

**Planning for HAIRE’s Strategic Challenge – September 2021**

The HAIRE partnership came together during the 7th, 8th and 10th September 2021 for the project’s **Shared HAIRE Activity Project Exercise** (SHAPE) workshop. SHAPE’s primary purpose was to identify a challenge that all partners can work towards in their local settings. The partnership agreed on a long-term goal (beyond HAIRE) that aims to accommodate healthy ageing and the daily experiences of older adults in service design and delivery, working with key actors that shape communities – i.e. individuals, groups, organisations and institutions. All of the actors that come together to shape a community can be referred to as a place’s social infrastructure.

The purpose of this document is to outline key parts of a place’s social infrastructure. During SHAPE, HAIRE’s partners collaboratively identified individuals, groups, organisations and institutions that can be brought together to work towards HAIRE’s SHAPE challenge. When reflecting on feasible actions, the involvement of older adults in the decisions made by these individuals, groups, organisations and institutions was at the centre of the partnership’s thinking. These actions are summarised in this document.

The actions included in this document will give HAIRE’s partners a starting point to plan timelines around who can be engaged and how they can be engaged in HAIRE’s SHAPE challenge. The suggestions outlined are by no means exhaustive and some parts of this document currently remain blank. Partners are encouraged to add new actions to plans where possible and/or required. Any remaining blank sections can be regarded as barriers to achieving HAIRE’s SHAPE challenge that can be considered and worked towards going forward.

Overall, partners will work towards HAIRE’s SHAPE challenge by starting with what is possible in their local context. Where appropriate, drop-in sessions that take place every two weeks will be used to share experiences around working towards HAIRE’s SHAPE challenge. Additionally, partners will be encouraged to meet in their mixed pilot site groups to discuss their experiences further. These cross-border conversations aim to provide learning opportunities for partners, particularly regarding actions that are currently difficult to work towards in their local settings.

**Note:** A summary of HAIRE’s SHAPE challenge can be found at the end of this document.

# **Social Infrastructure Part 1: People**

[For example, citizens, de facto leaders, volunteers, community makers etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Older adults!  | Encouraging citizen championship – i.e. to promote good things that are happening in the community.  | Scope and work with existing networks of influential people, i.e. people with credibility in the local area.  |
| Key individuals that are ‘known’ and ‘influential’ in the local community.  | Encouraging communication and, where appropriate, becoming ‘communication leaders, e.g. through Facebook groups, WhatsApp groups and by sharing new sources of information. | Capitalise on volunteers’ skills and networks to expand healthy-ageing principles and encourage older adults to ‘have a voice’.  |
| Residents. | Encouraging involvement in advocacy groups, e.g. informal residents’ groups, neighbourhood committees and local environmental / cultural heritage groups – while creating dialogue with other cultural heritage groups.  | Attract involvement and encourage participation through identifying motivations that are specific to the current locals in an area, e.g. popular foods and cultural activities, and by creating opportunities for often marginalised groups to share their cultures.  |
| People with connections to the area that now live elsewhere.  | Becoming ambassadors of healthy ageing-related principles, e.g. HAIRE’s approach and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) | Work with existing events and local activities to attract the local community.  |
| Newcomers to an area.  | Creating new and flexible volunteering opportunities for older adults to share their skills and experiences.  | Create time for informal conversations to take place between organisations and local people, e.g. at local markets, walking spaces, cycling spaces etc.  |
| Older adults and residents in neighbouring communities.  | Using and promoting HAIRE’s toolkit beyond the project.  |  |
|  | Through learning from informal conversations with older adults, e.g. in public spaces. |  |

