

*years ahead: the north east
regional forum on ageing*

***Institute for
Ageing and
Health***



Interactive research into the needs of older people

Workshop Summary Paper

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Foreword

Newcastle Science City's vision is to enhance prosperity from science for Newcastle.

The city of Newcastle has a vibrant productive community of science citizens creating new enterprises, discovering new leading edge solutions, and attracting collaborations and new jobs to the region.

Building on the successes of Newcastle as a leading Science City, we are developing a unique entrepreneurial model to really help drive economic prosperity through science. We are creating a Newcastle Innovation Machine, based on identifying unmet needs in the population and helping to establish businesses to satisfy that need.

Working alongside the Innovation Machine concept, we also need to accelerate commercialisation of science opportunities inside our universities and colleges, bringing in investors from around the world.

To achieve this we have a programme to create physical infrastructure; promote innovation; encourage better scientific collaboration and enterprise; build up education and skills; and involve the community to improve prosperity from science for Newcastle.

The infrastructure element is provided by a 19 acre site named Science Central, a revolutionary hub in the heart of the city centre where scientists and researchers will be able to mix with business people and the community.

All of this will be developed under our Building the Partnership activity, which recognises that we cannot do this alone. We want to extend our activity to create networks that enable innovators, scientists, businesses and investors to work together, which is a core part of our strategy.

We hope you find this workshop paper both informative and thought provoking. Should you wish to follow up with any of the workshop leaders or have any questions relating to the content of this paper contact details are provided at the end.



Peter Arnold
Chief Executive Newcastle Science City

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Executive summary

Members of the Voice North: the Regional Research and Engagement Panel for Ageing and Vitality, established by the Institute for Ageing and Health at Newcastle University in partnership with Years Ahead the North East Regional Forum on Ageing were invited to take part in a discussion event to highlight everyday problems/challenges faced by older people, which if addressed would afford a better quality of life. Participants were aged 50+, from Newcastle upon Tyne and the surrounding region.

The event was held on Friday 18th September, from 10am until 2.30pm, at St James' Park (NUFC) in the Sir Bobby Robson Suite, and involved a mix of presentations and facilitated workshop discussion sessions.

Participants were split into three parallel groups for the morning and afternoon workshop sessions. The semi structured workshop sessions aimed firstly to identify what the participants had experienced which makes their life (or the lives of others) difficult, and secondly to reveal further understanding and insights into the problems, to uncover possible solutions.

Six core themes emerged, where problems had been experienced:

1. **Daily Living** – use of household and electrical appliances, home adaptations, suitability of instructions and product labelling. Use of public conveniences.
2. **Health and Social care** - accessing health and social care services.
3. **Work and volunteering** - opportunities to continue to contribute to society.
4. **Mobility** - personal mobility as well as use of public and private transport.
5. **Education** - continued development of personal skills and life-long learning.
6. **Preventative health and wellbeing** – support for maintaining mental and physical wellbeing.

This has resulted in a number of recommendations:

- Consultation with older people is a valuable source of unmet needs and insight into known problems
- Observational research should be used to identify unknown problems
- The levels of awareness of existing solutions needs to be increased
- Examples of good user-centric design (product, service, branding and communications) should be promoted
- Examples of good practice should be learnt from and linked together
- Financial barriers need to be broken down to facilitate joined up approaches.

We hope the contents of this paper will also stimulate needs-based thinking among academics and researchers to crystallise ideas for research projects and longer term product development programmes.

Newcastle Science City, through its Newcastle Innovation Machine Project, is pursuing the challenge of developing compelling business propositions to address some of the problems identified. We will do this by identifying: new near-to-market solutions; novel applications for solutions already existing in alternate markets; and novel business models which improve on solution delivery. Ultimately, we aim to create new businesses and jobs for the region, whilst improving the quality of life for older people in particular.

Introduction

Members of Voice North: the Regional Research and Engagement Panel for Ageing and Vitality, established by The Institute for Ageing and Health at Newcastle University in partnership with Years Ahead: the NE Regional Forum on Ageing were invited to take part in a discussion event to highlight everyday problems/challenges faced by older people, which if addressed would afford a better quality of life. Participants were aged 50+, from Newcastle upon Tyne and the surrounding region.

