure services, financial services, etc. The council's Older People's Champion is a key person in keeping the topic on the agenda, as are local charities. One of them, Help and Care, must be mentioned in particular. It facilitated the Older People Strategy Group (OPSG), a sort of older people's forum. Recently, funding for the OPSG by the local authority has ceased however, and the future of engaging with older people is not clear yet.
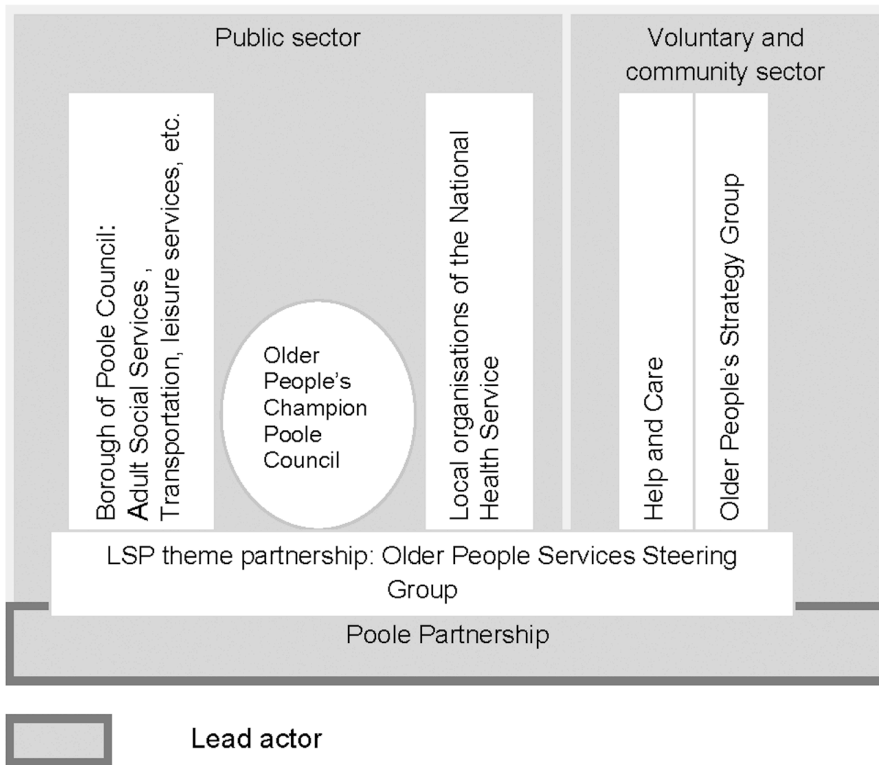
*Figure 15: Poole's key actors in planning for an ageing population (2010)*
*(Source: own illustration)*

## 5.3    Wealden/East Sussex

### 5.3.1  Wealden/East Sussex in profile

*The place*

Wealden District belongs to East Sussex County in South East England. Because of the two-tier administration (see Chapter 2.2 on local government) both, district and county level have to be considered regarding local planning for an ageing population. While the county – East Sussex – is responsible for social services, roads and transport, economic development, etc., the district – Wealden – is in charge of housing, planning, building control, etc.

East Sussex County consists of five districts – Wealden, Eastbourne, Hastings, Lewes and Rother. The county is situated on the south coast and most of its landscape is rural, more than half of it being classified as "Area of Outstanding Natural Beauty". The majority of people live on the coast. There is a shortage of affordable homes in East Sussex, which is

mainly due to a high extent of protected landscape. Transport links are weak. The economy in East Sussex is characterised by a dominance of small businesses and low wages. While the county has an image of affluence, there are enormous disparities for example concerning income and health. (oneplace)

Wealden is the largest district in East Sussex, covering an area of 83.3 hectares (Office for National Statistics 2011b). The main towns where half of its 144.200 citizens live are Hailsham, Crowborough, Heathfield, Polegate and Uckfield. The district's administration is situated in Crowborough and Hailsham. On average, Wealden's citizens enjoy a standard of living which is comparatively high. The unemployment rate is 7.0 per cent for East Sussex and 4.8 per cent for Wealden and thus well below the national average of 7.9 per cent (Office for National Statistics, 2010b). Life expectancy at birth is 80.48 years for males and 83.53 years for females, which is above the English average of 77.93 and 82.02 years. Accordingly, Wealden is among the less deprived areas as expressed by the index of Multiple Deprivation, it ranks 284th out of 354. (Office for National Statistics 2011b)



*Figure 16: Centre of Hailsham (Source: own photograph)*

*The population*

East Sussex has a very high proportion of older people; 23.47 per cent of the 517,300 citizens are 65 years and over. A special characteristic of the county is its high proportion of oldest old people, it has the highest percentage of people aged 85 and over of all English counties, 3.94 per cent. The situation is similar in Wealden, where 23.65 per cent of the population are aged 65 and over, 3.54 per cent are aged 85 and over. (Projecting Older People Population Information System)

The area attracts a lot of retirement migration, whereas many younger people move away because of limited education and job opportunities and the lack of affordable housing. In total, the population has been growing by 7.2 per cent over the past 15 years; for the following 15 years an increase by another 9.0 per cent is projected. (calculations are based on Office for National Statistics 2011a) Older age groups are projected to increase disproportionately because of the aforementioned trends. The older population will increase by slightly more persons than the total population according to the projections, i.e. there will be declining numbers of younger people (see Table 7).

*Table 7: Wealden/East Sussex total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2030*
*Source: Projecting Older People Population Information System based on ONS data, Office for National Statistics 2011a*

|  | **2000** | **2010** | **2015** | **2020** | **2025** | **2030** |
|---|---|---|---|---|---|---|
| **Total population** | 143,400/ 498,800 | 144,200/ 517,300 | 147,500/ 535,100 | 152,000/ 555,900 | 157,300/ 578,900 | 162,400/ 601,100 |
| **Population aged 65 and over** | 28,900/ 112,500 | 34,100/ 121,400 | 39,600/ 138,700 | 43,500/ 152,200 | 47,900/ 168,900 | 53,800/ 190,000 |
| **Population aged 85 and over** | 4,200/ 17,600 | 5,100/ 20,400 | 5,900/ 22,800 | 6,900/ 26,100 | 8,400/ 31,200 | 10,500/ 38,100 |
| **Population aged 65 and over as a proportion of the total population** | 20.15 %/ 22.55 % | 23.65 %/ 23.47 % | 26.85 %/ 25.92 % | 28.62 %/ 27.38 % | 30.45 %/ 29.18 % | 33.13 %/ 31.61 % |
| **Population aged 85 and over as a proportion of the total population** | 2.93 %/ 3.53 % | 3.54 %/ 3.94 % | 4.00 %/ 4.26 % | 4.54 %/ 4.70 % | 5.34 %/ 5.39 % | 6.47 %/ 6.34 % |

## 5.3.2  Planning for an ageing population in Wealden/East Sussex

Planning for an ageing population in Wealden must be considered within East Sussex's policy and planning context. As in North Tyneside, the first stimulus to deal with the topic actively was the inspection of the county's social care services for older people in

2003. East Sussex's results were very poor; it reached none of the three stars available in the rating. As a consequence, adult social services in East Sussex underwent a thorough reform with an exchange of the management, the development of a three year-plan for improvement, etc. Amongst others, the three year plan aimed at providing more preventative services for older people and at cooperating more with housing, healthcare and voluntary organisations.

One of the first steps to improve planning for an ageing population connected to the reform was the "Draft strategy housing and housing related support in Lewes and Wealden". The County Council initiated the development of such strategies in all districts. In 2008, Wealden published an updated strategy without neighbouring Lewes: "Wealden Older Persons Housing & Support Strategy 2008-28". Another crucial step in planning for an ageing population in 2008 was East Sussex's Joint Commissioning Strategy for Older People. It was developed by East Sussex adult social services and the Primary Care Trusts for East Sussex Downs and Weald and Hastings and Rother. Its strategic focus was prevention and providing services closer to home.
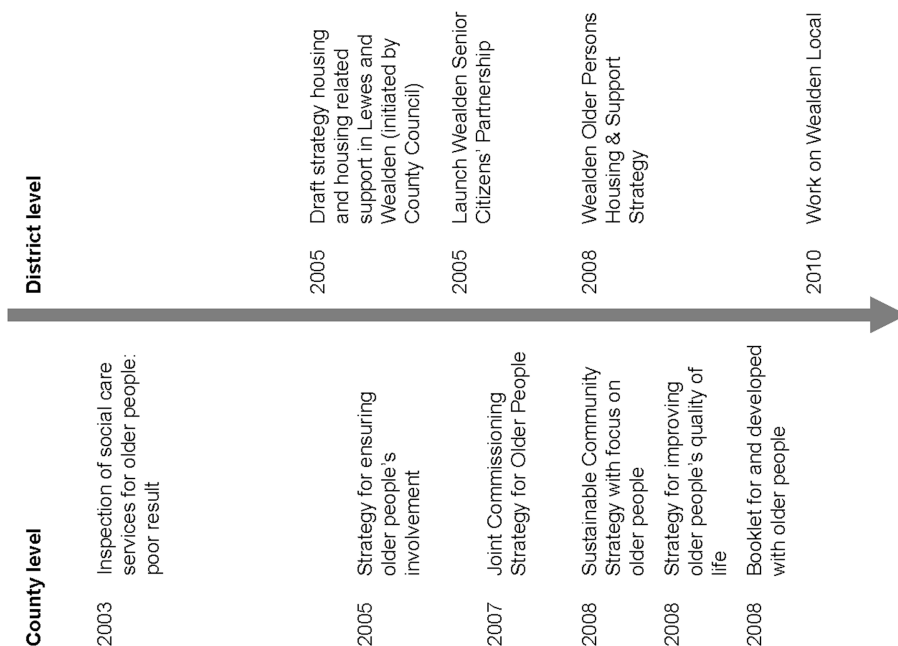


*Figure 17: Overview on Wealden's/East Sussex's process of planning for an ageing population (Source: own illustration)*

It was also an important target to engage more with older people, so that a "Strategy for ensuring older people's involvement in the improvement of public services across

East Sussex" was published in the same year and older people's forums were established across East Sussex. In Wealden, the Senior Citizens' Partnership has been gaining influence since that time. Two documents were particularly addressed to older people: a strategy for improving older people's quality of life called "The Time of Our Lives Strategy. Improving and promoting quality of later life in East Sussex 2008-2011" and the booklet "Forward from 50. A guide to later life in East Sussex". The latter was developed together with voluntary organisations and older people representatives from the forums.

General community planning and spatial planning are also involved in the planning for an ageing population in Wealden/East Sussex. East Sussex's Sustainable Community Strategy "Pride of Place. Working Towards a Better Future for Local People and Local Communities", which is an integrated SCS for the whole county, dedicates one chapter to older people. Beyond that, ageing is woven into strategic priorities and discussed with respect to transport, housing, education, health, etc. Wealden's current work on the evidence base for the Local Development Framework has sharpened awareness of demographic changes because of requirements to assemble demographic data. Figure 17 assembles major events.
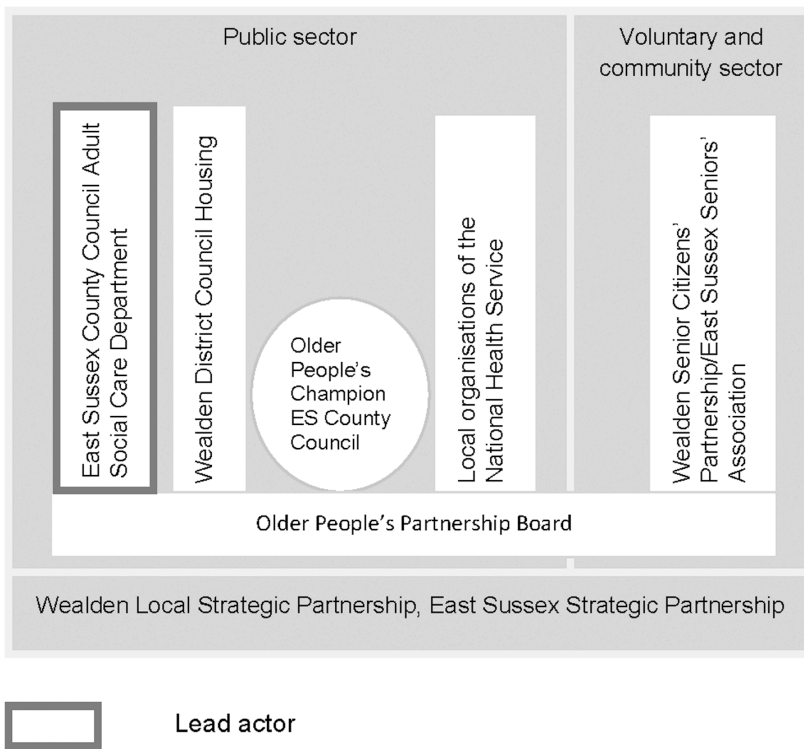


*Figure 18: Wealden/East Sussex's key actors in planning for an ageing population (2010) (Source: own illustration)*

Planning for an ageing population in Wealden/East Sussex is clearly led by the council's adult social care department (see Figure 18). As in the other areas, an older people's partnership has been established. In East Sussex its task is to plan and commission health, housing, and social care services for older people. Accordingly, it is dominated by adult social care and health but also includes housing representatives. On the board, older people's representatives from the East Sussex Seniors' Association, which is the umbrella organisation for the districts' forums, play an important role. East Sussex has a committed older people's champion among its councillors. As mentioned before, the Local Strategic Partnership takes ageing into account as one of the crucial challenges for community planning.

## 5.4   Summary and arising questions

North Tyneside, Poole and Wealden are all faced with an ageing population and all three local areas look into this subject actively. However, they differ very much according to their profiles of place and population as well as to their approaches for coping with their ageing population. Thus, the three case studies enable capturing of the heterogeneity of the research area. The three areas illustrate for example the enormous dimension of population ageing on the south coast, which is connected to retirement migration, as compared with the coastal area in the North, where proportions of older people are above average but not as high as in the South. The description of the areas has also shown differences according to the standard of living in the northern as compared to the southern areas – often discussed under the heading of "the north-south divide". Other characteristics distinguish Wealden from North Tyneside and Poole: while the latter are urban areas with a single tier of local administration, the first is rural and the administration is split into county and district level. In how far such local characteristics have an influence on planning for an ageing population will be analysed in the following chapters.

In all three areas, a number of strategies and initiatives have been set up in response to population ageing. The contents of strategies, the roles of actors, etc. will be analysed in more detail in the next chapter, but the overview has already presented the central characteristics of the three different approaches. North Tyneside was the first of the three areas to tackle the ageing issue strategically with a health and care focused older people strategy, since then it has broadened the approach step by step. Accordingly, North Tyneside's reaction to ageing could be labelled "growing strategies – starting early but small". Poole contrasts North Tyneside insofar that it started to manage its ageing population quite late and insofar that its approach was a broad one, involving the Local Strategic Partnership, from the beginning. Furthermore, Poole used instruments and initiatives from national government, e.g. the Partnerships for Older People Projects programme, to develop the issue more than North Tyneside did. To sum up, Poole thus

receives the label "making best use of British instruments for local development – starting broad but late". Wealden's approach in turn can be regarded as a mixture of North Tyneside and Poole insofar that it started with more specific strategies but also made use of national instruments to place the ageing topic. As it is a two-tier area, the interplay between district and county level is crucial and "growing initiatives on district and county level" was chosen as a suitable label.

Questions arise from the descriptions of the individual development paths. Why, for example, was the topic set on the local agenda at different points in time? Which role do the older people's partnerships play? The following chapters, where the main results of the empirical analysis are presented, will provide answers to these questions.

# 6      Local governance and planning for an ageing population

The following chapters are dedicated to the empirical results. They are primarily based on the qualitative interviews which were conducted in the three case study areas and on the analysis of documents, mainly local strategies for dealing with population ageing. The sensitising concepts of local governance and collective learning constitute the theoretical perspective for the analysis. Beyond that, there are diverse connections to more specific theoretical debates like agenda setting or evidence based planning. These are discussed in the respective sections of the analysis. Chapter six covers the first research question "Who plans for an ageing population, and how?" Chapter seven integrates the second question "What kind of strategies are there to deal with population ageing?" into the third "What kind of learning process has lead to the current state of planning for population ageing?" because the strategy-making phase is an essential part of the local learning process. The final chapter presenting empirical results assembles central challenges in planning for an ageing population, which advert to local governance as well as to the entire learning process. Interview statements are used to support and illustrate empirical results. Some of them have been slightly edited for the sake of readability.

In this chapter, the involved actors and actor constellations as well as modes of governance are analysed. The focus on actors is particularly important as to the following analysis of the local learning process which takes an action-oriented perspective. In Subchapter 6.1 the order of presentation follows the allocation of actors to the public, private and voluntary sectors. The analysis is not restricted to a static view, but considers development over time. Subchapter 6.2 summarises the challenges posed by the ageing of the population as perceived by the actors as well as their action orientations in planning for an ageing population. A typology of actors is developed on this basis. The chapter terminates with a discussion of governance arrangements, which are increasingly based on partnership work, as well as a brief summary.

## 6.1    The involved actors

Figure 19 shows a characteristic constellation of the main local actors who deal with population ageing and the major interactions. It is a generalised illustration based on the current situation in the three case study areas. Thus, it applies to all three areas, albeit relations differ in intensity, further actors are involved in individual areas, etc. As the figure demonstrates, the central actor is the council's adult social services department which cooperates with other public sector organisations such as the National Health Service as well as the voluntary sector. The Local Strategic Partnership is responsible for positioning the topic with respect to the superordinate local strategic development. Older people's partnerships, bringing the main stakeholders together, develop more concrete strategic approaches concerning ageing and older people.

This chapter presents each of these and further stakeholders with their respective roles in planning for an ageing population. This comprises inter alia their involvement in older people issues, their aims in planning for an ageing population and the challenges they perceive. The interactions between the individual actors are discussed in the respective sections about the actors and in Chapter 6.3, which provides a comprehensive view.
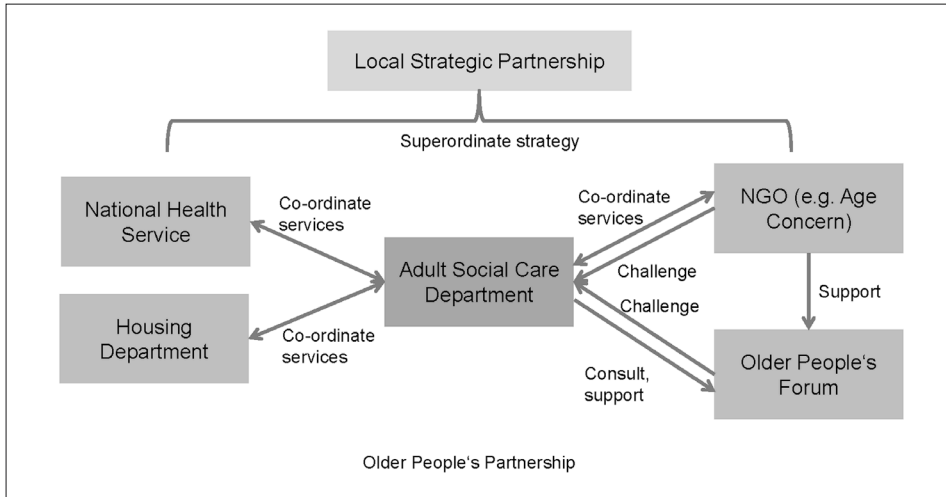


*Figure 19: Characteristic local governance arrangement in planning for an ageing population (Source: own compilation)*

### 6.1.1 Actors belonging to the public sector

In the public sector, the main players for older people's issues and ageing are located in the administration. The adult social services department is in the lead. Another council department which is more and more concerned with strategic planning for an ageing population is housing. The National Health Service is more specifically involved in health-related issues. Only few councillors take an active interest in older people's issues.

*Adult social services' paradox role as "last resort" but leading actor*

As mentioned in Chapter 2.2, the delivery of adult social care is one the main respon-sibilities for local authorities and one of the main posts in their budgets. Besides older people, they are responsible for people aged 18 or over with learning disabilities or physical disabilities, health issues, etc. and their carers. Adult social care departments assess people's social care needs, help people to access support offered by various orga-nisations, provide or commission social care services and offer direct payments to those who wish to arrange their own support.

Due to their offering services for older people which range from day care to information about benefits, older people and ageing are commonly seen as adult social services' responsibility by the wider public and by other institutions. Amongst other reasons, the attribution of responsibility for older people's issues has led to a widening of their role towards a more strategic and engaging one, focussing on quality of life instead of merely providing services for older people.

In stark contrast to this leading role, adult social services is seen as a "last resort" (Ms T., adult social care North Tyneside: 1), providing services to disadvantaged people, for example those who need care and are not able to organise it themselves:

> "[…] if you ask any older person, it'll be the last place they would actually contact. Unfortunately they still see it as the old style social services. And therefore people who don't cope and can't manage and can't look after themselves." (Ms T., adult social care North Tyneside: 27; numbers refer to lines of the transcripts, which are available from the author).

As hinted at in the quotation, adult social services' negative image is linked to the public mainly perceiving its role of assisting older people in need and less its strategic role. Their self-conception in contrast has evolved and reflects the change in tasks and responsibilities from being a last resort to "a much more kind of strategic, holistic role about engaging absolutely everyone and supporting the wider health and well being. And quality of life of older people." (Ms K., adult social care East Sussex: 160).

Experience with North Tyneside's older people strategy exemplifies the difficulties adult social service departments can experience in widening their role and trying to achieve a broad impact beyond the department. The strategy originates from adult social care but covers such diverse aspects as housing or physical activity and well-being. A multitude of efforts to promote the strategy and to achieve support from actors like the LSP were necessary to gain recognition beyond the department.

Interviewees perceive three main challenges connected to the ageing of the population. The wide, complex and cross-cutting nature of ageing demands corresponding cross-cutting strategies. However, as described above, adult social care is still struggling to broaden its role. Another observed challenge is that older people are not taken seriously and not valued by the general public enough. Because of limited opportunities to improve the situation locally, national government is seen in charge, here. Older people are perceived as only just becoming a political priority nationally. A third challenge, the scarcity of financial resources, is also predominantly in the realm of national government. The financial shortage is mainly seen as a future challenge. The demand for older people's services is predicted to increase due to the ageing of the population, while financial resources are not. On the contrary, they are expected to decline. In East

Sussex, weak performance in older people's services led to the decision to allocate more resources locally to adult social services in order to broaden their scope of action.

The aims which the interviewees follow go beyond those challenges. They emphasise that for adult social services, people and their wellbeing are in the focus. Here, they see a main difference to other service providers. The National Health Service, for example, is described as treating "people as conditions" (Ms T., adult social care North Tyneside: 112).

> R (Respondent) 1: "So it is trying to look rather than from the service provision – I mean a bit like you know you look from the person provision and what is it and who is providing services that impact or not providing services that impact on the individual, really.
>
> I (Interviewer): Ok.
>
> R2: It is the different boundaries of what we are doing makes a massive impact on the individuals. It creates so much kind of noise in the system for people that yeah half the time what goes wrong for people is this – they fall in between, they fall in gaps [R1: A lack of joint-upness]. They either fall in the gap entirely they're busy trying to deal with three or four different agencies simultaneously. All of whom have correctly had a role to play in providing something they need, but there is no one person to coordinate that. "(Ms K., adult social care, Ms B., Local Strategic Partnership, both East Sussex: 96-98).

They attempt to assume an older person's perspective. Due to this putting the individual in the focus, the deficiency of sectoral solutions for a cross-cutting issue becomes obvious: Older people struggle with different agencies being responsible for their needs or, what is more severe, nobody being responsible for them. This problem can only be overcome by more partnership work, the most important partner being health, because there are multiple overlaps between health and care. Accordingly, joint commissioning strategies have been elaborated in East Sussex and North Tyneside. Housing, care and support strategies integrate the housing field.

Another objective is linked to seeing older individuals in the focus and overcoming the lack of appreciation of older people: the personalisation agenda. Older people should be enabled to choose from different service options. For this purpose, individual budgets have been introduced nationally which older people can use for a more specific choice of services. Furthermore, voice is given to older people, for example by supporting older people's forums. Older people are even involved in decision making concerning service provision (see Chapter 7.2.2).

A further aim is to put more focus on early intervention and prevention, for example by supporting healthy lifestyles to prevent and delay people from becoming ill and nee-

ding care. This is linked to the aim of keeping people in their own homes for as long as possible. Finally, adult social services departments aim to provide more targeted services specifically oriented to localities' needs. Remarkably, interviewees in the compact areas of North Tyneside and Poole put more emphasis on this issue than in Wealden/East Sussex. There are hints that such an approach is self-evident in Wealden's vast rural district, while awareness in the other areas has only been increasing in the last few years.

National government impacts the work of local adult social care departments via green papers, white papers, funding programmes like POPPs, etc. Performance of adult social care departments is supervised through inspections. The ratings based on those inspections put an enormous pressure on local staff. Strategic input focuses on an increase of cooperation, especially with the NHS. A specific programme by national government is called Supporting People. It provides housing related support for vulnerable people, older people but also disabled or delinquent persons, through a partnership of housing, care, health and probation statutory services. In all three case study areas, Supporting People services are coordinated from adult social service. Further issues on the national agenda for adult social care are personalisation, older people's participation and prevention.

*Housing as part of the triangle of independence*

Housing is a much debated field in the British society. This is largely due to the growing population and the enormous demand for housing especially in the South East. The majority of households in England, 68.3 per cent, live in their own home, 17.7 per cent live in social housing and 13.9 per cent rent from private owners (Department for Communities and Local Government 2009). Housing plays a crucial role in the debate on the ageing of the population particularly because it is part of the so-called triangle of independence which connects housing, health and care. The triangle of independence has come into prominence through the "Lifetime Homes, Lifetime Neighbourhoods" strategy (Department for Communities and Local Government et al. 2008, 122). There are various interdependencies between the three fields: poor housing, for example, can lead to health problems, which in turn can lead to a need for care.

On the local level, strategic housing issues are usually handled within the council, i.e. in housing departments. They are concerned with questions like how much housing, where and what type. Generally, they aim to tackle issues such as the provision of affordable housing or the local housing stock's energy efficiency. With respect to ageing and older people, care homes, Lifetime Homes, housing support services, etc. are discussed. As housing is always connected to locations, to surroundings, there are close links between housing and spatial planning. Housing departments cooperate with planning departments for example in regeneration activities. With respect to older people and ageing,

the link becomes evident in the "Lifetime Homes, Lifetime Neighbourhoods" strategy, where age-friendly, adaptable housing is also discussed with respect to supportive neighbourhoods. Equally, local strategies like North Tyneside's "My home, my life, our community" go beyond housing in a narrow sense to include aspects such as facilities in the surroundings of care homes. For managing the local authority's social housing stock, arm's length management organisations, short ALMOs, have been founded in many areas. Poole Housing Partnership is such an ALMO. In North Tyneside and Wealden the councils' housing departments are responsible for the entire range of housing issues.

In North Tyneside and Wealden housing is more important strategically for older people's issues than in Poole. This is linked to the fact that in Poole responsibilities are split between council department and ALMO, with some issues falling between. It seems that neither the ALMO nor the housing department believes to be responsible for strategic housing concerning older people. Housing and Support Strategies exist in all three areas. They are analysed in Chapter 7.4.1. Poole Housing Partnership and housing department staff, however, could not get hold of Poole's strategy despite several requests by e-mail, phone and in person. This indicates the rather low significance of the strategy and the issue more generally. Apart from specific strategies on housing and support, housing is also prominent in all other strategies dealing with ageing and older people.

Many of the housing support services, which are prominent in housing and support strategies, are provided or commissioned by housing departments. These often cooperate closely with adult social services. Examples for such housing support services are help with claiming benefits or handyperson services. The latter refers to small repairs and adaptations in older people's homes in order to help them maintain independence. As these examples show, responsibilities of housing departments and adult social services are sometimes difficult to distinguish. This is reflected in the emergence of programmes like Supporting People, which emphasise the role of partnerships between those agencies.

With respect to councils' own housing stock, older people live in general or sheltered social housing or in care homes. Wardens or scheme managers who support people in sheltered housing, not by providing care, but in other aspects of daily life, are managed by housing departments or ALMOs. In contrast to North Tyneside and Wealden, Poole does not have its own care homes. They rely on the private and voluntary sector for care home provision. In this context, North Tyneside's "Quality Homes for Older People" project has to be mentioned. It comprises an overall remodelling of the council's sheltered housing in the local area. This major project has received much publicity and was a catalyst in the process of learning to plan for an ageing population.

Which aims do housing departments and ALMOs follow with respect to the ageing agenda? They strive to help maintain older people's independence. To this end, Lifetime Homes and housing support via handyperson services or adaptations to existing homes

are promoted. More generally, they attempt to assist older people in finding and keeping an accommodation that suits their needs. Thus, they try to provide as wide a range of housing as possible – sheltered housing, extra care, etc. They also attempt to ensure that housing options are available for different budgets, for example that private developers do not merely offer older people's housing for the wealthy, but also affordable housing. To assist older people financially, equity release schemes are developed and loans are provided. In this context, it is also considered important to create awareness about different housing options.

The interviewees in housing departments and ALMOs also identified several challenges with respect to planning for an ageing population. First, the council stock of sheltered accommodation, etc. often does not meet today's expectations. The widespread bedsits from the 1960s are now outdated. It is difficult to bring the stock to a higher standard because financial resources are scarce. Equally, many older people cannot afford suitable housing, some even suffer from fuel poverty, i.e. they cannot afford to keep their dwelling warm during the winter. Finally, housing departments and ALMOs have to cope with their limited scope of influence. Much of their work is restricted to providing options and information on those options or giving incentives for people to move. The actual decisions on where to move or whether to stay are up to older people themselves. When offering extra care accommodation, housing departments and ALMOs rely on the cooperation with adult social services.

*Enormous differences in spatial planning's involvement between the local areas*

The UK's planning system is undergoing enormous change (see Chapter 2.2). The case study authority's planning departments are in different stages of this transformation. "Spatial planning or land use planning what traditionally we've dealt with is how much and where" (Mr H., planning North Tyneside: 93) sums up an earlier conception. Statements like "planning should be at the heart of local authorities" and "planning deals with people" (Mr O., planning Poole: 80, 4) represent the reformed idea of spatial planning. Several interviewees working in other fields also perceive planning's current role as unclear.

The basic difference in self-conception leads to entirely different reactions to the ageing of the population. Planners in Poole see it as their task to provide for the needs of the ageing population and have developed a Core Strategy which presents corresponding policies. They range from the promotion of the Lifetime Homes concept (see Chapter 2.3) to the provision of general housing and care homes for the elderly, which should be located close to facilities. Furthermore, their task to assemble evidence about the local area, for example including demographic data, is emphasised.

Wealden's planning department is in the midst of preparing a Core Strategy and building up the required evidence base. This evidence base, which includes inter alia demographic projections, is considered to be a catalyst for dealing with ageing in spatial planning. With respect to the ageing population's needs, they emphasise the new mode of consultation connected to the changed planning system (see Chapter 7.2.2). They appreciate that consultation becomes a "two-way-thing" (Mr E., planning Wealden: 61) in the form of a dialogue with older people's forums or other groups. The previous system was deficient insofar that contributions were "more like a one off comment" (Mr E., planning Wealden: 61), i.e. did not allow for queries or continuative discussions. Moreover, they were biased towards better educated and wealthier segments of the population.

In North Tyneside, the ageing of the population is not reflected in the current state of the Core Strategy, neither is this planned for the final document. Planners merely intend to conduct an Equality Impact Assessment on the final Core Strategy to ensure that there will not be any negative effects for older people. Together with the more moderate ageing process in North Tyneside, the differing conceptions of planning account for the contrasting approaches in the three authorities. Even though it is not mentioned in central planning documents, the planning department in North Tyneside also plans care homes and aims to provide housing for older people close to facilities. This is seen as a self-evident part of their tasks – in contrast to a more strategic occupation with population ageing.

With this attitude, North Tyneside is not an exception at all. As surveys of regional plans and other studies have shown, planning is only beginning to engage with the ageing issue (see Chapter 2.3). A consultant puts it drastically:

> "One of the most frustrating I think aspects of the work that we've been doing is the failure of spatial planners to engage with this agenda at all. And their complete inability seemingly to understand the issues and WHY it's something that they should, you know, take on board and get involved with." (Mr J., consultant: 39)

The empirical results from the case studies do not confirm such a radical view but show a more differentiated picture.

According to the areas' different framework conditions, planners identify different challenges concerning the ageing population as central. Poole experiences enormous immigration of people who are no longer working and planners seek to support policies to retain younger people in order to counterbalance this trend. Planners in North Tyneside emphasise the mismatch of housing need and demand for older people as well as difficulties for older people to maintain their properties. This can be attributed to the higher levels of deprivation in North Tyneside. More people here than in the other

areas struggle with keeping their house and garden in good repair as they grow older and can do less handiwork themselves because fewer people can afford to have these things done professionally. In Wealden the rural character of the area is dominating insofar that the main challenge is access to services for the dispersed population. Thus, transportation and mobility are crucial in this area. Decisions need to be made "whether you take THEM to the facilities or the facilities to them" (Mr E., planning Wealden: 57). A specific challenge for Wealden is that planning is a very political issue there. This is especially due to the area's rurality and development pressures caused by the enormous population growth in the South East. Discussions on where to allow new housing have a much higher prominence than in the other areas – in politics as well as in daily life.

People involved in planning locally all state that the planning system is very complicated and over-regulated.

> "I think therefore a lot of the legislation, a lot of the guidance that comes out of central government is far too detailed…so they wanna get involved in nitty gritty, whereas they should stand back and take the overarching view of what's important nationally. Don't think they do that successfully." (Mr O., planning Poole: 72-74)

Planners complain about the amount of regulations they have to follow and their detailedness, which leaves them little scope for local or even individual approaches.

One of the difficulties in the current planning system is the connection of Sustainable Community Strategies and Core Strategies. As explained in Chapter 2.2, the Core Strategy is supposed to be the "spatial expression of the Sustainable Community Strategy" (Department for Communities and Local Government 2006, 44). What that means in practice is down to local interpretation. Thus, there are enormous differences in how closely SCS and Core Strategy are connected. According to the interviewees and as reflected in the strategies, Poole has a well-established connection (see Chapter 7.4.1). In Wealden there is a very close relation between planners and the LSP in the current phase of building up the evidence base. In North Tyneside finally, the connection is more informal. These differences are mainly due to the efforts of individuals being crucial in establishing these relations.

*Older people's champions*

The National Service Framework for Older People (Department of Health 2001) introduced the concept of older people's champions. Their role is to lobby for older people in different organisations, i.e. they are supposed to represent older people's views and make sure that the needs of this group are regarded in all developments. Champions should be designated for every council with social service responsibilities and every NHS organisation. They should be elected council members or NHS non-executive directors.

Additionally, there are practice champions within health and social care organisations and patient champions from patients' forums.

