

# Making use of research: a third sector perspective

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# The Age UK Group



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Mission – to improve the lives of older people

A social enterprise and a charity

Five areas of activity ('Pillars')

3000 employees; 50,000 volunteers

Turnover £160m + Brand Partners £140m (Total £300m; 2010-11)

There are over 200,000 charities in the UK and some much bigger than us!!



# The Century of Aging

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**The 21st century is the century of aging –**

“The new millennium closes the first chapter in human history: when we were young”

(Paul Wallace: “Agequake”)

**Life expectancy is extending worldwide, fertility rates are falling, and aging is accelerating.**

“The aging of humanity across the world is a defining stage in history. It will change everything from business and finance to society and culture”

(Wallace)



## Global demographic transition

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- In 2009, the global number of older people passed 700 million. This is projected to be 2 billion by 2050. Already two-thirds live in low & middle income countries
- In the “more developed” regions over 20% of the population is 60+. By 2050, nearly 33% of the population is projected to be in that age group
- In the “less developed” regions, older people account today for 8% of the population; by 2050 they are expected to account for over 20%



# Why we need effective research now

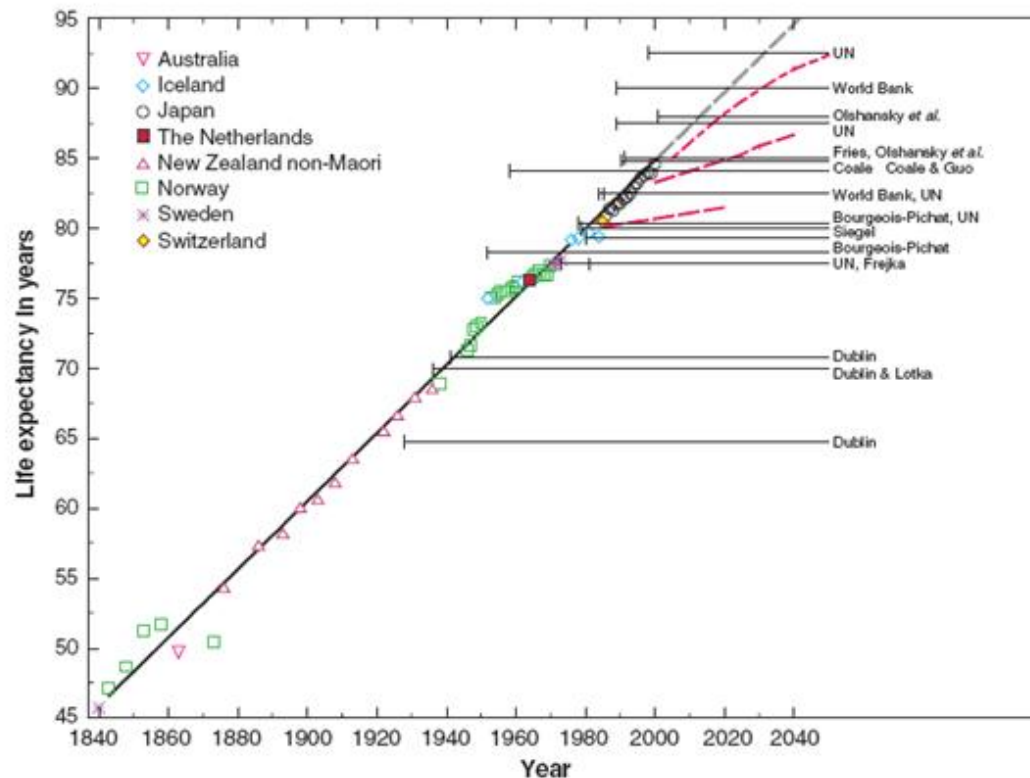


Fig. 1. Record female life expectancy from 1840 to the present [suppl. table 2 (7)]. The linear-regression trend is depicted by a bold black line (slope = 0.243) and the extrapolated trend by a dashed gray line. The horizontal black lines show asserted ceilings on life expectancy, with a short vertical line indicating the year of publication (suppl. table 1). The dashed red lines denote projections of female life expectancy in Japan published by the United Nations in 1986, 1999, and 2001 (7): It is encouraging that the U.N. altered its projection so radically between 1999 and 2001.