The event was held on Friday 18th September, from 10am until 2.30pm, at St James' Park (NUFC) in the Sir Bobby Robson Suite, and involved a mix of presentations and facilitated workshop discussion sessions. The aim was to gather information to stimulate needs-based thinking to start to crystallise some ideas for new academic research projects and gather 'unmet needs' to be able to identify opportunities for new solutions (products/services/supply models), and through the Newcastle Innovation machine, new businesses to provide them. This was the first event of its kind on this scale to be held in Newcastle.

The concept for the event originated from Peter Gore (Professor of Practice in Ageing and Health, Newcastle University Business School) who wanted to bring together members of the Voice North panel with the Institute for Ageing and Health's Technology Group, comprising on academics from Newcastle and Northumbria University.

The event coincided with the launch of Newcastle University's "Changing Age Programme", the first of a series of yearlong programmes on key societal themes. The Changing Age programme is led by a Project Steering Group, which is chaired by Pro Vice Chancellor of Research and Innovation, Professor Nick Wright. The suite of activities, of which this was one of the first, are planned to include a high level summit with Ministerial visit; public lectures; visiting scholars; major public debates; PhD opportunities; a celebration of 40 years of dementia research and will conclude with the International Conference on Ageing, Disability and Independence (ICADI) scheduled to take place in Newcastle in September 2010. This will be the first time the conference has been held out of the United States of America since it started eight years ago.

The event was funded by Newcastle Science City's Innovation Machine and facilitated by Innovation Scout (Nick Devitt and David Townson) and Innovation Managers from NSC (Laura Williams, Helen Floyd, Carolyn Horrocks and Jo Chan). Introductory presentations and welcomes were given by Peter Arnold (Chief Executive – Newcastle Science City) and Peter Gore (Professor of Practice Ageing and Health, Newcastle University Business School). The event was also supported by Northumbria University Design School.

Workshop Methodology

Participants were asked the following question prior to the event, "During the workshops we really want to hear about any problems you have either observed or experienced in your daily life that are not effectively solved by any product or service. This could be an insight from your personal life, or from someone you know, or have seen struggling with something. Please come prepared to tell us

1. what it is?
2. why it matters that the problem is solved."

Participants were split into three parallel groups for the morning and afternoon workshop sessions, which were conducted in break out rooms. Each workshop had a leader and a co-facilitator. The semi structured workshop sessions aimed firstly to identify what the participants had experienced which makes their life (or the lives of others) difficult, and secondly to reveal further understanding and insights into the problems, to uncover possible solutions.

Workshop leaders, with the help of co facilitators, aimed to find out:

- What the key frustrations are?
- Why they are a problem/cause an issue?
- How significant of a problem is it? (e.g. does it just affect them, their friends or relatives, or is it a problem shared by many of the group)
- 'The 3 whys' (to dig deeper and find the 'real', not perceived reasons for why something causes a negative impact on their lives)
- How the issue makes them feel?
- What their attitude to it is (what they think) what can be done; are they happy to live with it?
- How do you respond to it? (behaviour)
- What could be a solution? (idea)

Discussion points were captured on flip charts and post-it notes during the sessions, and one group was provided with a conference recording system, which was transcribed (anonymous intelligent verbatim) post event and used to inform the workshop write ups.

Observers from Newcastle Science City and the IAH Technology Group were present in each of the workshops. They were asked to capture their observations using the Design Council's 'POINT' technique for capturing the **P**roblems, **O**pportunities, **I**nsights, **N**eeds and **T**hemes.

This is further explained in the table below.

Problem(s)	Opportunities	Insights	Needs	(related) Themes
PROBLEMS faced; things that aren't working as well as they should...	Potential ideas or OPPORTUNITIES to improve what is being done...	Any surprises or INSIGHTS; something that wasn't known before the observation...	Description of any un-met NEEDS that we believe the users might have, an interpretation of the problem...	Description of patterns or THEMES that were seen re-occurring more than a couple of times...

Feedback overview

A summary of findings, collated into themes, has been made from the flip chart and post-it note recordings, voice recordings and commentaries from the workshop leaders and co-facilitators. Where observers shared their observations with us we have also consolidated these into the write-up.

Core themes

The core themes which emerged from discussions during the workshops included:

1. **Daily Living** – use of household and electrical appliances, home adaptations, suitability of instructions and product labelling. Use of public conveniences.
2. **Health and Social care** - accessing health and social care services.
3. **Work and volunteering** - opportunities to continue to contribute to society.
4. **Mobility** - personal mobility as well as use of public and private transport.
5. **Education** - continued development of personal skills and life-long learning.
6. **Preventative health and wellbeing** – support for maintaining mental and physical wellbeing.