Older people's champions are quite free to interpret their role according to their own preferences. Accordingly, the aims and also the efforts they attach to this function differ strongly. The effectiveness of the role is also evaluated differently. Generally, experience shows that they can assist to improve the local situation for older people, for example through being involved in an older people strategy or by keeping up the dialogue between older people and statutory organisations. They help to keep the topic on the agenda. However, their effect should not be overestimated. As one champion put it, older people's champion can be seen as a "glorified title" (Ms K., older people's champion, Poole: 9). A consultant even perceived the danger that declaring older people's issues the responsibility of champions might be "a way of sidelining the issue…. It's not one person's responsibility, it's everybody's responsibility." (Mr J., consultant: 24). According to him, putting the ageing issue in the hands of specific champions might overall belittle its prominence.

*Councillors lacking interest in ageing and older people*

Planning for an ageing population in the United Kingdom is very much led by the administration, especially the above described adult social care departments. Only few politicians lobby for older people – many more for younger people – or support strategic approaches to tackle population ageing. The power of older people as voters was often mentioned in the interviews. Nevertheless, older people and ageing is "not something that seems to grab politicians' imaginations. […] older people are just not seen as interesting" (Mr J., consultant: 48). However, frequently they are supporters in the process. The two councillors who could be won for an interview were both older people's champions at the same time and thus committed to tackle older people's issues and ageing.

*Elected mayor*

Usually, mayors do not have important administrative duties in the UK, but in a few boroughs a directly elected mayor is the leader of the council (see Chapter 2.2). This is the case in North Tyneside. Such directly elected mayors set certain political priorities and can introduce measures depending on their priorities. A previous mayor in North Tyneside lobbied very much for older people and introduced for example a so-called well-being fund for people over 75 and a gardening scheme. He also initiated the Older People's Forum. Many interviewees in North Tyneside involved with older people and ageing remarked the change of priorities locally and the related interruptions in their work which are connected to a change in mayor.

*Local organisations of the National Health Service*

Different trusts are responsible for health services in local areas: Primary Care Trusts for doctors, dentists, opticians etc., acute trusts for hospitals and mental health trusts for mental health services, etc. These local organisations belonging to the National Health Service plan for an ageing population, however, this is rather limited to their own field and accordingly focused on older people's health. They contribute to contents of older people strategies or the like but usually do not have a leading role in the local learning process overall. Thus, only one telephone interview was conducted with a health representative. It confirmed this estimation which had previously been based on interviews with other actors as well as on document analysis.

The Department of Health (DH) stands above local trusts and is the source of many issues and concepts which are discussed locally. Prevention is the most prominent of these. The DH's Partnerships for Older People Projects programme promoted the concept, which is supposed to maintain older people's independence for longer. Alongside care and housing, health is part of the triangle of independence (see the section on housing above). In those areas which took part in the POPPs programme it had a far-reaching effect on strategic development concerning older people's issues. This example shows that in the health field, national actors and activities seem to influence the local learning process more than local ones. While local authorities have a considerable scope of action concerning the kinds of services they provide and their financing, major decisions in healthcare are taken on the national level and services are tax-funded and mostly offered free of charge. For a discussion of national trends taken up in local strategies see Chapter 0.

Another trend in the health sector is trying to reduce bed days in hospitals in order to reduce costs. With respect to older people, the so-called bed-blocking problem is discussed. It refers to people being unable to return home after hospital treatment because their homes are unsuitable, for example because too many stairs have to be climbed. Together with adult social services, local health organisations work on solutions like intermediate care services which people can use during transitional periods. In the meantime, homes might be adapted or a move to another accommodation could be prepared.

There are attempts to move away from the above mentioned treating "people as conditions" (Ms T., adult social care North Tyneside: 112) and towards putting the patient and his or her needs in the foreground. The concept of patient pathways follows this idea by considering the successive stages a patient with a certain health issue passes through. With respect to older people, the pathways often include care and necessitate cooperation with adult social services.

> "But there is, for example, some joint commissioning going on now between the
> local authority and the PCT on community services. Because the PCT are respon-

sible for delivering healthcare services but the local authority is responsible for social care. And the two are linked, you can't separate them really. […] They are making some progress towards that but it will be slow because they're still stuck in the end with individual budgets and those budgets are getting tighter and tighter. […] The only way you can do it is you gotta turn your head round the other way and say instead of providing what we think they need why we should then be providing a pathway for whatever it is. From your point of view, you tell me the whole thing you need. It doesn't matter who provides the services you need on that journey." (Mr C., charity Poole: 15)

Joint commissioning strategies are developed to improve coordination of services along the pathway. Responsibilities have yet to be thrashed out between health and adult social care, however. As the quotation above indicates, the principal challenge is joining budgets. Overall, health is becoming more involved in strategic issues concerning older people and ageing through the focus on the patient and the increasing integration of health and care.

### 6.1.2  Actors belonging to the private sector

The private sector provides diverse services for older people. Independently or in public-private-partnerships, it offers for example sheltered homes for the elderly. Public bodies also commission the private and voluntary sectors to deliver many services (see Chapter 2.2). This outsourcing to more efficient providers and the competition for funding streams or the like reflects the public sector's market-orientation. Nevertheless, many interviewees addressed the different capabilities and action orientations in the public and the private sector. The private sector's strive for guaranteed returns often leads to offers that only the well-off can afford and it makes it reluctant to take on social aims like the application of Lifetime Homes standards for new housing. Strategically, the private sector has limited influence on dealing with ageing and older people – apart from consultants who are commissioned to develop certain plans. This corresponds to the prevalent experience that it is difficult to engage the private sector in local strategic planning, particularly in the Local Strategic Partnership. This is commonly explained with economic pressures which restrain representative of the private sector from attending extensive strategy meetings.

*Consultants*

Usually, local authorities commission consultants to undertake research which they utilise for service planning and strategy-making. A review of Wealden's sheltered housing stock undertaken by consultants, for example, fed into the Housing and Support Strategy for Older People. In some instances whole strategies are developed by consultants,

for instance North Tyneside's "My home, my life, our community". It was elaborated in cooperation with local authority staff, however. A local authority can benefit from input which cannot be provided in-house due to capacity issues. Since consultants gain experience by working in different local areas, their involvement can add to an exchange of experience and can help to "overcome a blockage" (minutes Older People's Partnership Board East Sussex, 21/04/2009). However, interviewees also reported negative experiences with shallow contributions by consultants. Furthermore, as will be elaborated in Chapter 7.4.3, strategy-making by local actors themselves has diverse effects, for example through bringing a variety of actors together, which go beyond the mere contents of plans.

### 6.1.3 Actors belonging to the voluntary and community sector

Voluntary and community sector organisations, like charities or other non-profit organisations, are much valued in the British society. In their work, public benefit aims are in the foreground. The voluntary and community sector relies on volunteers to a large extent. (Local Government Improvement and Development 2010b) Concerning ageing and older people, the third sector plays a role as an acknowledged provider of a broad range of services from residential care to leisure activities. They are either commissioned by public authorities or offered independently. Beyond that, various organisations lobby for older people's issues. Strategywise, charities like Age Concern and older people's forums are crucial actors in local areas.

*Charities*

Age Concern, recently merged with Help the Aged to form Age UK, and Alzheimer's Society are important charities nationwide concerning older people's issues. The first engages for older people rather generally, the latter focuses on the Alzheimer's disease, which affects predominantly older people. Age Concern has local branches across the whole country and is a crucial actor in planning for an ageing population in North Tyneside and to a smaller extent in East Sussex. In Poole, the charity Help and Care, which has offices across the South of England, assumes a similar position. Both, Age Concern and Help and Care basically support older people by providing diverse services and by campaigning for older people's issues. Services range from insurances and care (Age Concern) to leisure groups as well as information and advice (both).

Charities' work aims at improving older people's quality of life - "meet the needs, whatever they are" (Ms K., charity North Tyneside: 38). In contrast to public services they can provide unbureaucratic help. Those services are complemented and gaps in service provision are narrowed:

> "[…]And it's those sorts of things we try to fill the gaps that statutory services just don't wanna know cause it doesn't fulfil one of their key performance indicators. Although we keep an eye on key performance indicators, that's not our overarching aim. Our overarching aim is to meet the needs, whatever they are, of older people, you know." (Ms K., charity North Tyneside: 38).

Their role as a well-informed and impartial point of contact must be emphasised. If they cannot provide the required service themselves, they direct people to the relevant organisations.

Local authorities also source tasks out to charities as these can offer comparatively low priced services by making use of voluntary work. In times of financial difficulty this strategy is particularly prominent. The first and third sectors cooperate with respect to strategy-making. Different charities are involved in developing strategies such as general older people strategies, joint commissioning strategies, housing and support strategies for older people, etc. They are represented on older people's partnerships. Mismatches between a local authority's area and the region which a charity covers pose difficulties for cooperation. This applies particularly in larger areas like Wealden where several branches of Age Concern operate.

Charities in Poole and East Sussex support the local process of planning for an ageing population. In North Tyneside the voluntary sector even joins the adult social care department in its leading role. North Tyneside's comparatively early reaction to the ageing challenge is said to be associated with the involvement of the third sector – in this case mainly referring to Age Concern and the older people's forum (see next section).

There is a remarkably close cooperation of voluntary and statutory services in North Tyneside, which is supposed to be largely based on good personal relations. One particular – very active and well networked – personality plays an exceptional role. Age Concern North Tyneside's chief executive is vice chair of North Tyneside's Local Strategic Partnership at the same time. Furthermore, she is head of the Older People's Partnership Board. This way, the crucial link to the LSP could be strengthened. Voluntary sector engagement is said to have a specific tradition in the region. Again, this is not restricted to charities, but includes groups such as the Older People's Forum. Both organisations are linked, however, because charity staff usually supports older people's forums.

Several charity representatives voiced exceedingly critical attitudes as concerns statutory services and national policies. Those interviewees work closely with older people themselves, often with people who have negative experiences with statutory agencies and address the charity for help. This way, local difficulties in applying concepts which have been developed by central government become apparent. One example is the problematic experience with direct budgets, which seem to overstrain older people. Frequently they are not well enough informed on the opportunities they have for selecting

their own assistance and are not able to fill in forms on their own, etc. Moreover, charity representatives voice their concern about national government's requirements, e.g. the prominence of performance indicators, which lead to superficial fulfilment but do not necessarily match people's needs.

> "Ahm so we have a series of issues where superficial target driven performance is given priority over actual delivery and working level. And we waste billions of pounds on administrative superstructures that do nothing towards the delivering and helping of people at the level. We set ridiculously high standards, which nobody can achieve and you know." (Mr K., charity East Sussex: 43)

See also the statement by Ms K. above. Another issue for criticism is national government's short-term orientation due to elections. In general, charity representatives were more open making evaluative statements in the interviews, which can be attributed to their independence.

### Older people's forums

On the one hand, older people's forums are at a local authority's disposal for consultation, on the other hand, they engage actively by raising certain issues. Older people's forums are also represented on older people's partnerships. The majority of local areas have such forums. The latest were introduced after central government decided in 2009 to support their creation in those areas where they had not existed before. The decision was based on the Elbourne report which had examined "arrangements for the engagement of older people and the ability of those arrangements to inform policy and actions of Government at all levels" (Department for Work and Pensions 2009). In the following, the three local areas' experiences with such forums are presented. In all three areas, they have been a driver for older people's issues.

In Poole, the Older People Strategy Group brought together about 25 older residents with service providers to influence the design and the delivery of services for older people. In 2010, after roughly five years in existence, the local authority stopped its support for the forum due to financial issues. At the moment, the group's future is unclear. It had been facilitated by Help and Care. The charity also provided the moderator of the group – following the members' wish. The Older People Strategy Group had positioned itself as consultation and information base for statutory services. As the former moderator put it:

> "What we do is we say we will take an active interest in things we can influence. But we don't engage with things we can't. So there's no point in that Poole group for example banging on about the national pension. Nothing we can do about it. That's the government. We can do something maybe about the local council tax, and if within, within our understanding what the local authorities, ahm, remit is

> with the council tax, what they can do. Cause if you don't do that, your credibi-
> lity is hit." (Mr C., charity Poole: 19).

With this pragmatic approach, they gained appreciation by service providers, but were also animadverted for not being critical enough. OPSG members were represented on Poole's older people's partnership, which is a sub-partnership of the LSP. Additionally, the forum built up a wider network of older people, which they invited to so-called Speak Out events for broader consultation.

In North Tyneside, the Older People's Forum (OPF) experienced a changeful develop-ment. Initiated by the then mayor it was founded already in 2001. Like Poole's OPSG it had been supported by a charity, Age Concern, which provided office space, manage-ment, etc. Later on it became independent. Similar to the OPSG in Poole, too, it was appreciated as a consultation base, a "group of people you tap into easily" (Ms T., adult social care, North Tyneside: 73). The OPF pleaded for and was involved in the develop-ment of North Tyneside's older people strategy. Members are also involved in the local area's general strategic development by occupying seats on the Local Strategic Partner-ship. North Tyneside's OPF had been a comparatively large group with approximately 200 registered members. After a time of great influence in the planning for an ageing population in North Tyneside, the group lost importance and membership declined. Different factors came together, as the differing explanations by the interviewees show. On the one hand, their "initial mission has been met" (Ms G., adult social care, North Tyneside: 10), older people's voices are more listened to and, more generally, North Ty-neside has progressed in its learning to plan for population ageing. On the other hand they struggled with a lack of funding and management difficulties. Statutory service providers were dissatisfied because the forum was dominated more and more by the individual views of the committee members. There seemed to be less consultation with the wider membership. As a result, other formats like a health focused group ("LINks") gained influence. OPF itself restructured and focuses on more specific issues now.

Wealden Senior Citizen Partnership (WSCP) was launched in 2005, when all over East Sussex seven Older People's Forums were established building up on existing commu-nity groups. This was connected to the county's Older People's Involvement Strategy published in the same year. Jointly, the groups form the East Sussex Seniors' Association. Wealden Senior Citizen Partnership is supported by the county's adult social services department and the NGO Action in Rural Sussex. Because of its developing out of com-munity groups and due to Wealden's rural character, Wealden Senior Citizen Partnership focuses on work in the community, e.g. organising coffee mornings. Forum members consider the district's rurality a chance and a challenge at same time. On the one hand there is a strong sense of community, people support each other in the villages, on the other hand they struggle with accessibility issues. For example, it is very difficult to or-ganise events or services for the whole district because public transport connections are

poor and many older people do not drive a car. Communication between public services and older residents is another crucial task. Representatives of Wealden Senior Citizen Partnership and the other forums belonging to the East Sussex Seniors' Association are represented on the county's Older People's Partnership Board. Since the poor ratings of services for older people and the financial difficulties in adult social care at the beginning of the decade, older people have been involved in decision making on the services that concern them.

> "We're now making them equal partners in that process. We're not making them decision makers but we're making them equal partners in that process. We are providing them with the additional information that says this is why we are faced with a particular decision. These are our options. What are your views? Feed into what it is. I mean that's not about consultation, that's about people taking into our confidence." (Mr C., councillor East Sussex: 16)

An important motivation was the ability to legitimise difficult decisions more easily by referring to older people's involvement:

> "That's why the forums became absolutely key. They developed, they worked with us, they visioned those ideas, it wasn't us that was talking to the population, it was them. Their newsletters were going out and saying actually we have to change things, it's gonna be different in the future. We're going to have this kind of service, it's gonna be great value. We're your peers, we're you telling that." (Mr C., councillor East Sussex: 20).

While Poole's OPSG was terminated due to financial problems, WSCP and other forums in East Sussex are used to redesign services in order to come up to the financial constraints and to communicate the changes to the public. The forums are not seen as a cost factor but as helping to make the reductions socially acceptable. Engaging the forums in decision-making is perceived as a win-win situation by service providers and older people's representatives in Wealden/East Sussex.

Interestingly, the forums' independence seems to be less of an issue in East Sussex than in Poole and North Tyneside – even though there is close cooperation between statutory services and the forums and support by the adult social care department. The latter provides organisational and minor financial assistance. In the other two local areas, different support options were debated. In both cases, the solution was support via charities to maintain independence. As mentioned above, this support was cut in Poole and the reformed forum in North Tyneside secured other funding sources. Even though the OPF disassociated from Age Concern, charity support has been crucial in all three areas.

The different ways of dealing with financial issues, independence and representation mirror general differences in how far engagement is valued. In Wealden/East Sussex

stakeholders are almost euphoric. In North Tyneside enthusiasm has abated because the forum allegedly failed to maintain its quality as a consultation base. Poole's forum had never achieved such a significance and appreciation.

The forums are frequently criticised for their membership not being representative of all older people. It is often the same people who volunteer to participate in different groups, "professional group joiners" as they were called by an interviewee (Mr K., charity East Sussex: 72). It is "difficult as always..to go beyond the predictable core of people, if you set anything up, they'll be interested." (Mr C., charity Poole: 11). In the light of the different attitudes towards older people's forums in the three areas, it is not astonishing that, again, this does not seem to constitute a problem in Wealden. It can be assumed that this concern is often exaggerated. Forum members do not have to be representative in a democratic or statistical sense, but "Their role is to be representative as perspectives and views" (Mr J., consultant: 20).

> "The people who turn up at the meetings are the tip of the iceberg, but actually underneath that there is a lot of activity going on that does involve an awful lot of disparate groups, different types of people." (Mr J., consultant: 20)

Even if it is not a problem if their committee consists of those who enjoy engaging in all kinds of activities, forums have to meet this requirement if they want to improve the situation for all older people and to secure ongoing appreciation. This is illustrated by the rise and fall of North Tyneside's forum.

### 6.1.4  Connecting the sectors: The Local Strategic Partnership

Local Strategic Partnerships have a membership of representatives from all three sectors. They are responsible for developing a Sustainable Community Strategy, a long-term vision for the local area (see Chapter 2.2). In the literature (p.ex. Lang 2008) and in the local areas themselves, the effectiveness of their work is debated. Those involved in the three case study areas, be it as members or attending sessions because they are interested in the discussions, value the LSP as a forum bringing together a variety of partners and driving local development. Those who are not directly involved frequently see the LSP as "very, very high level" (Ms O., housing Wealden: 27) and rather remote from their daily work.

Local Strategic Partnerships are usually structured into a steering group and several theme groups. Concerning membership, the LSPs in the case study areas have experienced difficulties in engaging the private sector. Consequently, most members pertain to the first and third sector. As the Core Strategy, the main spatial planning document, is supposed to be the spatial counterpart to the Sustainable Community Strategy, Local Strategic Partnerships and planning departments cooperate more and more. LSPs are strongly driven by central government, particularly via funding that is connected with

their work. A crucial mechanism is the Local Area Agreement between LSP and central government concerning targets which the local area strives for (see Chapter 2.2). In part, funding depends on the local area's achievements in fulfilling those targets. Several interviewees observed that the definition of local targets has become more top-down recently, i.e. most indicators are pre-set. In contrast, national government offers more and more area based grants instead of those bound to specific purposes. Here, the LSP as the overarching local organisation gains importance. Another motor driving LSPs is the Comprehensive Area Assessment, which was introduced in 2009 (see chapter 2.2). Depending on the results which are published broadly in the media, this overarching evaluation of a local area's performance serves as a stick or a carrot for the LSP.

Concerning ageing and older people, the LSP's function is to raise respective issues and to ensure that they are embedded in the work of the partners. In one of the three case study areas, the LSP is supportive in planning for an ageing population, in another one it is even the lead actor and in the third one, it is developing from a supporting into a leading actor.

In East Sussex there is a countywide LSP, East Sussex Strategic Partnership, besides LSPs for the districts and boroughs. Accordingly, the Sustainable Community Strategy covers the whole county with chapters for the individual districts and boroughs. The different partnerships have developed shared aims. There is an Older People's Partnership Board focusing on older people's health, care and housing, which is one of the countywide thematic partnerships of East Sussex Strategic Partnership. The ageing challenge is woven into different parts of the SCS and one chapter focuses on older people specifically. For an analysis of strategies see Chapter 7.4.1. Representatives of East Sussex Strategic Partnership, Wealden Local Strategic Partnership and the borough's planning department are proud of the close linkages between LSP and LDF, which have particularly been established during the preparation of the Core Strategy. Beyond considering the ageing population in the local area's strategic development, partnership representatives strive to tackle the demographic profile by retaining younger people.

In North Tyneside's SCS, ageing is described as one of the two central challenges for the local area and is considered with respect to themes like "A Diverse Borough" or "An Enterprising Borough". According to the interviewees, the first version of North Tyneside's older people strategy "Planning for all of our tomorrows" only had little impact. This changed with the second version which was endorsed by the LSP. Much effort was necessary by the authors of the strategy to establish this connection. Within the LSP it is the Health and Well-being Partnership which takes charge of the older people strategy.

> "And through that we got the health and well-being partnership to be responsible for overseeing the strategy. Now we could see we were starting to make a

> little bit of headway. […] just a strategy that had sat on the shelf for a little while gathering dust." (Ms T., charity North Tyneside: 18)

Accordingly, North Tyneside's Older People's Partnership Board, which is directly responsible for the older people strategy is linked to the Health and Well-being Partnership. The Partnership Board has a health and care focus, too. The most recent change is the corporate policy team, i.e. the LSP's administration, taking over responsibility for the older people strategy. Beyond that, the structure of the LSP might change in the future; one option which is under discussion is the creation of a dedicated older people theme partnership.

Poole Partnership finally has a sub partnership for older people's issues: the Older People Services Steering Group. In contrast to the Older People's Partnership Boards in the other two local areas, this group has a much broader scope and includes such diverse members as transport, leisure and faith representatives. The Older People Services Steering Group has developed Poole's older people strategy and is responsible for its implementation. Poole's SCS features a specific chapter on "Valuing Our Older People". As in the other two case study areas, interviewees talk about an ongoing search for the right structure of the LSP. They struggle to accommodate cross-cutting issues like older people or children. At the moment, they mix themes and age groups, e.g. "Investing in Poole's Children and Young People", "Valuing Our Older People", "Health and Well-being", "Developing a Dynamic Economy", etc.

> "[…] well, originally we had older people as one of the themes. But most of them were sort of overlapping this health and well-being. So we just put them into health and well-being at the moment. I would say, you know, a lot of these would touch on older people really. I mean particularly the health ones. Ahm, strengthening communities as well, safety obviously does, you know, older people want to be safe. If you look at the chapter it's all cross-cutting isn't it? […] So, you know, if you look at it, it's always like it's cross-cutting isn't it? [Yes] You know, so, even though there's not specific ones for older people in here, a lot of them do very much support that. […] and I always think, the way we've cut it it's not quite right, because you know, you either go for theme or you go for age. You know, and we've gone through a bit of both. Because the government isn't clear on that either. Well, the government with the first Local Area Agreement they had children and young people as a theme and they had older people and health as a theme." (Ms I., Local Strategic Partnership Poole: 36-38)

In Poole, the LSP with its Older People Services Steering Group is the leading actor concerning ageing and older people, not adult social care as in the two other case study areas. This is mainly due to the different starting points of dealing with this issue. Whereas in both other local areas the inspection of older people services provided by the

adult social care department was the main stimulus, Poole started to deal with the issue more actively after identifying it as a crucial topic for the SCS.

## 6.2   A typology of actors

Summing up action orientations, almost all interviewees regard the older population's needs and coming up to those needs as the central challenges implied by the ageing of the population. They mention requirements concerning care, housing, transportation, etc. and challenges in responding to these, such as finding the right governance structures to deal with the cross-cuttingness of older people's issues or providing services despite declining financial resources. Roughly equal numbers of interviewees perceive older people's concrete needs as the main challenge – the demand side, organising the reaction to it – the supply side, or both aspects combined. Only two interviewees see an economic challenge in the rising number of older persons, which is combined with a reduction of younger people in one of those two cases. They fear for a decrease of the working population which will eventually lead to a shortage of qualified labour and to financial difficulties.

Many interviewees emphasise their differentiated view on older people throughout the interviews. They allude to the different phases of older age, the heterogeneity of lifestyles, etc. Remarkably, an image of older people as needy dominates, however, when they are asked to reflect about the challenges which population ageing bring about. This is illustrated by the following quotation:

> I: "What are the most important challenges connected to ageing for the local area?
>
> R 1: Well I know from our JSNA… ignore what I just said about being positive ((all laughing)). Their big thing is around kind of an ageing pop and the impact on…
>
> R2: …on the health side of things
>
> R1: …and the rise of things like dementia.
>
> R1: I think from a service providers perspective it is about looking at what services are gonna be accessed and the cost and those are the big challenges for us. But I think from an older person's perspective it's very much about having a voice…" (Mr D., Ms K., Local Strategic Partnership North Tyneside: 22 ff.)

One seems to differentiate between more urgent, hard challenges, such as health needs, and additional, softer issues, such as older people's engagement.

Parallel to the perception of challenges, only very few interviewees strive to change the demographic profile of their local area, most see their goals in coming up to older people's needs and demands and in shaping governance structures and service provisi-

on. According to their own fields of responsibility, many give examples of specific services. These should ideally be provided in a targeted and efficient manner as well as be developed in partnership with other agencies and older people themselves. Apart from the services themselves, providing information about them is repeatedly mentioned as an important goal.

In order to illustrate different approaches in planning for an ageing population across organisations, a typology of actors has been developed. It consists of four types which have been constructed on the basis of actors' goals and their activities to reach these goals. In the previous chapter, approaches to ageing have been presented according to collective actors such as council departments or charities. As indicated repeatedly, however, on closer inspection those approaches both vary between local areas and individual actors. At the same time, there are similarities between representatives of different organisations. To grasp the varying approaches, one has to go beyond the conceptualisation of collective actors representing a single approach. According to Scharpf (2000), a common action orientation is developed through internal interactions within the group (see Chapter 3.3.1). Scharpf acknowledges, however, that one has to decide whether to consider micro-level information concerning each concrete research object. Here, the typology is developed to improve the understanding of the actor-side of dealing with an ageing population. It illustrates inter alia the conditions for collective decisions, e.g. in older people's partnerships, where the different types agree on a joint older people's strategy or the provision of services. Furthermore, different inputs into the local learning process at different points in time can be identified. (see Chapter 7.3)

The typology constructs ideal types of actors based on goals and activities concerning planning for an ageing population, independent of organisational embeddedness. In the interviews, actors were asked about their goals directly. The activities and the way they are carried out were assembled from a variety of statements during the interviews. It is important to keep in mind that interviewees were not asked about their personal views and activities, but were treated as representatives of organisations. However, the personalities and their organisational embeddedness are interlocked. There is scope for individual interpretations of one's position within an organisation. Personal characteristics and experiences play a role here as well as individual images of ageing and older people, etc. Accordingly, goals and activities are influenced by one's position within an organisation, for example concerning competences which are assigned via institutional rules, whether older people and ageing are the focus of one's work or merely one among different topics, one's position in the hierarchy, organisational cultures, etc.

The four types are: "the modern efficient service provider", "the dedicated social service provider", "the strategic manager for older people's issues" and "the lobbyist for older people's issues". They were constructed on the basis of two specifications of goals and

activities, respectively. Either goals focus more on older people and their needs and demands or more on the supply side, i.e. on shaping governance structures and services.

| | | **Activities** | |
|---|---|---|---|
| | | Carry out | Initiate |
| **Goals** | Shape governance structures & service provision | Modern efficient service provider | Strategic manager for older people's issues |
| | Come up to older people's needs and demands | Dedicated social service provider | Lobbyist for older people's issues |

*Figure 20: Typology of actors (Source: own compilation)*

Concerning activities, carrying out and initiating are distinguished – while the first refers to interviewees own work in service provision or the like, the latter refers to attempts of influencing other actors (see Figure 20). The four types are not based on real persons, in the sense of prototypes, but they are ideal types constructed out of several individuals (Kelle, Kluge 1999, 94 f.). Nevertheless, it is possible to allocate the interviewees to the types according to dominant action orientations. Most prominent among the interviewees are "the modern efficient service providers" (nine interviewees) followed by those of the "strategic managers for older people's issues" (seven interviewees). "Dedicated social service providers" and "lobbyists for older people's issues" were represented by four interviewees each.

*The modern efficient service provider*

"The modern efficient service provider" aims to improve governance structures and services for older people through his or her own actions. More specifically, he or she intends to deliver services efficiently, i.e. a good quality of services at low financial input. A recurring phrase is "value for money". Those goals are followed by two main activities. First, planning is based on evidence so that services can be targeted to needs (see Chapter 7.2.1).

> "But understanding the makeup of our population determines the services that we provide. It determines how we understand what the people in Poole require. It is important for us to understand the demographic makeup, to understand then how we target particular services and how we target needs, ahm, so that we can actually be sure that we're we're delivering the right kind of outcomes for

the different population ranges, the different people of Poole." (Mr O., planning Poole: 4)

The effects of the measures are monitored with the help of quantitative indicators.

Second, expenses are reduced and one makes use of specific funding streams to complement basic funding by national government. The following quotation refers to changes in sheltered housing.

> "This is about ensuring that the people who come in stay healthy. So, looking at diet, looking at activities, looking at where people potentially could have a health occurrence. […] If you potentially adopted a fall strategy for example that prevented 100 less hip operations a year equals, you know, a day in hospital, a week. So a daily cost in hospital is about 800 pounds something like that. You know, you could talk about like a lot of money, right." (Mr S., housing North Tyneside: 159)

The business-like attitude is reflected in the language of "modern efficient service providers", which is characterised by statements like "we're starting to rationalise the service and consolidate" (Mr S., housing North Tyneside: 90) or "we sort of matured in our thinking about using statistics and using statistics to plan services that we hadn't done previously" (Mr K., adult social services Poole: 3). The two interviewees who see an economic challenge in the rising number of older persons and aim at influencing the demographic profile of their local area both belong to the "modern efficient service providers". The many representatives of this type belong to different organisations such as adult social services, housing, planning or health. "Modern efficient service providers" are dominant among the interviewees from planning departments.

*The dedicated social service provider*

"The dedicated social service provider" contrasts with "the modern efficient service provider" insofar that his or her goals are centred on older people and their needs and aspirations: "Our overarching aim is to meet the needs, whatever they are, of older people, you know." (Ms K., charity North Tyneside: 38). Similar to "the modern efficient service provider", he or she tries to reach those goals through his or her own daily work. The emphatic attitude which characterises this type is reflected in statements like the following:

> "A bit have an eye for actually how do I want my older age to look like. And if you can keep people reminding that actually what they're doing is are things that will make a difference when they're older as well then it has a bit more of kind of a real feel about it. It's important we get this right. And it's also, you know, we've done quite a lot of and we need to make sure we keep doing about is this

all right for my parents, my grandparents. If the answer's no, then we need to do something about it." (Ms G., adult social care North Tyneside: 30).

All "dedicated social service providers" among the interviewees are women. Some of them referred to their experience with their parents' growing older or their role as a carer.

Ways to achieve the goal of improving older people's quality of life are characterised by interaction with older people themselves – through consulting or engaging them. Representatives of this type also elaborate strategies with the goal of improving older people's quality of life. "Dedicated social service providers" in the three case study areas belong to adult social service and housing departments or to charities.

### The strategic manager for older people's issues

"Strategic managers for older people's issues" aim at finding governance arrangements to make sure that older people's issues are adequately considered – mainly through initiating and providing input into discussions concerning such structures. All representatives of Local Strategic Partnerships who were interviewed can be classified as "strategic managers for older people's issues" as their task is explicitly strategic. See the quotation on page 105 about reflections on the optimal structure of the LSP to deal with ageing and older people.

However, "strategic managers for older people's issues" can also be found among interviewees working in adult social services or the council. Here, the need for collective action is emphasised.

> "[…] so it is about aligning, which again is the work of LSPs, but it is a very significant chunk for the adult social care kind of statutory role in providing services. It sees us very needing to very closely align with health, because the interfaces of what WE do and what the health services provide is often terms really blurry. And that is exactly and at those points of interface the key areas where we should be working very, very closely to either kind of commission directly of actually provide directly together." (Ms K., adult social services East Sussex: 95)

### The lobbyist for older people's issues

The fourth type, "the lobbyist for older people's issues", aims to raise awareness concerning ageing and older people and give the latter a voice. Their approach is adverting to the impact of strategies and policies on older people, taking part in consultations on plans or setting up and joining groups which lobby for older people. Often, "lobbyists for older people's issues" belong to the third sector. Some charities are explicit campaig-

ning organisations for older people; the following statement was made by a representative of such a charity.

> "Whatever government is elected will change the concept from – yes they have got to meet targets and they have got to produce statistics, but there are about – they need to be about real delivering. Not about superficial crowd pleasing activity. Yes it is great to get hospital waiting lists down, but if that means that you let people drop off the waiting list and then put them on again […] the waiting list monitoring is important, but the patient treatment is more important. I don't know. I really – I have no – it is above me. All we can do is making ourselves part of local and national campaigns." (Mr K., charity East Sussex: 47)

In order to achieve a coordinated planning for an ageing population, representatives of all four types and a variety of organisations have to find a common frame of reference. The following chapters are dedicated to their forming partnerships and developing common strategies.

## 6.3   Governance arrangements: from working in silos to partnerships

Traditional hierarchical steering by public bodies is crucial in planning for an ageing population. While local politics take a supporting role at most, it is the council administration which is characteristically in the lead, more specifically adult social care departments. In a multi-level governance perspective, the strong influence from central government on local governance is another aspect of hierarchical steering. Funding from central government, instruments, supervision of performance, etc. dominate public authorities' scope of action, but also affect partners as they refer more and more to the area rather than to individual authorities or services. The public sector is market-oriented in many respects. Councils compete for example for funding streams to be able to realise projects for older people. While the private sector hardly deals with strategic approaches to ageing, the voluntary sector plays an important role here. Charities for example demand that public service providers tackle ageing and older people's issues and cooperate with them to this end.

The much debated shift to network or partnership governance in Britain is also apparent with respect to the ageing issue and was discussed in almost all interviews. In some local areas, Local Strategic Partnerships take leading roles in planning for an ageing population. Older people's partnerships created in the last few years are particularly important in planning for an ageing population as they bring the main stakeholders concerning ageing and older people's issues together. Thus, they will be discussed in greater detail below and in the following chapter. Besides those formalised partnerships, there are many further attempts to overcome the sectoral separation which characterises more traditional governance arrangements. These are also debated in the following.

*Motivations for partnership work*

"One of the big things we've been trying to do for a number of years is about kind of reducing silo working. So kind of the cross-cutting issues is how we take that across the organisation. And with the current, there's a national drive...and with the economic situation about how we actually work better across the partner organisations. So how we look at more preventative activities, this is kind of a big total place project" (Mr D., Local Strategic Partnership North Tyneside: 2)

A central aspect in many interviews and strategy documents is the change from working in silos to working in partnership, whereby silos refer to thematic fields. The term partnership is very popular and is used in formulations like "partnership funding" (older people strategy, Poole) in the sense of shared funding or "partnerships with older people" referring to engaging older people. Those expressions also demonstrate that the term is not restricted to formalised partnerships. Cooperation takes place within and across sectors. As has been described in Chapter 2.2, in the UK, there is a tradition of creating multi-organisational partnerships. The expression "total place project" in the quotation above refers to the idea behind the nationwide Total Place pilot initiative which aims to foster cooperation among organisations in a local area, thereby reducing duplication. Among the case study areas only Poole is an official pilot site (see Chapter 5.2.2), but the Total Place idea has become prominent beyond the actual pilot sites.

