



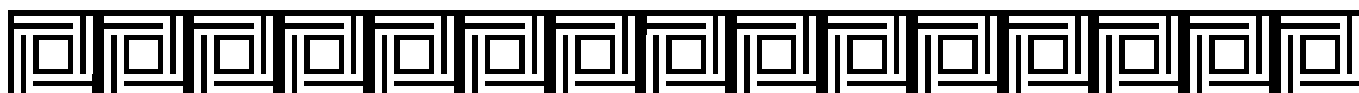
# OPRSI

*Older People Researching Social Issues*

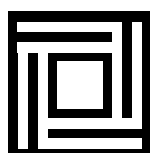
AUTUMN 2006

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**“OPRSI is unique”**



We provide a team of trained and experienced older people with the skills to get the most from your social research project.

# OPRSI

## *OLDER PEOPLE RESEARCHING SOCIAL ISSUES*

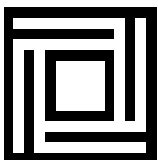
### Research Governance for Health and Community Care and OPRSI

The Research Governance Framework for Health and Community Care provides guidance on good practice in the collaboration between researchers, health and community care teams and their employers and funders. The Framework covers all research activities for which the Minister for Health and Community Care has responsibility.

The Framework is intended to sustain a research culture that promotes excellence, with visible leadership and expert management to help researchers, clinicians and managers to apply standards correctly.

As a research organisation we may well be working with the Local Implementation Plans and in order to achieve good practice in applying the standards correctly we will ensure: -

- 1) OPRSI is aware of the Data Protection Act and other legal provisions and guidance on handling information.
- 2) OPRSI is financially viable
- 3) OPRSI is aware of its responsibilities under the Health and Safety Act both in respect of its members and of other participants.
- 4) OPRSI will only be doing research that has ethics committee approval.
- 5) OPRSI is aware that someone acceptable is responsible for making sure that informed consent and procedures in the protocol approved by the ethics committee takes place.
- 6) OPRSI when working with organisations requiring a Local Compliance Plan OPRSI must be assured that the system is in operation and fully compliant.
- 7) OPRSI will have documented agreements with the company as a research partner and the organisation to allocate responsibilities.
- 8) OPRSI is a non-NHS research company therefore the funding organisation will have to issue honorary contracts



## Detroit, OPRSI and a London Barrister

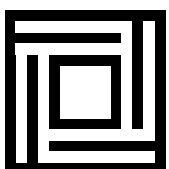
What, you might well ask, is the connection between the above subjects? Maybe just an excuse to mention a most enjoyable, albeit fairly frenetic, holiday in North America last September; we'll see.

First of all the holiday in America. Our raison d'être for such extravagance was a nephew's wedding in Detroit. Valerie and I discovered a budget airline which flies from several British airports to 8 destinations in Canada – it's called ZOOM. We booked up early and found it excellent value at under £300 each return, Manchester to Toronto, inclusive of taxes and meals. So we spent a very hot few days in Toronto, which is on the shores of Lake Ontario, during which we went on a thoroughly enjoyable day trip to Niagara. We viewed the falls from the air (in a helicopter), from below in a boat, and from the road which seemed only about 6 feet away from the top of the falls.

Then to Detroit for the wedding which took place in a reconstructed 'clapboard' church. A few days' later we had a day out to Lake Michigan, another of the 5 Great Lakes (I remember that from geography lessons at school). The Lakes are enormous, Lake Michigan being some 300 miles long and some 50 miles wide; it has long sandy beaches, fresh water and no tides. Great for bathing. We also visited a fruit farm and picked fresh peaches (many were rotting on the ground) and grapes. Then it was 13 hours overnight to Montreal by coach to visit a schoolfriend not seen for at least 50 years. French is the preferred language there, though as in many countries English is well understood. Old Montreal is very attractive, and the city is on the mighty St. Lawrence river which freezes right over in winter. There are vast underground shopping malls for those with money to spend.

So to the London barrister. She is a fairly distant relative by marriage who was at the wedding. In conversation I mentioned my involvement in research through OPRSI. She said: "Oh, I know of OPRSI". I said I doubted it, because we are a small group based in NW England. But, lo and behold, she had been to the British Society of Gerontology conference at Keele earlier last year – also attended by Barbara and Bert – and had heard of us there. She is currently a lecturer at Kings College, London.

The moral to this tale is: have a good holiday, but never miss a chance to 'network; it's amazing what you turn up at home or abroad, at work or at play. And by the way, if you like mountains, or decent sized hills, much of the state of Ontario seems incredibly flat. So perhaps you should consider taking 'The Canadian' train from Toronto through the Rockies to Vancouver – a 3 days and 3 nights' journey at a cost of several hundred pounds. Regrettably we had insufficient time or money. But it's something to dream about.



Annual Scientific Meeting of the British Gerontological Society,  
June 14-16, 2005

Bert and I were lucky enough to attend this conference on a bursary, through the good offices of Les Bright, independent consultant. It was held at Keele University, opened in the fifties. I had never been there before, and was impressed by the spacious campus and the easy access. Bert and I checked in and went to find our rooms: basic student accommodation – nothing to go wrong. It suited me. The other courses there were mostly sport; contrast between gangly youths in sports clothing and trainers and the older generations generally moving rather more sedately.

The delegates were of all types: professors, researchers, people from voluntary bodies, graduate students, medical doctors and nurses, psychologists – and us. They came from all parts of the UK and from abroad, Australia, India, Hong-Kong, Iran, South Korea...