The themes are not discrete. For example where there are transport related issues, there may be a knock on effect on access to work and volunteering opportunities for example, which in turn creates a further need.

Insights and needs arising from the workshops, relating to each of these themes, are summarised against on the following pages.

Daily Living

Problem: As we age our coordination, eyesight, balance and hearing deteriorate making it more difficult to use products and access relevant services. Hand to eye coordination is particularly affected.

Opportunity: To inclusively design and develop products (and services) which focus specifically on ease-of-use, which are equally attractive for the entire population. Style is important (as older people do not want products which remind them of hospital/NHS provision) and functionality is key. Every design should take into account declines in eyesight, balance, hearing and hand to eye coordination.

Insights	Needs (Solutions)
<p>Home appliance positioning is frequently less than optimal for older people e.g. bending and lifting wet washing from washing machines is difficult.</p> <p>The use of microwaves, dishwashers and washing machines was discussed. LCD interfaces of home appliances lack contrast which makes it difficult to be able to read the writing and numbers.</p> <p>Electrical appliances are difficult to use due to buttons being too small, symbols not being clear and the abundance of options available. Appliances discussed included: Remote Controls; Cameras, Radios/CD players; and Computers.</p> <p>A fundamental problem is experienced when people are required to focus on a small handheld object (e.g. remote control) using reading glasses and then focus on a TV screen, or distant object, which requires a different pair of glasses. It is difficult moving between the two quickly enough, which is made more difficult with reduced hand to eye coordination.</p>	<ul style="list-style-type: none"> • Design products which have easy push buttons, easy to twist knobs, and symbols on them which are large, and have a high contrast to the background, so are easy to see. • A reduced amount of buttons and selectable options is preferable. • 'Functions' on home appliances should revert away from 'pre-set' programmes and move back to manual, as seen on older washing machine models. • Partially sighted users should be able to feel and hear a clicking when turning a knob/selector to indicate which functions they are specifying. The use of voice-controlled appliances may be of benefit. • All features should have a direct use. • Buttons should be positioned where they are most accessible and most used. • Large (relevant) symbols should be used. • Solutions which enable users to focus in a single field of vision will be more effective. • Hand held products should be designed so that they are easy for people to grip and operate.

Insights	Needs (Solutions)
<p>Adapting homes to suit future needs: Seeing elderly parents struggle to retain their independence is one of the main triggers to review your own situation and future. Often parents ended up moving into residential care, because homes adaptations could not be afforded.</p> <p>Consequently, people are starting to plan and make financial provisions to adapt their homes for when they become less mobile. One participant had already added an extension to their house, which could be used as a downstairs bedroom in the future.</p>	<ul style="list-style-type: none"> • Assistance with financial planning for necessary adaptations and changes to the home. • Interior Design advice and assistance to help people to prepare their homes and adapt them over time.
<p>Instructions and information brochures are often not accessible for older people because:</p> <ul style="list-style-type: none"> • The writing is too small • The language is full of jargon and not in plain English • The contrast between the letters and the background is not high enough (e.g. white writing on a blue background) • Sometimes instructions come only on a CD, DVD or as PDF download, which may be 'inaccessible' for older people who do not have DVD players or computers. <p>The ageing population have time and want to learn about new technologies but often lack technical or social support.</p>	<ul style="list-style-type: none"> • Instructions need to be simple to understand and adhere to Plain English standards. Illustrations should be used to aid understanding. • The format of information needs to fit with the appropriate hierarchy necessary for effective communication. • The provision of a telephone helpline was cited as important. • A technology equivalent of the DIY handyman could provide essential services to help set up new devices increasing levels of digital inclusion.
<p>Labelling on food and drink packaging can be difficult to read and confusing</p> <ul style="list-style-type: none"> • Products are rejected due to confusion and frustration • Labelling on bottles is the most problematic • Diabetics are particularly concerned with ingredients 	<ul style="list-style-type: none"> • Intelligent packaging solutions could indicate by different means when a food product is out of date and should have been used. • Smart materials could state time left to use as opposed to use by date. • Packaging readers, and/or introduction of magnifying glasses to shelving.
<p>Difficulty opening windows: Buttons (if present) are small and difficult to push. Keys are small and fiddly and can be difficult to insert. Handles are stiff to turn and are often out of reach (requiring leaning over kitchen sinks, or hard to reach, so people may climb onto surface tops- which is a significant hazard).</p>	<ul style="list-style-type: none"> • New easy-to-use window designs and 'Intelligent' kitchen design. • Important to consider home security in window design.