What are the drivers for partnership work in planning for an ageing population? The empirical findings correspond to Lowndes & Skelcher's (1998, 314 f.) discussion of four motivations for multi-organisational partnerships (see Chapter 3.3.1): resources, "an increasingly fragmented organisational landscape", "issues that cross organisational boundaries" and "a strategy to open up the local decision-making processes". For most interviewees, partnerships are an approach to increase efficiency by reducing duplication. This pertains to financial and other resources such as manpower. Resources are considered very scarce and declining (for a discussion of the financial situation in local areas and its consequences for the ageing agenda see Chapter 8.2.1).

> "R: But I think our first starting point is how we get the council to talk to each other within different departments. Because we do unfortunately work very much in silos. Adult social care does its own thing, or historically has done its own thing, housing has done its own thing. Everybody talks about transport and blames the authorities that are responsible for transport on that. You know, so everybody's doing their own thing. But we're not actually, we haven't been very good at working together, but we're starting to do that now. We're starting to work together. And work out that we need to commission services jointly. It's not something that we can continue to do on our own.
>
> I: It's also separated geographically. As I realised with my appointments.

R: Yes, exactly, a duplication, duplication as well. It's the same types of services or the same types of funding been given by numerous different, not necessarily organisations, it can be even within the council at times and we're trying to get a lot smarter at what we're doing in trying to really home in on how we're actually spending the money and what we're doing." (Ms T., adult social care North Tyneside: 5 f.)

National government programmes, most explicitly the Total Place pilot, foster this striving for efficiency: "[…] that's the government thinking, let's move into this other phase of looking at, you know, getting the real efficiencies through working together now." (Ms I., Local Strategic Partnership Poole: 78). In the discussion on prevention, for example with respect to the POPPs project, a financial motivation prevails. A reduction of bed days in hospitals by better cooperation of health, social care and housing saves enormous costs. The third sector plays a crucial role with regard to this motivation for cooperation: as it is using volunteers, it can be more cost-effective than public authorities, and hence is courted by them to "provide backup services for elderly people" (Mr O., planning Poole: 44).

The "fragmented organisational landscape", which Lowndes & Skelcher allude to as a further motivation for partnership work, was mentioned with respect to the service users' point of view. This taking into account older people's needs and aspirations was less frequently pointed out explicitly. It is reflected in the idea of care pathways or patient pathways (see Chapter 6.1.1, section on the National Health Service) and the increase in older people's engagement. Thus, it is also linked to Lowndes and Skelcher's category of "open[ing] up the local decision-making process". If one changes the viewpoint from service provider to service user, gaps in service provision become visible – not duplications.

"[…] I know I go to meetings of they say "oh no that's duplication of effort, oh it is so terrible oh we will be tripping over each other". I think to myself actually remarkably, we don't do that much, we probably do a little bit, but at the end of day we actually talk to each other often enough or read each other's document often enough to actually not end up massively duplicated. And we stuck up away more holes that we have got duplications to put it that way. […] there is a lot of activity going on and we actually have to look at the world from different perspectives in a geography client group…" (Ms K., adult social care East Sussex: 112)

Presumably, the introduction of quasi-markets in the public sector in order to improve performance and efficiency has promoted competitive relationships and contributed to the separation between organisations (Glendinning et al. 2002, 187).

Finally, ageing and older people are one of the "issues that cross organisational boundaries". It is hugely complex and there is no organisation which carries the overall responsibility. The following statement on older people's housing can be generalised to older people and ageing in general – it is a truly cross-cutting issue:

> "This piece of work round the information is really important, because not one body is ultimately responsible. We are all responsible for different elements of it." (Ms O., housing Wealden: 24)

The cross-cutting nature of the issue will be discussed in depth in Chapter 8.1.

Partnership work is facilitated by the small size of an authority, as it is the case in Poole: "It's relatively small and you get the sort of impression they all do Poole together" (Mr C., charity Poole: 7). In two-tier-areas it needs more efforts. Only when the huge number of partnerships was broached at by the interviewer, singular respondents talked about their volatileness. As the experience in the case study areas shows, partnerships evolve – they are formed, reformed and often terminated after a certain time.

> "Ahm there is a need to rationalise some of these – some of these partnerships, because I suppose over the last ten years – I mean had made a lot of progress, but we have also developed a lot of bureaucracy. No I mean it is not necessarily bureaucracy, but a lot of partnerships that probably in the future are not going to be sustainable with the budget as it is going to be. So yeah there is a heck of a lot and the LSP in some respects should be the point at which you're bringing together, the different agencies and it DOES, but some of the substructures are going to need rationalising [mhm]. Ahm just to continue to exist, because financially we can't – they are just not sustainable in the long term. The amount of subgroups and things like that, that have been around." (Ms B., Local Strategic Partnerhip East Sussex: 103)

### *Cooperating within the council*

Concerning older people and ageing, joint working between social care and health is especially remarkable. The services they provide are closely linked, often even similar, e.g. services to facilitate the transition from hospital to home, so-called intermediate care services.

> "[…] so it is about aligning, which again is the work of LSPs but is a very significant chunk for the adult social care kind of statutory role in providing services. It sees us very needing to very closely align with health because the interfaces of what WE do and what the health services provide is often terms really blurry. And that is exactly and at those points of interface the key areas where we should be working very, very closely to either kind of commission directly or actually

provide directly together. So that national kind of integrated commissioning or even an integrated provision is very, very topical and in fact we have – so this is one of the manifestations as a JOINT commissioning strategy. And when we say joint we mean joint with health and but under other circumstances joint means with other people. That tends to mean the default position is joint means with health." (Ms K., adult social services East Sussex: 95)

According to a former Secretary of State for Health, a "Berlin Wall" had still existed between the NHS and social services departments in the 1990s (Select Committee on Health 1999). Meanwhile, statutory duties for cooperation, for example within PCTs, financial support for collaboration from the national level, etc. have begun to dismantle the wall between them.

Joint commissioning strategies for older people between health and social care exist in East Sussex and in Wealden (for an analysis of the strategies see Chapter 7.4.1). Those strategies are supposed to align the services for older people which the two organisations commission. Different formalised partnerships are responsible for such strategies. In East Sussex, for example, there is a "Joint Executive Group" of leading officers from health and social care organisations and a "Whole System Leadership Group" of senior managers. Older people's partnerships, which will be discussed below, are often focused on health and care as well. This is the case in North Tyneside and East Sussex, in Poole it has a wider remit. Housing, as part of the „triangle of independence" is more and more becoming part of those cooperations, it aligns especially with adult social care. Older people housing, care and support strategies which have been elaborated in North Tyneside and Wealden reflect the approximation of housing and care.

*Cooperation across sectors*

Reducing silo working also refers to cooperation between the sectors. As presented in the previous chapter, the private sector's contribution to planning for an ageing population is limited to legwork or singular strategies developed by consultants. The first and the third sector in contrast entertain intensive and tong-term cooperations. The latter is mainly represented by charities and older people's forums. As older people's partnerships are the main forum for cooperation concerning older people and ageing, the following section focuses on these.

*Older people's partnerships*

In all three case study areas, there are formalised older people's partnerships. They bring actors together who are involved in planning for an ageing population. Two models of older people's partnerships can be distinguished: adult social care (ASC) led partnerships

and Local Strategic Partnership (LSP) led models. While the first are strongly dominated by adult social care and health, the latter have wider membership including representatives from police and fire services, leisure services, etc.

In North Tyneside, the Older People's Partnership Board (OPPB) consists of members from service providers with a focus on health and adult social care, the council's Older People's Champion and a variety of voluntary sector representatives, for example from the Older People's Forum. It is chaired by the chief executive of Age Concern. Remarkably, the 14 members split equally into first and third sector representatives. North Tyneside's Older People's Partnerships Board is part of the health and well-being theme partnership of the LSP. It consists of several task groups, one of which works on refreshing the older people strategy. Others examine for example experiences with the provision of certain services. The OPPB counsels and is supervised by a superordinate Commissioning Board. Discussions and information exchange among the OPPB members serve as the basis for actual commissioning decisions which are taken by the Commissioning Board. The Older People's Joint Health and Social Care Commissioning Strategy formulates its role as follows:

> "The Older People's Partnership Board (OPPB) is accountable to and advises the joint North Tyneside Council and North Tyneside PCT Older People's Commissioning Board how it can meet the varied needs of older people.
>
> The Older People's Partnership Board brings together key partners in our health and social care system to identify areas of need and opportunities to improve the quality of life, health and wellbeing and safety of adults in North Tyneside." (North Tyneside Council, NHS North of Tyne 2010, 11)

The OPPB's predecessor was already set up in 2001 to monitor the National Service Framework for Older People. Thus, North Tyneside is most experienced as concerns multi-organisational partnerships for older people compared to the other case study areas. One has experimented with different governance structures. First, the group, which was called Older People Strategy Group at that time, developed from a health and social care focus to include other thematic fields such as transport or leisure. However, there was an enormous gap between the ambitious aims of the group and their actual scope of action.

> "So she, it was her attempt to try and bring health, social care, transport, housing, cultural services, just a range of people together. I think the problem was it just got a little bit too big…I think they give themselves, they produced some really good changes, but I think they tried to take on the world. There's some things we have to accept, we just can't influence from HERE. I'm not saying we can't chip away at them and try and influence them but we can't always do that. So I think that strategy group lost its way a little bit during about 2007 and it was, so I say,

> was reformed in 2008 and came back as the Older Persons Partnership Board."
> (Ms T., adult social care North Tyneside: 27)

As a consequence, the group reformed and turned into the OPPB focusing on health and care once more. To be more effective than its predecessor, it needed support and scope for commissioning, which it finally received from the Local Strategic Partnership's health and well-being theme partnership.

> "It's one of the big problems...the group had originated from the service frame-
> work, it obviously had a real health and social care focus. But agencies like oursel-
> ves and older people...were saying this is too health and social focused for older
> people you need to be looking at much much wider issues like housing, trans-
> port... So, the group itself actually restructured to bring in other people. They
> either brought them in as representatives to sit on the board or organisations
> like Nexus, transport people would come in, do presentations on a regular basis
> or regular updates and everything. And I think the commitment was there from
> various organisations or perhaps from the individuals that were actually atten-
> ding the meetings. But it was around the action plan, it was the commissioning
> bit, the money bit, that was missing. Which was hard to push things forward.
> What it was realised was that really what needed to happen was that it needed
> the Strategic Partnership needed to actually take the Older People Strategy on
> board." (Ms T., charity North Tyneside: 17)

Still, it is struggling to broaden its remit beyond health and care. This might change with the corporate policy team, i.e. the LSP's administration, taking on responsibility for the older people strategy, which has started at the end of the thesis' empirical investigation.

In Poole, the Older People's Services Steering Group has been a theme partnership of Poole Partnership since its launch in 2006. Its membership comprises a wide range of service providers from health to housing and the police, councillors, representatives from charities and the Older People Strategy Group, etc. A local independent older person chairs the partnership. It is bigger than the groups in North Tyneside and East Sussex, in addition to its more than 30 members many more people are invited to group meetings. Statutory agencies are in the majority. The Older People's Services Steering Group has developed Poole's older people strategy and oversees its implementation, they are "the ones that own this strategy" (Ms I., Local Strategic Partnership Poole: 146). An Older People Strategy Officer Group manages the practical delivery of the strategy. The Older People's Services Steering Group does not have decision making power, "but it can put forward ideas for decisions." (Ms K., councillor Poole: 21, 29). Other organisations such as adult social care commissioning are not obliged to take these up.

The East Sussex Older People's Partnership Board is the "key decision-making body for older people's health and social care services in the county" (East Sussex County Council 2008). Parallel to North Tyneside, it has a health and care focus, several subgroups like the Older People's Involvement Subgroup and an Older People Strategy Group as its predecessor – the re-launch took place in 2007. Its overall role is

> "to plan and commission health, housing, and social care services for people who are aged over 65; to provide the focus for planning and commissioning services for stages of the care pathway from promoting active healthy lifestyles through to support for long term needs." (Joint Commissioning Strategy for Older People, East Sussex, 103)

Furthermore, it considers mental health services and the needs of the 50+ generation. Its membership consists of statutory service providers from social care, health and housing and the third sector. There are approximately 30 members with the majority belonging to the public sector. The group steers strategic development and makes decisions concerning services for older people. Housing is represented on the board, but adult social care and health are dominant. "All we essentially do as a Partnership Board is agree to have a common policy and then we each go away to endorse that policy" (Mr C., councillor East Sussex: 34). Higher levels of responsibility are with the Joint Health and adult social care "Executive Group" and the Whole System Leadership Group. Beyond older people, those groups coordinate all different thematic areas where health and care cooperate, i.e. learning disabilities, mental health, etc. Parallel to Poole, there is an interdepartmental working group on older people's services made up of council officers. It has been set up in 2006 and is responsible for the implementation of the local strategy to improve older people's quality of life.

The older people's partnerships in the three case study areas are similar in many respects. They are responsible for older people strategies, joint commissioning strategies, etc. Their membership consists of first and third sector members and all have older people's representation. It has to be kept in mind in how far action orientations in planning for an ageing population differ (see previous chapter). Older people's partnerships are a forum to align different views to develop a common strategic approach. As will be further elaborated with respect to learning in older people's partnerships in Chapter 7.3.2, corresponding to the network structure, older people's partnerships usually feature a network mode of governance, or negotiated agreement in Scharpf's (1997) terms.

As mentioned above, two different models of older people's partnerships can be distinguished in the case study areas. They have come into existence due to the specific local development processes concerning ageing and older people. The Older People's Partnership Boards in North Tyneside and East Sussex do not merely share their name, but both focus on health and care and influence commissioning of services for older people.

Both are successors to other partnership formats. Poole's Older People Services Steering Group is structured differently and has a different remit. It is a sub-partnership of the Local Strategic Partnership and has a much broader membership. Accordingly, its impact is broader but less binding. No binding decisions are made, but a bigger group of people, many of them not having been involved in older people's issues before, gives input and spreads new ideas. Different forms of collective learning are connected herewith. They are discussed in Chapter 7.3.2.

*Working in partnership with older people*

In different contexts, it has already been referred to the role older people themselves play in planning for an ageing population. Older People's Forums have been presented in Chapter 6.1.3. They are crucial for consultation exercises and more active forms of older people's engagement. As will be discussed below (see Chapter 7.2.2), there has been a two-stage shift from merely informing older people about strategic developments, service offers, etc. to consulting them about their needs and aspirations and, most recently, to engaging them in designing services, e.g. as members of older people's partnerships. Working together with older people themselves can be seen as one important approach to overcoming the "fragmented organisational landscape" (Lowndes, Skelcher 1998, 315) concerning ageing and older people. Considering their point of view can, for example, help to identify gaps in service provision.

*Sub-regional cooperation*

As will be explained in Chapter 8.2.2, there is very little regional influence concerning planning for an ageing population. Here, the term regional refers to the administrative unit of the eight English regions, i.e. the North East, the South West and the South East for the three case study areas of North Tyneside, Poole and Wealden. While Poole and North Tyneside are unitary authorities, Wealden belongs to the county East Sussex. Within the county, there is cooperation between the districts and boroughs concerning older people and ageing. Wealden and Lewes for example had developed a joint "Draft Strategy Housing & Housing related support". The main link, however, is between county and district actors, e.g. between adult social care, which is a county responsibility, and housing, which districts and boroughs are responsible for. They cooperate for example when planning new care homes.

As regards the two unitary authorities, North Tyneside and Poole, interviewees mentioned sub-regional activities concerning ageing and older people like meetings and events. Whereas many interviewees referred to difficult aspects of sub-regional cooperation in North Tyneside, comments in Poole were more positive. In North Tyneside, protection of the service one offers and "political bargaining" in the competition for

more housing (Mr H., planning North Tyneside: 149) were mentioned as well as the superficiality of "tickbox exercises" in sub-regional cooperation (Ms M., housing North Tyneside: 148). In Poole, interviewees were proud of the multi-area agreement with Dorset and Bournemouth as well as the Total Place pilot with the same local authorities. Multi-area agreements do not deal specifically with older people, they are voluntary local area agreements for the subregion focusing on issues like transport or skills. Remarkably, there is a multi-area-agreement for the Tyne and Wear City Region consisting of North Tyneside, Newcastle, Gateshead, Sunderland and South Tyneside, together with Northumberland and Durham. It was not mentioned by any of the interviewees. The Total Place pilot in Dorset, Bournemouth and Poole was presented in Chapter 5.2.2. It is an initiative to improve services to older people and increase efficiency through area-based cooperation. Why is sub-regional cooperation so prominent in Poole? According to the interviewees' statement, Poole, Bournemouth and Dorset are perceived as a unit facing very similar issues. Beyond that, Poole was a part of Dorset until 1997. Multi-area-agreements and Total Place pilots explicitly cover all three sectors.

## 6.4   Summary

This chapter has elaborated on the first research question "Who plans for an ageing population, and how?". Assuming a local governance perspective, it has analysed the involved actors with their capabilities and action orientations and has elaborated on actor constellations and interactions. Leading actors are councils' adult social care departments and Local Strategic Partnerships. Older people and ageing are often seen as adult social care's responsibility, because they offer statutory services for older people. Local Strategic Partnerships tackle the issue in the context of its responsibility of developing a vision for local development. The voluntary and community sector is closely involved via charities and older people's forums.

As regards action orientations, the majority of interviewees consider the older population's needs and coming up to those needs as the central challenge connected to the ageing of the population. Across organisations approaches in planning for an ageing population differ, which has resulted in developing a typology of actors according to their goals and activities. It consists of four types, "the modern efficient service provider", "the dedicated social service provider", "the strategic manager for older people's issues" and the "lobbyist for older people's issues".

As the involvement of Local Strategic Partnerships and the third sector indicates, traditional hierarchical steering by public bodies is complemented by more network-like forms of governance. A prominent pattern in interviews and documents is the change from working in silos to working in partnership. Institutionalised older people's partnerships are crucial in bringing actors together who are involved in planning for an ageing population.

The analysis of governance arrangements going into detail about individual actors serves as a preparation for the subsequent analysis of local learning processes in planning for an ageing population. Chapter seven will thus again take up the results on types of actors and governance arrangements etc., for example concerning decision-making processes in older people's partnerships.

# 7 Local learning processes in planning for an ageing population

Table 8 draws together hard facts of planning for an ageing population, such as the publication of older people strategies, as they chronologically occurred in the case study areas. Those facts have already been presented in Chapter 5 about the three areas. To sum up the local reaction to population ageing the following labels were used: "growing strategies – starting early but small" for North Tyneside, "making best use of British instruments for local development – starting broad but late" for Poole and "growing initiatives on district and county level" for Wealden. This chapter seeks to identify the links between the singular events and to give explanations for the developments. This way, the third research question "What kind of learning process has led to the current state of planning for population ageing?" will be answered.

The development of strategic approaches over time is analysed through a collective learning lens which focuses on cognitive changes. Different kinds of strategy development approaches are considered: more linear and conscious as well as more adaptive and intuitive ones. According to the grounded theory paradigm, collective learning is conceptualised broadly (see Chapter 3.3.2), not following a certain model. The four subchapters refer to different aspects or phases of learning: the establishment of the topic ageing and older people, the sources where the actors get their knowledge from and collective learning in a narrower sense. The latter focuses on different forms of learning in older people's partnerships, which range from information exchange to creating a shared perspective. The chapter ends with an investigation into explicit strategies for an ageing population. Thus, the answer to the second research question "What kind of strategies are there to deal with population ageing?" is embedded into the analysis of the local learning process. The approach ties in with Knight's (2002) suggestions to analyse "network learning episodes" and Knoepfel & Kissling-Näf's (1998) investigation into "learning paths" (see Chapter 3.3.2). Apart from the literature on collective learning, concepts such as agenda setting and evidence based planning are drawn on.

Table 8: The local learning processes as reflected in hard facts (strategy documents, formation of groups, local projects, national government initiatives) (Source: own compilation)

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|---|---|---|---|---|---|---|---|---|---|
| **North Tyneside:** "Growing strategies" | Launch Older People's Forum National Service Framework for older people, implementation group | | Inspection social care services for older people | Older people strategy, 1st version | Housing and support strategy | Older people strategy, 2nd version  Older People Strategy Group formed | | Start "Quality Homes for Older People" project  Older People's Partnership Board replaces Older People Strategy Group | | Corporate policy team taking lead on older people strategy, 3rd version  Joint Commissioning Strategy for Older People |
| **Poole: "Making best use of British instruments for local development"** | | | | | | SCS  Older People's Services Steering Group formed | | Older people strategy | Total Place pilot – services to older people with Bournemouth & Dorset | |
| | | | | | | *Partnerships for Older People Projects (POPPs)* | *Joint Commissioning Strategy for Older People* | | | |
| **Wealden/ East Sussex: Growing initiatives on district and county level** | | | *Inspection social care services, poor result* | | Draft Strategy Housing & Housing related support, with Lewes  Launch Wealden Senior Citizens' Partnership  *Strategy for ensuring older people's involvement* | | | Wealden Older Persons Housing & Support Strategy  Sustainable Community Strategy, focus on older people  *Strategy for older people's involvement*  *Booklet for & with older people* | | Work on Wealden Local Development Framework evidence base |

## 7.1   Setting the ageing agenda

How does the ageing topic get onto the agenda in local areas? Following Kingdon (2003, 197), "the answer lies both in the means by which those officials learn about conditions and in the ways in which conditions become defined as problems". Kingdon focuses on national government officials, but his concepts are transferable to actors who come to be involved in planning for an ageing population in local areas. Apart from those actors learning about ageing and the problem definition, triggers for first local actions are considered: Chapter 7.1.1 deals with this introduction of the topic locally and the developing awareness concerning population ageing, Chapter 7.1.2 covers the transition to action. The two phases are separated for analytical reasons whereas they cannot be clearly distinguished in practice.

In the literature on collective learning, the "point of departure" (Fürst, Benz 2002, 32), "stimulus" (Knoepfel, Kissling-Näf 1998, 350) or "trigger" (Knight 2002, 448), i.e. the start of a learning process, plays a prominent role (see Chapter 3.3.2). Most approaches emphasise the role of external influences like legal regulations. The empirical results confirm and refine this position. The national government is crucial in creating awareness and stimulating action – but this has to combine with individual commitment.

### 7.1.1  Awareness of the ageing population

*Awareness concerning the ageing of the population is largely due to publications by national government*

As presented in Chapter 2.3, the British government as well as charities like Age Concern or Help the Aged have issued a multitude of publications which deal with the ageing of the population – from a general strategy for an ageing society to more specific documents concerning social care or housing. To a large part, the local actors' awareness concerning the ageing of the population is based on these publications. The following quotation emphasises the enormous impact on local actors. It contrasts with actual experiences in local areas where ageing has not led to significant changes in demand yet (see below).

> "I think there's enough papers and documents published every week, every month, every year to tell us that we need to start looking at this. We're aware that older people, you know, there's a lot of older people already living in North Tyneside. We've got about just under 35000 people over 65, the last sort of census survey, living in North Tyneside. And we're aware that that's gonna, you know, increase massively over the next few years. [...] We haven't had a great deal of evidence of it so far to be perfectly honest, we keep building it into our planning, but at the moment there isn't a great deal increase of the take-up of

> the services and things like that. But we know, we assume it's going to happen, because everyone tells us it's going to happen." (Ms T., adult social care North Tyneside: 5)

The publications' functions comprise both, teaching the local actors about the condition of the ageing population and defining the problem arising from it. The problem definitions usually cover the financial burdens connected to population ageing as well as older people's quality of life.

*Local actors do not realise significant changes in demand connected to ageing yet*

The quotation above makes explicit that it is rather external sources predicting changing requirements than actual changes in local areas which set the ageing topic on the agenda. While the older population in North Tyneside has not increased in the past decade, indeed, this has been the case in Poole and East Sussex. Nevertheless, interviewees hardly refer to changes in demand. Only two out of the 29 interviewees mentioned a changed service demand as decisive for an increasing prominence of the topic, one of them in North Tyneside. This is not necessarily coupled to an increasing number of older people but refers to qualitative changes. A housing department has to cope with changed demand insofar that older people's expectations concerning the quality of sheltered accommodation are rising and a charity representative experiences more demand for help and advice.

*Exception: extremely high proportions of older people strongly influence awareness*

In Wealden, awareness of ageing is strikingly different than in North Tyneside and Poole. Here, four out of six persons who were interviewed stated that ageing has "always" been an issue – as in the quotation below. This is connected to being a retirement destination and having offered services for older people for a long time.

> "…we have always known that we have a relatively elderly population. I mean that is historic for the area. The people tend to retire to Wealden and also finish their working lives. So it has always been an issue, it is an increasing issue with the demographic projections of the population." (Mr B., Local Strategic Partnership Wealden: 3)

As mentioned in Chapter 5.3.1, East Sussex has the highest percentage of people aged 85 and over of all English counties, a record which several of the interviewees are aware of. Hence, the awareness of ageing is based on different sources in the different local areas. Local experts know about extreme extents of ageing, in areas where this does not apply their awareness is predominantly based on publications from national government and other national organisations.

*Third sector and administration as local agenda setters – but not politicians*

In those areas where older people's forums had already been in existence at the time, they were important in bringing older people and ageing onto the agenda. This was the case in North Tyneside and Poole; in Wealden the forum was founded later in the process. The forums aimed at improving services for older people and pleaded for developing a strategy for older people. As the following quotation demonstrates, the effect of their engagement depended on the reception by public authorities. If those authorities were open for their recommendations, the forums could help to create a differentiated awareness of older people's needs.

> "It was the Older People's Forum and a number of people within the Older People's Forum that were not going to be quiet about things. Which was not a bad thing but it was uncomfortable some times. You think you did really well and they would still be saying "yeah, but you could do more". So, it was, I suppose there was myself and a couple of other people that weren't precious about „this is my, you know, I'm not gonna listen to you". We were happy to sit and listen and to try and work with the ideas that were coming up. And because of that more and more people then got involved whereas quite often an organisation will want to say "no this is our job" or "no, we're not going to"." (Ms G., adult social care North Tyneside: 24)

Alongside older people organised in forums and the local administration, especially adult social care departments, charities act as agenda-setters. Politicians in contrast rarely bring up the topics of older people and ageing. An interviewed consultant, who is familiar with many local areas' experience in planning for an ageing population, confirmed this finding from the three case study areas but could only speculate about the reasons behind this.

> "I mean probably, I think in most areas in my experience it is not something that has been politically driven. Which, given that a lot of councillors are themselves quite old, is quite surprising, perhaps. [...] I don't know what it is. It's not something that seems to sort of grab politicians' imaginations really. You know, they tend to be more interested in children and young people or regeneration rather than ageing and older people. [...] Older people are just not seen as interesting really in any way." (Mr J., consultant: 48)

The average age of councillors in England and Wales is 57 (Gallomanor 2007). While on the national level, the "visible cluster" of politicians, media, etc., might be crucial for agenda setting (Kingdon 2003, 197), it is more the "hidden cluster" of specialists that is crucial on the local level.

*Direct contact with older people creates concern*

Often, the first individuals who change perceptions and action orientations concerning ageing are those working in adult social care, charities, etc. who are in direct contact with older people in their daily job. Frequently, they are also characterised by an emphatic attitude. Usually, they belong to the "lobbyists for older people's issues" and "dedicated social service providers". For them, it is self-evident that one has to improve older people's quality of life. They are directly confronted with difficulties older people encounter, such as gaps in service provision. A lot of this awareness is based on tacit knowledge, i.e. practical knowledge which stems from dealing with older people. Further development depends on how the changed perception and action orientations are transmitted to other actors (see Chapter 7.3.1). Only when a certain number of people are thus "infected", the new ideas find a hold and the agenda is set.

## 7.1.2  From awareness to action

Usually certain triggers must add to the awareness that the population is ageing in order to result in first actions towards a comprehensive approach for dealing with this ageing population.

*Local learning processes are typically triggered by stimuli from national government: instruments, finance mechanism, targets and supervision*

In all three case study areas external stimuli from national government led to an active engagement with ageing. In North Tyneside, an inspection of social services for older people resulted in developing a first older people strategy in 2003. The inspectors prompted local councils to develop such strategies. Most crucially, the preparation for the inspection made the department identify own deficits, which was combined with a guilty conscience because of the benevolent evaluation afterwards.

> "I think what the inspection did was focus our attention on something that we weren't doing particularly well. And I think that there was a feeling that we got away with it. But we didn't, we weren't very comfortable with that as a position. And therefore actually if the inspectors came back again we weren't gonna get away with it again. Nor did we really want to. So it was the catalyst to start to get things... So it was an important starting point on a journey to start and to make things different. So I guess that was probably the sort of and part of what we'd promised the inspector that we would do is to have a strategy." (Ms G., adult social care North Tyneside: 34)

This is in line with Kissling-Näf & Knoepfel (1998, 245) who emphasise that the concern which external stimuli provoke in individual actors or groups of actors is decisive for the further process. Additionally, North Tyneside could build on the activities of an

implementation group for the National Service Framework for older people which had been launched two years before in reaction to the corresponding publication by the Department of Health.

In East Sussex, the inspection of social services for older people can also be regarded as a trigger. In contrast to North Tyneside, the evaluation results were disastrous and initiated a wide-ranging reform in adult social care. Following this, a series of strategy documents were issued and older people's forums, such as the Wealden Senior Citizens' Partnership, were launched with the help of the county and district councils.

Poole's first step towards a more comprehensive way of tackling the ageing of the population was to identify this issue as crucial for the 2006 Sustainable Community Strategy and the subsequent formation of an Older Person's Services Steering Group.

> "Well, I think when we were developing the Community Strategy it came out that was part of the, you know, the makeup of our future. And so at that time we recognized that we needed to think about an increasing ageing population. It's one of the issues that we need to address in the Community Strategy. So that was when started to really look at it. And I think we had recognised it before, but that was when, you know, it was more obvious." (Ms I., Local Strategic Partnership Poole: 4)

This group in turn developed the 2008 older people strategy. While Sustainable Community Strategies have to be developed in all local areas (see Chapter 2.2), local actors decide on the priorities for local development. The discussion among the members of the Local Strategic Partnership was thus initiated by central government, but the actual plan was shaped by the local actors. Parallel to the development of the Sustainable Community Strategy, Poole received national funding for a project focussing on health prevention for older people within the POPPs programme.

There were also more specific stimuli, for example concerning housing. They were especially important in North Tyneside and Wealden where housing for older people is a central element in overall planning for this age group. Several interviewees mentioned the Decent Homes Standard as a starting point. This standard for social housing, which accommodates 17.7 per cent of English households (Department for Communities and Local Government 2009), comprises for example insulation or sanitary arrangements. Among others, the pressure to comply with the Decent Homes Standard led to North Tyneside's commissioning a housing, care and support strategy for older people.

As this overview shows, the stimuli are not necessarily mechanisms which deal with ageing in particular, but for example more general instruments or targets. If awareness concerning population ageing has existed previously, they can initiate a learning process. This is in line with Glock's (2006, 205) findings on urban politics in shrinking cities.

According to this author, impulses from outside the city are only taken into account if a certain realistic awareness of the problem has been formed locally.

*Adult social care departments usually are the first to deal with ageing and have most detailed knowledge on ageing and older people*

First actions in planning for an ageing population rely on a small set of actors who are committed to this agenda. In all three case study areas, adult social care departments were pivotal in the first stage of actions towards a coordinated answer to population ageing. Due to their direct contact with older people they are particularly concerned about their wellbeing. Moreover, as a public body – in contrast to charities – they have the legitimation to coordinate a general approach to ageing and older people's quality of life. In North Tyneside, adult social care took responsibility for the general older people strategy for many years. For Wealden district, the adult social care department on the county level is responsible. It initiated different projects with a focus on older people's commitment. In Poole, adult social services coordinated the above mentioned POPPs project; however, its older people strategy was led by the Local Strategic Partnership. As the analysis of the further process will show, these responsibilities remained largely dominant. The further agenda-setters identified above, particularly from the third sector, are also among the first to be actively involved.

*Different triggers cross-fertilise*

Different interviewees named different triggers and many interviewees found it difficult to identify the local starting point of planning for an ageing population. This goes back to the fact that in all cases different impulses cross-fertilised until first actions started.

> "I don't think you can put your finger on you know in June 2003 we suddenly decided that we needed to look at it. No so I don't think so. … But there is no sudden flash of light, when we suddenly realised we have got some elderly population." (Mr B., Local Strategic Partnership Wealden: 5)

Rather than a starting point, a starting process can be described. In North Tyneside, for example, the inspection of services for older people, the older people's forum's demands and other instances, like an older person dying of neglect in a care home, all added up and finally led to the decision to tackle the ageing issue strategically.

*Higher proportions of older people do not lead to earlier reactions*

First actions in planning for an ageing population, for example an older people strategy, can be observed between 2001 and 2006 in the case study areas. Strikingly, the area with the lowest proportion of older people, North Tyneside, was the first to develop such

a strategy. Four years later East Sussex and Wealden started their activities for engaging older people and improving older people's housing and support. Another year later, Poole started its activities and launched its Older People's Services Steering Group.

When comparing the different stimuli leading to these actions, it becomes clear that the point in time when a local area starts to plan for its ageing population depends on locally specific combinations of factors and how they are recognised by the involved actors. Shocking events, as which the inspections of services for older people were perceived by actors in North Tyneside and East Sussex, play a big role hereby. No connection can be detected between the proportion of older people an authority has and the point in time when it reacts to the ageing challenge. This is similar to findings by the Audit Commission (2008, 22) and Gilroy & Castle (1995, 34). According to the Audit Commission's survey, there is "no straightforward correlation between preparedness and/or the proportion or number of older people". This is linked to the above mentioned fact that most actors do not realise significant changes in demand connected to ageing. Concerning awareness to the ageing issue, Gilroy and Castle even observed a reverse relationship among six case studies – the more older people were living in an area, the lower was the awareness.

It is no coincidence that the first actions can be observed within a relatively short time span in the different areas. This is probably due to what Fürst & Benz (2002, 32) call "'paradigm changes' within a national setting", i.e. more general shifts of attitudes within a society. This shift, strongly led by the national government, has been presented in Chapter 2.3.

## 7.2 Building up knowledge of ageing

Next to the analysis of the agenda setting phase, this chapter answers the following questions: how is knowledge of ageing gathered in the further process and what are the sources of knowledge? Three main mechanisms have been identified: basing planning on (demographic) evidence, older people's participation and learning stimulated by national government. The subsequent chapter will then examine processes of dissemination and collective creation of knowledge.

### 7.2.1 Basing planning on (demographic) evidence

In the last few years, one can observe an increased usage of demographic and other evidence as a basis for policymaking and service planning in the case study areas. Evidence is defined as "the available body of facts or information indicating whether a belief or proposition is true or valid" (Oxford University Press 2010). Knowledge about local statistics concerning current and projected numbers of older people allows for more targeted service provision, for example. Measures are more and more evaluated

based on statistical data. Beyond that, the usage of evidence results in an increased and refined awareness of population ageing. Because of these and other reasons, national government encourages evidence based planning. However, there are also risks; above all, the danger of concentrating on such activities where effects can be measured with little effort.