# **Social Infrastructure Part 2: Health**

[For example, GPs, specialist health services, hospitals, welfare/care providers etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Community workers and nurses – including homecare nurses.  | Encouraging involvement in and linking up patient participation groups in local areas – and supporting their formation where they do not exist.  | Promote referral services through individuals that have regular contact with older adults, e.g. for social prescribing in the United Kingdom.  |
| Others with informal influences on wellbeing, i.e. local businesses (e.g. hairdresser, café, pub etc.) can provide ‘therapeutic’ spaces and conversations for individuals. These interactions can be less intimidating compared to formal services.  | Becoming ambassadors of healthy ageing-related principles, e.g. HAIRE’s approach and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) | Reach out to health and care services to promote the principle that health and wellbeing is supported by both formal and informal resources e.g. therapeutic spaces and conversations.  |
| Specialist services and professionals, e.g. chiropodist, physiotherapist, geriatric specialist etc.  | Working with older adults in health spaces (e.g. surgeries) to support access when services become digitised and to create opportunities for older adults to shape such transitions through their feedback.  | Link older adults with each other and other locals to share stories, experiences and skills relating to activities and spaces that have positive influences on their wellbeing.  |
| Social and medical assessors.  | Creating opportunities for peer-led learning in relation to the point above.  | Create channels to communicate the above to formal health and care providers through already engaged professionals. Where possible, these individuals can be encouraged to become champions of holistic approaches to enabling health and wellbeing.  |
| Unpaid / informal carers. | Encouraging older adults to share stories, experiences and skills relating to activities and spaces that have positive influences on their wellbeing.  | Link up with retired health and care professionals.  |
| HAIRE’s relevant Observer Partners. |   | Scope and raise awareness of alternative sources of funding for communities to work with formal health service providers and professionals.  |

# **Social Infrastructure Part 3: Education**

[For example, schools / colleges, higher education, adult learning, student networks etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Education establishments across all ages – primary schools, secondary schools, colleges and Higher Education (e.g. medical courses).  | Encouraging and creating opportunities for sharing stories in formal and informal education settings.  | Identify opportunities for intergenerational experiences, skills exchange and learning – work with already engaged schools, colleges and university, and reach out through them to others.  |
| Student volunteers and local student groups.  | Inviting feedback on teaching content and providing opportunities for involvement in teaching around matters that impact on older adults, e.g. communication skills for healthcare professionals, inclusivity / accessibility training for transport providers etc.  | Create local, intergenerational events around valued interests with opportunities for all locals to shape diverse activities at the events.  |
| Organisations that provide training for teachers. | Inviting older adults to locally attractive spaces and/or going to older adults with opportunities for intergenerational story sharing (this can involve experience and skills exchanges, e.g. digital skills and local story exchanges).  | Provide channels to record and share the stories of older adults – digital and non-digital. |
| Organisations that provide training for doctors and nurses.  |  | Work with schools, colleges and universities to seek opportunities for alternative uses for their spaces (classrooms, halls, grounds etc.) – e.g. for clubs and local meetings. |
| Adult Learning courses.  |  | Promote volunteering opportunities for HAIRE’s local activities (and beyond) in schools, colleges and universities.  |
| Multi-media libraries – online and physical spaces.  |  | Work with older adults to design small projects for children and young people, e.g. for schools, colleges, universities, student groups, scouts etc. |

# **Social Infrastructure Part 4: Housing**

[For example, social housing, private developments, town planning services etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Social housing providers. | Encouraging formation of – and involvement in -local residents’ groups – including within private apartment blocks / complexes.  | Put together diverse teams to work on and produce communications that counter stigma around social housing.  |
| Private housing developers.  | Encouraging contributions and feedback on welcome packs for newcomers to the local area and, where appropriate, setting up welcome teams that newcomers can meet (optionally).  | Link private and social housing providers with residents’ groups – engage local councils with this process.  |
| Estate agents. | Providing opportunities for older adults to feedback on and contribute to criteria for inclusivity (e.g. social housing costs and accessibility) in relation to existing and new developments (social and private).  | Co-design and invite feedback on information and welcome packs for newcomers.  |
| Local authority departments that are responsible for housing and planning.  | Encouraging local championship around housing that is more inclusive, i.e. campaigning.  | Link up with social housing associations to promote healthy ageing principles – e.g. HAIRE and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) |
| Local councillors and MPs.  |  |  |