Daily Living (2)

Problem: Needing the toilet in a public place, and not having facilities comfortable to access, can physically and psychologically restrict travel and activities.

Opportunities: To improve the accessibility and experience of using public toilet facilities, or provide alternatives.

Insights	Needs (Solutions)
<ul style="list-style-type: none">• Public toilets are often closed due to vandalism or misuse. This is caused by a minority but affects many older people.• Compensatory behaviour like reducing fluid intake can affect diabetics• Poor cleanliness prevents use of available facilities	<ul style="list-style-type: none">• Existing radar key system for disabled toilets could be replicated for public toilets.• 'Toilet mapping' at public information points could inform of location and status (open/closed), so the closest toilets are easily identifiable.• Is it possible to medically prevent the need to go to the toilet?• Design portable products/devices.• Redesign public toilets.

Health and Social Care

Problem: Navigating health and social care services can be confusing, time-consuming, costly and inaccessible.

Opportunities: To make the process for accessing and using services more user-centred.

Insights	Needs (solutions)
<p>Healthcare:</p> <ul style="list-style-type: none"> • Those 'in the know' have gained experience and knowledge through helping relatives or friends. • Those who are less-well educated or socially excluded may be less able to understand the systems, potentially resulting in them not using available health services. • Many people may not have the confidence question what they were told by the doctor or clinician. 	<p>Better communication methods about available healthcare services, what to expect, what to ask for and detail about when you can ask for further information and how you should do it.</p>
<p>Residential care:</p> <ul style="list-style-type: none"> • "Care homes are only as good as the staff – observation is key – if a care home is prepared to show you their kitchens and toilets, without appointments being booked in advance, that is a good sign". • Internet research for care home options is done by the children of participants' whose elderly parents were considering moving into residential care. • Care decisions are often made under-pressure and out of necessity when someone has been discharged from hospital. • It is felt there is the potential for negative repercussions on the service-user from care home staff or management when a complaint is made. • Moving into residential care is viewed as the last resort. Participants would prefer to stay in their own home for as long as possible. • Participants wanted to ensure they had plans in place so they were not a burden to their children. 	<p>Clarity about the process for applying and moving into Residential Care.</p> <p>Products and services which facilitate adaptation of the home environment so that people can stay in their own homes for as long as possible.</p> <p>A method for encouraging service-users and their families to feed-back their comments and complaints without it having repercussions on the quality of care the service-user receives.</p>
<p>Home/domiciliary care:</p> <ul style="list-style-type: none"> • Some of the group felt that receiving care in their own home was an invasion of their privacy. • However, domiciliary care, enabling people to remain in their own homes, is preferred over having to move into residential care. Having different carers visiting each day makes it was difficult to form trusting relationships. • Maintaining dignity by using professional Home Care services rather than family members was preferred, especially if it included personal care (e.g. bathing). 	<p>Solutions which result in a trusting relationship being built between the service-user and the domiciliary care provider are required.</p>

Work and volunteering

Problem: Older people want to feel that they are a valued, useful key part of society but unfortunately many feel that they are disrespected and undervalued.

Opportunity: Volunteering is a solution for many, increasing quality of life. Could society / industry use the retired workforce more effectively and tap into a high number of very experienced individuals - perhaps consultancy type approaches?

Insights	Needs (solutions)
<p>Many people still feel the need to define themselves through their work and / or job title.</p> <p>Volunteering is attractive. It is effectively work a person may choose to undertake, which is completely in their control. There is no need to do anything which is not enjoyable or disliked.</p> <p>Some said if asked, and allowed the same flexibility and choice as volunteering, they would return to paid employment.</p>	<p>Communication: you need to know about the opportunities and options.</p> <p>Flexible attitude and a choice in the activities would help people return to the paid workforce.</p>
<p>Word of mouth is rated very highly as a source of information on working/volunteering. It is recognised there are many sources of information: library, internet, charities, GP etc.</p>	<p>Need to bring information together to be effective</p>
<p>Ageism- it was felt that employment agencies and employers are biased against an older applicant.</p>	<p>Grey/silver collar working agency, which makes it easy for this age-group to see what voluntary and paid-paid work opportunities are available.</p> <p>Education for employers about the needs and lifestyle constraints of an older worker; such as looking after grandchildren.</p>
<p>Older people want to pass their knowledge on to the next generation</p>	<p>Volunteering opportunities in nurseries and schools, accompanied by a service that takes care of police check.</p>

Mobility

Problem: Public transport is not designed for the needs of older people. Signage is not clear, the environment is improving but generally the experience is below expectation.