### (Demographic) evidence allows for more targeted interventions

The various strategies on ageing and older people (see Chapter 7.4.1) usually assemble data on current and projected numbers and proportions of older people and, depending on the focus of the strategy, also on older people's health or housing conditions, etc. To plan concrete measures, data for the locality level is important. Usually, data on ward or Super Output Area level is used for planning care homes or social services. While wards are electoral units, Super Output Areas are statistical units. The following quotation illustrates the benefits of using such locality statistics in service planning.

> "In the quay there's a development of very very rich kind almost like second ho-mes for sort of city bankers. But immediately behind the area was an area which came within the worst 10 % of health deprived economies for older people in the country. And we hadn't known that before. And it was only being forced into looking at the statistics [through applying for the POPPs programme, CM] that we actually sort of spotted that kind of issue. And we had never previously done anything specific to address that because we didn't know it existed. And so that was an exercise which has happened over the last sort of 3 years. And so what that has led to is a huge focus upon looking at what the statistics, the deprivation indices, are telling us about the demographics in Poole in order to plan our services for older people. So that's, so I'm a huge supporter of using sort of underpinning evidence, because historically that wasn't really the case in local authority in my experience. And I've worked not just in Poole but I worked in several local authorities [...] before. And I can't record times where we had used the evidence kind of, so I think we kind of suddenly come of age, if you like, we sort of matured in our thinking about using statistics and using statistics to plan services that we hadn't done previously." (Mr K., adult social services Poole: 3)

As another interviewee formulated "It's one size doesn't fit all. You've got to look at your population within your own little region can be different." (Ms T., adult social services North Tyneside: 77). There are different needs in different localities, which one learns more about with the help of locally based information. This knowledge allows for more targeted services, for example establishing certain health-related offers in areas where disproportionately high numbers of older people suffer from health problems.

Frequently, spatial planners emphasise their role in providing evidence. Partly this is due to specific planning instruments, like the Local Development Framework, demanding a broad range of evidence (see below for the national influence on evidence based planning) – from population development to housing needs. Beyond that, one has to call attention to the long-term orientation of planning and the related usage of projections.

Across the disciplines, it is especially the "modern efficient service provider" who emphasises the benefits of evidence based planning. This type of actor strives to deliver services efficiently. He or she aims to tailor service offers to needs as they are reflected in statistical data. Quantitative indicators are used to monitor measures' effects.

*In a self-energising effect, the usage of evidence can improve awareness of ageing*

Using evidence increases and refines awareness on ageing. Data collected for one measure can lead to realising the need for further activities. This self-energising effect can be illustrated by North Tyneside's experience. When preparing the first older people strategy and assembling evidence, for example a survey conducted by the Older People's Forum, deficits concerning the location of older people's housing were identified. This led to commissioning a separate housing, care and support strategy for older people, which in turn used a wealth of evidence and finally led to a complete remodelling of North Tyneside's sheltered housing.

*National trend towards evidence based policy*

National government encourages the increased usage of evidence as a basis for policy and planning. According to Davoudi (2006, 14), "the term evidence-based policy is relatively new and a seemingly British invention". However, it has been taken up in other Anglophone and European countries. When New Labour came into power in 1997, the government put emphasis on pragmatism in the sense of "what matters is what works" (Solesbury 2002, 9). Evidence is used to prove which policies, instruments, etc. are effective. The following is a characteristic statement by a national government department.

> "To become world class, commissioners will take an evidence based approach to commissioning. They will need advanced knowledge management, analytical, and forecasting skills, as well as an ability to listen to and communicate with the local community." (Department of Health 2007b, 5)

Participation by the local community, which is subsumed under an evidence based approach here, will be discussed in the next subchapter.

As mentioned above, the demand for evidence is reflected in planning instruments. Frequently, funding is subject to proofing needs for and effects of measures. The following

quotation shows how local actors have become aware of certain needs because they based their application for POPPs funding on statistical evidence.

> "And in order to land the application, to successfully acquire the funding, we really went fairly thoroughly into looking at statistical evidence at a locality level, sort of geographical levels in order to make the case. And the challenge of doing that sort of opened our eyes up to the way in which we had not previously used statistical evidence. Because what that exercise led to was almost kind of like being surprised by some of the statistical needs that would otherwise have been staring us in the face. But we've never looked at the statistics." (*Mr K., adult social services Poole: 1*)

As presented in Chapter 2.2, local areas agree targets with the national government in Local Area Agreements. Indicators are used to measure in how far they reach those targets. Several targets in the national indicator set refer to older people:

* NI 137 "Healthy life expectancy at age 65"

* NI 138 "Satisfaction of people over 65 with home and neighbourhood"

* NI 139 "The extent to which people receive the support they need to live independently at home". (Department for Communities and Local Government 2007)

The indicators support the Public Service Agreement (PSA 17, see Chapter 2.3) "Tackle poverty and promote independence and well-being in later life". Accordingly, they focus on the health, care and housing triangle. Further indicators concerning older people refer to care, these are

* NI 125 "Achieving independence for older people through rehabilitation and intermediate care" and

* NI 129 "End of life care – access to appropriate care enabling people to be able to choose to die at home".

Local authorities do not have to include these indicators in their Local Area Agreements, however. Hence, only 33 local authorities selected one or more of the indicators pertaining to PSA 17 (Improvement and Development Agency, Local Government Association 2009, 11). Some councils have developed local indicators to measure progress concerning older people's issues and include them in their LAAs. National indicators might also be used locally – to inform planning but without consequences from national government if targets are not reached. This is for example the case in Poole, where NI 138 is measured locally (see Chapter 7.4.1). A more specific dataset referring to older people and other age groups' health and well-being is used for the Joint Strategic Needs Assessment (JSNA) (Association of Public Health Observatories 2008). Local authorities work on the JSNA, an investigation into health and wellbeing needs of the local population, together with PCTs.

Beyond that, national government supervises local authority's performance (see Chapter 8.2.1) with the help of inspections. There are specific inspections for older people's services. Such inspections are usually based on available data, surveys with services users and interviews with service providers. Services are awarded 'star ratings', i.e. they are evaluated as poor, adequate, good or excellent. The inspections' enormous impact in two of the case study areas has been described above.

The Projecting Older People Population Information System (POPPI, http://www.poppi.org.uk) provides a wealth of statistical data concerning population ageing and older people. The Institute of Public Care at Oxford Brookes University, a knowledge transfer organisations, provides it for the Department of Health's Care Services Efficiency Delivery programme. POPPI addresses in particular local authority planners, commissioners and providers of social care. It assembles data under the headings population, living status, support arrangements, health, learning disability, services provided and multiple characteristics. For all indicators, it provides projections up to 2030. This is supposed to enable users explore the impacts of population ageing.

*Risks connected to evidence based policy*

Alongside the many advantages of basing planning on evidence, it bears considerable risks. From the beginning of the decade a body of literature has developed which in particular discusses those dangers (see for example Solesbury 2002; Davoudi 2006; Packwood 2002). The case study areas are no exception in that it can be observed that the selection of indicators for documenting progress is not only determined by the meaningfulness of the information, but relies heavily on how convenient they are to collect (Improvement and Development Agency, Local Government Association 2009, 11). Furthermore, there is a risk of concentrating on such activities where effects can be measured rather easily at the expense of activities whose effects are more difficult to evidence, for example concerning softer issues like community cohesion. This is linked to a further limitation – those effects that are assessable without difficulty are usually comparatively narrow in scope.

The two POPPs projects in Poole and neighbouring Dorset illustrate this conflict. While Poole chose a project aiming at improving performance with respect to certain indicators that are very prominent in the national debate, Dorset's POPPs focuses on strengthening local communities to enable people remaining in their own homes as they grow old. Poole established an Intermediate Care Service which reduced admissions to hospitals and residential care and facilitated fast discharges from hospital. The effect of the project was easily measurable. Supposedly, this accounts for much of its success.

> "And interestingly because our use of evidence in planning and designing services was so strong that the POPPs project here in Poole was the national winner

of the health and social care awards for 2008. Ahm, so this time last year we were up at Wembley Stadium for partnership working with health. And very much the reason, some of the real reasons underneath that was because we read, we were able to evidence the changes, the statistical changes in the health of older people as a consequence of how we used the statistics to start with." (Mr K., adult social services Poole: 7)

In British policymaking and planning different kinds of evidence tend to be valued differently. Ex-post evaluation using quantitative data is the preferred option, whereas other evidence "rates much lower in the hierarchy of credibility" (Packwood 2002, 269). One has to keep in mind that more differentiated information about an issue considering other kinds of evidence might result in less clarity (Young et al. 2002, 218). Evaluations might become more complex and success more difficult to measure.

Dorset's POPPs project struggled for recognition in the first phases; meanwhile, however, it is much-admired. This was only possible because the project team found a creative solution on how to evidence the effects of their project.

"Their [Poole's; CM] programme is about intermediate care. Whereas our programme of course is more like community capacity building, really upstream preventative stuff. [...] In the first two years, because of what the Department of Health was asking us to monitor, we discovered that actually it was really very, very difficult to prove that we'd saved hospital bed days or staff hours or, you know, reduced the need for care homes. So what we did [...] we sat down with all of our partner organisations [...] and we said ok, what is really important to us here? We came to the conclusion that although the numbers are important they are not THE most important thing. The most important thing for us is 8 desired outcomes. Everything that we do is about was it of benefit to somebody? Not how many times did they attend it or did it save hospital bed days. [...] As well as having the evaluation programme, every 6 months I monitor everything that we funded. [...] We also say give us some case stories that relate to how people had a benefit out of this programme. And we've got now 550 of those, some of them really obviously in depth. And what we've done, drilled right down into them and analysed them against our 8 desired outcomes but also about the 7 national desired outcomes..." (Ms T., Dorset POPPs: 11)

Generally, it is very difficult to measure the impact of prevention and early intervention activities. It is not possible to prove how many people did not have to be treated in practices or hospitals because of investments in sports facilities or stop-smoking campaigns.

"We recognise so if you put the money in early we can delay that it's gonna save money in the long run. But it's very difficult to see, something you're doing now

is gonna have not, you know, have a benefit for 15, 20 years. It's difficult of our early intervention, preventative services, it's very difficult to evidence. Because it's sort of touchy, feely, if you know what I mean. It's hard to see at this stage, we have no hard evidence. All we're gonna be able to do, you know, is retrospectively. We'll look back and go ten years ago we had this many people going into using care and things like that. And as a result of this, it's down to such and such. If you do what our numbers do alone know, that's not gonna evidence anything, because we're gonna have more older people. So, you know, I might have said we had 80 people using a service in 2008 and we've now got 160, but actually what we're doing. We might have had 260 had we not done. It's difficult, it's difficult to evidence. And that's one of our main sort of, ahm, areas where we keep say no everything, everything points to the fact that it works but how you, how you convince somebody that to give us more money to do it is difficult. It's difficult." (Ms T., adult social care North Tyneside: 33)

Beyond prevention measures, it is rarely possible to ensure that statistical changes are only due to a certain measure and have not been influenced by other developments. Frequently, local actors seem less interested in a realistic examination of developments than in fulfilling indicators in order to gain recognition – in financial or prestige terms – from central government.

Despite the benefits of evidence based planning and policy, it should not obstruct one's view on aims where progress cannot be measured easily. Davoudi (2006, 16) suggests to follow "evidence-informed policy rather than evidence based policy", i.e. to enrich the debate with evidence, but to avoid glorifying evidence as a problem-solver.

### 7.2.2  Older people's participation

Older people's participation in policymaking and service planning also generates a kind of evidence, for example in the form of survey data. Participation is discussed in a separate chapter, however, because the debate on evidence based policy and planning focuses on statistical evidence and because older people are taking a more and more active role which goes beyond delivering evidence.

*Two-stage shift towards older people's active engagement*

There is a trend towards more participation of older people in policymaking and service planning, a "culture shift in social terms about more engagement, more consultation" (Mr C., charity Poole: 23). Beyond that, the quality of participation has been changing from merely informing people about developments to consulting about their preferences, etc. The most recent development, going even further, is to include older people in decision making and "physically actually designing the services" (Mr K., adult social

services Poole: 7). Older people have for example co-designed care homes in North Tyneside and Wealden. This way, they have become part of the collective of learners. This chapter is limited to such forms of participation where older people provide knowledge which is crucial in planning for an ageing population, but where they remain outside the collective of learners. For older people's engagement which goes beyond consultation see Chapter 7.3. The transition between the different forms of participation is seamless, however.

Particularly the "dedicated social service providers" support this development. They are characterised by an emphatic attitude which puts older people's needs and aspirations in the centre of attention. Accordingly, consulting and involving older people is their preferred approach to building up knowledge.

*Consultation exercises*

There are various formats of consultation exercises. Frequently, feedback is invited to documents concerning older people, for example older people's strategies or more general planning documents. Documents can for example be commented on the internet. A perceived disadvantage is that mainly well-educated and voiced persons seem to engage. The following quotation illustrates this problem using the example of consultation in spatial planning.

> "Although my feeling is that they are probably just a part of the older population and is fairly a smallish group of people who give most of the responses and sort of I think that has been a problem with our consultations generally and I think that is why the new system has moved bit away from that, just general consultation, cause it has tended to be very – in a way biased by just those people who have time to comment, people have the time available to comment. And they tend to be the fairly educated I would probably say and often the better off people, who've had maybe well paid jobs and are more aware of the planning system. They don't feel some of the people who are maybe less well off feel at bit – they don't understand the system so they are a bit worried about questioning too much or they feel that it is not their role to." (Mr E., planning Wealden: 43)

As the interviewee says, new forms of participation are introduced particularly because of the rather narrow feedback the more traditional approach has generated. Another written form of consultation is the survey. North Tyneside's first older people strategy, for example, was very much influenced by a survey which the Older People's Forum had conducted about the issues that influence older people's lives.

More interactive and more open formats are focus groups or discussion rounds at bigger events. In Poole, several so-called "Speak Out" Events were conducted. There, older people had the opportunity to discuss various topics of their interest with service pro-

viders and voluntary and community groups. North Tyneside's yearly Age Takes Centre Stage festival also features such discussions. The advantage of such events is the breadth and depth of information one can get in a short period of time.

> "The Speak Outs, we call them Speak Outs, we ran 7 I think in total, 3 in Poole and 4 in Bournemouth over time. One of the or THE most successful ones when the two local authorities were developing their LAAs [...]. And they needed input from a wide range of people. And we said to them will you, why don't we use the Speak Out day to, it basically inform the LAA? [...] It was tremendous because they could not have got that input any other way. Well, they could, but it would take them about a year to troll around all these different little groups all over the borough." (Mr C., charity Poole: 4)

Various participation opportunities are open for everybody, but are used predominantly by older people, for example discussions on planning or transportation issues. Similarly, where older people are addressed, often only a certain subgroup responds – the younger, active and voiced among the older population (see above).

There has been an immense debate on older people's participation on the national level. The Better Government for Older People (BGOP) initiative has to be mentioned in this context (see Chapter 2.3). It tested opportunities to involve older people in the design of policies. Consultation activities are partly statutory. Statements of Community Involvement (SCI), for example, have to be included in local plans like SCS and Core Strategy (Department for Communities and Local Government 2008, 11 f.). The Planning Policy Guidance (12) emphasises the above mentioned attempts to make sure that "[...] the diverse sections of the community are engaged, in particular those groups which have been underrepresented in previous consultation exercises". In the interviews, however, there were remarkably few references to national government influence. Two explanations are feasible: Local actors might not be aware of the national government influence, especially if working in a rather operative position. Conversely, some interview contexts hint at the wish to present consultation approaches as their own local achievements.

*Activities by older people's forums*

In the context of consultation with older people, older people's forums are crucial. On the one hand, they constitute a consultation or information base for the local authority, a "group of people you tap into easily" (Ms T., adult social care North Tyneside: 73). They provide the authority with an uncomplicated access to older people's perspectives if asked about certain projects or plans. On the other hand, they raise issues on their own, complain about deficits in services for older people or the like. In North Tyneside, for example, they were one of the driving forces which led to developing an older people strategy (see Chapter 7.1.1). Older people's forums also constitute a link between

older people and service providers insofar that they inform older people about services available locally and enlighten service providers about older people's needs. With respect to older people's forums, there is the above mentioned representativeness problem, too (see Chapter 6.1.3). Thus, forums are urged to consult with a broad range of older people internally, i.e. to include frailer older people, ethnic minorities, people with learning disabilities, etc.

By becoming members of older people's partnerships, representatives of older people's forums can become part of the collective of learners that seeks strategic approaches to tackle the ageing population. Thus, they are involved in developing older people strategies, etc. See Chapter 7.3.2 for the role of older people's representatives within older people's partnerships and Chapter 6.1.3 for details on forums in the three case study areas.

### 7.2.3 Reacting to stimuli from national government

As in the agenda setting phase, there is also strong influence by national government in the subsequent phases. This has already become visible with respect to national impacts concerning evidence based planning and consulting with older people. Even more directly, national government stimulates local actors' learning to plan for an ageing population via publications providing information on the issue, instruments, financial incentives and targets as well as inspections. Those kinds of stimuli have already played a role in the agenda setting phase. In Poole, for example, the national Total Place pilot programme is used to increase efficiency in older people's services.

Financial stimuli and "naming and shaming", i.e. publishing inspection results, are most influential. The following quotation illustrates how strongly local activities for older people are manipulated by funding opportunities.

> "I: Were there other big influences from the national level? For this agenda?
>
> R1: Capital money.
>
> […]
>
> R3: Well it has been a succession of policy documents, there was "Our health, our care, our say", which was probably the biggest, and most of them are across all levels of need in terms of learning disability or mental health for older people. The themes are consistent across. And then occasionally you get something specifically for older people, I mean you get something specific for older people housing, so there is a kind of funnelling down of being more and more specific. We have responded to everything – we have responded to and have been quite fortunate in terms of getting government funding for older people. Older people's housing in particular. […] So you know we would like to think we are

> aware of the policy, but we are also trying to access the funding that goes with it. And more recently on dementia. The new idea for the government is that they will have a national strategy; I say this is what we should do locally. And to demonstrate that it works they give money to authorities. It is what we call demonstrator sites. So to say the strategy this is a good thing to do, here is some money to do it, so do the research and then roll it to other authorities and provide the evidence to say that it works. So we have been bidding for that and got some money for working with dementia in particular and in rural areas in particular. So that would be a significant issue for Wealden. ...more recently the new policy decisions have some money attached to it somehow. And we have been pretty successful in getting our hands on that. It is good, helps." (Mr C., adult social care East Sussex: 53-57)

This reacting to sticks and carrots from national government can be considered collective behaviourist learning. As discussed in Chapter 3.3.2, behaviourist approaches to learning assume that the learner is passive and learns to associate actions with specific consequences (Mietzel 2003, 182, 125). In a simple stimulus and response association, local actors gear their activities towards national funding opportunities. In many instances, local areas have become independent from the stimulus, however. In Poole for example, the POPPs project has worked as a catalyst, it has inter alia created an awareness of locally different needs of older people, even within a compact area.

> "The other big big issue that we've, big lesson that we've learned rather over the recent years, which again came out of the POPPs programme, in terms of how we use evidence to design and plan services is, would be illustrated by the fact that if you, my office up until a few weeks ago was upon sort of just upon the building up here. And from that [...] office I could see almost the whole of Poole, cause Poole is only 3 or 4 miles radius I think it is. It's a very compact unitary authority. And historically we used to provide services, this is a home care service which, whether you live in that part of Poole or whether you live in that part of Poole, it would be the same service you received. One size fits all. Even within a small unitary authority like Poole, we're saying no, that's not the way we can design services anymore, because we have huge differences in localities. [...] So what we're saying now for planning purposes we need to utilise that very locally based information to design and services." (Mr K., adult social services Poole: 19)

On the one hand, stimuli such as financial incentives can be a chance, e.g. to experiment with new approaches. On the other hand, two strands of criticism are connected with the dependence on the national government: a tendency towards fulfilling requirements superficially without local learning beyond behaviourist forms and the enormous pace of change, which does not allow for local approaches to mature. "Box-ticking exercises"

to come up to national government requests are mentioned by many interviewees. Furthermore, they feel overloaded and unable to finalise projects because of ever-changing requirements. Thus, it is crucial to become independent from stimuli like funding streams. See Chapter 8.2 for a thorough analysis of national government's ambiguous local influence.

In how far do local areas learn from other local areas? Developments in the own sub-region are considered, but beyond that, experience in other areas does not play a significant role. This is reflected in the difficulties most interviewees had in assessing own achievements in planning for an ageing population as compared to other local areas in the UK. The numerous good practice compilations like those by the Local Government Group & Department for Work and Pensions (2010) or the Planning Advisory Service & Improvement and Development Agency (2009) seem to disappear in the mass of documents from national government.

## 7.3 Collective learning to plan for an ageing population

Collective learning in a narrower sense is in the focus of this chapter, i.e. exchanging and creating knowledge and values collectively. Hereby, two levels of collectives of learners can be distinguished: a broader one which comprises all actors dealing with ageing and older people in a local area and a more specific one, namely the older people's partnerships presented in Chapter 6.3. This corresponds to Knight's (2002, 431) differentiation of "wide networks" as opposed to "strategic networks" according to whether there is merely interconnectedness or active collaboration for collective action. In the case of planning for an ageing population in the UK, partnerships are even formalised.

### 7.3.1 Collective learning in the local area

Among the three case study areas, two different development paths can be observed. In North Tyneside and East Sussex systematic planning for an ageing population started with a committed core of people within the adult social care department. The movement grew to include actors for example from health and housing and finally found its way into the Local Strategic Partnership, i.e. the highest level of strategic planning locally. In Poole, in contrast, the process started already broad – planning for an ageing population has its roots in the Local Strategic Partnership. While North Tyneside experienced difficulties to transport the significance of the issue up, in Poole it is more the trickling down which is difficult and which is, for example, reflected in the abolition of the older people's forum. Furthermore, Poole's planning for an ageing population has remained more relying on national government stimuli than in the two other areas. While the crucial trigger was external in North Tyneside and East Sussex, too, the further process has been very locally determined. In Poole, more use has been made of national

programmes like the Total Place initiative. This poses the risk of a change in focus when those stimuli end.

*Learning by transmitting commitment*

Learning in the local area starts with a combination of external stimuli and individual actors becoming aware of population ageing and its consequences as well as the need for action. Hereupon first actions in planning for an ageing population are carried out (see Chapter 7.1). Further development depends on how changed perceptions and action orientations are transmitted to other actors. Diffusion takes place within organisations, e.g. within the adult social care department, and across organisations. The Local Strategic Partnership is a crucial forum to mainstream the topic because it links different organisations and it is responsible for a local area's strategic development. Different motivations underlie the engagement with ageing – from tackling financial implications of the increase in older people to improving specific services for older people.

As explained above, the first individuals who change perceptions and preferences concerning ageing are oftentimes those working in adult social care or in charities who are in contact with older people directly. A large part of their commitment to improve older people's quality of life is based on tacit knowledge. Such knowledge is difficult to transmit; ideally this happens via learning by doing.

> "Because I think the people who are working on these things are very dedicated and and they're very passionate. But I'm preaching to the converted a lot of the time. We all know what needs to be done to get things better. And it's [hard to tell the others] yeah, without telling them (both laughing). Because nobody likes to be told anything, do they?" (Ms T., adult social care North Tyneside: 29)

For wider diffusion, more influential actors come into play who either work at a higher level in the local authority hierarchy or who are councillors. It is crucial that the agenda can be linked to their action orientations and experiences. Some have been convinced by the prospect to achieve targets posed by central government, others because of personal experience caring for an older person or the like. Since the diffusion process depends on few persons in early stages, there is a risk that the process might be interrupted due to a change in personnel.

> "He was very strong on saying we needed something like a policy. And it was Luis who drove A Time of Our Lives. And since Luis left, we've made sure that A Time of Our Lives will remain the focus of what they do. Cause it's always a danger when the driver leaves, the bus stops. So, we've tried to get ahead. But I think John is pretty committed to it, Alison certainly is, as a focal point." (Mr C., charity Poole: 7).

*Collective learning inputs by different types of actors*

The section on transmitting commitment has already alluded to the fact that individual actors are a crucial factor in the local learning process. Once more, it is helpful to consider the typology of actors which has been presented in Chapter 6.2 and examine their respective inputs into collective learning.

"Lobbyists for older people's issues" are dedicated to setting and keeping older people and ageing on the local agenda. They aim to revive the local learning process again and again by referring to deficits in planning for an ageing population. "Lobbyists for older people's issues" intend to give older people a voice in the learning process – not least as a counterbalance to the dominance of "modern efficient service providers".

"Dedicated social service providers" are among the first individuals who engage in planning for an ageing population, too. Due to their experience in working with older people, they are driven by the commitment to improve older people's quality of life. Consequently, this type of actor is interested in keeping the learning process going in the long term.

"Modern efficient service providers" in contrast act rather short-term oriented and project-based as far as the ageing agenda is concerned. They strive to make use of the topic's prominence for example by applying for funding streams but are not involved in agenda setting themselves. Their goal is delivering services efficiently and fulfilling certain performance indicators. Consequently, their interest can be aroused by competitions to achieve certain quantitative targets. Poole's contribution to the POPPs programme is a characteristic example. It reached popularity because of its measurable success to reduce admissions to hospitals and residential care and accelerating discharges from hospital.

"Strategic managers for older people's issues", finally, create arenas for collective learning in planning for an ageing population. They strive to identify and promote governance arrangements suitable to the cross-cuttingness of the ageing agenda, i.e. promote collective action between departments or the creation of older people's partnerships.

*Learning catalysts*

What drives a local learning process in planning for an ageing population forward? Four main categories of catalysts can be distinguished: strategy-making, local projects, national government initiatives and the formation of groups. These four kinds of drivers mark stages in the local planning processes, which are illustrated in Table 8.

The compilation of strategy documents is often closely related to the formation of older people's partnerships. Strategies are analysed in Chapter 7.4. It will be argued that a cru-

cial function of those documents is their bringing relevant actors together, which might result in further joint activities.

Learning stimulated by national government has already been discussed in Chapter 7.2.3. It was concluded that whereas national government initiatives have an important function as a trigger and creator of awareness concerning the ageing agenda, they can also have negative effects, especially if requirements are merely superficially fulfilled. As has been explained in the chapter on agenda setting, the beginning of the process relied very much on national government influence in the case study areas. In two of them, for example, inspections of services for older people were the crucial trigger.

Local projects can also be a catalyst in the process of learning to plan for an ageing population. The most prominent example in the case study areas is the "Quality Homes for Older People" project in North Tyneside. It comprises the complete remodelling of the local authority's sheltered housing. The project has received much publicity and has helped to change attitudes towards ageing and older people by emphasising the potentials for innovation which can improve older people's quality of life.

> "I don't think it's much, much in the country that does it, that's gonna do it the way we're gonna do it here. Yeah. So I'd expect that be some sort of beacon status here." (Mr S., Housing North Tyneside: 161)

Beacon councils are recognized for their innovations by national government. The "Quality Homes for Older People" project can be seen as an example for the active engagement of "modern efficient service providers". Motivated by the aim to create a model for other areas to follow, a private funding initiative (PFI) was initiated, a kind of public–private partnership. Detailed statistical evidence was used to optimise the spatial distribution of sheltered housing, etc.

In the local learning processes observed in the three case study areas, all three learning stages of Argyris & Schön's (1996) popular model of organisational learning (see Chapter 3.3.2) are reflected. Services are adapted to new conditions, i.e. to the ageing population and the changing needs and demands of the elderly, value changes take place and even a reflection of "learning how to learn". This corresponds to single-loop, double-loop and deuterolearning. Remarkably, the latter stages seem to play a more important role according to the interviewees. This is due to the fact that most do not yet observe significant changes in demand but rather expect these in the future. Their expectations are mainly based on information from government and NGOs. Single-loop learning refers to changes such as the introduction of home care services in contrast to day centres because demand shifts from the first to the latter. The development of an older people strategy, for example, which attempts to improve attitudes towards older people can be interpreted an instance of double-loop learning. It comprises a reflection on aims as well as means to achieve them. Changes in governance arrangements can be

referred to as deuterolearning insofar that they aim to facilitate collective learning, e.g. by creating partnerships or inviting older people's participation. The formation of groups such as older people's partnerships or older people's forums are changes in governance arrangements and will be discussed in the following section. Argyris & Schön's model gives an indication for how far planning for an ageing population is progressed in the local areas. The thesis takes an action-oriented view, however, to seek explanations for this progress development.

*Changing governance arrangements in the learning process*

In the course of the local learning process, governance arrangements change. North Tyneside has experienced the most changeful development. It has for example transferred responsibility for the older people strategy from the council's adult social care department to the corporate policy team and it has experimented with different formats of older people's partnerships.

The formation of such older people's partnerships (see Chapter 6.3) is the most important learning catalyst. Older people's partnerships are created to coordinate activities related to older people and the ageing of the population. They bring stakeholders for older people's issues together, which is especially relevant because of the topic's cross-cuttingness. They coordinate older people's services amongst others by elaborating and monitoring older people's strategies. They are both, arenas for learning and products of learning at the same time. The formation of such a new governance structure can be interpreted as an observable manifestation of a learning process insofar that it is preceded by attributing certain significance to the issue and acknowledging the need for concerted action. The following subchapter is dedicated to learning within those partnerships.

Another type of group has formed in the case study areas in the course of the local process of learning to plan for an ageing population – older people's forums (see Chapter 6.1.3). Older people organised in a forum potentially lead attention of decision-makers to the needs of their age group. The forums have only come into existence in the three areas when they received support from statutory agencies. Since 2009 central government follows their introduction nationwide. As described in Chapter 6.1.3, there are ongoing debates about the groups' affiliations to statutory bodies and charities, the representativeness of their membership, etc.

### 7.3.2  Learning in older people's partnerships

The following investigation into learning in older people's partnerships is based on an analysis of minutes of group meetings and of interview data. An important characteristic of older people's partnerships is a lack of basic conflicts. Overall, actors agree that the ageing of the population constitutes a challenge which necessitates re-thinking local

ways to influence older people's quality of life and that coordination of different servi-
ces, etc. is needed. The groups do not have their own budget, financial responsibilities
stay with the organisations that are represented. Older people's partnerships have high
proportions of voluntary and community sector representatives from charities, older
people's forums, etc., among their membership. Even if public sector members are in
the majority, they do not dominate, but partners have equal status. Corresponding to
the network structure, a network mode of governance, or negotiated agreement in
Scharpf's (1997) terms, is dominant (see Chapter 6.3). For older people representatives,
for example, this is not self-evident:

> "So you see the way you can bring things in. So I think and I don't mean this
> in an a big-headed way, I think for local authority, for some ordinary person like
> me, to be able to pick the phone up and make an arrangement like that is pretty
> good. Don't you think? I don't know if you have seen it elsewhere, but I don't
> reckon that it is bad and it is building all the time." (Ms J., Older People's Forum
> Wealden: 201)

A crucial motivation to allow for this much influence by older people themselves is the
advantage in legitimising decisions via the public (see Chapter 6.1.3 on older people's
forums).

The dominant form of learning in older people's partnerships is an exchange of informa-
tion. Depending on the design of groups, there is also learning that goes beyond insofar
that a new shared perspective is created, it can be called problem solving in the network
(see Chapter 3.3.2). The two forms or intensities of learning by networking correspond
to the two models of older people's partnerships which have been distinguished in the
above, the ASC- and LSP-led models.

*Information exchange in the network*

In all older people's partnerships the dominant form of learning is information exchange.
Members are updated on developments in the involved organisations. Since the groups
are responsible for older people strategies, joint commissioning strategies, etc., the im-
plementation of measures which are discussed in those strategies is an important issue.
The same holds true for updates of the strategies themselves. In partnership meetings
presentations are given about certain services, especially those which have been in-
troduced recently, for example where the local area is a demonstrator site. Reports,
like annual documentations of services, are summarised. Documents are also circulated
among the members. Older people's views are not only considered through the groups'
membership, which includes for example representatives of older people's forums, but
also through presenting case studies of service users, results of surveys, focus groups,

etc. Personal experiences with services, etc. are also discussed, after all many members belong to the older age group themselves.

The groups also debate and develop ideas for improving older people's quality of life. An example is the development of an Older People's Charter in Poole, a document mainly consisting of eight principles how older people should be treated. Various local organisations have signed up to the Charter. If the partnership focuses on exchanging information and developing ideas, results are not predictable.

Those partnership members belonging to the core of people who are exceedingly committed to improve older people's quality of life, i.e. those who have been described above as crucial for agenda setting and diffusion in the wider network, do not report to have changed their attitudes in the course of partnership work.

> "…exactly the same now as it was in the beginning. I was really clear about what it was what we're doing. […] To me this just makes logical sense to be approaching it like this. So I've been on a personal mission to persuade anyone else that this is the direction of travel." (Ms T., Dorset POPPs: 26)

This is in contrast to those who had not been as enthusiastic and clear about their aims at the beginning of their involvement. Hence, this changing of attitudes plays a bigger role in Poole's model of the older people's partnership which has a much wider membership than in the other two areas. Those not usually involved with older people and ageing, like transport providers or police officers, might become aware of older people's special needs for the first time. In the other two areas, a large part of the members is closely involved with older people anyway, thus there is "preaching to the converted a lot of the time" (Ms T., adult social care North Tyneside: 29).

In Poole's older people's partnership, learning is largely restricted to information exchange and developing ideas. The effects comprise the systematic diffusion of specific knowledge concerning older people's issues, specifically with respect to older people strategies, the development of new ideas and a change of attitudes in the wider membership. In North Tyneside and East Sussex, there is an additional form of learning, problem solving in the network, which will be presented in the next section. In Poole, too, there are singular instances of problem solving in the network, for example with regards to the definition of collective goals for the older people strategy.

*Problem solving in the network*

In the general learning literature, the term problem solving refers to the way how knowledge is used or applied (Mietzel 2003, 247). With respect to collective learning, it emphasises striving for consensus and developing a shared perspective (Wilkesmann 1999, 78; Pommeranz 2001, 201). See Chapter 3.3.2 for concepts of collective learning. This

form of learning is in the main restricted to the ASC-led partnerships in North Tyneside and East Sussex. In the latter area, it is more pronounced. The Older People's Partnership Board of the area plans and commissions health, housing and social care services for older people. Smaller task groups carry out much of the more concrete work.

> "We have the opportunity to look at certain things in depth. But instead of in the past that being a small room with three professionals in it making a decision, service users, voluntary sector carers that have an interest in this will all be a part of that discussion and will develop very very detailed solutions to the elements that we want to put together. If we're dealing with something as complex as end of life care, we will have service users on there, we will have members of the public there, we will have them as a part of that process. They will work alongside the professionals, they will look at what the various options are, that will come back to the Partnership Board and together we will make a decision to which option we want to go with. But there is no forced governance. The governance still remains with the cabinet and council system here at East Sussex County Council, in the boardrooms of the national health trusts and the various other organisations that are partners around the table. All we essentially do as a Partnership Board is agree to have a common policy and then we each go away to endorse that policy. But there's no strict governance to that process, but what it is, is a genuine engagement and a very very detailed engagement." (Mr C., councillor East Sussex: 34)

Even if the group does not have the final responsibility for service design, it has an enormous influence on it. The authorities in charge rely on the work of the partnership board.