# **Social Infrastructure Part 5: Civic Entities**

[For example, community facilities (e.g. sport halls), Local Government facilities (e.g. town halls), faith-based establishments etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Organisations involved in the management and use of local spaces, e.g. churches, schools, town halls, parks etc.  | Providing opportunities for older adults to promote and form new clubs and activities. | Link with local space providers to scope opportunities for new clubs and/or activities.  |
| Organisers of local activities and clubs – including older adults!  | Encouraging older adults to promote and become champions of healthy ageing-related principles in existing clubs, activity groups and/or societies, e.g. HAIRE and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) | Provide and/or create opportunities for support and guidance for clubs and/or activities to make digital transitions if they are required to and/or interested in doing so.  |
| Local authority departments that are involved in facilitating leisure and public spaces.  | Providing opportunities (digital and non-digital) for older adults (at an individual level) to share and promote their positive experiences in relation to activities, clubs and societies that are meaningful to them.  | Promoting healthy ageing-related principles through digital and non-digital communications that target activity groups, clubs and societies.  |
| Encouraging their involvement in becoming peer mentors for newcomers to clubs, activities and societies – not just for newcomers that are older adults!  | Learn from informal interactions in local spaces and conversations about local activities, clubs and societies.  |
| Voluntary sector – specific organisations and networks.  |  | Promote voluntary sector as contributors to the wellbeing of local adults and showcase voluntary sector influences on local vitality.  |
|  | Seek opportunities for open forum discussions and the creation of networks involving voluntary sector organisations, formal health and care providers and/or networks, and educational establishments.  |
|  | Seek opportunities to link voluntary sector activity at national and/or international scales.  |

# **Social Infrastructure Part 6: Transport**

[For example, public transport provision, transport infrastructure (e.g. roads, bus / train stations) etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Public/community transport providers.  | Providing opportunities for older adults to shape and feedback on inclusivity criteria for public and/or community transport.  | Scope existing sources of information on public transport and invite feedback from older adults.  |
| Organisations responsible for training drivers.  | Providing opportunities for older adults to shape and feedback on courses and teaching in relation to public and/or community transport operators, e.g. drivers.  | Promote healthy ageing-related principles to transport providers, e.g. e.g. HAIRE and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) |
| Local authority departments that are responsible for public transport and transport infrastructure.  | Encouraging them to form and join local groups (formal and informal) around local transport provision – including speed watch schemes.  | Promote volunteering opportunities for retired transport providers and/or operators.  |
|  | Seek opportunities for open forum events around local transport - including older adults, public transport providers and local councillors.  |

# **Social Infrastructure Part 7: Arts and Cultural Heritage – including environmental heritage**

[For example, heritage organisations, art movements, meaningful natural spaces etc.]

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| **Who can be involved?** | **How can older adults be engaged? By…** | **Suggested Actions** |
| Heritage groups (informal and formal).  | Encouraging older adults to champion and promote healthy ageing-related principles in their heritage groups, arts groups and environmental groups, e.g. HAIRE and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) | Promote healthy ageing-related principles to heritage groups, arts group and environmental groups, e.g. HAIRE and four steps to becoming a [World Health Organisation Age-friendly Community.](https://www.ageing-better.org.uk/four-steps-becoming-age-friendly-community) |
| Arts groups and movements (informal and formal).  | Encouraging older adults to share stories around local heritage, arts and natural spaces.  | Create channels to showcase the stories of older adults and encourage dialogue and/or meetings between diverse groups in local areas.  |
| Environmental conservation and protection movements.  | Encourage older adults to shape and contribute to designing and redesigning natural spaces.  |  |

# **A Summary of HAIRE’s SHAPE Challenge**

**The challenge:** Creating a social infrastructure by mobilising and empowering a complex ecosystem of different partners and ensuring an effective operational culture.

**Guiding principle:** Ensure discussion and deliberation of all parties involved in healthy ageing.

**Key approach:** Ensure opportunities are created for older adults to access decision-making processes and contribute to shaping local services – share case studies beyond HAIRE.