Opportunities: In the short-term to develop better communication methods for providing information about public transport services. To educate staff who deliver public transport services about the specific needs of older people when using public transport services. Education and information should take into account declines in eyesight, balance, hearing and coordination.

Insights	Needs (solutions)
<p>Trains: Gaps in the platform result in it being more difficult for an older person to get on a train. Gaps in the train platform are not marked. The problem is exacerbated when the platform is curved.</p> <p>Wheelchair accessible stations are not communicated clearly at the stations and if there is available information about stations which are accessible users don't know where they would access that information.</p>	<ul style="list-style-type: none"> • Improve the content of information about accessibility of stations as well as making the information more widely available. This should include information at the 'point of need' e.g.: on train station maps. • Also mark clearly where gaps in the platform are using large writing and symbols where relevant. • Solutions should not increase cost of services. A study to quantify the problem may show that time taken is actually costing rail companies. • Lightweight ramp or steps deployed from the train or at the station. • The Rail company could advise of best coach to be in based on departure and arrival stations. • Targeted rail services for ageing travellers (as exists for young kids).
<p>Personal mobility: NHS wheelchairs are heavy and difficult to push, especially for elderly carers.</p> <p>Mobility products and services often single users out resulting in a reduction of confidence.</p>	<p>Cheap, yet well designed wheelchairs which are easier to use and don't look like they have come from a hospital.</p>
<p>Buses: Bus Drivers often drive badly, braking and accelerating many times through the journey (which makes even sitting down on the bus hard when you find it difficult to balance). Even if there are no physical injuries it hurts (and can cause minor injuries) if the bus causes a user to 'jolt' their</p>	<ul style="list-style-type: none"> • Education for bus-drivers about the needs of an older passenger and training which ensures that they drive in a relevant manner so that injuries are not caused and passengers do not feel uncomfortable using public transport.

<p>body. Such drivers are regarded as 'selfish' or 'ignorant'.</p> <p>'Bridge Cards' (cards which the older person shows to the bus driver when they get on instructing the bus driver that he has to wait until they are fully seated) do work, but are tricky when the older person has to get off the bus (the driver often forgets to use the brakes gently). Also, although the bus driver is supposed to stop when the bell has been rang they will often pass the bus stop if it is not visible that someone wants to get off the bus. This means that sometimes older people (who need to remain seated until the bus stops, miss their bus stop).</p> <p>Bus drivers also rarely use the facility to lower the height of the bus so it is easier for passengers to get on and off with greater ease.</p> <p>Essential services to rural/hilly areas have been cancelled where it is deemed there is not critical mass to warrant.</p>	<ul style="list-style-type: none"> • Systems in place which ensure that the bus driver consistently adheres to standards of passenger care providing a quality service as well as meeting the timetable. • Opportunity for bus companies to become known for looking after the older traveller. • Specialist training providers could offer advanced driving courses. • Drivers could be incentivised if they know their passengers can provide real-time feedback on the services. • Older people rely on buses; their dependence could be quantified to demonstrate to private sector that they are worth looking after. • Under utilised transport could be made available to small groups of people via a community transport scheme along the lines of car sharing/pooling. Reverse auctions for unmet transport needs making accessible unused vehicle capacity.
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Mobility (2)

Problem: Pavements can be the root cause of many injuries from falls. As we get older we are less able to lift our feet clear of small bumps and become prone to trips and falls from uneven surfaces.

Opportunity: To decrease the numbers of falls and associated healthcare costs.

Insights	Needs (solutions)
<p>Some believe that the council would prefer to be sued rather than fix a pavement because it is cheaper.</p>	<p>The number of injuries caused by preventable tripping could and should be quantified. This could then be used to show how much a Local Authority may face in terms of being sued and create an incentive to improve the pavements.</p> <p>Planners could be involved in observational research, enabled through university design schools.</p>

Education

Problem: Active learning is seen as invaluable to keeping well mentally and physically. Participants felt opportunities for active learning are limited.