Problem solving in the network is similar to Hastings' (1996) concept of mutual transformation in partnerships. Mutual transformation refers to network members' willingness to change themselves as well as others, i.e. "a desire to learn as well as to teach" (262). Hastings contrasts mutual and uni-directional transformation. Uni-directional transformation means that one or all network members are not willing to change. Power differences decide on who changes.

Work on draft plans, for example the action plan for the East Sussex dementia strategy, illustrates how the partnership develops a common perspective. Drafts are discussed, whereby especially critical attitudes are voiced. The draft is then amended to come up to the different perspectives of the network members. Nevertheless, strategies are only to a certain extent group products as will be discussed in Chapter 7.4.1. Usually one or several individual actors produce the drafts: "Susan and Sue are producing a joint strategy between North Tyneside Council and PCT" (minutes Older People's Partnership Board 24/11/2009, 3).

Why does it come to creating a shared perspective in the older people's partnerships in East Sussex and in North Tyneside but not in Poole? The design of the partnerships is crucial for the learning forms within. The decisive criterion for problem solving learning seems to be having responsibilities that go beyond exchanging and developing ideas and including decision-making, for example concerning services. Furthermore, membership in East Sussex and North Tyneside is much smaller and more homogenous; ties between the members are stronger because the actors also work together in other contexts. Strong ties encourage trust between partnership members (Gulati et al. 2002, 291). They cover different types of actors concerning action orientations, but share a close reference to ageing and older people's issues. These characteristics help to create a shared perspective. Leadership corresponds to these differences, too. While Poole's partnership is led by an independent older person, those in North Tyneside and East Sussex are headed by high ranking representatives from adult social care and a charity, respectively. The contrasting design of Poole's partnership, which is wider and more heterogeneous with many weak ties, however, is more suitable to an exchange of information and the development of ideas. Table 9 provides an overview on the characteristics of the two models of older people's partnerships.

*Table 9: Overview of the two models of older people's partnerships (Source: own compilation)*

|                                                                      | **ASC-led partnerships**                                        | **LSP-led partnerships**                           |
| -------------------------------------------------------------------- | -------------------------------------------------------------- | -------------------------------------------------- |
| **Homogeneity**                                                      | High                                                            | Low                                                |
| **Size**                                                             | Small                                                           | Big                                                |
| **Ties**                                                             | Strong                                                          | Weak                                               |
| **Decision-making power**                                            | Yes                                                             | No                                                 |
| **Actual responsibility (not necessarily official responsibility)** | Council department (adult social care)                          | Local Strategic Partnership                        |
| **Dominant form of learning**                                        | Information exchange and problem solving                        | Information exchange                               |
| **Case study representatives**                                       | Older People's Partnership Boards in East Sussex and North Tyneside | Older People Services Steering Group Poole    |

To a large part, these findings correspond to Fürst & Benz's (2002) predominantly theoretical work on policy learning in regional networks. Their main argument is the following.

> "On the one hand the management of information requires pluralistic, polyarchic and open networks including competitive and internally autonomous actors in flexible but intensive patterns of communication. On the other hand, the effective solution of conflicts is more likely in homogeneous, hierarchical and closed networks with cooperative, interdependent actors forming stable coalitions of change-promoters." (Fürst, Benz 2002, 28)

What are not valid here are the criteria of hierarchy and competition, which do not play a role in any of the partnerships (see below). While Fürst & Benz analyse learning with respect to economic competitiveness, older people's partnerships predominantly follow the social aim to improve older people's quality of life. Otherwise, the two models observed in the case study areas correspond to the two forms of learning networks identified by Fürst & Benz. Their recommendation is to have both forms in one region – as "core networks and peripheral networks" (Fürst, Benz 2002, 30) – to combine the advantages of both.

Pommeranz (2001) has elaborated a definition of learning by networking which builds on problem solving (see Chapter 3.3.2). It emphasises a common behavioural norm among the actors in the network, a high intrinsic motivation and communication- and consensus-oriented coordination of distribution issues. This corresponds to the empirical findings. However, the determinants Pommeranz (2001, 218) names only apply in part. All observed partnerships are characterised by a low power difference between actors (see above). Empirical hints can also be found for the stimulation of socio-cultural resources and tacit knowledge assisted by a professional network management. The engagement of older people's forums is one example. They constitute a link between decision-making in older people's partnerships and the community of older people itself.

> "R1: I went to discussing this particularly with Richard [chair of the older people's partnership], he is very good at trying to find the time to cover and explain – and explain why they got to these things and that is up to us as forum people. Just getting to the wider people.
>
> R2: Yes I definitely see the forums as sort of part of a family tree if you like [yeah]. We have a lot of, well older people's groups, to start with that we sort of communicate with. And each of those groups have a lot of individual members and we have individual members as well. And our aim obviously is trying to reach all the older people in the whole of East Sussex." (Ms J. and Ms M., Wealden Senior Citizen Partnership, 51f)

The criteria of open network access and lose coupling within and across networks in contrast do not apply in the partnerships in North Tyneside and East Sussex. Network membership does not fluctuate very much and strong ties are dominant (see above). The latter characteristics apply, however to the exchange-dominated partnership in Poole. There is reason to assume that open network access and lose coupling are associated with learning forms that are restricted to on an exchange of information. This allows fresh ideas to enter the network. The development of a shared perspective, however, relies on more stable networks with a dominance of strong ties. This confirms the differentiation between collective learning as information exchange and collective learning as problem solving.

Open network access and lose coupling within and across networks are particularly debated in the learning region literature (p.ex. Butzin 2000, 161). The learning region concept is focused on economic competitiveness in regions, however. Transferability to learning in local older people's partnerships seems to be limited if these follow more precise objectives such as an improved coordination of services for older people – as the case in the ASC-led partnerships.

The learning region concept attempts to find out why some areas are more successful as learning regions than others. It emphasises the role of local or regional characteristics like the socio-economic situation or local culture. These have shown to affect the point in time when an area reacts as well as the planning contents and also has consequences for network learning. Due to the wealth of influencing variables, it is difficult to identify mechanisms. A crucial variable which interviewees referred to again and again is the voluntary and community sector's influence and the local tradition of partnership working. Both are said to play an exceptional role in North Tyneside.

Problem solving in the network strikingly parallels Healey's (2003) conception of communicative planning.

> "A communicative approach to knowledge production – knowledge of conditions, cause and effect, moral values, and aesthetic worlds – maintains that knowledge is not merely a preformulated store of systematized understandings but is specifically created anew in our communications through exchanging perceptions and understandings and through drawing on the stock of life experience and previously consolidated cultural and moral knowledge available to participants." (Healey 1993, 241)

Moral values which feature prominently in the author's definition are an important element of planning for an ageing population in older people's partnerships. Decisions taken in the partnership can be crucial for older people's quality of life as they define service standards or others. All the more one has to emphasise the significance of older people's membership in the partnerships and their judgement of the consequences the decisions have for their peers.

Wilkesmann (1999) contrasts problem solving in the network with simple collective learning (see Chapter 3.3.2). In this form of learning, a common perspective is created through majorities or hierarchies. Remarkably, simple collective learning can hardly be observed in planning for an ageing population in the case study areas' partnerships. As presented above, hierarchies play a marginal role in the networks. Majority votes are an exception. If they are used, they follow a discussion process with an exchange of perspectives. Accordingly, uni-directional transformation can rarely be observed in the partnerships (see above).

## 7.4    Strategy-making for an ageing population

The analysis of the local learning processes in planning for an ageing population terminates with an investigation into explicit strategies and strategy-making. The strategies build upon the developments which have been presented under the headlines of agenda setting, building up knowledge and collective learning. Thus, they can be interpreted as written manifestation of local learning processes. A multitude of statutory and non-statutory strategies are used in local governance in the UK (see Chapter 2.2). They build on a classical linear model of strategic planning following a sequence of situational analysis, definition of goals and priorities and the derivation of measures.

A variety of strategies are used in the local areas to tackle the ageing of the population. Some deal with older people exclusively – older people strategies, older people housing, care and support strategies and joint commissioning strategies for older people. Other formats that are used for setting strategic approaches how to deal with ageing and older people are cross-cutting plans like Sustainable Community Strategies, Local Area Agreements and council plans as well spatial planning documents such as Core Strategies. The terms strategy and plan are used interchangeably here (see Chapter 2.2).

In the course of the analysis of those strategies (Chapter 7.4.1), various national trends can be identified that appear again and again (Chapter 7.4.2). Examples are Lifetime Homes or prevention and early intervention. Subsequently, the many functions of the strategies and the strategy-making procedures are reconstructed (Chapter 7.4.3). They range from steering future development to bringing relevant stakeholders together. Involved actors especially emphasise the latter, the communicative function of strategy-making. It is not possible to cover the actual results of the strategies in the thesis (see Chapter 2.4).

### 7.4.1  Local strategies for dealing with population ageing

*Strategies dealing with ageing and older people exclusively*

Table 10 gives an overview on strategies which are dedicated to ageing and older people. It includes those strategy formats which exist in more than one of the case study areas. All three areas have an older people strategy: "A Time of Our Lives. Poole's Older People Strategy 2008-2013", with a similar title "The Time of Our Lives Strategy. Improving and promoting quality of later life in East Sussex 2008-2011" and "Planning for all of our Tomorrows. Growing older in North Tyneside" (2006). These strategies both address older people and function as a common frame of reference for providers of services for older people. In order to be attractive for older people, they are written in plain English, are illustrated with pictures and give contact details, for example of older people's forums. Poole's strategy especially focuses on assembling information sources for older people. A more or less pronounced intention of the strategies is to "challenge

stereotypes that present a negative image of ageing" (older people strategy East Sussex, 4) by addressing a variety of older people's needs and aspirations. These are not limited to health and care, but include such areas as leisure activities or further education. Pictures of active older people are supposed to help overcome the negative image and to encourage healthy lifestyles (see the section on prevention below).

*Table 10: Strategies dealing with ageing and older people exclusively (Source: own compilation)*

| | **Aims** | **Contents** | **Leading actors who developed the strategy** |
|---|---|---|---|
| **Older people strategy** (North Tyneside, Poole, East Sussex) | Promote actions to improve quality of life for older people; change attitudes towards ageing and older people | Current state and targets concerning areas identified as important to older people. Most important areas:<br>• Involvement of older people<br>• Information and advice<br>• Health and care<br>• Housing and housing related support<br>• Transportation<br>• Safety<br>• Finances | Older people's partnership |
| **Joint commissioning strategy for older people (North Tyneside, East Sussex)** | Plan commissioning of health and care services jointly between health and care organisations | Current service provision (such as residential care, day services),<br><br>analysis of needs, planned actions | Adult social care department together with PCT |
| **Older people housing, care and support strategy (North Tyneside, Wealden)** | Plan housing, care and support services, potentially covering broader issues around older people's quality of life | State of housing, care and support services, proposals to develop them further | Housing department/ consultant |

The older people strategies elaborate on the UK's ageing population and on local population development. Moreover, they present the local, and in the case of North Tyneside also the national, strategic context. This comprises for example links to other strategies. The thematic areas that the strategies cover are very similar in the three cases. Since the strategies build heavily on consultation with older people, they are topics older people are interested in. However, they are also influenced by national priorities (see below).

Many targets presented in the strategies remain rather vague, time horizons or indicators are rarely defined. A target concerning transport in East Sussex is for example "We will work with the voluntary and community sector to explore sustainable approaches to empowering local communities and villages to develop their own transport solutions" (18). Yet, there are more concrete examples, too, like developing a certain strategy until a specific date. The planning horizon is three years in East Sussex and five years in Poole; in North Tyneside it is not stated explicitly. No additional financial resources are linked to older people's strategies but they are supposed to influence resource allocation of the respective council departments, PCT, etc. Overall, the strategies have a relatively low degree of compulsion.

Officially, older people's partnerships, in the case of East Sussex together with the officer group for older people services, are responsible for the older people strategies. As stated in the previous chapter, the documents are only a group product to a limited extent. They are much influenced by the actual author who assembles the strategy and the organisation he or she works for. North Tyneside's older people strategy, whose third edition is being developed at the moment, stems from the adult social care department. In East Sussex it is also adult social care which is in the lead; in Poole in contrast, it is strategic planning services, i.e. the LSP's administration. Even if their thematic scopes are comparable, this has consequences for putting the strategy into practice. East Sussex published an update on its strategy to present achievements. Poole's strategy discusses first results of strategy work within the strategy itself. The updates refer e.g. to new information leaflets or new service offers such as dementia services. Supposedly, however, not all of the assembled achievements are merely due to the older people strategies.

In two of the case study areas, North Tyneside and East Sussex, there are joint commissioning strategies for older people. Commissioning

> "is an activity undertaken by Primary Care (NHS) Trusts and local authorities, who hold the budgets from which services are funded, and therefore decide what services should be provided in response to the needs and views of local people" (joint commissioning strategy for older people East Sussex, 1).

Joint commissioning between health and social care goes back to the national government's White Paper "Our Health, Our Care, Our Say" (Department of Health 2006). Whereas older people strategies have a broad remit covering manifold aspects of older people's quality life, joint commissioning strategies are more specific, focusing on health and care services and their alignment. Their contents go beyond strategic guidelines and constitute the concrete basis for commissioning processes. Their impact on daily work is very high. Consequently, they are more voluminous than older people strategies. In East Sussex there are implementation plans for different subtopics. They give precise actions to achieve the strategy's aims together with timescales and responsible officers.

Both strategies consider a time horizon of three years. Whereas North Tyneside has only published its joint commissioning strategy recently (2010), East Sussex County Council issued its strategy in 2007. In 2009 a summary report on "Success and opportunities two years on" followed.

Another strategy focus, which two local areas have chosen, is older people housing, care and support. In East Sussex all districts are working on this kind of strategies, albeit with considerable time lags. Wealden's housing department elaborated its draft strategy together with Lewes in 2005 and published a separate strategy three years later. Its aim is

> "To enhance the social inclusion, dignity, choice and independence of older peo-
> ple living in Wealden District Council, by maintaining people in their own homes
> and through the provision of a range of housing and housing related support
> services" (Wealden Older Persons Housing, Support Strategy 2008-28, 3).

The strategy is complemented by an implementation plan. While the strategy covers 20 years, the implementation plan refers to a five-year-timeframe. North Tyneside's adult social care and housing departments commissioned a consulting agency to elaborate a housing, care and support strategy. The agency had developed similar strategies in other local areas. With its 226 pages "My home, my life, our community. Housing, Care and Support for Older people in North Tyneside" is extremely voluminous. It was published in 2005 and covers a time frame of 25 years, the action plan 10 to 15 years. The strategy has a wide remit around older people housing, care and support. It covers for example the strategic background concerning prevention, engagement, etc. The action plan was not developed by the consultant, but by representatives of the council's housing and adult social care departments. Decisions in the realm of the built environment are characterised by long term impacts. Accordingly, housing, care and support strategies are more abstract if compared to joint commissioning strategies and have a lower impact on daily work. They overlap with general older people strategies, e.g. concerning strategic goals, but also joint commissioning strategies, e.g. with respect to care home planning.

Other strategies which are not listed in Table 10, because they exist in only one of the three case study areas, are the "Strategy for ensuring older people's involvement in the improvement of public services across East Sussex", which was published in 2005 and "Forward from 50. A guide to later life in East Sussex". The latter is a booklet for older people which was developed together with older people. It has similarities to the older people strategy in that it gives information and contacts, but it does not present targets.

*General local development strategies dealing with ageing and older people*

In addition to the strategies specifically dedicated to ageing and older people, various other local strategies are concerned with this issue (see Table 11). An overview on strategy formats used in local governance has been given in Chapter 2.2.

The Sustainable Community Strategies in all three case study areas deal with ageing and older people. Their long term vision covers around 20 years. East Sussex's "Pride of Place. Working Towards a Better Future for Local People and Local Communities 2008-2026" declares that "One of the biggest challenges we face is an ageing population" (11). Thus, it looks thoroughly into the ageing of the population and its local implications – in different parts of the strategy and in a specific chapter on older people. In the county's Sustainable Community Strategy there are chapters for each of the districts and boroughs. Wealden's chapter also deals with ageing and its consequences, focusing on housing. In "Closer – North Tyneside's Sustainable Community Strategy 2007-2010" ageing features very prominently as well, it is one of the two central challenges the borough is said to be faced with. The topic is taken up in various sections of the strategy. Both East Sussex's and North Tyneside's Sustainable Community Strategies mention the aim to counteract ageing. Young people should be retained and attracted. North Tyneside even defines an explicit target: by 2030 the percentage of people under 40 as a proportion of the total population is supposed to increase. "Shaping Poole's Future. Poole's Sustainable Community Strategy 2006-2012", finally, contains a chapter "Valuing Our Older People". Correspondingly, "Valuing our Older People – where older people enjoy healthy and independent lives" (10) is one of seven elements of the vision for the local area. The ageing of the population is treated rather indirectly in Poole – only in the chapter on Valuing Our Older People, the increasing number of older people is mentioned. All three Sustainable Community Strategies make reference to more specific strategies like older people strategies.

Sustainable Community Strategies are accompanied by Local Area Agreements. They define measurable goals for the coming three years and are particularly relevant to action as they are coupled to funding. The indicators which those LAAs consist of do not reflect the weight attributed to ageing and older people in the three Sustainable Community Strategies. In Poole's LAA the Stretch Target "improved independence – especially for older people through Direct Payments" is the only indicator specifically dealing with older people. A Stretch Target is an exceptionally ambitious goal. The local area receives funding to help achieve the target and is rewarded if it is successful. Tellingly, a summary allocates the targets to all key themes of the Sustainable Community Strategy apart from "Valuing our Older People". North Tyneside has chosen to use NI 139 in their LAA: "People over 65 who say that they receive the information, assistance and support they need to exercise choice and control to live independently". In the previous version, priority local outcomes were defined, where one of four areas was "Healthier

Communities & Older People". The indicators referred more to general health and young people than older people, however. They dealt with issues like reducing smoking or obesity. In East Sussex's LAA there is no indicator dealing with older people specifically. However, all three local areas have chosen some indicators which deal with social services for vulnerable, but not necessarily older, people. NI 135 "Carers receiving needs assessment or review and a specific carer's service, or advice and information" for example is included in all three LAAs. Exemplary for this indicator the different baselines and target values to be reached within three years are as follows: North Tyneside 20.1 per cent to 28.3 per cent, Poole 12.6 per cent to 25.00 per cent, East Sussex 12.46 per cent to 22.00 per cent.

*Table 11: General local development strategies dealing with ageing and older people (Source: own compilation)*

|  | Role of older people/ ageing in the strategy | Contents | Leading actors |
|---|---|---|---|
| **Sustainable Community Strategy (SCS, mandatory, long-term vision for the area)** | Older people/ageing as one of the thematic areas of the SCS and/or woven into the whole strategy | Demographic development, strategic priorities and planned actions, building on current state, such as increasing the choice of supported housing; references to other strategies for older people | Local Strategic Partnership |
| **Local Area Agreement (LAA, mandatory, set of indicators to measure success in putting the SCS into practice)** | Potentially one of the three National Indicators (Nis) relating to older people; potentially stretch target | For example NI 139 "The extent to which people receive the support they need to live independently at home" | Local Strategic Partnership |
| **Core Strategy (mandatory, spatial counterpart to the Sustainable Community Strategy) or Unitary Development Plan/Local Plan (predecessor of the Core Strategy containing strategic planning policies)** | Potentially woven into the whole strategy, i.e. into chapters on characteristics of the area, policies, etc. | Policies to deal with housing implications of ageing like independent living, adaptable houses, care homes; accessibility to services and facilities, etc. | Planning department |
| **Council plan (framework for all services a council provides)** | Potentially one of the priorities identified in the plan and/or singular measures mentioned | Planned measures, for instance to establish a housing and support strategy for older people | Council |

Time horizons for creating Core Strategies, the new central spatial planning documents stipulated by national government, differ very much between the case study areas (see Chapter 6.1.1, section on spatial planning). While Poole's Core Strategy has already been adopted in 2009, Wealden is at the preliminary stage of having a "Core Strategy

– Spatial Development Options", which presents alternative approaches to steer spatial development. Until the final Core Strategy comes into force, the Wealden Local Plan from 1998 is valid. It is complemented by the Non-Statutory Wealden Local Plan which was approved as an interim guide for development control in 2005. North Tyneside is even further behind national government requirements. The so-called "Issues and Options Report" represents the current state of work in preparing a Core Strategy. It is not a draft Core Strategy but constitutes a basis for discussion of the main strategic issues that should be tackled in the final document. Meanwhile, the Unitary Development Plan, which was adopted in 2002, is still valid. In 2007, policies were saved and guide planning decisions until the new Local Development Framework documents will replace them. Core Strategies cover a planning period of 15 to 20 years, previous formats of development plans covered shorter periods.

Parallel to the differences in plan making progress, there are enormous variations in how far ageing and older people are treated in the spatial plans. North Tyneside's Unitary Development Plan refers to spatial implications of population ageing with respect to housing, including residential care, transportation, shopping and recreation. The Issues and Options Report makes very few references to the borough's ageing population. The Wealden Local Plan focuses on housing, particularly special needs accommodation for older people. Similarly, Wealden's Core Strategy Spatial Development Options deals with housing in an ageing society, predominantly with adaptable design. Its vision and aims include retaining and attracting young people and considering the needs of the increasing proportion of older people at the same time. In contrast to the spatial planning documents in North Tyneside and Wealden, the issue of an ageing population is woven into almost all sections of Poole's Core Strategy. Housing requirements and health needs are in the focus, independent living is the crucial challenge affecting both fields. The strategy presents an explicit spatial interpretation of the Sustainable Community Strategy vision "Valuing our Older People"; it is called "where older people enjoy healthy and independent lives" (27). Core policies specifically relevant for the ageing population again focus on housing – care homes and Lifetime Homes – and health. The policy for Lifetime Homes for example is "the adoption of Lifetime Homes Standards, or their equivalent, will be encouraged in all new housing developments" (60 f.). Indicators of achievement for the Core Strategy's strategic objectives include for example the provision of 25 additional care home bed spaces on average per year.

Those planning authorities that are advanced in adopting new instruments are more progressive in dealing with ageing, too. On the one hand, this is due to the new instruments demanding a thorough analysis of population development. On the other hand, it has to be kept in mind that population ageing in North Tyneside is not as marked as in the other two areas. North Tyneside's planners argue that Core Strategies should focus on those issues that are particular for a district and those which differ within the district.

This contrasts with North Tyneside's otherwise wide-ranging activities in planning for an ageing population. An interviewee admitted "I mean, I think you've caught us out here" (Mr H., planning North Tyneside: 65).

The council plans in the three case study areas also differ very much concerning the role ageing and older people play. Council plans are the local framework for service planning and are used to allocate funding. The "Wealden Corporate Plan 2010-2013" does not occupy itself with ageing or older people. In North Tyneside's "Working closer with communities. Council Plan 2008-12" the topic merely plays a role with respect to singular measures. Those cover mainly housing for older people, especially with respect to the "Quality Homes for Older People" project, and measures to improve older people's well-being, for instance a gardening scheme. In contrast, ageing is one of the priority topics in "Poole's Corporate Strategy 2010-2012. Striving for Excellence...for the people of Poole". This is probably due to the LSPs responsibility for the ageing agenda - in contrast to the more specific allocation to ASC in the other two areas. "Meeting the needs of our ageing population" is one of eight "Corporate Commitments". In many other Corporate Commitments there are cross-references, for instance concerning health and well-being or housing. Remarkably, the corporate strategy mainly talks about the ageing of the population, not about older people as such; this contrasts with the SCS. It presents achievements, like the older people strategy, and further priorities. Those cover transport, "well co-ordinated health, social care and support services" (11), housing and older people's involvement. The priorities are reflected in the indicators that are used to monitor success. Here one of the national indicators for older people was chosen: NI 138 "Maintain older people's satisfaction with the local area". Remember that none of those indicators is used in Poole's Local Area Agreement. Another national indictor (NI 4) is specified for older people: "% of older people who feel they influence decisions affecting their area".

Overall, the various different strategies fit into a hierarchy which is led by the SCS as the broadest and most abstract strategy. They hardly contradict each other, but tackle ageing to a different extent – even if they are required to correspond closely to each other as the LAA to the SCS. Frequently, the strategies refer to each other. With the exception of spatial planning documents, it can be stated that the choice of strategy formats does not depend on the proportion of older people an authority has and that contents are only marginally dependent on it. The general ageing trend and the wish to improve older people's quality of life are usually in the foreground. Strikingly, those plans which are relevant for funding allocation do usually not give the topic much weight.

### 7.4.2  National trends reflected in local strategies

A number of issues appear repeatedly in the above presented strategies. These are trends that are debated nationwide (see Chapter 2.3) and taken on locally. Often, there is no

explicit reference to the influence from the national level. The following is a symptomatic statement; it refers to LAA indicators but is valid with respect to many issues.

> „I: That was given?
>
> […]
>
> I: Yes, the government brought in those themes. But we recognised it locally as being ahm important." (Ms I., Local Strategic Partnership Poole: 39-42)

The local actors do not merely imitate national strategies but apply them to local circumstances. The following issues play a prominent role in local strategies and were also discussed in the interviews. In essence, they are without controversy and local actors approve national strategies' stimulating function. Usually strategic topics are connected to funding streams, targets, etc., which can provoke instances of superficial application without local learning beyond behaviourist forms.

*Prevention and early intervention*

The concept of prevention refers to approaches and services that prevent or postpone the need for more intensive services like acute care. Preventative approaches include, for example, opportunities for older people's engagement in the community. Early intervention is a related concept referring to timely measures in order to prevent deterioration if older people already suffer from health issues. The image of the "triangle of care" and its turning upside down illustrates the trend (Association of Directors of Social Services & Local Government Association 2003, see Figure 21). It is important to note that the emphasis changes from the frailest people who are in need of acute care to the promotion of all older people's well-being. This means inter alia investing more in communities, for example into leisure activities or lifelong learning and into services provided at or close to the home. Hence it is linked to the trend to maintain people at home (for longer). Less should be spent on acute care, which is usually provided in hospitals.

Important publications that have developed the prevention agenda are "All Our Tomorrows. Inverting the triangle of care" (Association of Directors of Social Services, Local Government Association 2003), the White Paper "Our Health, Our Care, Our Say: a new direction for community services" (Department of Health 2006) and the ministerial concordat "Putting People First. A shared vision and commitment to the transformation of adult social care" (HM Government 2007). Prevention is motivated by reductions in expenses for costly acute care and older people's increased independence and well-being.

On the local level, it is mainly joint commissioning strategies and older people strategies that deal with prevention and early intervention. Poole's older people strategy, for example, assembles activities "To Remain Healthier for Longer" (27). North Tyneside's

Housing, care and support strategy, takes up the prevention agenda, too. Concrete measures that are discussed in the strategies cover a broad spectrum from fitness to mental well-being. Key actors on the local level are health and adult social care. The inversion of the triangle of care implies a change of responsibilities, however. Different service providers who support older people's well-being gain importance and might eventually belittle adult social care's status.

> "Under the old model social services would have been in the lead. Under this model social services are just one of the contributors because what leisure servi-ces do is as important as what we do. […] And there's an outdoor gym. So there is press-ups and all the sort of stuff and bars and lots of stuff. And that was an initiative of leisure services. […] So the, the thrust of who's responsible is chan-ging. Because the older population in Poole is now 30500 people, social services would only see about 4000 older people or 4000 adults including older people in any one year. So the great majority of older people are not actually clients of social services. They are, they are…the buses, you know, with free bus passes, the buses see more older people than we do. And so older people's ability to get out and about using the free bus pass is gonna keep them alert, is gonna keep them active. And the more that happens, the less they're gonna be knocking on social service's doors. So, social services will always have a part to play in a strategy for older people, but I don't think it's the level to which historically social services would have been seen to be responsible. Perhaps until to fairly recently people would have said, older people, social services. Not any more, I don't think. Under that model, it's what transport does, it's what libraries do, it's what leisure do, it's our houses are designed for older people. So we increasingly just a contributor to it, not the lead agency, yeah, yeah." (Mr K., adult social services Poole: 37).

Furthermore, there is need for partnership work, because many different organisations influence older people's well-being. A problem mentioned in many interviews is the dif-ficulty to evidence impacts of preventative measures (see Chapter 7.2.1).

*Maintaining older people in their own homes*

The trend to maintain older people in their own homes is linked to the prevention agen-da. The keyword in the debate is independence, often linked to dignity. Measures to assist older people staying in their own home are usually related to health, social care and housing – the "triangle of independence" (see Chapter 6.1.1, section on housing). They cover for example healthcare in the community or choice of housing. Frequently, they demand a closer linkage of health, care and housing. In contrast to services offered in care homes, support in people's homes can be more responsive to actual needs.
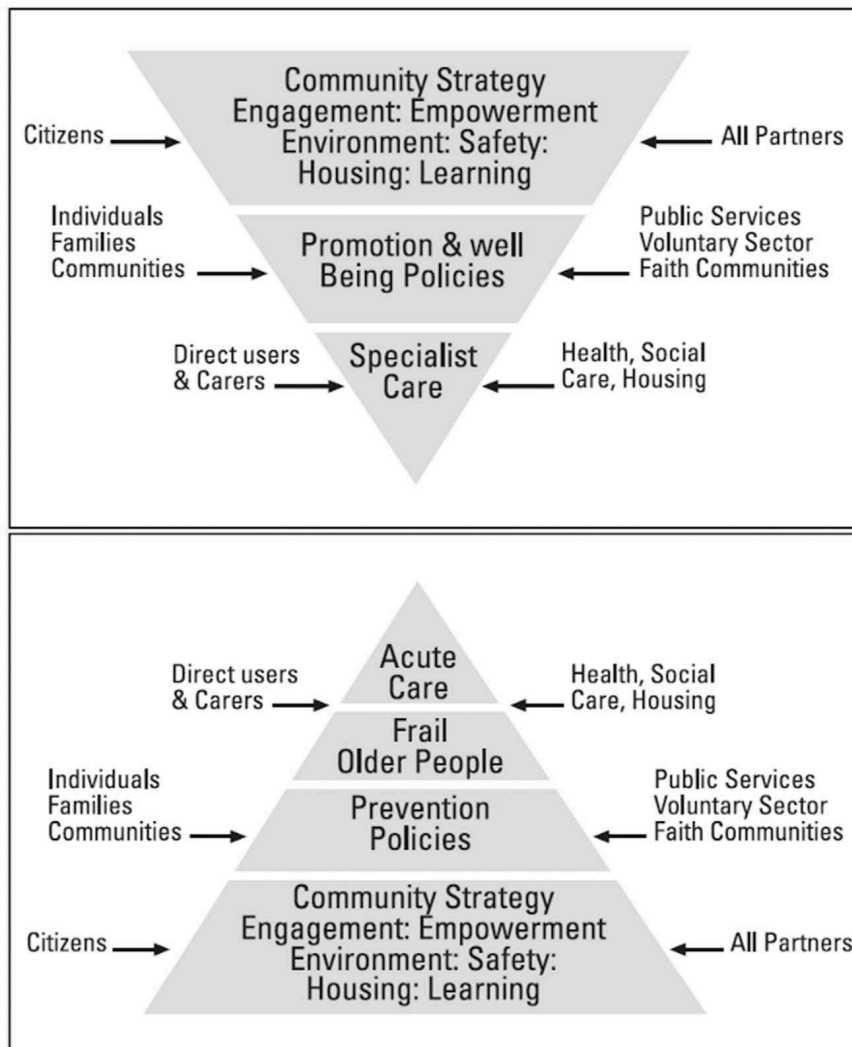
*Figure 21: Inverting the triangle of care (Source: Association of Directors of Social Services, Local Government Association 2003, 9)*

In consultations on the national and the local level (see for example Poole's older people strategy or North Tyneside's housing, care and support strategy), older people repeatedly express the wish to stay at home as long as possible. This is linked to the fact that many older people are owner-occupiers. The financial motivation of saving costs for care homes is rarely mentioned in the debate. A major driver for the trend is again the White Paper "Our Health, Our Care, Our Say: a new direction for community services" (Department of Health 2006), which deals especially on community-based care and care closer to home. The "Lifetime Homes, Lifetime Neighbourhoods" strategy (Department for Communities and Local Government et al. 2008) focuses on the housing aspects of

staying put. One of the national indicators for older people covers this trend, too: NI 139 "The extent to which people receive the support they need to live independently at home".

All of the local strategies dedicated to ageing and older people – older people strategies, joint commissioning strategies and housing, care and support strategies – follow the aim to assist older people staying in their own homes. In Poole's Core Strategy this issue features very prominently, too.

> "A key challenge for Poole will thus be to maximise opportunities for indepen-
> dent living and appropriate care for elderly residents, in terms of housing needs,
> health care and access to facilities and services." (Core Strategy Poole, 16)

The health and social care side of the debate focuses on domiciliary care, community healthcare and assistive technology like alarm services. For community healthcare, it is crucial that access is ensured for all potential users. Two issues are much debated recently: offers for people with dementia and personalisation. The latter is linked to direct payments which older people can use to buy services of their own choice (see below).

For the housing side of the issue, the aim of Wealden's "Older Persons Housing & Support Strategy" is a typical statement.

> "To enhance the social inclusion, dignity, choice and independence of older peo-
> ple living in Wealden District Council, by maintaining people in their own homes
> and through the provision of a range of housing and housing related support
> services" (Wealden Older Persons Housing, Support Strategy, 3)

Choice and affordability are crucial targets in housing provision for the elderly. Extra care housing becomes more and more popular, i.e. homes for sale or for rent where older people can access care corresponding to their specific needs. As the next section will present, more new homes are built which are adaptable to older people's special needs. Handyperson services are an example for housing support. The recent debate is also concerned with equity release schemes to tackle maintenance problems. Furthermore, strategies as well as interviewees emphasise the need for information about housing and housing-related support options.

*Lifetime Homes*

In all three areas, Lifetime Homes standards are in the discussion, their benefits being widely recognised. As presented in Chapter 2.3, the standards are design criteria to make housing adaptable to changing needs in different phases of life. The housing association Habinteg and the Joseph Rowntree Foundation were leading in their development (www.lifetimehomes.org.uk) at the beginning of the 1990s and the "Lifetime Homes, Lifetime Neighbourhoods" strategy accelerated their implementation. It deter-

mined that by 2011 all newly built public housing will comply with Lifetime Homes Standards and defined the aim that by 2013 all new housing will be built to the standards. (Department for Communities and Local Government et al. 2008, 14)

Poole has a Lifetime Homes policy in its Core Strategy, which the older people strategy refers to. The strategy informs about the concept and presents it as a means to support independent living (see section above). The actual policy is formulated as follows: "The adoption of Lifetime Homes Standards, or their equivalent, will be encouraged in all new housing developments" (62). Success will be monitored. Even though North Tyneside's Sustainable Community Strategy and the housing, care and support strategy mention the Lifetime Homes concept as a means to promote independent living, current spatial planning documents do not refer to it. According to the interviewees, neither are there any plans to do so in the future. In Wealden, the concept is discussed in the housing and support strategy but without any concrete statements. The county's joint commissioning strategy places the responsibility for Lifetime Homes to the planners in districts and boroughs. The Core Strategy Spatial Development Options mentions that new developments should be adaptable to needs at different stages of people's lives. An interviewed planner in Wealden admits that they are behind other areas, however and plan to learn from other areas' examples.