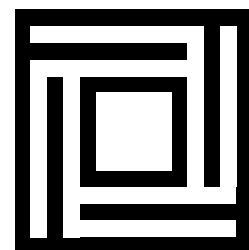
Breakfast and lunch were informal, so you never knew who would be at your table. I felt a bit daunted at times, but I think we didn't let the side down.

The theme was, 'Ageing Societies: critical perspectives on the past, present and future. The first keynote speech was by Professor Peter Townsend, a major figure in the field. An evening speaker was Professor Eric Midwinter, most interesting. I think we have all read some of their books, or at least heard what other people have said about them.

The daytime sessions were bewildering in number and variety: 38 choices on the Friday. Bert and I mostly split up, going to sessions that appealed to us and getting as wide a spread as possible. Subjects included: pension administration, all aspects of dementia, housing, media, NSF, attitudes to ageing, and technology. It was fascinating, stimulating and tiring. Networking too (see David's article) and a poster/display area. Bert managed to produce a very respectable stand out of virtually nothing, and we had quite a lot of interest.

It was for me highly valuable and enjoyable, meeting interesting, knowledgeable people, hearing different theories and perspectives; and practical schemes too. Everyone was friendly and helpful and I hope I will be able to attend again sometime, it helps us to keep up-to-date.

Barbara Hawkes



## OPRSI in Cumbria

In each of the last three years, since 2004, OPRSI have worked with Julian Legat (Partnership Manager (South) at Adult Services Directorate, Cumbria) to carry out consultations with older people in Cumbria to study aspects of home care from the service user's point of view. The aim of each study has been to provide insight into the experience of users of the services and sometimes their family carers, which would inform local initiatives designed to deliver better services.

Our report in 2004 on Generic Home Care and Intermediate Care, written by Roger Clough from interview data recorded in the south of the county, was well received by Julian and his colleagues in the department. Unfortunately perhaps, the consultation results did not convince the Health Authority to support Generic Homecare as the most effective way to supply domiciliary care to homes in the rural areas. However, the way did seem to satisfy the users and may have had advantages in terms of recruitment.

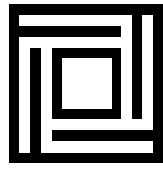
In 2005 our study looked at Hospital Discharge and the home care services put in place by the intermediate care teams. We consulted 30 service users across the county and recorded their experiences mainly in their own homes, or occasionally on the telephone. Aspects of the process included the wait in hospital, the equipment required at home, the understanding shown by the medical and social work staff, and how the process was shared with the older person. As with all our local projects we wanted to listen to people's experiences; it is never our remit to confirm a management target, but in fact our respondents seldom waited more than 3 days to go home after the doctor said they could be discharged.

In 2006 we began a study of older people's experiences of home care after a new method of procurement, commissioning by zone had been introduced throughout the county. This will tend to produce a greater cluster of clients from the often sparse rural populations and a core of work for each agency. In time, it should allow greater availability and punctuality of homecare for the service user, as well as helping with recruitment and enabling the home carers to have 'proper jobs'. We have reported so far on the experiences of 60 older people across the three zones using a semi-structured questionnaire; this was designed to include a three or four point rating scale for most questions to give us the possibility of comparing these measures of attitude one year on. It is pleasing that the initial feed back on our report said: 'All the content is of interest and contains a great depth of perspective, which would otherwise be missed'.

Julian's department has a kind of strategy for 'consultation': there is a citizen's panel for the county, and strong contributions from disability groups, which have been in place for many years, but perhaps the voice of older people is heard less, which is not unusual.

The field work for our consultations is one of the most interesting and enjoyable parts of our work as researchers. It can also be the most frustrating if on the appointed day, after writing and telephoning to arrange a batch of interviews and then travelling across half the County, you draw a blank. Perhaps your appointment with the older person has slipped out of memory, or the letter has dropped into the bin, or a hospital visit has taken precedence. Or perhaps it is the wrong address and should be 'esplanade' not 'avenue' ...computer records lie. Standing at a gate miles from any where you cannot be sure what the dog barking in the back yard out of sight may be saying – 'Come in my friend, you'll find the potential respondent asleep under a tree', or – 'Come in I'm a rottweiler'. At the cottage with a front garden piled with broken chairs and cardboard boxes you knock three times, and then squint in through the window... shadows and silence. At the sheltered housing complex the warden is very helpful, 'Mr. Y does not want visitors today...' Three blanks, no interviews, no reports to write...what now? Cold call another name on the list, might strike lucky!

Bert 26.10.06



# OPRSI

*OLDER PEOPLE RESEARCHING SOCIAL ISSUES*

Is based in, but not restricted to, Lancashire and Cumbria.

We have special interests in health, welfare  
and community issues.

If you would like to discuss your project please contact :-

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Or Bert Green

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It is a co-operative consortium registered as a Private Limited Company and created by a group of older people. The founder members studied for the Certificate in Research Methods on a course sponsored jointly by the University of Lancaster and the charity Counsel and Care.. The course included participation in a research project, published in 2003 under the title 'Homing in on Housing: a study of Housing Decisions of People aged over 60'.

Members now have a considerable and growing experience in collaboration with professional and academic researchers.

For further information on OPRSI and possibly be more involved please contact either Barbara or Bert or link to our website [www.oprsi.co.uk](http://www.oprsi.co.uk).



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