Opportunities: Education courses delivered which take the needs of all students, young and old into account.

Insights	Needs (solutions)
<p>Government has reduced or abolished funding for adult education courses which are non-academic or work/skills-based courses. This has had a huge impact on many older people – the expense puts it out of some peoples reach and means that they are more isolated. It also has an impact on physical and mental health – if they are not getting out the house to attend classes and don't keep their mind active it can be extremely detrimental. Also, these classes often led to increased confidence in personal abilities and resulted in volunteering work in the subject area that they had taken the class in.</p> <p>There is also a lack of flexibility of the classes, many of them are late at night and if you live in a more rural area can be hard to get to.</p> <p>The willingness and interest to learn does not switch off at retirement. Access to education to keep the mind active and to continue learning was valued exceptionally highly among all participants.</p>	<p>Are there different ways to fund Life education courses for fun? Commercial opportunities/ partnerships etc.</p> <p>Languages/ philosophy?</p> <p>Cross generational learning, perhaps there could be a way of getting older people to learn from kids and vice-versa?</p>
<p>When you're in a mixed age class you're invisible- it can knock self esteem and confidence.</p>	<p>Tailoring courses to the needs of an older age group, rooms which are designed to eliminate echo's and maximise sound (and therefore hearing), tutors who are able to build rapport with their students and work well across different age-groups and generations.</p>
<p>Illiteracy in the older generation has never been addressed making it difficult to get information to them.</p> <p>Illiteracy stays with you- it doesn't age discriminate. Communication methods become more important as you age.</p>	<p>Varied communication methods such as Audio guides.</p> <p>Links to home appliances/ instruction booklet/ working.</p>

Preventative health and wellbeing

Problem: Participants felt they do not have extensive access to preventative health and wellbeing information and activities. How do they know what they don't know? How do they know what to ask?

Opportunities: Older peoples' networks are a great referral mechanism for good and bad service, and knowledge transfer.

Insights	Needs (solutions)
Macmillan promotes patient sharing of information to help explain and understand medications.	Could this be done on a wider scale or via a home appliance?
'Standard' information made available is not always seen as feasible, and so is disregarded.	Mix and match advice to maximise patient compliance
<p>People do not want to appear to be a trouble, or appear to be complaining, which prevents them from asking questions and accessing information that would benefit them.</p> <p>Questions are held until next visit/opportunity.</p>	<p>NHS direct is an example of an existing solution which is used.</p> <p>Question lists completed in advance to register everything to be discussed prior to appointment – so avoiding being cut short or postponing to next time.</p>
Having the knowledge and understanding that you need to keep active is adopted at a younger age. If not, a 'fear of the unknown' is a major barrier to starting new activities.	Pre-retirement courses to help transition into the next stage of life – like 'Sure Start' for older people.
<p>If people were just encouraged to have a go at activities, overcoming their fears which have prevented participation – they would realise a whole host of health and social benefits.</p> <p>There is a marked drop in social activities when a partner passes away.</p>	A similar approach to pre-school kids could be utilised (e.g. Soccertots, Tumbletots, Art & Craft activities etc.) –well organised activities are packaged in a repeatable and franchised way. Why not replicate the model for older people? There are many entrepreneurial older people who could be the franchisee and then use the 'toolkit' to work with their own local group, whilst also being part of a national network.
Living in residential care may limit 'active ageing' as regulations and shortage of care staff reduce number and frequency of daytrips/activities.	Active retired people willing to volunteer could provide additional care support.

Cross-cutting Issues

Several issues consistently emerged during discussions, which can be classed as cross-cutting because they have an impact on the needs and solutions proposed against the core themes described previously.

These can be broadly summarised as:

- Inaccurate perceptions and stereotypes of older people
- Active and meaningful contribution
- Independence vs Interdependence
- Fears for the future

Inaccurate perceptions and stereotypes of older people

Participants actively disliked the recent advert for breakfast cereal – where 'Nanas knit Shreddies' and they thought it was disappointing that the 'Dove' adverts caused so much media attention for including a 90 year old. Why can't the inclusion of older people be accepted as the 'norm'? Participants felt that in general the media portrayal of older people and of the extent people go to to prevent or reverse the effects of ageing (e.g. plastic surgery) reinforces widespread stereotypes, and results in perceptions about older peoples' likes and dislikes, which simply aren't true.