The following obstacles to putting Lifetime Homes standards into practice are recognised. The local authority can only prescribe their application in public sector housing. This has for example happened in North Tyneside's Homes for the Future project. Because of the additional cost, even if low, the private sector is rather reluctant to build according to Lifetime Homes standards. Only if using grant funding, it is forced to apply the standards. The planning authority can merely try to encourage private developers – as in Poole. It is also mentioned that if there are no strict criteria, it will only be followed superficially.

> "So it will mainly impact on the wider planning authorities look at request for new building. And how they are going to insist that they are to what is called Lifetime Homes standard. In other words they will suit people with disabilities ahm they are such that they can be adapted to people who have limited mobility etc. – and perhaps even wide enough doors to take wheelchairs. Now in the past, people have paid – you understand the expression – lip service to that. It means that somebody behaves as if they are following the instruction, but they are only doing it very superficially." (Mr K., charity East Sussex: 19)

*Lifetime Neighbourhoods*

The concepts of Lifetime Homes and Lifetime Neighbourhoods are related. On the national level, many publications deal with Lifetime Neighbourhoods. Charities like Help

the Aged (e.g. 2008) or the International Longevity Centre (e.g. Department for Communities and Local Government & International Longevity Centre UK 2007) have to be mentioned here. The "Lifetime Homes, Lifetime Neighbourhoods" strategy (Department for Communities and Local Government et al. 2008) connects both models. The national indicator 138 measures the "satisfaction of people over 65 with home and neighbourhood". However, the term Lifetime Neighbourhood is not well-established yet – in contrast to Lifetime Home. Even though the idea might be followed implicitly, the term is rarely used. Furthermore, the concept is very broad, covering so diverse aspects as physical accessibility and social cohesion.

Wealden's Housing and Support Strategy is the only strategy in the three case study areas which presents the Lifetime Neighbourhoods concept explicitly. It summarises messages from "Lifetime Homes, Lifetime Neighbourhoods" and "Towards Lifetime Neighbourhoods: Designing sustainable communities for all. A discussion paper" (Department for Communities and Local Government, International Longevity Centre UK 2007). In many other strategies it is covered implicitly or certain aspects are singled out. The Lifetime Neighbourhoods concept is related to the idea of sustainable neighbourhoods (Department for Communities and Local Government et al. 2008, 96). In North Tyneside's Sustainable Community Strategy for example "A borough of sustainable neighbourhoods" is one of the six strategy themes covering environmental aspects, safety and participation. It touches on issues like tensions between different age groups and proposes actions to tackle such problems. The above mentioned national indicator 138 is used in Poole's Corporate Strategy.

One focus of the Lifetime Neighbourhoods agenda is the increased cooperation of the public sector with the voluntary, community and faith sector on the neighbourhood level. Social activities for older people can for example be offered together. This aspect is an element of many strategies, for example older people strategies and Sustainable Community Strategies, and interviews. However, the trend, which is often motivated by declining financial resources in the public sector, is not restricted to older people's issues. It is connected to the increased participation of individual older persons and groups on different spatial levels (see below). The neighbourhood level is especially relevant for older people, because many spend much time within their immediate surroundings.

> "Because there is a big big push on in Poole at present about how we engage localities and that's bourne from a belief that there's a huge capacity that's contained within communities. Obviously in the way that Gordon Brown, our prime minister's up to sort of bail out the banks, the amount of money that'll be in the public purse from about next spring on, is going to be very very tight. And so there isn't gonna be enough money in the public purse for the range of services that we do. So we have to start looking elsewhere. And it's about what exists within a locality, what exists within a community, what exists within a neighbour-

> hood to contribute to that same agenda. So spatial planning for us is very much about much greater moves to locality working, much more about relational work with communities and voluntary groups, churches in terms of how they can contribute to the agenda. It's about understanding the issues at a local level. And it's about having the statistical evidence at a local level in terms of planning services. But critically it's about how you invest in creating relationships at a local level, at some kind of sort of spatial level, rather than, rather than working to some constitutional and borough type of boundary, which doesn't actually mean anything much at all. It's actually how you identify something at a community or local level which has meaning. And then how you use that to create a, some kind of sort of initiative." (Mr K., adult social services Poole: 43)

Safety is a central issue for neighbourhood activities – not only for older people. Poole has for example a "Safer Neighbourhood initiative" where local service providers work together to improve safety with the help of certain actions and by improving contact to local residents as well as possibilities to influence.

Another core aspect of the Lifetime Neighbourhoods agenda is the availability of services and facilities and transport connections to services and facilities. It is reflected in planning documents like North Tyneside's Unitary Development Plan and statements by planners like the following.

> "I: What about Lifetime Neighbourhoods, that concept. It's much more difficult to grasp a Lifetime Neighbourhood. But are you also following these ideas?
>
> R: Yeah, only probably at a strategic level. Ahm, in that we, our spatial strategy is ahm, is around sustainable communities and is focused on existing centres. And as it happens, certainly in Poole, and it's probably true in most places, there is a relatively balanced mixed of age groups in centres, where you tend to get a bigger separation of age groups in the more suburban areas. Certainly some of the coastal areas around Poole, the more well-off locations, extremely well-off locations tends to be more elderly people. Lots of the smaller state estate development tends to be young families, young families. There isn't, there isn't, as mentioned, there's no tensions there really but that's it is gonna be difficult to see significant change in those areas, cause they're well established. There's little scope for additional facilities or additional built development in them. So I think they'll probably stay much as they are. I think where the change has to be managed carefully is in the town centre and the local centres where we've seen more development and that will be about ensuring it's the right type of housing, the right type of facilities that are in place. And obviously the people living in those centres have the right opportunities to move, to be able to move around the town as well. So it's about public transport as well in dealing with it as well.

But yes, I mean strategically sustainable neighbourhoods and lifetime neighbourhoods are there but it's not a, it's not a huge issue for us. It is something, you know, we're mindful of." (Mr O., planning Poole: 35f)

*More participation of older people*

Older people's participation in policies and service planning has been discussed in Chapter 7.2.2. Hence, only its relevance for local plans is considered here. It has to be kept in mind that there are manifold activities by national government in this field like the Better Government for Older People (BGOP) initiative or Statements of Community Involvement (SCI), which have to be included in local plans. Participation is a crucial element of all older people strategies under the headings of "Nothing about us, without us" (North Tyneside), "Playing a part and contributing to the community" (East Sussex) and "A Time To Get Involved" (Poole). East Sussex even has an Older People's Involvement Strategy. Remarkable in this context are also North Tyneside's older people housing, care and support strategy and Poole's Corporate Strategy, which specifies the national indictor NI 4 for older people: "% of people older who feel they influence decisions affecting their area".

*Dementia*

Dementia has only recently risen on the agenda. In 2009 "Living well with dementia: A National Dementia Strategy" (Department of Health 2009) was published. A dementia awareness campaign by the NHS followed in 2010. The topic is considered in Poole's older people strategy which presents services for people with dementia. Otherwise, it is mainly the more specific strategies, i.e. joint commissioning strategies for older people and housing, care and support strategies that deal with dementia services. Many interviewees acknowledge the push by the national government to deal more with this "Elephant in the corner of the room" (Mr C., councillor East Sussex: 4).

*Personalisation*

Personalisation is another relatively new item on the ageing population agenda. It is linked to so-called personal budgets, i.e. money given to older people to purchase their own care services. Service users can decide whether they prefer to receive a budget or use standard services. Adult social care administers the budgets. This is closely linked to the debate concerning older people's independence and dignity. "Putting People First" (HM Government 2007) introduced the idea of personal budgets.

The concepts of personalisation and personal budgets are presented in Poole's and East Sussex's older people strategies and the housing, care and support strategies and aims are fixed in North Tyneside's council plan. More detailed occupation with the concepts

can be found in the joint commissioning strategies. Several of the indicators used in LAAs or on a voluntary basis refer to personalisation. Poole's LAA features the Stretch Target "improved independence – especially for older people through Direct Payments". East Sussex uses the national indicator 130 "Social Care clients receiving Self Directed Support per 100,000 population" in their LAA. North Tyneside has agreed to monitor the same indicator locally.

Some strategies and interviewees explain difficulties with the introduction of direct budgets. On the one hand, older people struggle with the responsibility to organise their own care. Many prefer the idea to get individual support, but are overstrained in practice. On the other hand, it is a huge bureaucratic effort to assess older people's needs in order to allocate budgets.

> "That is one of the clever ideas that they have come up with. And I use the word clever in inverted commas. It is something that is called direct budgets. So instead of an official in the county council saying our Misses Smith needs some hours of care a day. We will organise carer to go in, what we will do is that we give Misses Smith that money to organise her own carer. Now most pensioners have never been an employer, most pensioners have never recruited anybody. So there is an interface group being developed. And we've put our hand up, as being interested in our area, who are called brokers. And the county is supposed to pay you a fee to set it up. But the way it is currently structured you get a one off, moderate fee to set it up, now experience of old people is that after six month they want to make changes. There is no money to support the changes or anything that happens downstream. It is a one off fee. And what we see is a polite way of getting what is called the third sector, the voluntary sector to take responsibility – total responsibility for doing something for very little return." (Mr K., charity East Sussex: 59)

### 7.4.3 The functions of strategies and strategy-making

As the analysis of local strategies dealing with ageing and older people has shown, a variety of strategies exist and their contents are strongly influenced by national trends. Critical voices could ask for the necessity of such an abundance of plans and such a repetition. With the help of the interview data, the functions of the strategies and the strategy-making procedures were thus analysed. They range from guiding concrete measures to bringing relevant stakeholders together. In this sense, they are not merely manifestation of learning, but can also stimulate learning. However, in some instances strategy work is rather superficial. It is self-evident that the different effects depend on the nature of plans.

Specific plans guide concrete work; this is especially the case for joint commissioning strategies for older people. The following statement refers to the above mentioned summary of achievements two years after East Sussex's joint commissioning strategies for older people was published.

> "I1: I have got a beautiful one in my pile of lovely things – we sort of summarised. A nice kind of glossy summary of what we've been doing for two of the three years of it. So I mean that was a summary of what we have done. So we could share with older people themselves. It is kind of wrapping up, but here there is such an array of activity on the back of this [joint commissioning strategy, CM], that we just came up with a nice little summary about what we have been doing. It has been a mass of activity and each – sort of six steering groups and action plans that run on the back of that. Yeah so it's been lots and lots of work. You want me trying to summarise it (laughing), don't ask me to brief this! But yeah we are refreshing it now. Because it's got to the end its three year cycle, so that we are just redrafting it now. So it will remain front and centre in terms of.

> I2: But I mean any of the strategy we developed then have associated action plans and you know with a variety of targets and you know they get monitored and reviewed and then lead to you know any revisions of strategy, so, you know, inform the next one." (Ms K., adult social care, Ms B., Local Strategic Partnership, both East Sussex: 136 f.)

The strategy and its implementation plans were translated into concrete activities. Its time horizon and detailedness correspond to this usage of the plan. Success was monitored and considered when developing the follow-up strategy.

Another function of a local plan on ageing and older people is the application of national trends to local circumstances (see Chapter 7.4.2). The national level prescribes for example the introduction of the Lifetime Homes concept. There is leeway for "local interpretations of a national policy" (Mr C., councillor East Sussex: 18), however.

The example of Lifetime Homes leads to another function of plans, which applies especially to rather general plans like older people strategies. They create awareness in their target audience concerning possibilities to make housing adaptable to different needs or, much more generally, of the increasing number of elderly people in a local area.

> "Ahm, its [Poole's older people strategy's; CM] biggest impact is in that we're addressing, you know, it's for the first time brought everything together, so we have a strategy for dealing with older people. So it's as much the awareness raising that that brings about. In terms of delivery I think that will come, you know." (Mr O., planning Poole: 96)

The same interviewee explained for example that the awareness created by the older people strategy influenced the contents of the Core Strategy.

Strategies which do not deal with ageing and older people exclusively, such as Sustainable Community Strategies or Core Strategies, create awareness and help to mainstream topics which have not previously been prominent. Beyond that, they are used to specify applications of certain issues. This can be illustrated with the definition of a concrete target for creating care home bed spaces in Poole's Core Strategy (see above). Again, one has to distinguish between rather widespread strategies such as Sustainable Community Strategies and council plans and strategies that address a more specific audience such as Core Strategies.

Developing a strategy always includes assembling information. Major mechanisms of building up knowledge on ageing have been described in Chapter 7.2 – basing planning on (demographic) evidence, older people's participation and national government influence. Several interviewees described the phenomenon that the more one knows the more one realises what one does not know. This can lead to a self-energising effect of building up knowledge in the strategy-making process. The quotation below refers to the development of North Tyneside's older people strategy, where the first edition was soon considered insufficient and was followed by a second. Strategies are not just a result of building up knowledge and collective learning; there is also a reverse direction of effect.

> "That strategy was useful and was a really important sort of starting point. And it started to then make us realise things like the sheltered accommodation that we got wasn't up to the standard that we wanted. That we, we coined the phrase "nothing about us without us" around that point, about starting to make sure that older people had a stronger voice. And we also commissioned an extra piece of work looking at housing, the Peter Fletcher report, which I'm sure Anne has mentioned. That was really sort of starting to realise that we really hadn't been planning for an ageing population and we needed to start to do something more about it. And that report talked to a lot more older people and again kind of reinforced those messages that there were some great things that we did. We had things like "Age takes centre stage" which is sort of month-long celebration of getting old in October for many many years. Some great projects but we weren't really sort of, we weren't properly planning, we weren't properly thinking about that housing needs were going to change, and that we needed to map that. How a lot of the kind of housing plans were around family homes and actually sort of the demographic makeup of North Tyneside was changing." (Ms G., adult social care North Tyneside: 4)

Finally and most crucially, the communicative function of strategy-making has to be mentioned. The aim of creating a plan brings stakeholders together and forces consensus among them as far targets, instruments, etc. are concerned. Particularly with respect to general older people strategies, this function of the strategy as a means for communication is emphasised in comparison to the function of steering future development. The strategies involve actors from various different organisations.

> "[…] would make a lot of sense, if we drew all these strands together and put them all together in one thing which do specifically about older people. What is that policy...with issues surrounding older people. It would embrace everything; it would take up transport, housing, health, all those things. But we need to have a consistent understanding between us of what the issues are and where we're gonna go over the next maybe 5 years. So that we not continually try to reinvent it, discuss it again. Issues get raised, issues get dropped. You know, we got something we can work to that we all refer to in our different jobs. That's I think where it came from." (Mr C., charity Poole: 5)

Strategy-making and collective learning are thus closely related. In all the case study areas older people's partnerships have been created in connection with the elaboration of strategies dealing with ageing and older people. Those partnerships are the decisive forums for learning to plan for an ageing population (see Chapter 7.3.2).

Since the communicative or argumentative turn in planning (Healey 1993; Fischer, Forester 1993) this communicative function has experienced much attention. Healey's conception of communicative planning also refers to a certain kind of learning process which is similar to collective learning as problem solving.

> "Interaction is thus not simply a form of exchange or bargaining around predefined interests. It involves mutually reconstructing what constitutes the interests of the various participants – a process of mutual learning through mutually trying to understand." (Healey 1993, 242)

The production of older people strategies was demanded by inspectors of services for older people. This could imply a risk of producing strategies for strategies sake, of superficial fulfilment of requirements. Indeed, singular interviewees referred to strategy group meetings as tick-box exercises. The following quotation refers to Wealden's housing, care and support strategy.

> "And the meetings were more about taking the minutes and ticking of the process on these boxes ((knocking on something)) than they were about... In other words being seen to do something was more important than actually…" (Mr K., charity East Sussex: 57)

Furthermore, the question remains whether the whole variety of different plans is necessary to fulfil those functions. Locally specific strategies exhibit certain duplications. Contents of housing, care and support strategies overlap with general older people strategies and joint commissioning strategies. General housing strategies, which have to be produced locally anyway, in contrast barely tackle the issue. The question as to whether there are too many general mandatory strategies must be discussed on the national level. The local question is rather in how far the existing strategies can be used for the ageing agenda. Funding related strategies such as LAA and council plan are an underused potential. The ageing topic still has to move up the agenda to enter these strategies in more local areas. Presumably, older people's strategies are an important step here because of their communicative and awareness-raising function. In all three case study areas, "it was an important starting point on a journey to start and to make things different" (Ms G., adult social care North Tyneside: 36).

## 7.5 Summary

Based on the experience in the three case study areas, this chapter has focused on development over time in planning for an ageing population. In order to answer the research question "What kind of learning process has led to the current state of dealing with population ageing", four phases have been differentiated. Following the theoretical perspective of collective learning, they consider different aspects of learning instead of sketching a strictly chronological development. The four phases have been named setting the ageing agenda, building up knowledge on ageing, collective learning to plan for an ageing population and strategy-making for an ageing population.

In the agenda setting phase, stimuli from national government are decisive but these must combine with individual commitment to be effective. The latter is often created by direct contact of service providers with older people. Consequently, adult social care and charities are among the main agenda setters. Three main mechanisms allow local actors to build up knowledge on ageing: basing planning on (demographic) evidence, older people's participation and reacting to stimuli from national government such as instruments, financial incentives and targets. Collective learning in a narrower sense has been analysed with respect to all relevant local actors and to older people's partnerships in particular. With respect to the first, four decisive learning catalysts have been identified: the formation of groups such as older people's partnerships, strategy-making, local projects and national government initiatives. Regarding the latter, two different forms of collective learning, namely information exchange and problem solving in the network, have been differentiated, which correspond to different structural features of the partnerships. Strategy-making, the focus of the second research question "What kind of strategies are there to deal with population ageing", has been considered as the final phase, as strategies can be considered written manifestation of local learning processes.

One of their many functions is the application of national trends to local circumstances. Beyond that they can stimulate local learning through their communicative function.



*Figure 22: Main patterns in the local learning process (Source: own compilation)*

The separation of these four phases is model-like, simplifying a reality of multiple inter-sections. Once the ageing topic has been raised, circular processes can also be observed. Typically a core of committed people aims to write a strategy to improve planning for an ageing population. For this purpose, knowledge on ageing and older people is built up. Furthermore, older people's partnerships are formed to handle the ageing challenge better. Actors from diverse sectors come to learn collectively in those partnerships and recognise further deficits in local planning for an ageing population. A more specific strategy is developed, etc. Figure 22 captures the main patterns and relations.

# 8     Central challenges and perspectives in planning for an ageing population

Across all phases of the local learning process in planning for an ageing population, certain patterns appear again and again. They had already become apparent throughout the discussion of governance arrangements. The first patterns can be attributed to the nature of the issue – the cross-cuttingness of ageing –, the second to the enormous influence of the national government on local governance. Due to its cross-cuttingness, ageing brings about searching for responsibility, struggling to broaden the agenda, experimenting with governance structures, involving older people and using strategies as catalysts. With respect to national government influence, its ambivalence is discussed – it drives local reactions to ageing but provokes superficial and unsustainable answers at the same time. As the patterns summarise and illustrate main challenges and perspectives in planning for an ageing population, this final chapter on empirical results is dedicated to them. While they apply to all the case study areas and beyond, the closing subchapter presents locally specific challenges and perspectives.
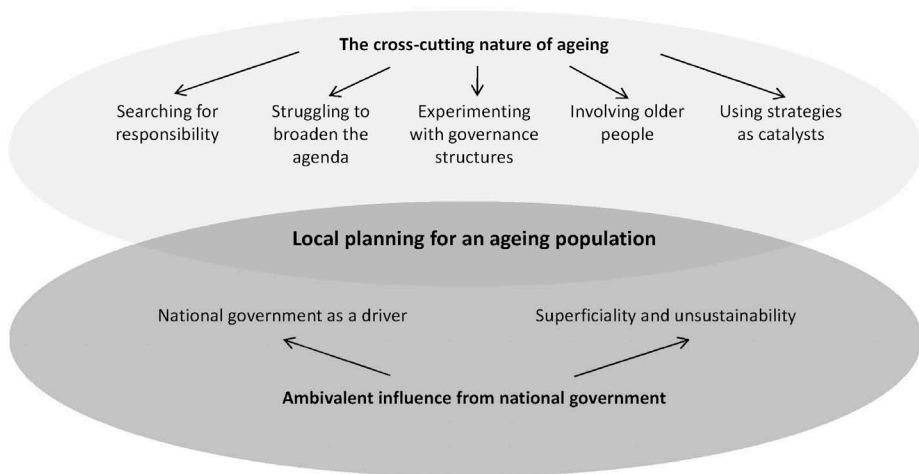


*Figure 23: Central challenges and perspectives in planning for an ageing population (Source: own illustration)*

## 8.1   The cross-cutting nature of ageing

It was frequently mentioned in the previous chapter that ageing is a cross-cutting issue, i.e. it concerns various spheres of local steering activity. This is similar to topics such as sustainable development or the integration of migrants. Many publications emphasise this characteristic of ageing (e.g. Audit Commission 2008, Improvement and Development Agency, Local Government Association 2009; Planning Advisory Service, Impro-

vement and Development Agency 2009). This chapter unravels the consequences of the cross-cuttingness. The first two aspects, searching for responsibility and struggling to broaden the agenda, are challenges posed by ageing. The following three facets, experimenting with governance structures, involving older people and using strategies as catalysts, are attempts to tackle these challenges.

### 8.1.1  Searching for responsibility

"This piece of work round the information is really important, because not one body is ultimately responsible. We are all responsible for different elements of it." (Ms O., housing Wealden: 24) This statement from an interviewee working in housing aptly sums up one of the central challenges in planning for an ageing population – the lack of one organisation being ultimately responsible for the ageing agenda. It is one of the "issues that cross organisational boundaries" (Lowndes, Skelcher 1998, 314 f.).

The main responsibility is often with councils' adult social care departments (see the section on adult social care in Chapter 6.1.1.). Adult social care is seen as the main responsible body by both, other organisations and the public. Their actual responsibility has long been restricted to providing care for the more disadvantaged, however. The quotation illustrates this traditional role.

> "Adult social services have the overview on elderly persons' needs. But in the sense it's their responsibility to pick up those people who are more disadvantaged. If the elderly population, some of the elderly population is well off and can pay for their own, then we won't pick those people up." (Mr K., adult social services Poole: 14)

In line with the changing demands and attributions, their role is widening to a more strategic one considering all older people. In North Tyneside and East Sussex, where no other organisation has taken on a leading role for the ageing agenda, this is more pronounced than in Poole, where the LSP has the main responsibility for ageing and older people.

The creation of older people's partnerships is an attempt to share responsibility between a variety of actors, who are "owning a bit of the responsibility in terms of delivering certain parts of it" (Ms O., housing Wealden: 24). Their impact crucially depends on their position in the governance structure, in the sense of which superordinate organisation is responsible for them. Especially North Tyneside struggled to place some of the responsibility on the Local Strategic Partnership. The first older people strategy, where this had not been the case, focused on care and health and was barely recognised beyond adult social care. The then Older People Strategy Group was aware of their narrow focus and impact and wanted a truly cross-cutting organisation to take on responsibility. First, their request was declined by the Local Strategic Partnership with paradox reasoning. They

argued there should not be a strategy specifically for older people because this contradicts the issue's and the LSP's cross-cuttingness.

> "What it was realised was that really what needed to happen was that it needed the Strategic Partnership needed to actually take the Older People Strategy on board. Which we tried several times to get it them to do it. And it got knocked back several times. Saying older people was a cross-cutting theme. And just having one strategy didn't fit the Strategic Partnership, etc., etc., etc." (Ms T., charity North Tyneside: 17)

Nevertheless, the health and well-being partnership took on responsibility for overseeing the strategy, which led to a much broader impact of the strategy. It took several more years, however, until the corporate policy team, which is responsible for the LSP overall, got involved "trying to just break down that silo mentality of working to get the cross-cutting issues developed" (Ms K., Local Strategic Partnership North Tyneside: 5).

The lacking clarity concerning responsibility for ageing and older people poses difficulties for the older population. There is no single contact they can approach for advice or support. Therefore, local authorities are working on solutions to bundle information and create one stop shops. Still, it is mainly adult social care that drives these initiatives. For the majority of older people adult social care services are not relevant or important, however, and the departments suffer from their negative image.

> "So my responsibility is older people. So that's basically, you know, the services I actually am responsible for. But it tends to be purely around adult social care services, however, I'm sure you're aware of part of your research, the social element of that touches on lots of other services when you get around. It's not, it's what people say is important to them isn't necessarily the social care services, it's the things that the transport and the housing and the things that keep them out of using adult social care." (Ms T., adult social care North Tyneside: 1)

### 8.1.2 Struggling to broaden the agenda

It is widely acknowledged that ageing is not just an issue for social care and health, but a cross-cutting issue affecting many areas. As explained above, however, the main responsibility is often with adult social care. Accordingly, the ageing agenda is frequently dominated by care related topics. This contradicts the attempts to assume an older person's perspective. Care is just one aspect that is relevant for older people's quality of life. It has to be mentioned, however, that adult social care itself is struggling to broaden its role beyond providing care for the disadvantaged.

More and more cooperation takes place between ASC and health. Often, housing joins the cooperation, but broader approaches are rare. The focus on adult social care is

pronounced in East Sussex and in North Tyneside. In North Tyneside there have been long-time attempts to broaden the agenda. "And that you could see all the time, we just kept coming to this narrow focus when actually it needed to be a lot wider" (Ms T., charity North Tyneside: 35). In 2010 finally, they managed to place responsibility on the corporate policy team, which now attempts to broaden the agenda. In Poole the agenda is already wider. Here, the local process of learning to plan for an ageing population is different insofar that from the beginning it was not adult social care, but the Local Strategic Partnership that was mainly responsible for ageing.

In Poole, there is a specific theme partnership of the LSP for older people. This option is considered in North Tyneside, too. While children and young people partnerships are mandatory for Local Strategic Partnerships, older people's partnerships are not. Consequently many LSPs have chosen to allocate older people and ageing to the health and well-being theme partnerships – as in North Tyneside, where it consolidated the care and health focus. Furthermore, many national government publications focus on the triangle of independence. The following chapter deals with the search for governance structures which are adequate to the nature of the ageing agenda. This includes attempts to come up to the issue's depth and breadth.

### 8.1.3 Experimenting with governance structures

In reaction to the challenges that the ageing of the population poses, roles of organisations change, as for example illustrated with respect to ASC. More generally, governance arrangements are adapted. "The strategic manager for older people's issues" is especially concerned with finding adequate governance structures. One aspect is the coverage of the ageing agenda's depth and breadth. The parameter that undergoes most change is the older people's partnership, which brings a variety of stakeholders for older people's issues together (see Chapter 6.3).

In all three areas there have been extensive debates on the adequate form of older people's partnerships, in two of the three these also led to restructuring of the groups. North Tyneside's Older People Strategy Group developed out of an implementation group for the National Service Framework and was replaced by the Older People's Partnership Board. The group first became part of the health and well-being partnership of the LSP, later on the corporate policy team took on responsibility. The entire development is marked by attempts to come up to the ageing issue's cross-cuttingness by broadening the agenda and by making different actors take on responsibility. Setbacks concerning one aspect were accepted in return for marked progress concerning the other. The allocation to the health and well-being partnership of the LSP, for example, narrowed the group's focus but ensured support by the LSP, i.e. it increased the chances that the topic would be considered more regarding overall strategic development. In

East Sussex the Older People Strategy Group also restructured to the Older People's Partnership Board, which is a theme partnership of the LSP but focuses on care, health and housing. The Older People Services Steering Group Poole is the youngest of the groups and the most stable since its launch in 2006. It has the widest focus of the three partnerships. However, the structure of the LSP and the SCS themes and how they match is also under debate.

Two main models of older people's partnerships can be distinguished (see Chapter 6.3): adult social care led partnerships like in East Sussex and North Tyneside and Local Strategic Partnership led partnerships as in Poole. North Tyneside's partnership currently seems to develop from the first to the second. The second model has a broader membership including not only representatives from care, health and housing, but also leisure, police, etc. While the dominant form of learning in both kinds of partnerships is exchange of information, problem solving learning can only be observed in the ASC led partnerships. The decisive criterion for the form of learning does not seem to be whether they are allocated to the ASC department or the Local Strategic Partnership, but rather whether they have decision making power.

The second type of group where statutory organisations can exercise influence is the older people's forum. The main issue for debate here is the financial independence from the local authority. North Tyneside Older People's Forum has the longest history. It gained and lost influence mainly through internal developments and finally decided to become completely independent from the local authority and Age Concern, which had previously supported it. Poole's Older People Strategy Group has recently been abolished because the local authority cut its funding. In Wealden and the other districts and boroughs of East Sussex, forums have been founded comparatively late. They have since been valued and funded by the local authority. In all three areas support from charities is decisive. The next chapter illuminates the contribution of older people's participation to tackling the cross-cuttingness of the ageing agenda.

### 8.1.4 Involving older people

Older people's participation has been discussed as a source of knowledge (see Chapter 7.2.2) and as a national trend which is reflected in local older people strategies (see Chapter 7.4.2). There has been a shift towards more active forms of involvement – letting older people co-design services for example. Older People's Forums play a crucial role hereby. With respect to tackling the cross-cuttingness of planning for an ageing population, older people's participation has a special role to play. Their needs and demands are cross-cutting so that their involvement sheds light onto the deficits of coordination between different organisations. Moreover, most older people do not use adult social care services and "don't want to be boxed in an adult social care mentality" (Mr D., Local Strategic Partnership North Tyneside: 9).

> "I1: When the consultation came back it was really clear that what people wanted was different from an adult social care dominated strategy.
>
> I2: They were talking about all of the other cross-cutting services that they use, their health, transport, education…" (Mr D., Ms K., Local Strategic Partnership North Tyneside: 73).

The increased involvement of older people is complemented by efforts to change perspectives from the provider's to the customer's point of view. This way, one aims to detect and remedy older people's struggles with gaps and overlapping responsibilities in service provision. The idea of care pathways or patient pathways complies with this change in perspective. Even though the focus is on health and care, again, it is not necessarily restricted to that. East Sussex follows a care pathway "Fit and Well although Growing Older" (joint commissioning strategy East Sussex, 14), which focuses on prevention. Adult social care staff and "dedicated social service providers" from various organisations are especially committed to older people's involvement and the change in perspective towards the service user.

## 8.1.5  Using strategies as catalysts

In all three areas the development of older people strategies and other strategies dealing with the ageing of the population constitute decisive steps in the learning process (see Chapter 7.3.1). The different functions of plans and strategy-making have been discussed in Chapter 7.4.3. Two of them are especially relevant with respect to the cross-cuttingness of the ageing agenda. Content wise, they are used to coordinate activities between different organisations. As concerns the process of strategy-making, the communicative function has to be emphasised. They bring relevant stakeholders together and demand consensus among them as far as contents or aims are concerned. The creation of older people strategies is often linked with the formation of older people's partnerships. In some instances, the benefits of the communicative function of strategy-making are rather seen as a positive side-effect, in other cases they are planned consciously. In North Tyneside, for example, the first older people strategy was produced in reaction to the inspection of social care services for older people. It should coordinate activities around ageing and older people. The latest version in contrast is explicitly designed as a catalyst for a longer process.

> "[…] we get to the development of the strategy it won't be with the answers it will be with sort of like we've agreed to look at this differently because the outcome that we want to achieve is you know around the housing issue and maybe health issues related to housing… So it's hopefully gonna be an ongoing process. That's what we're planning for anyway.
>
> […]

> The document itself we want to have published by October. […] Then that is the
> beginning of the work really." (Ms K., Local Strategic Partnership North Tyneside:
> 12 f.)

The coordinative and the communicate function especially apply to those plans which
deal with ageing and older people specifically – older people strategies, joint commissioning strategies or older people housing, care and support strategies. Strategies like Sustainable Community Strategies, Local Area Agreements and council plans are even more
cross-cutting by nature. They cover a variety of topics and all age groups. As presented
in Chapter 7.4.3, they can create awareness and mainstream topics that have not been
prominent before, but are also used to specify applications of certain issues.

## 8.2   Ambivalent influence from national government

> "[…] the structure of local government in this country is such that government
> will give you direction from time to time and say you MUST DO. It is the freedom of independence of local government is not that strong in this country than
> perhaps in some other European countries." (Mr B., Local Strategic Partnership
> Wealden: 31)

In the UK, the influence of national government on local areas is enormous (see for
example Chapters 2.2, 7.1, 7.2.3). Apart from providing information in the form of publications, it is mainly exerted via instruments, finance and targets as well as inspections.
The government department which is responsible for issues of local development is the
Department for Communities and Local Government. Besides the CLG, particularly the
Department of Health and the Department for Work and Pensions have developed policies for dealing with population ageing. Strong central government influence has been
a characteristic influence on local steering since the Conservative Government's reign.
However, certain instances of strengthened localism are observable. Non-ringfenced
grants, have for example been increased, i.e. funds on whose allocation the local authority can decide on its own.

During both, the analysis of governance arrangements and the local learning process
in planning for an ageing population, manifold references to influences from national
government have been made. Local authority departments' performance is for example
closely supervised. Publications by national government are decisive in the agenda setting phase, local strategies are strongly influenced by national trends, etc. Besides the
stimulative effects, negative consequences of national government's dominance, like
the superficial fulfilment of requirements, have been explained. In the following, this
ambivalent role will be illuminated further. First, the different mechanisms of influence
will be discussed and then the stimulating effects and the more problematic aspects will
be summarised. Beyond that, the negligible influence from the regional level will be
discussed.

### 8.2.1  Influence via funding, instruments, targets and supervision

*Funding*

Apart from a general grant for core services, local authorities receive area based grant and Local Area Agreement grant from the national government. The ratio of central government to local funding is 50:50 on average (Borough of Poole 2009). The majority of area based grant is non-ringfenced (see above). Local Area Agreement grant provides a financial incentive for local councils to achieve certain targets. Depending on how well they meet the targets, they can receive a reward. Additionally, local authorities as well as voluntary sector organisations compete for specific funding opportunities. Those opportunities influence local agendas massively; this has for example been illustrated above using the example of the POPPs programme. On the one hand, such financial incentives can be a chance, e.g. to experiment with new approaches. On the other hand, these might not be sustainable and outlive the end of funding even if they are successful.

The interviewees state that the mechanisms set up by central government lead to a culture of competition between local authorities. Within local authorities they lead to competition but also cooperation. Different local authorities compete for funding as well as different departments within the authorities. Cooperation is supported by the incentive for Local Strategic Partnerships to achieve LAA targets. Furthermore, receiving money for the area instead for the department has led to an awareness concerning inefficiencies due to duplication and chances to work together.

Scarcity of financial resources is an important issue for all interviewees. Usually this scarcity is seen as an independent variable, i.e. as something that is given. Some interviewees complain about unwise national financial policy. Only few mention that the authority's demographic characteristics have an influence on their financial scope. The consequences of the scarcity of financial resource are perceived differently among the interviewees. It is rarely mentioned that service offers have to be cut, according to most statements one has to work more efficiently, be creative to compensate for financial pressures. "More creative ways of actually delivering our services" (Ms T., adult social care North Tyneside: 5) comprise cooperation with other departments and with the community and voluntary sector. Working with other departments can result in more efficiency through cutting duplication. By cooperating with the third sector they can make use of voluntary work. Another approach is working with the private sector, as in North Tyneside's Homes for the Future project where private funding is used in return for part-privatisation in a Private Finance Initiative (PFI).

In some respects the ageing agenda might benefit from scarce resources. They might be a trigger to try new approaches. In East Sussex, for example, difficulties in explaining reductions in service provision supported the launch of Older People's Forums. The Total Place pilot in Poole seeks to create efficiencies and improve services for older people at

the same time. Representatives from charities were the only interviewees who talked about efforts to try to influence priorities on the national and local level in favour of older people issues and to increase public funding this way.

The degree of reflection about financial conditions, its reasons and consequences seems to be closely related to the position the interviewees have, to working within or outside the council and to working on an operative or managing level. Outside the council and in managing positions within, there is much more reflection about these issues than on the operative level within the council, where the focus is on how to deal with them practically.

*Targets and supervision*

Through the instrument of the LAA, the national government agrees targets with Local Strategic Partnerships which have to be fulfilled in the local area. The government provides the indicators to measure success. More specifically, success or failure in local service provision is supervised with the help of inspections.

From 2009 on, inspection results have been bundled in a so-called Comprehensive Area Assessment, which everybody can access on the Oneplace website (http://oneplace.-direct.gov.uk). The site addresses local people as well as service providers and government. The local area's performance is evaluated on the basis of a fixed set of indicators but also according to local priorities expressed in the Sustainable Community Strategy. Green and red flags are used to highlight exceptional performance or innovation and significant concerns. Before the introduction of the area wide CAA, supervision was concentrated on council departments' performance. Supposedly, striving to fulfil specific performance indicators has promoted working in silos instead of more collaborative approaches (Glendinning et al. 2002).

Several performance indicators in the CAA are used to map the well-being of older people. They are grouped into the following sections:

- Demography and governance (number of people aged 65 and over, projected increase, etc.)
- Making a positive contribution (percentage of residents involved in civic participation in the local area, percentage of residents participating in regular volunteering, etc.)
- Health and well-being in later life (life expectancy at age 65, adult participation in sport and recreation, etc.)
- Satisfaction with home and neighbourhood (Satisfaction of people over 65 with home and neighbourhood, overall/general satisfaction with local area, etc.)

- Maintaining independence (e.g. percentage of residents who believe older people receive the support they need to live independently, older people receiving direct payments, etc.).

These indicators comprise more than the National Indicators which refer to older people (see Chapter 7.2.1). Apart from the value as such, the website informs about the direction of travel and the rank as compared to other councils.

Interviewees recognise targets and supervision as drivers. In North Tyneside and East Sussex the inspections of social services for older people were decisive starting points in the local learning process in planning for an ageing population. Poor inspection results are dreaded because of the negative publicity, the so-called naming and shaming.

> "[…] an equivalent process was done first for social services – across seven dimensions and again the authorities that got scored across four, four levels. And again the authorities – there was only eight of them, thankfully, that scored on to that – the bottom level. They got to that and you know again kind of named and shamed all over the national media. It is not a good place to be, no politician wants that, no chief executive wants that, no head of departments wants THAT. And you know it becomes pretty powerful tools and we would care and in terms you know what makes you, what is another driver for us in terms of attending to our responsibilities around this. It is definitely one of them, none of us would pretend that isn't and that is what it's there to do. It is to make us spend public money properly and so kind of arguably quite right although it does become a bit of an industry, but it is some you know it is a way of trying to find a reasonably fair way of this thing, how we spend billions of pounds of tax payer money and look after vulnerable people and all the other things we do. (Ms K., adult social care East Sussex: 90)

*Instruments and requirements*

National government also provides instruments and poses requirements for local governance. Some of them, as the LAA, are closely linked to targets and supervision. Other examples are the Sustainable Community Strategies or spatial planning tools like Core Strategies.

Much of the LAA's importance is linked to the funding that accompanies it. Otherwise it is considered a "bureaucratic intergovernmental process" (Mr B., Local Strategic Partnership Wealden. 51), which does not leave much leeway for local decisions. It is rarely used to drive the ageing agenda. The Sustainable Community Strategy, in contrast, was the crucial trigger for systematic planning for an ageing population in Poole. Several interviewees considered the SCS as somewhat remote and difficult to grasp, however, as it

depicts strategic and rather abstract issues. With respect to spatial planning, all involved actors complained about overregulation.

> One comment you might pick up going round the country is directed at central government and the comment from the local level: „will you please stop issuing us instructions (laughs). We're drowning". (Mr H., spatial planning North Tyneside: 106)

They are, for example, obliged to fulfil detailed requirements concerning Equality Impact Assessment or Community Involvement. In East Sussex, interviewees emphasised, however, that the requirements for the Core Strategy evidence base, particularly population statistics, led to the recognition of demographic changes.

## 8.2.2 Skipping the regional level

As argued in Chapter 2.2, the weak and ever-changing position of the regional level of government is one of the reasons for the strong influence of central government on local authorities. Accordingly, the regional level does not play a significant role in local planning for an ageing population. While top-down influence is marginal, bottom-up regional cooperation takes place, for example in Regional Forums on Ageing. In the interviews, regional issues were only discussed on enquiry.

Regional Spatial Strategies have been examined in a document analysis because they are the most comprehensive plans on the regional level. Local Development Frameworks should be in conformity with the Regional Spatial Strategies. All Regional Spatial Strategies relevant for the case study areas (The North East of England Plan. Regional Spatial Strategy to 2021. 2008, The Draft Regional Spatial Strategy for the South West 2006-2026, The South East Plan. Regional Spatial Strategy for the South East of England. 2009) address population ageing. The strategies deal with the issue rather generally. They describe demographic profiles, discuss housing needs, formulate policies which include, for example, access to services for older people, etc. No concrete requirements accrue for local planning. Care & Repair England (2008) conducted a survey of Regional Housing Strategies and Regional Spatial Strategies in order to assess their dealing with ageing. They came to the conclusion that none of the strategies tackles it sufficiently, but evaluated the South West's Regional Spatial Strategy as "the most creative approach to consideration of an ageing population in any of the spatial strategies examined" (Care & Repair England 2008, 10).

Similarly, more specific strategies like Regional Housing Strategies (Quality places for a dynamic region. The North East England Regional Housing Strategy. 2007, South West Housing Strategy 2005-16, South East Housing Strategy 2008-11) deal with the issue. Recurring themes are Lifetime Homes and supported housing. Regional Housing Strategies are regional interpretations of national policies to a large part. In the South West,

a regional housing market assessment specifically for older people has been conducted, which is very elaborate: CSIP, Housing LIN, Housing Corporation (2008): Putting Older People First in the South West. A regional housing market assessment.

Interviewees emphasise that regional governments focus on economic development and the related need for housing, but do not have much strategic impact otherwise. Moreover, their relevance is impaired because regional governance is very unstable. Regional assemblies have for example been closed recently. Functions have been taken over by boards mainly consisting of council leaders together with Regional Development Agencies, the latter being responsible for promoting regional economic development. Instead of several regional strategies – Regional Spatial Strategies, Regional Economic Strategies, etc., there will be Integrated Regional Strategies. One assumes that the focus on the economy will increase with the new developments.

In all three regions, Regional Forums on Ageing or similar organisations existed before they were introduced nationwide in response to John Elbourne's review of older people's engagement (Elbourne 2008, Department for Work and Pensions 2009). Those forums respond, for example, to regional plans and policies and check in how far they deal with population ageing. Years Ahead, the North East Regional Forum on Ageing, developed "The Region for All Ages: a vision for ageing and demographic change in North East England. Draft strategic plan 2008-2011". It aims "to establish the North East as a pioneer in addressing the challenges and opportunities of an ageing population" (14). However, such regional activities depend on the general status of regional plans and policies. Sub-regional cooperation and its differing significance in the case study areas were discussed in Chapter 6.3.

### 8.2.3  National government stimulating local areas to plan for an ageing population

National government drives local planning for an ageing population in many respects. Across all phases of the local learning process, influences especially via funding, instruments, targets and supervision are observable. National government publications are crucial in creating an awareness of population ageing. Triggers for action comprise inspections of social services for older people, as in North Tyneside and East Sussex, or preparations for the Sustainable Community Strategy as in Poole. In the further process, learning is stimulated by specific funding opportunities connected to planning for an ageing population like POPPs. National government's drive for evidence based planning and consulting with older people helps local authorities to build up knowledge on ageing and older people. The strong impact of the national government is also reflected in the contents of local strategies dealing with ageing and older people.

Those actors who are very committed to the ageing agenda wish that national government gave an even higher priority to the issue. The stimulating influence of the national government is widely acknowledged.

> "I think if you're given targets I do think it makes people perform differently. But older people have been missed out of the equation quite a lot I think over the last few years. And I think if I had, if I had a bit more push from, the national dementia strategy has just been recently launched and now there's a strategy, everybody's working on dementia services, everybody's focused. But until we had that national dementia strategy it didn't happen. So when things like that come out they focus people. I know the focus'll change in 5 years time possibly and there'll be something else. But you know, you need those national things sometimes as drivers, as drivers for things, so." (Ms T., adult social care North Tyneside: 45)

### 8.2.4 Local areas' superficial reactions to national government influence

National government influence is not only a driver for the local ageing agenda, but it has adverse effects as well. The main challenges can be grouped under the headings of superficiality and unsustainability. Critical attitudes were articulated most explicitly by charity staff (see Chapter 6.1.3), but representatives of the first sector also voiced concern about national government's dominance.

According to the interviewees, superficial performance by local actors constitutes the main problem. Mechanisms like supervision of local success and failure, evidence based policy and, more generally, extensive influence from national government leads to huge efforts to make a favourable impression. Local actors "go snowed under" (Ms M., Older People's Forum Wealden: 296) and cannot respond thoroughly to all requirements. Two recurring expressions are especially connected to this phenomenon: "paying lip service" and "ticking boxes". Paying lip service refers to just fulfilling minimum requirements in order to be able to say that one has a certain policy in place meets certain standards or the like. Ticking boxes also refers to this fulfilling of requirements, the term emphasises that this happens without any commitment.

> "Well so we have politically correct systems. You have to have tick boxes, you mustn't say things that are out of place, you mustn't do this. But underneath it people are so busy checking that they look right, that they not actually delivering the service. So whether it is nurses, who are checking that they are making waiting list times rather than looking after patients. Or policemen who were checking that they are – they are not picking on racial minorities by doing certain things, tick, tick, tick. They are not actually out there catching as many criminals. The same is true at the care service. Year on year the government has increased

the standard at which care homes must provide care. A number of very good care homes that didn't make government standards have been closed and elderly people have been moved out to other better care homes but the statistics show, that when you move people 85 to 90 out of a place they have been in ten, fifteen years at least fifty per cent of them die within the next six months. Now if you went and said to the government you have a policy of executing half of the older people in care homes... – not me. That is the effect [It is detached from it] of meeting what I call people in ivory towers, with no touch with reality. Having a checklist mentality oh we must raise the standard you know. […] So we have a series of issues where superficial target driven performance is given priority over actual delivery and working level. And we waste billions of pounds on administrative superstructures that do nothing towards the delivering and helping of people at the level. We set ridiculously high standards which nobody can achieve and you know." (Mr K., charity East Sussex: 43)

Efforts to make a good impression distract local actors from delivering services. Frequently, requirements are detached from the ageing population's real needs. People who develop requirements at the national level are too far away from local realities. Charity staff like to emphasise the contrasts between the first and the third sector's ways of working.

"We don't have any, people say to us, well statutory organisation, particularly go, so how do I refer somebody in to you? Give them our number. You know, just tell me what their name is, get their permission for me to call them. I don't need any document filled in. I don't need, you know criteria ticked, are they an older person – yes, do they need help – yes, tell them to come to, you know. That's, that's, that's at the heart of our cherishable aims." (Ms K., charity North Tyneside: 38)

As was discussed with respect to the multiple functions of plans, even if one develops a pro-forma strategy, this can be a starting point to look into a subject more intensively. One might for example become aware of certain deficits that should be tackled.

Another strand of criticism refers to the short-term orientation of national government influence. Specific funding opportunities, for example, can be a chance to experiment with new approaches. Often, however, they are in place for such a short time that innovations are not established locally. Some local authorities have optimised collective behaviourist learning. They know how to access funding streams by following the development of central government's priorities. Furthermore, general elections have an enormous impact on local policies because of the strong influence from the national level. This leads to a short-term orientation due to legislative periods. Interviewees expected for example that a potential change in government would result in abolishing regional planning or instruments like the CAA.

## 8.3   Regional and local challenges and perspectives

After discussing challenges and perspectives which all three case study areas experience in planning for an ageing population, this subchapter puts locally specific issues into the centre of attention. This ties in with the learning region discussion. Different areas are more or less successful in adapting to changing circumstances. The learning region debate hereby focuses on economic development, which is influenced by social, cultural and political conditions, etc. in the region. Some of the influencing variables can be depicted with the help of quantitative data, e.g. life expectancy; others are rather soft factors such as the tradition of partnership working in an area. Similarly, it is often difficult to define the spatial scope where a certain variable applies. Voluntary work, for example, might have an extraordinary status within the boundaries of a local authority or in a larger region because of historical developments.

With the help of interviews and document analysis, the following differentiation concerning challenges and perspectives could be extracted. The retirement areas in the south of England are faced with extraordinarily high numbers of older people. The older population in those southern retirement areas is comparatively affluent and satisfies many demands through the private sector, thereby strengthening the local economy. According to the interviewees, two main problems arise from the retirement migration, however. Older people who move into the area in later life are often without supporting social networks and demand more services from the local authority than other elderly people. Moreover, considerable numbers of those people are property rich but cash poor because of investments into their retirement homes. Should they run out of money entirely, the local authority has to provide for their care. It is difficult to project these incidents. Interestingly, the awareness of the ageing population differs very much between Poole and East Sussex, even though they both have proportions of older people far above the national average. As discussed in Chapter 7.1, this can be attributed to the record character of East Sussex's data which has advanced local actors' awareness.

In the North, different challenges and perspectives concerning the ageing of the population are observable. Fewer older people and less affluence, but more deprivation are framework conditions here. The latter is for example reflected in higher numbers of health problems and lower life expectancies as well as difficulties in maintaining one's housing. One has to keep in mind, however, that local authorities like North Tyneside comprise different localities ranging from former mining villages to rather wealthy suburbs of Newcastle. With respect to perspectives in planning for an ageing population, the powerful role of the voluntary and community sector in the area has to be mentioned as well as its close cooperation with the public sector. In rural areas like Wealden accessibility and transportation are the crucial challenges overlaying many other issues. On the other hand, social cohesion is particularly high in such a rural area.

An aggregate of many different criteria shapes the individual approach and development process of planning for an ageing population in a local area. Many of those factors are locally specific – down to issues such as the existence of an own stock of care homes or individuals' experience with the abuse of older people.

# 9      Discussion of the results and implications

This concluding chapter first summarises the results of the empirical investigation before relating them to the state of research. To guide further research, it names the questions which remain open and those that have arisen during the course of the investigation. The thesis closes with recommendations for practitioners on the local and the national level as well as thoughts about lessons other countries can learn from the investigation into British experiences in planning for an ageing population.

## 9.1    Summary of results

The main research question "How do local actors in the UK plan for population ageing?" has been split up into three sub questions. The condensed answers to those questions, which are provided below, constitute the basis for the reflection of the results with respect to the state of research.

1. Who plans for an ageing population, and how?

From a local governance perspective, involved actors with their capabilities and action orientations as well as actor constellations and interactions were analysed to answer this first research question. A characteristic constellation of local actors who deal with population ageing is depicted in Figure 19. Either the council's adult social care department or the Local Strategic Partnership takes the lead in planning for an ageing population. Older people and ageing are often seen as adult social care's responsibility, because they offer services for older people – a statutory task for local councils. Particularly in these areas, where it is the lead actor in planning for an ageing population, it has widened its role to comprise the coordination of activities connected to the ageing population and older people's quality of life. This contrasts with its image of being a last resort for the more disadvantaged older people. Another council department which is increasingly concerned with strategic planning for an ageing population is housing. The National Health Service is more specifically involved in health-related issues. Only few councillors take an active interest in older people's issues.

The private sector has limited influence on dealing with ageing and older people strategically. It is essentially restricted to commissioning consultants to develop certain plans. The third sector, in contrast, is rather prominent in planning for an ageing population. Main organisations are charities like Age Concern and older people's forums who lobby for older people's issues, point to deficits of statutory agencies, offer own services, etc. Local Strategic Partnerships, consisting of members from all three sectors, tackle ageing as one of several challenges for a local area's strategic development. Their function is raising respective issues and making sure they are embedded in the work of the partners.

The majority of actors involved in planning for an ageing population regard the older population's needs and coming up to those needs as the central challenge connected to population ageing. Accordingly, only very few strive to change the local demographic profile, for example by attracting younger people. In order to illustrate different approaches in planning for an ageing population across organisations, a typology of actors has been developed. It consists of four types, which have been constructed on the basis of actors' goals and activities to reach these goals. The four types are "the modern efficient service provider", "the dedicated social service provider", "the strategic manager for older people's issues" and "the lobbyist for older people's issues".

A dominant pattern concerning governance arrangements is a change from working in silos to working in partnership. Motivations for partnership work range from an attempt to use resources efficiently to the cross-cuttingness of the ageing agenda. Joint working between social care and health is especially remarkable. Beyond that, older people themselves are more and more consulted about their needs and aspirations and most recently have even become integrated in strategic planning. Hereby, and more generally, formalised older people's partnerships are crucial vehicles which bring actors together who are involved in planning for an ageing population. Parallel to the differences in lead actors between the case study areas, two models of older people's partnerships can be distinguished: adult social care led partnerships and Local Strategic Partnership led models.

Traditional hierarchical and sectoral steering is still important as the dominance of adult social care departments shows. In line with general trends in the UK, however, network-like governance arrangements become more and more important in planning for an ageing population. These correspond to the cross-cuttingness of the ageing issue as they cover different thematic fields. They span the public and voluntary and community sectors, but rarely the private sector.

## 2. What kind of strategies are there to deal with population ageing?

A particular focus has been set on strategies which deal with the ageing of the population, as they can be interpreted as a documentation of the status quo of planning for an ageing population and a main result of the local learning process. Apart from the strategies as such, the process of strategy-making has been examined. A variety of strategies are used in the local areas to tackle the ageing of the population. Different formats deal with older people exclusively (see Table 10). General older people strategies are most widespread, they promote actions to improve older people's quality of life and aim to change attitudes towards ageing and older people. They cover topics such as health and care, housing and older people's involvement. Joint commissioning strategies for older people constitute the concrete basis for commissioning processes concerning health and

care services and impact daily work more than the older people strategies which cover softer issues. Another prominent strategy focus is older people's housing, care and support. While older people strategies and joint commissioning strategies usually refer to rather short time horizons of three to five years, housing care and support strategies cover 20 to 25 years.

Further formats that are used, for setting strategic approaches on how to deal with ageing and older people, are cross-cutting plans like the superordinate Sustainable Community Strategies, their matching Local Area Agreements as well as council plans and spatial planning documents such as Core Strategies (see Table 11). In contrast to the strategies which deal with older people exclusively, these exist in all local areas. Depending on the local area, they tackle ageing to different degrees of detail or not at all. The time horizon of SCS covers roughly 20 years, of LAAs three years and of Core Strategies 15 to 20 years. LAAs and corporate plans which are particularly relevant for implementation because they are coupled to funding, usually give little weight to ageing and older people.

Apart from spatial planning documents, the choice of strategy formats seems to be independent of the proportion of older people an authority has, contents are only marginally linked to it. The general ageing trend and the wish to improve older people's quality of life are usually in the foreground. Furthermore, the strategies are strongly influenced by national trends. These cover issues such as prevention and early intervention, maintaining older people in their own home and more participation of older people.

The strategies and the strategy-making procedures have diverse functions. One of them is the application of national trends to local circumstances. As mentioned above, specific plans like joint commissioning strategies for older people guide concrete work. Furthermore, strategies are used to create awareness in their target audience concerning the increasing number of elderly people in a local area and its consequences. Strategies, which do not deal with ageing and older people exclusively, such as Sustainable Community Strategies or Core Strategies, are often used to mainstream topics that have not previously been prominent. The assembling of information during strategy-making can lead to a self-energising effect, which drives further accumulation of knowledge in the strategy-making process. Finally and most crucially, the involved actors emphasise that strategy-making has a communicative function. The aim of creating a plan brings stakeholders together and forces consensus among them as far targets, instruments, etc. are concerned; it stimulates collective learning. Strategy-making and collective learning are thus closely related – strategies being manifestations of learning and stimulating learning at the same time. However, this does not apply to all strategies as there is also superficial strategy work observable.

3. What kind of learning process has led to the current state of planning for population ageing?

The final research question has been investigated from a collective learning perspective. Accordingly, four phases have been distinguished referring to different aspects of cognitive changes in planning for an ageing population: setting the ageing agenda, building up knowledge on ageing, collective learning to plan for an ageing population and strategy-making for an ageing population.

The empirical findings emphasise the role of external influences in the agenda setting phase. Awareness concerning the ageing of the population is largely due to publications by national government; stimuli from national government like finance mechanism or supervision are crucial in the phase of first actions. However, those influences do not lead to local activities per se, but interplay with personal commitment is necessary. Here, those who are in direct contact with older people striving to improve older people's quality of life, such as staff in adult social care but also actors from the third sector, are crucial. They know the difficulties older people face from their daily experience. Overall, different triggers cross-fertilise. Remarkably, the proportion of older people in a local area does not seem to be related to the point in time when the area reacts to the ageing challenge. This is linked to the fact that most local actors do not yet realise significant changes in demand connected to ageing.

Once planning for an ageing population is on the local agenda, knowledge on ageing is amassed. Three main mechanisms have been identified: basing planning on (demographic) evidence, older people's participation and learning stimulated by national government. Local activities correspond to national efforts to promote the usage of evidence, especially quantitative data, as a basis for policymaking and service planning. While this allows for more targeted service provision, refines knowledge on ageing, etc., there are also risks like the danger of concentrating on such activities where effects can be measured with little effort. Older people's participation in policymaking and service planning also generates a kind of evidence, for example in the form of survey data. Beyond that, older people are taking a more and more active role. Older people's forums, for example, are not only a consultation base for the local administration, but are active in raising issues on their own. As in the agenda setting phase, there is also strong influence by national government in the subsequent phases. It continues to stimulate local areas' learning to plan for an ageing population via publications providing information on the issue, instruments, financial incentives and targets as well as inspections of local performance.

The breadth and depth of the local learning process in planning for an ageing population depends on the transmission of commitment beyond a core of people. Hereby, more influential actors are crucial, who either work at a higher level in the local authority

hierarchy or who are councillors. The types of actors identified with respect to the first research question contribute to collective learning to a different extent, in a different manner and at different points in time. Main catalysts to drive a local learning process belong to the following categories: the formation of groups dedicated to the ageing issue, the elaboration of strategy documents, local projects and national government initiatives. Concerning the first, older people's partnerships bringing stakeholders for older people's issues together are particularly important as drivers of the local learning process. The formation of such a new governance arrangement can be interpreted as an observable manifestation of a learning process insofar that it is preceded by attributing certain significance to the issue and acknowledging the need for concerted action. In all older people's partnerships the dominant form of learning is information exchange about issues related to ageing and older people. Information exchange advances planning for an ageing population insofar that specific knowledge concerning older people' issues is diffused, new ideas are developed and attitudes in the wider membership change. This depends on the design of the partnerships. Principally, if the partnerships have responsibilities that go beyond exchanging and developing ideas and include decisions, for example, concerning services, they can also enable problem solving learning (Wilkesmann 1999). This form of collective learning emphasises striving for consensus and developing a shared perspective (Wilkesmann 1999, 78; Pommeranz 2001, 201). The strategy-making phase has already been summarised with respect to the second research question.

Across all phases of the local learning process in planning for an ageing population, certain patterns appear repeatedly. These can be attributed to the nature of the issue – the cross-cuttingness of ageing – and the enormous influence of the national government on local governance. The issue's cross-cuttingness leads to struggles in broadening the agenda beyond older people's health and care, to experimenting with governance structures, to involving older people and to using strategies as catalysts. National government's strong influence is ambivalent. On the one hand, it drives local reactions to ageing but on the other hand it provokes superficial and unsustainable answers.

## 9.2   Reflection of the results and the research design with respect to the state of research

As the summary of the results has shown, the major contribution of the thesis is in-depth empirical knowledge on local planning for an ageing population. More precisely, it reconstructs governance arrangements as well as learning processes in local planning for an ageing population. On the basis of these insights, it discusses central challenges and perspectives local areas face when developing strategic approaches for their ageing population. The research is grounded in practice. Its design and conceptual framework were developed according to the grounded theory paradigm. The field was approa-

ched with a comparatively open framework based on the theoretical perspectives of local governance and collective learning. Qualitative methods like interviews based on a guideline and document analysis gave further scope to identify concepts and relations between variables in the empirical data. The approach was open to adapt its focus to empirical findings.

The research questions have been answered with the help of patterns which were reconstructed from the empirical data. Those patterns, such as the "two-stage shift towards older people's active engagement" (Chapter 7.2.2), describe and explain issues which are relevant for answering the three questions. Furthermore, own concepts like the typology of actors involved in planning for an ageing population or the two models of older people's partnerships were developed. According to the state of research, i.e. the lack of in-depth empirical research on the subject (see Chapter 2.4), the results correspond to a "thick description" (Geertz 1973) to a large extent. The used concepts focus on reconstructing and understanding the phenomenon. The breadth of the investigation is typical for grounded theory studies. The research questions have to leave scope for results that are grounded in empirical material, i.e. the discovery of relations during fieldwork, emphases placed by local actors, etc. Again, this corresponds to the current state of research. While the grounded theory approach covers both, research design and conceptual framework, the following will first discuss aspects pertaining specifically to the conceptual framework and then those that refer to the research design.

### 9.2.1  Discussion of the results

*Theoretical perspectives on a practical issue*

With respect to the conceptual framework, it must be mentioned that the thesis provides theoretical perspectives on a practical issue. Non-governmental and governmental organisations have examined the state of local planning for an ageing population with the help of surveys and good practice studies. These focus on understanding the current situation in local areas as a basis for potential interventions. Academic research on related subjects – particularly German research on reactions to demographic change – has elaborated on abstractions which are also valid if detached from the concrete case. Those studies put more emphasis on a general understanding of mechanisms in this research field. Some have applied governance and collective learning as theoretical perspectives. However, particularly with respect to learning, they have used more closed approaches, i.e. have tested in how far specific models correspond to the practical experience.

The approach which I have applied seeks to combine the strengths of applied and more abstract research. In contrast to charities, governmental organisations, etc. my perspective is not influenced by political interests, commitment to a particular section of the population or such like. Additionally, most of the applied research studies cannot go

into depth as far as PhD research which extends over three years. An analysis of a case study which commonly covers one or two pages, for example by the Improvement and Development Agency & Local Government Association (2009) or the Planning Advisory Service & Improvement and Development Agency (2009) (see Chapter 2.3), can only sketch local activities. The two sensitising concepts – local governance and collective learning – have been applied to sharpen the focus of the investigation and to prepare the abstraction of results. In contrast to using specific models, this left scope to discover further aspects in the empirical data. All in all, I evaluate this proceeding as fruitful. One has to keep in mind that such an approach is specifically appropriate if the state of research has not progressed far and approved theoretical concepts are lacking.

*New insights on governance and collective learning*

It has been helpful to use the (local) governance concept as a tool for turning the attention to actor constellations, modes of interaction, etc. The concept has proved appropriate for a grounded theory approach insofar that it left room to develop own concepts like the typology of actors involved in planning for an ageing population. However, it has been difficult to handle its frequent and differing usages ranging from analytical and descriptive to normative treatments.

It was crucial to assume a multi-level governance perspective insofar that local governance is strongly determined by central government. The regional level turned out to be only marginally influential. A specific debate in the governance field is concerned with multi-organisational partnerships. In the UK the formation of such partnerships is strongly encouraged by national government. Their role has been discussed ambivalently in the literature, however (see Chapters 3.1 and 3.3.1). They have been criticised for remaining dependent on central government initiative and funding, being ineffective, etc. With respect to planning for an ageing population, multi-organisational partnerships are estimated as very valuable by the local actors because they suit the issue's cross-cuttingness. They are less driven by central government initiative and funding than by local commitment and requirements. However, partnerships per se are no solution. Depending on their design, they fulfil different roles, allow for different forms of learning, etc. This has become apparent in the analysis of collective learning in older people's partnerships.

Collective learning approaches have been used to focus attention on the development of planning for an ageing population over time. For my interest of study, an action-oriented view on learning has been considered suitable as I have assumed that detailed knowledge and precise recommendations to improve practice for local actors could be gathered this way (see Chapter 3.3.2). Consequently, certain action-oriented conceptualisations of collective learning which are discussed in the literature were consulted.

These were in particular problem solving learning and simple collective learning as discussed by Wilkesmann (1999) and Pommeranz (2001). I have further developed the first, whereby I meet the demand for inductive insights on collective learning, which Pommeranz expressed. In particular, I arrive at a different evaluation of the criteria of open network access and lose coupling within and across networks for learning in networks than Pommeranz does. According to him, the more open the access to the network and the looser is the coupling within and between networks, which enables overlapping of networks, the more probable is network learning. My findings in contrast imply, that open network access and loose coupling are associated with learning forms that focus on a mere exchange of information. The development of a shared perspective, however, relies on more stable networks with a dominance of strong ties. Thus, my recommendation is to differentiate between collective learning as information exchange and collective learning as problem solving. Simple collective learning, which refers to solutions based on majorities or on hierarchy, could not be observed with respect to planning for an ageing population in British local areas at all. One has to keep in mind that learning patterns differ according to policy areas (see Kissling-Näf, Knoepfel 1998) and modes of governance which are prevalent there. Simple collective learning contradicts the network mode of governance, or negotiated agreement in Scharpf's (1997) terms. Admittedly, within network structures, there might not only be network modes of governance but also for example hierarchical steering (see Chapter 3.3.2; Lowndes, Skelcher 1998). This has not been observed empirically, however. A further form of collective learning has been termed collective behaviourist learning. It refers to a simple reaction to stimuli and threats from central government, e.g., gearing activities towards national funding opportunities.

The combination of both theoretical perspectives, governance and collective learning, has been particularly rewarding. Various scholars have criticised the missing connection between the two perspectives and have demanded closure of this research gap (see for example Fürst 2003, Von Löwis 2005, the latter referring particularly to networks). There are many hints in the literature as to how far governance arrangements and collective learning are linked (see for example Fürst, Benz 2002; Kissling-Näf, Knoepfel 1998; Scharpf 2000). As explained above, the form of learning, in this case collective learning as information exchange, collective learning as problem solving or collective adaptation learning, depends on the structure and mode of governance. A network mode of governance and a certain network structure with strong ties, decision-making power, etc. for example enables the development of a shared perspective. Conversely, it has been shown that governance arrangements change as the local learning process in planning for an ageing population proceeds. I have particularly examined the formation of networks such as older people's forums and older people's partnerships, which can be a learning catalyst and a result of a learning process at the same time. They are

formed when ageing has moved up on the agenda and one has recognised the need for concerted action.

*Links to further debates in and about planning and the role of local authorities*

In the course of the presentation of the empirical results, connections to several debates in planning have been established. First, the trend to base planning for ageing and older people more and more on (demographic) evidence has been put into the wider context of evidence based planning. This has helped to refine the advantages and risks of such an approach. The function of strategies and strategy-making is another issue which is discussed in planning. I have emphasised the communicative function – in line with the communicative or argumentative turn in planning (Healey 1993; Fischer, Forester 1993). Beyond that, there are diverse connections to the debate on participation. Apart from providing in-depth empirical knowledge on local planning for an ageing population, developing collective learning approaches further and adding to the planning debate, the thesis has implications for the political debate on the role of local authorities in the UK. The ambivalence of the strong national government influence has been elaborated clearly.

## 9.2.2  Discussion of the research design

In the following, I discuss different aspects of the research design and assess in how far they have contributed to reaching the goals of the thesis.

*Heterogeneity of the case studies*

Three case study areas, North Tyneside, Poole and Wealden, have been selected. The sampling was led by the principle of maximum structural variation, i.e. by searching for heterogeneous cases. This way, the heterogeneity of the research field should be captured. It was assumed that patterns which are evident in such a variety of cases can be considered as general phenomena. Indeed, many patterns apply to all three cases and there is reason to believe that these are widespread phenomena. However, those that only apply to one of the case studies have to be treated very cautiously. As the three areas differ with respect to many variables – from location to extent of ageing – there are many possible explanations for such occurrences. Why, for example, has the process of planning for an ageing population started late and broad in Poole when compared with North Tyneside and Wealden? A variety of explaining factors come together. They cover such diverse aspects as the socioeconomic situation, which allows older people to cover service demands with the help of the private sector, and the lack of an awareness creating event such as the inspection of social care services, which revealed deficits in planning for an ageing population in North Tyneside and East Sussex. Caution is thus

needed for such causal explanations; one must refrain from ultimate statements. Further research has to clarify these relations of variables.

## Researching "normal practice"

In contrast to various studies which analyse good practice of dealing with an ageing population, I have chosen to consider those cases that have strategies in place but that are not exceptionally successful. This way, it was possible to examine difficulties and stagnations as well, which was particularly rewarding. It could be shown, for example that the reluctance to consider population ageing in North Tyneside's spatial planning policies is related to the planning department's disinclination to take on the new planning paradigm introduced by national government. There are hints that North Tyneside is no exception in this respect. Recommendations for spatial planning to take ageing into account need to consider this in order to be effective.

## Qualitative methods

Qualitative methods, predominantly qualitative interviews and document analysis, have been used for the empirical investigation into planning for an ageing population. The analysis of the data, especially the reconstructive analysis following Kruse 2009, was very time-consuming. It was rewarding, however, and the research questions could have hardly been answered with less effort, as they included for example the identification of individual action orientations. The insights won with the help of qualitative data complement the results from quantitative studies. As presented in Chapter 2.3, a survey carried out by Care & Repair England (2008) found out that Regional Housing Strategies and Regional Spatial Strategies do not respond to the ageing of the population sufficiently. The survey design did not allow for the identification of the underlying reasons, however. By using qualitative methods and considering "normal practice" I could identify reasons for differences in consideration of ageing in (local) plans. Another example refers to the missing correlation between the proportion or number of older people in a local area and its activities in planning for an ageing population (Audit Commission 2008, 22; Gilroy, Castle 1995, 34). What, if not the number or proportion of older people determines local preparedness? The qualitative methods, which I have applied, have helped to identify other factors which seem to be more relevant, for example an influential voluntary and community sector.