When participants were asked 'how they would like to be described and thought of', they responded with 'useful', 'intelligent', 'respected', 'wise', 'knowledgeable' and 'experienced'.

Active and meaningful contribution

Older people want to have the opportunity to, and feel as though they do, contribute and make a difference. They do not want to be thought of 'as a certain age', as age is irrelevant to them, or as a statistic. They just want to be thought of as 'people', with an emphasis on what makes a person individual through unique character traits, not through what they do or have done in the past. Older people do not want to feel invisible; they want to feel appreciated for their contributions to society, from their long duty of employment and through their continued working or volunteering lives.

Independence vs Interdependence

Participants discussed 'Independence' versus 'Interdependence'. Whilst some were happy to have a relationship with relatives and peers based on interdependence, others felt that they wanted to be fully independent. There was unanimous agreement that they did not want to be, or be thought of as a 'burden', or be completely dependent on others.

Fears for the future

Fears described by participants included: the fear of isolation, "what if it is just you and the telly?"; the fear of moving out of your home, leaving friends and memories; the fear of looking different, "I don't want to stand out", "it's embarrassing if I don't know what to do or I can't join in"; the fear of losing your independence or having a lack of privacy.

Recommendations

From the discussions, insights generated and solutions proposed we have made a number of recommendations:

Consultation with older people is a valuable source of unmet needs and insight into known problems

Workshop participants were invited at the close of the event to take on the role of 'Innovation Scouters'. This will involve them submitting information about unmet needs as they arise within the context of their daily lives. Submitted information will be compiled into a database of 'unmet needs' for access by innovators and entrepreneurs looking for inspiration and insight to fuel their enterprise journeys.

Observational research should be used to identify unknown problems

Participants were also asked whether they would like to participate in observational research by Laura Williams, NSC Innovation Manager, in order to gain more of an insight into their activities of daily living to identify problems unknown or not recognised by the person. Such research is important to identify needs for new products and services, and ultimately new business generation.

The levels of awareness of existing solutions needs to be increased

There are some products and services already available providing solutions to problems we identified. We identified shortfalls in awareness that such solutions existed and knowledge of how they may be accessed. It is clear an opportunity exists for increased communication to older people about products, specific product features and services of benefit to them. The challenge is to deliver such messages in a non-stigmatising, mainstream way.

Examples of good user-centric design (product, service, branding and communications) should be promoted

It is important to raise awareness of the limitation that some design decisions impose. A practical example of this arose in the workshop where pink post-it notes were used; the background colour limited the group's ability to read what was being recorded. Often we need to go through a learning experience before getting it right. Guidelines are frequently produced in response to this learning. However, there are instances of guidelines not being known or not being followed (e.g. RNIB guidelines on visuals, or the 'Lifetime Home Standards'). Good design needs to be promoted.

Examples of good practice should be learnt from and linked together

There are many examples of good practice in the provision of products and services for older people in our region. For example, The Sage has in excess of 600 over 55s attending on a weekly basis. What are they doing well, could it be replicated and scaled? Linking together the many pockets of excellent activity, product and services for older people could make a latent market more visible and more attractive as a business proposition.

Financial barriers need to be broken down to facilitate joined up approaches

Disconnected budgets prevent joined up approaches to many of the issues identified. Opportunities for integrated team and collaborative working should be sought to improve continuity of service provision.

Conclusion

Ageing and Health is one of four science themes for Newcastle Science City, recognising both the research and clinical excellence in this area within our city region, and the need to find solutions to meet the vast societal and personal needs that exist because of age related disabilities.

Newcastle Science City is pursuing the challenge of developing compelling business propositions to address some of the problems identified. We will do this by identifying: new near-to-market solutions; novel applications for solutions already existing in alternate markets; and novel business models which improve on solution delivery. Ultimately, we aim to create new businesses and jobs for the region, whilst improving the quality of life for older people.

We hope the contents of this paper will also stimulate needs-based thinking among academics and researchers to crystallise ideas for research projects and longer term product development programmes.

This workshop paper has been disseminated to members of Voice North, Years Ahead, the Institute for Ageing and Health's Technology Group and the Changing Age project steering group at Newcastle University.

This workshop paper will be available to download from the Newcastle Science City website (www.newcastlesciencecity.com).

If you have any questions or would like to learn more about Newcastle Science City's activities please contact Caroline Findlay (NSC Project Manager) on 0191 211 3014 or at caroline.findlay@newcastlesciencecity.com