Research into collective actors poses the challenge that on the one hand, information about organisations, from mission statements to actual work carried out, might not be sufficient to understand certain underlying intentions or the like. On the other hand, interviews with individual persons might not give satisfactory answers pertaining to the organisation they are part of. Thus, the combination of both was fruitful.

*A dynamic perspective*

The thesis investigates the development of local governance arrangements and strategies in planning for an ageing population as well as learning processes. Only during the empirical phase, which extended one and a half years, I could observe changes directly. Otherwise I have reconstructed process development retrospectively. In doing so I relied on documents and on the recollections of interviewees. Even if actors' views might be distorted in some instances, documents such as strategy documents and minutes of meetings draw a quite clear picture. Other studies on learning processes have chosen a similar approach, for example Glock (2006) or Kissling-Näf & Knoepfel (1998) and have arrived at convincing results.

*German research about the UK*

Conducting research in a foreign country included several challenges, particularly concerning language subtleties, interview organisation and simplified explanations during interviews. However, advantages such as the pronounced frankness of many interviewees and the greater distance to the research object, which ensured openness to empirical findings, counterbalanced these. (see Chapter 4.1; Cappai 2008, 20 f.; Kruse 2009a) Furthermore, the conceptual framework and the theoretical abstraction from the empirical data benefited from the German experience with research on demographic changes. Governance and learning approaches had already been applied there to analyse reactions to demographic shifts.

## 9.3   Open questions and need for further research

Some questions could not be answered conclusively within the thesis; others emerged in the course of the research. This subchapter depicts options for further research. As in the previous chapter, I first discuss issues connected to the conceptual framework, then those related to the research design.

Further research is needed with respect to collective learning. The differentiation between collective learning as information exchange and collective learning as problem solving should be tested and refined with more cases. Beyond this, it would be interesting to check whether this differentiation of learning forms is also applicable to other policy fields. A core difficulty with respect to learning approaches is that learning processes cannot be observed directly, because learning is primarily a change of cognitive structures which might or might not be accompanied by a change in behaviour (see Chapter 3.3.2). Consequently, it is not possible to give a conclusive answer to questions such as which role collective learning has played in the formation of older people's partnerships.

With respect to governance, it would be interesting to research the reverse relation of multi-level governance – in how far do local activities influence the regional and national levels. Interviewees hinted at, for example, the national government's interest in consulting with local older people's forums. The typology of actors involved in planning for an ageing population could be developed further by considering further case studies.

The results are mainly based on empirical data from three case study areas. In a strict sense, the findings only apply to those three areas. As described in Chapter 4.3.1, it is possible to generalise analytically, however, and heterogeneous cases were sampled step by step to cover the research field adequately. The population of potential cases consists of unitary authorities or districts which are characterised by above average ageing, a coastal location and the existence of an integrative strategy to tackle ageing. The new cases were used to test emerging concepts. As mentioned above, theoretical concepts referring to actors and collective learning could be tested and refined with the help of further case studies. Considering more cases would also allow for developing a typology of reactions to ageing. This would be helpful to point to certain characteristics of typical approaches. Furthermore, it would be rewarding to integrate such cases, where no integrative approaches in planning for an ageing population exist and to identify the reasons and consequences. A study which chose less heterogeneous cases could elaborate on the role of locally specific factors in planning for an ageing population. A lower number of intermingling variables would facilitate this task. Beyond that, one could go beyond fine-grained case study research and conduct a survey building on the results of the thesis. It could for example identify how widespread ASC and LSP-lead older people's partnerships are or provide an overview on the existence of different types of strategies to tackle ageing.

Due to the three year timeframe of the PhD programme, it was not possible to conduct a longitudinal study. Instead, the local learning process in planning for an ageing population was mainly reconstructed with the help of documents and interviewee's recollections. Particularly changes in stakeholders' attitudes could be identified more precisely if one re-interviewed them at different points in time. It would also be beneficial to spend more time in the case study areas and to take part in meetings to observe for example collective decision making.

The thesis does not examine actual effects of local governance arrangements, learning processes and strategies in planning for an ageing population. As stated in Chapter 2.4, it is still early to evaluate impacts as strategic approaches towards ageing have only gained prominence in the last few years. A separate empirical analysis would be needed to consider these. As local planning for an ageing population and research about it proceeds, it becomes more appropriate to conduct evaluative research. The following questions, for example, are still open: Does more consideration of population ageing in plans lead to better results? What impact can older people's partnerships have? Does problem

solving learning lead to better results than learning based on information exchange? An evaluative analysis would encounter difficulties, however, for example in proving the effects of strategies, such as changed attitudes towards ageing and older people or the introduction of new services for older people, because of different determinants interfering with each other.

Examining the British experience in planning for an ageing population was connected to the wish to learn from this experience. As presented in Chapter 2.1, there is an enormous concentration of older people in British coastal areas and a remarkable policy response to the ageing of the population on the national and regional level since the end of the 1990s. Concerning the local level, information was more fragmentary, but several good practice examples were documented. Thus it was assumed that one could benefit from experiences in British local areas. The empirical findings have confirmed this assumption. Even though the British experience has been examined in its own right, transferable experiences can be identified. These are discussed in Chapter 9.5. It is not possible, however to discuss these in greater length and to consider transfer conditions. Further studies could choose a comparative study design to examine those issues in greater detail.

## 9.4 Recommended action

In this chapter recommendations are deduced from the analysis of local planning for an ageing population. They are based on the experience in the three case study areas. Due to the enormous influence of national government, they cover suggestions for improvement for both levels, local areas and national government, i.e. they address actors involved in local and national steering.

*Recommendations for local areas*

The three case study areas, North Tyneside, Poole and Wealden, have experienced different development paths in planning for an ageing population. As explicated in Chapter 8.3, the areas differ according to demographic conditions as well as characteristics such as affluence, settlement structure or the role of the voluntary and community sector, which influence the reaction to ageing. Generally, approaches to improve planning for an ageing population should be developed on the background of the specific local context. Beyond that, one has to keep in mind that "it's a long slow process" (Mr J., consultant: 28) and that it is not realistic to expect immediate results. The recommendations refer predominantly to governance arrangements and instruments which are supposed to be beneficial for the ageing agenda.

Older people's partnerships have shown to be valuable elements of local governance arrangements in this respect. As they can take different shapes and fulfil different func-

tions, it is crucial that one is clear about the aim they are supposed to achieve when setting them up. The empirical analysis has shown that they can either be a rather open forum to exchange information and create ideas, as in Poole, or a more closed working group which solves concrete problems, as in East Sussex and North Tyneside (see Chapter 7.3.2). The first have a broader effect in that they help to spread awareness concerning the implications of an ageing population to persons who do not deal with this issue in their day-to-day business. They come up to the claim that the agenda should be broadened beyond care, health and housing. However, results of such a group are not predictable and the less formalised groups are presumably more prone to dissolve than the latter, which feature a more formal character and closer ties. A crucial criterion is whether or not the groups have decision-making power. On the one hand, this has a motivating effect because it leads to observable results; on the other hand, it enables problem solving learning. As past difficulties in North Tyneside illustrate, the groups need the corresponding membership and authority if they are supposed to take binding decisions, such as the responsibility for commissioning services. Ideally, both types of partnerships are combined. However, one has to consider in how far this is realistic in a local area. One functioning partnership should be preferred over two which only exist on paper. All older people's partnerships should integrate older people's representation to ensure that their perspective is considered in all discussions and decisions.

Older people's partnerships are important to come up to the cross-cutting nature of ageing, a challenge which cannot be tackled by individuals like older people's champions. However, it is crucial that one body takes on overall responsibility for the ageing agenda. Under the current state of affairs, this would either be situated in adult social care or the Local Strategic Partnership. While the first offers the advantage of direct experience with older people, the latter possesses an overarching view on local development. Even if ASC is in the lead, LSP support is crucial because of its manifold links which cover all three sectors. The LSP can exert a two-way-influence which comprises the support of the ageing agenda as well as mainstreaming issues connected to ageing through this enormous network, i.e. "Sort of upwardly feed a strategy that would then sort of infiltrate through the LSP" (Ms T., Dorset POPPs: 38). Further support should be sought from traditional bodies in local government and administration, especially those in senior positions. This includes for example councillors, mayors or council leaders and managers in the administration. The typology of actors gives hints as to in how far different types of actors can be motivated by emphasising different aspect of the ageing agenda – from the opportunity to offer services more efficiently to the aim to improve older people's quality of life.

The voluntary and community sectors have proved to be decisive in planning for an ageing population. Local authorities should work with NGOs and older citizens without abdicating from their own responsibilities in service provision, etc. and exploiting vo-

luntary work. Soft factors like personal contacts between first and sector employees play an enormous role, here. Older people's forums offer an enormous potential to support planning for an ageing population. Many older people have time to spare and are willing to engage and to share their experience. However, the forums need at least a little bit of support, especially in terms of staff and in the first years of their existence. One has to keep in mind, however, that their independence from the local authority is much debated. Potentially, they could be funded via a charity. In this case they might in turn be criticised for a lack of independence from the charity. One has to find a locally acceptable solution. Even more severe criticism is linked to representativeness of older people's forums. Local authorities may claim that the groups represent and consult with a broad range of older people. However, lacking representativeness frequently seems to be an excuse for paying little attention to older people's forums. Working groups need not be (democratically) representative. Local authorities can benefit from forums' activities in many ways, not least by improving their image as a place where citizens are empowered.

Spatial planning's contribution to preparing for an ageing society differs very much between individual local areas. There is an enormous potential to involve this profession more. Currently, "the most powerful tool in improving housing and communities for older people" (Department for Communities and Local Government et al. 2008, 112) is underused. This is mainly due to the slow change from traditional land-use planning towards the recent conception of spatial planning. Planning departments should fully utilise their influence on developers and demand for example that they fulfil certain criteria from the Lifetime Homes and Lifetime Neighbourhoods conceptions. Planners should be sensitised for the needs of older people in (continuing) education.

As concerns instruments in planning for an ageing population, the communicative function of strategy-making has to be emphasised (see Chapter 7.4.3). The aim of creating a strategy or plan brings stakeholder together and forces consensus among them as far targets, instruments, etc. are concerned. This applies especially to general older people's strategies. Often, the development of an older people strategy and the formation of an older people's partnership go hand in hand. It is advisable not to call the strategy "older people strategy" but rather emphasise its role to tackle population ageing in order to arise interest beyond those who are older people themselves or who work with older people. To save time and effort, one can make use of existing knowledge and use for example the WHO's Age Friendly Cities guide (World Health Organization 2007) as a starting point. Furthermore, compliance with other local strategies and mainstreaming via overarching strategies such as SCS or council plans is important. Duplication has to be avoided, however.

A further recommendation addressed to local actors refers to basing planning on evidence, which has been discussed in Chapter 7.2.1. Demographic data such as projec-

tions of population development for a local area or older people's health at locality level serves as an important basis for policymaking and service planning. It allows for more targeted interventions and can improve awareness of ageing. Setting specific targets and timescales and reviewing success can be a driver. LSPs can use locally specific LAA targets or even a Stretch Target to focus on a specific issue. The strive for meeting quantitative targets which is observable in the British context nationally and locally is exaggerated, however. Evaluating measures' effects solely on the basis of statistical data poses risks such as concentrating on activities where effects can be measured with little effort – contradictory for example to prevention and early intervention activities.

Many interviewees were concerned about a scarcity of financial resources in the public sector. To a certain extent this can be countered by increasing efficiency, e.g. by a closer coordination of health and care services or by increasing cooperation with the voluntary and community sector. Besides, many activities are not linked with additional expenses – they might need investment in time but no financial means. Searching for funding opportunities and putting effort into applications should be combined with making use of funding streams to establish connections between organisations, new services, etc. Apart from that, options are rather limited as financial independence of British local authorities is comparatively low.

### Recommendations for central government

The national government has successfully created awareness of the ageing population and its consequences for local areas. This is all the more important as local service providers have not yet realised changes in demand connected to ageing yet. It has also stimulated local action in response to the demographic shifts. Among the main triggers are inspections of local performance, funding programmes and requirements for community planning and spatial planning. Beyond that, national drives for evidence based planning and older people's participation have been supportive for the ageing agenda. National strategies like "Building a Society for all Ages" (HM Government 2009a) or "Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society" (Department for Communities and Local Government et al. 2008) show that the national government is willing to engage in tackling ageing. However, other topics such as children or climate change have a higher priority. National government's strong influence does also have negative consequences such as superficial and unsustainable local performance. (see Chapter 8.2.4) The following will discuss in how far the national government could further improve local planning for an ageing population. It addresses in particular the Department for Communities and Local Government.

Some overarching issues, such as attitudes towards older people, have to be tackled on the national level. As one interviewee put it: "As a society we don't respect age, we

don't respect the wisdom that goes with age, we don't look at the positive side of age." (Ms T., charity North Tyneside: 61). Local areas will not be able to solve this problem alone. Charities like Age UK are already campaigning to improve attitudes towards ageing and older people, but surveys show that there is still a long way to go in this respect (e.g. Abrams et al. 2009). Campaigns by national government are supposed to have a higher impact. Which further instruments could be used to improve local planning for an ageing population?

The Local Area Agreement is a powerful tool because of the funding attached to it. It bears an enormous potential to drive local approaches of planning for an ageing population. I recommend that the existing national indicators for older people be rendered statutory and that further indicators be added. At the moment they are focused on health, care and housing and are supposed to promote independent living (see Chapter 7.2.1). Several interviewees mentioned that they do not consider the ageing agenda sufficiently: "…the national indicators. Which aren't really good really, because there's not very many indicators actually fit an ageing population." (Ms T., Dorset POPPs: 21). In contrast, an enormous number of indicators refer to children and young people. Taking NI 188 "Planning to Adapt to Climate Change" as a model, I recommend adding an overarching indicator "Planning for an Ageing Population". Similar to the indicator for Climate Change, one could define levels of performance to measure compliance. The five levels which were elaborated for Climate Change are:

- Level 0: Baseline Level

- Level 1: Public commitment and prioritised risk-based assessment

- Level 2: Comprehensive risk-based assessment and prioritised action in some areas

- Level 3: Comprehensive action plan and prioritised action in all priority areas

- Level 4: Implementation, monitoring and continuous review (Audit Commission 2010a)

Local older people strategies and Age UK's Agenda for Later Life 2010 (Age UK 2010) provide ideas for more specific indicators. These could for example refer to attitudes towards older people and to age discrimination or to the clarity of responsibilities for older people's issues. With respect to the existing focus on health, care and housing, one could add indicators concerning older people's participation in health prevention or older people feeling safe in their neighbourhood. However, I consider an overarching indicator concerning planning for an ageing population as more important. As the experience with indicators for example concerning hospital bed days shows, very specific indicators might lead to equally specific reactions. The indicators should promote a more integrative consideration of ageing, however. See Chapter 7.2.1 for a discussion of the risks connected to evidence based planning.

Older people's partnerships provide an enormous potential to come up to the cross-cutting nature of ageing. Contradictorily, they are frequently allocated to the health and wellbeing theme partnerships of the Local Strategic Partnership – "sort of stuck under health and wellbeing" (Mr J., consultant: 16). Thus, a national duty to create older people's partnerships directly under the LSP, parallel to children and young people partnerships, would help to move older people and ageing up in priority and to widen the agenda. Each local authority could nevertheless decide on the specific design – membership, tasks, etc. of their partnership. Effects of such design features on collective learning have been discussed in Chapter 7.3.2.

Given the communicative function of strategy-making, one might consider making the development of an older people strategy a statutory task, the more so as even a pro-forma strategy can be a starting point for tackling the issue of planning for an ageing population in an integrative manner. If the recommendations to complement the LAA by an indicator "Planning for an Ageing Population" and to create older people's partnerships directly under the LSP were put into practice, however, I would recommend refraining from making older people strategies mandatory at the same time. The partnerships might elaborate strategies without having to tick a box "older people strategy". Rather, national government should spread information about positive effects and examples of such strategies.

As mentioned above, local authorities in the UK are particularly dependent on national government funding, which is in decline. While local areas can increase efficiencies to a certain extent, deeper cuts are problematic, the more so as the number of older people is steadily growing and is accompanied by an increase in health issues such as dementia. Massive investments are needed with respect to care and housing to allow more people living independently. Local authorities are extending extras care housing and are refurbishing older stocks of accommodation for the elderly. Furthermore, specific funding streams have shown to be vital to experiment with new services for older people (see Chapter 8.2.3). Last but not least, the number of older people in poverty has decreased, but is not negligible.

Opportunities to save costs and to open up new funding sources include the following. First, investments in prevention and early intervention are crucial, even though their effects are difficult to prove (see Chapter 7.4.2). The paper "Wheatering the downturn. What is the future for Lifetime Neighbourhoods?" (Harding 2009) discusses options to follow the Lifetime Homes, Lifetime Neighbourhoods agenda despite the economic downturn. In his contribution Amos (2009), representing the Town and Country Planning Association (TCPA), suggest inter alia that expenses be repaid from taxes levied on community infrastructure in new Lifetime Neighbourhoods. New residents who benefit from such developments would thus come up for the additional costs. In line with the announcement of the government's "Lifetime Homes, Lifetime Neighbourhoods" stra-

tegy (Department for Communities and Local Government et al. 2008) and demand by charities such as Age UK, I recommend that all new homes be built to Lifetime Home standards. Private developers would be able to handle the little extra cost and the state would save money insofar that hospital bed days would be reduced and older people's entering care home would be avoided or at least delayed in many cases. Finally, the default retirement age should be abolished. At the moment, employers can force employees to retire at the age of 65. A review of the current legislation has been announced in "Building a Society for all Ages" and Age UK has been campaigning to get rid of the default retirement age for years. Older people who decided to continue working beyond 65 would claim state pension but they would also continue to pay tax.

The two main negative effects of strong national government influence are superficiality and unsustainability (see Chapter 8.2.4). One parameter to ensure sustainability of measures is funding. National projects which run for a longer time are important to establish topics, approaches, etc. POPPs can be taken as a positive example for establishing preventative and collaborative approaches. To allow for locally specific approaches and follow up activities to stimuli by national government, non-ringfenced grants are crucial. A trend in this direction is already observable (see Chapter 8.2.1). Many authors have criticised the British system of financial distribution which leaves only small scope of local action (see for example Lang 2008, 204; Mace et al. 2004, 61). As national government publications have proved to be crucial in creating awareness for the ageing of the population but several interviewees have complained about document overload, I recommend limiting the number of publications and their level of detail. Additionally, one could use other channels of information, such as qualification programmes to impart more applied knowledge, too. Key persons who coordinate local activities in planning for an ageing population locally would get assistance and the opportunity to exchange experiences. They could then spread their knowledge in the local area. More trust in local authorities as reflected in more financial freedom and less detailed information and regulations would also lead to less superficiality in local reactions. Furthermore, less focus on quantitative evidence would allow for more creative approaches – such as Dorset's famous POPPs project (see Chapter 7.2.1) has demonstrated. This does not contradict the above mentioned recommendations concerning requirements for the LAA and older people's partnerships. These should give local authorities more general direction, but not regulate details.

Region specific planning for ageing would be helpful to adapt national government input to regional conditions. Regional plans and policies only have little impact on local planning for an ageing population, however, as they focus largely on economic development and the accompanying need for housing (see Chapter 8.2.2). Even though regional forums on ageing exist that check in how far regional plans and policies deal with population ageing, their influence is thus marginal. This should be kept in mind with respect to further modifications of regional governance.

## 9.5    Looking beyond the UK

This very last chapter is dedicated to the question concerning what other countries can learn from the investigation into British experiences in planning for an ageing population. Other European countries in particular, all faced with ageing populations, can benefit from the multitude of activities in the UK to tackle ageing. These are linked to the prominence central government has attributed to the topic and its strong impact on local authorities. Furthermore, ageing is discussed in its own respect in the UK, scarcely in the context of a more abstract demographic change. In other countries where the population is declining overall, population ageing has been discussed less intensely than shrinkage, even though countries such as Germany or Italy have average proportions of pensioners overall which equal those in British retirement destinations. One must be careful in transferring approaches, however, and take specific conditions in the respective country into account. Local areas have for example different framework conditions concerning rights and duties, finance, etc. While it is not possible to discuss the transfer here, it will be reflected in how far results are dependent on the British context. A particular limitation of transfer to other countries is posed by the strength of central government influence on local areas in the UK.

The identified types of actors involved in planning for an ageing population (see Chapter 6.2) are partially characterised by typically British approaches. "The modern efficient service provider", for example, features an obsession with evidence-based planning, which is strongly supported by central government. Moreover, this type presumably is more prominent in the British context where the public sector is quite market-oriented. The particular features of "the modern efficient service provider", "the dedicated social service provider", "the strategic manager for older people's issues" and "the lobbyist for older people's issues" might not apply in other contexts. However, similar basic differentiations are supposed to be found there and are worth bringing to mind.

Originating from urban regeneration, British approaches to tackle cross-cutting issues often involve the creation of multi-organisational partnerships. Partnerships have been strongly supported by central government for decades and are thus more common governance arrangements than in other countries. This is reflected in the introduction of Local Strategic Partnerships as vehicles for overarching strategic planning roughly ten years ago. Older people's partnerships have shown to be valuable in planning for an ageing population as they assemble those who share responsibility and interest in older people and ageing and facilitate finding common solutions and a coordination of activities. Due to the cross-cutting nature of ageing, horizontal cooperation in partnerships, working groups or others is absolutely necessary. As the experience in the case study areas has shown, their functions differ according to their design, ranging from a forum to discuss ideas to a decision-making body specialised on health and care. Hence one

should be aware of the aims one follows when setting such a group up (see recommendations for local areas above).

Within older people's partnerships but also more generally, non-governmental organisations play a crucial role. NGOs and voluntary work traditionally have a high standing in local and national governance in the UK, however. The British experience shows that they can complement the public sector concerning service provision and strategic development. However, voluntary work tends also to be exploited as a cheap alternative to public sector provision. The analysis has also shown how crucial it is that an organisation takes overall responsibility for the ageing issue. In the UK this might be Local Strategic Partnerships; in other countries where mayors have a higher standing than in most British areas they might take a leading role. The role of older people's champions has to be evaluated ambiguously and depends heavily on the individual who is assigned the role. Older people's champions might help to lobby for older people's issues and ageing but might also sideline the issue in that they take responsibility from other authorities.

The UK is extraordinarily experienced concerning older people's participation, which has been focused on and experimented with since New Labour came into office in the late 1990s. Older people's forums are the preferred option for political participation in local areas. Even though local authorities often criticise the forums for not being representative enough and one case study area has experienced rather narrow contributions from their forum, this should not be overemphasised. The dominant experience in the case study areas has shown that the forums manage to integrate a variety of older people and, above all, that they are willing to invest time and experience to improve the situation for older people locally. In contrast to elected senior councils, access to these forums is low-threshold. The average age in local councils is usually quite high anyway. Local service providers can use forums' engagement to target services better and to increase acceptance of decisions in the public. Furthermore, the forums organise mutual support among older people thereby disburdening public authorities.

Local older people strategies and more specific strategies concerning ageing and older people have shown to be effective tools in planning for an ageing population. As reflected in the variety of statutory local plans, strategy-making is a particularly valued means to steer local development in the UK. General older people strategies in particular often seem shallow but serve as catalysts through aligning stakeholders' aims and activities, creating awareness of weaknesses, etc. More general strategies guiding local development such as spatial planning documents can help to create awareness of the local ageing challenge and help to mainstream approaches to tackle these.

From the glorification of evidence-based policymaking in the UK one can learn that it is very helpful to consider demographic projections for overall local development planning, to base service planning on local area data of population development, health issues,

deprivation, etc. However, one should be careful not to let possibilities to evidence achievements in a quantitative fashion dominate ones activities and neglect softer issues.

A more specific concept that is discussed in the British context, the Lifetime Homes idea concerning adaptable housing, is worth mentioning as a suggestion as well. Its design criteria make homes adaptable at low cost.

All in all, the investigation into British approaches of local planning for an ageing population has shown that there are no quick solutions and that they must always be adapted to the local context. This overview on lessons for other countries should thus be used a stimulus for discussing own approaches.

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# Appendix

## A    Interviewees and their positions

|  | North Tyneside | Poole | Wealden/East Sussex |
|---|---|---|---|
| **Adult social services** | Service Development Officer North Tyneside adult social care; former Senior Planning & Development Officer for Older People (meanwhile Community and Voluntary Sector Lead Officer) | Principal Officer Adult Social Services Commissioning | Head of Policy and Service Development for adult social care; Head of Strategic Commissioning for adult social care (county level) |
| **Housing department/ arm's length management organisation** | Project Manager "Quality Homes for Older People" project; Principal Strategy and Development Officer (joint interview with Principal Planning Officer) | Two Senior Sheltered Housing Officers | Housing Policy Officer (district level) |
| **Planning department** | Principal Planning Officer (joint interview with Principal Strategy and Development Officer) | Planning Policy & Implementation Manager | Senior Planning Officer (district level) |
| **Councillor** | – | Older People's Champion | Older People's Champion (county council) |
| **Local Strategic Partnership** | Two members Corporate Policy Team | Commuty Strategy Manager | Head of Community Partnerships county level; policy officer district level |
| **Charity** | Information Centre Manager Age Concern North Tyneside; Head of Health and Wellbeing Age Concern North Tyneside (separate interviews) | Development Officer Help and Care | Information Officer Age Concern Eastbourne |
| **Older people's interest group** | – | Development Officer Help and Care – moderating Older People's Strategy Group | Vice Chairman and Secretary Wealden Senior Citizens' Partnership (vice chairman also East Sussex Seniors' Association representative) |
| **Health** | – | – | Health Improvement Commissioning Manager NHS East Sussex Downs and Weald, NHS Hastings and Rother (telephone interview) |
| **Further interviewees** | Consultant specialised on older people's strategies (telephone interview); Manager POPPs project Dorset | | |

## B  Exemplary e-mail to get into contact with potential interviewee and accompanying project outline

Dear Mr X

I am working on my PhD thesis about "Planning for an Ageing Population – Experiences from Three Local Areas in the UK". In the attachment, you will find an outline of the project. I am a member of the Dresden Leibniz Graduate School, where research on demographic change and spatial development is carried out in an international comparative perspective.

Wealden is one of the case studies I am investigating in my PhD project. I have already talked to representatives from different departments of the district and county councils and from the third sector who are involved in strategies for older people or who deal with older people's issues otherwise. To complete my picture, I would like to learn about your view as a Councillor and an Older People's Champion living in Wealden on dealing with population ageing in East Sussex and Wealden specifically.

I am especially interested in how dealing with the topic of planning for an ageing population has changed over time and in stakeholders who are/were important in that process. Since my questions in the interview will be open and I will ask you to tell me what you think is important, it will take up to one hour. Of course, I will treat the interview material confidentially and anonymously.

I plan to be in East Sussex between 22nd and 25th June and will be very happy if we can arrange a meeting then, since these interviews are essential for my PhD project. I am looking forward to your answer.


Yours sincerely

Christine Meyer

**Leibniz Institute of Ecological and Regional Development**

AKADEMIE FÜR RAUMFORSCHUNG UND LANDESPLANUNG
LEIBNIZ-FORUM FÜR RAUMWISSENSCHAFTEN

TECHNISCHE UNIVERSITÄT DRESDEN

## Planning for an Ageing Population – Experiences from Local Areas in the United Kingdom

The project

The population of the UK, as of other countries, is ageing. In many local areas the proportion of older people is especially high, for example due to retirement migration. These demographic shifts constitute a challenge for local development insofar that service provision and the design of housing and neighbourhoods are tailored for a younger population. Many local areas thus develop strategies how to deal with an ageing population.

The PhD project focuses on local areas that have such strategies in place. Apart from examining the strategies as such, it aims at identifying the persons and institutions that are involved in local planning for an ageing population, their views on the issue and how they interact. Furthermore, it examines in how far dealing with this topic changes over time. The project tries for example to identify the factors that support this learning process as well as those that constrain it.

To answer these questions, case studies about reactions to population ageing in local areas are carried out. Documents are analysed and local experts are interviewed for this purpose.

The results will be of great relevance to other local areas in the UK and all over Europe that are facing similar challenges.

How you can participate

Interviews with those involved in local development are a crucial element of the research. These interviews will take less than an hour and will mainly consist of open questions about how your local area copes with population ageing. I would like to tape record the meeting to help me analyzing afterwards. The interview material will be treated confidentially and the identity of all participants will be anonymised.

Project Background

I am a doctoral candidate at the Dresden Leibniz Graduate School (DLGS). The DLGS addresses the overall theme of "Demographic Change and Regional Development Strategies" in an international comparative perspective. The graduate school is a joint activity of the Leibniz Institute of Ecological and Regional Development, Dresden, and the Dresden University of Technology in co-operation with the Academy for Spatial Research and Planning, Hanover. German federal government and Länder support the DLGS within the Pact for Research and Innovation.

Contact

Please contact me if you have any questions about this project.

Dipl.-Geogr. Christine Meyer

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c/o Leibniz Institute of Ecological and Regional Development (IOER)

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## C    Interview guideline

Christine Meyer
21.07.2011

Dresden Leibniz Graduate School

**Interview guide: Planning for an Ageing Population – Experiences from Local Areas in the United Kingdom** (reviewed June 2010)

Local area:

Name and position of the interviewee:

Date:

Introduction:

- Project background: DLGS overall theme of "Demographic Change and Regional Development Strategies", international comparative perspective
- Aim of my PhD thesis: learn about how local areas deal with ageing populations, case studies (North Tyneside, Poole, Wealden/East Sussex)
    - Who plans how for an ageing population?
    - What kind of strategies are there to deal with population ageing?
    - What kind of learning process has lead to current state of planning for population ageing?
- Aim of the interview: Learn about the local development process
- Interview guideline, specific style of posing questions: open questions

- Anonymous
- Recording

- Do you have any questions before we start?

**Process/Learning 1: Beginning**

1. How did it come about that your local area deals with the ageing of the population? (triggers, actors, point in time?)

2. How did it come about that your organisation/department deals with the ageing of the population? (triggers, actors, when did topic come up first?)

**Process/Learning 2: Phases**

3. Could you please tell me about the process of dealing with ageing? (important steps/phases)

4. What brought the process forward? Have there been any obstacles and setbacks?

5. How has own perception/attitude changed and how did feed back into the process? Value changes in general?

6. Influences from national/regional levels: impact of "Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society", regional spatial strategy, etc.

7. Position of the topic in local area today, p.ex. as compared to other topics like environmental issues?

8. What do you think – how will the process go on?

9. In how far does locality/local characteristics matter?

**Strategies**

10. Which role do local strategies like XY play? Which impact did they have?

11. In how far is your organisation/department involved in those strategies? In what other ways do you deal with the ageing of the population?

**Challenges**

12. What are the challenges the ageing of the population creates for your local area?

13. Do you think the challenges are tackled adequately? (If not: why?)

**Actors 1**

14. Could you please describe the goals of your institution/organisation in planning for an ageing population? (role more generally, means to influence development)

15. Apart from your institution/organisation who else is/was involved? (important persons/groups, why important?, their interests, their means to influence)

16. Which role do politics play, which administration for this special topic? Which role does spatial planning play? Role of older people's champions?

17. What kind of interdependencies are there between organisations/departments?

18. In how far have actors and actor constellations changed during the process?

**Actors 2: Partnerships**

19. Which role do partnerships play? Which partners do you cooperate with? How has membership structure come into existence? How does the cooperation look like? Who leads? How are decisions made (majorities…)? External relations: responsible to whom/controlled by whom? How are decisions etc. carried back into mother organisations? How does collective learning look like (information sharing/ majorities/discussing to consensus)? Success factors for partnerships or governance structures more generally?

**Specific Information on Actor, Project, etc.**

That's it from my side. Is there anything else you would like to mention?

Thank you very much!

**Participant Consent Form**

**PhD Project „Planning for an Ageing Population – Experiences from Local Areas in the United Kingdom "**

I agree that the interview with Christine Meyer on _____ is recorded. The interview transcript may be used for the PhD project mentioned above. Furthermore, I agree that short extracts from the interview transcript may be used in documents intended for publication. I was assured that all personal data will be deleted or anonymised.

I may withdraw from this consent form at any time.

Location, date, signature

**Postscript**

How did the interview go?

– Atmosphere

– Relationship between interviewer and interviewee

– Disturbances

– Further comments

– Where did it take place?

## D    Transcription rules according to GAT 2 (modified)

| erm | Hesitation/filled pause if clearly audible |
|---|---|
| EMPHASISED | Emphasis |
| … | Pauses if clearly discernible |
| ((the speaker laughs, coughs, etc.))  ((the speaks says something laughing)) | Non-verbal articulatory noises are noted down |
| (?means?), (??) | Unintelligible speech |
| […] | Omissions in the transcript |
| [mm, yeah] | Overlapping speech (speech within another speaker's speech) |

*Source: (Selting et al. 2009, 391), simplified*

**Die Autorin**

Christine Meyer, Jahrgang 1980

Studium der Geographie und der Anglistik an der Universität Stuttgart. Abschluss als Dipl.-Geogr., parallel mit dem ersten Staatsexamen für das Lehramt an Gymnasien 2007. Von 2008 bis 2010 Stipendiatin an der Dresden Leibniz Graduate School, die vom Leibniz-Institut für ökologische Raumentwicklung, der Technischen Universität Dresden sowie der Akademie für Raumforschung und Landesplanung getragen wird. Promotion zum Dr. rer. nat. an der Technischen Universität Dresden 2011. Seit 2011 Projektleiterin für Stadterneuerung und Projektmanagement bei der STEG Stadtentwicklung GmbH, Stuttgart.

# IÖR Schriften

## Herausgegeben vom Leibniz-Institut für ökologische Raumentwicklung e. V.

The majority of local areas in the UK are faced with an ageing population. Popular retirement destinations in coastal and more rural areas are particularly affected. The cross-cutting implications of these demographic shifts extend from service provision to the design of housing and neighbourhoods. The British government has responded to these challenges dynamically, such as by issuing strategic guidance for local areas. As one example, this guidance promotes the concept of the "Lifetime Neighbourhood", an inclusive living environment for all generations.

How do local actors plan for population ageing? To answer this question, the book provides in-depth empirical knowledge which stems from qualitative research in three case study areas: North Tyneside, Poole and Wealden. The results focus on the involved actors and local forms of governance as well as local learning processes. Moreover, central challenges and perspectives of planning for an ageing population are discussed. Apart from conclusions for academic discussion, the book provides recommendations for practitioners at the local and national levels. Beyond that, it puts forward what other countries can learn from the British experience.

*Die Mehrzahl britischer Gemeinden ist mit einer alternden Bevölkerung konfrontiert. Küstengebiete und ländliche Räume weisen besonders hohe Anteile älterer Bevölkerungsgruppen auf, da sie als Altersruhesitz bevorzugt werden. Anhand dreier Fallstudien untersucht der Band den lokalen Umgang mit der alternden Bevölkerung. Es werden insbesondere involvierte Akteure und lokale Formen der Governance analysiert sowie lokale Lernprozesse rekonstruiert. Auf dieser Grundlage werden Herausforderungen und Perspektiven der Stadtentwicklung für eine alternde Bevölkerung diskutiert.*