# Research for Later Life (Age UK Research)

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Overall aim - to produce research solutions for an ageing population by:

- Conducting, funding and commissioning
  - ‘Research into Ageing’ (Health & Well-being)
  - Social and economic research
  - Services and evaluation research
- Translating research findings to produce an evidence base for policy, practice, products and services (including market research)
- Developing mutually beneficial research relationships at all levels



# Age UK Research Effectiveness

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Our research is widely recognised for its effectiveness



# Examples of Age UK Research Effectiveness

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- Development of the exercise programmes in the NSF falls services (2001)
- Development of the DWP ageing strategy in 'Opportunity Age' (2005)
- Development of the Social Exclusion Units strategy in 'A Sure Start to Later Life' (2006)
- Development of treatment for reducing post-event inflammation in thrombotic stroke (2009)
- Changes to the diagnosis and treatment of urinary incontinence (2010)
- Removal of the default retirement age (2011)
- Implementation of 'Dilnot' proposal (2013)





# Why do we do research?

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Establish existing evidence-base (literature review)

Create new knowledge

Add to cumulative evidence base

**PASSIVE**

Make a change - Innovation

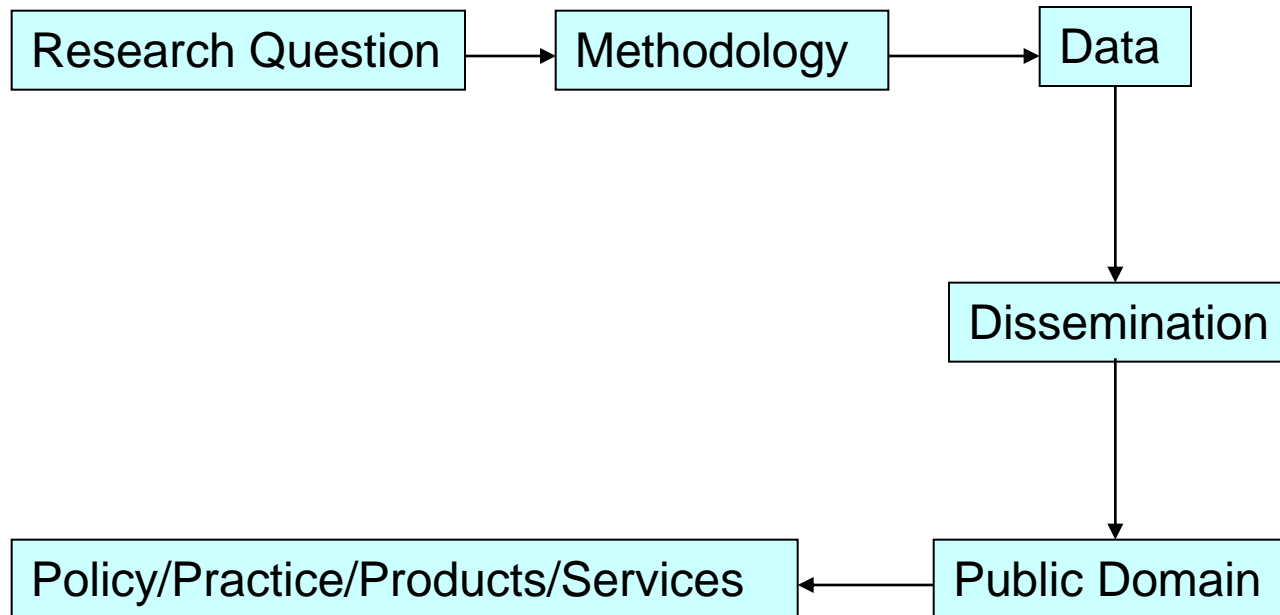
Improve the lives of older people

Establish 'what works' (Evaluation)

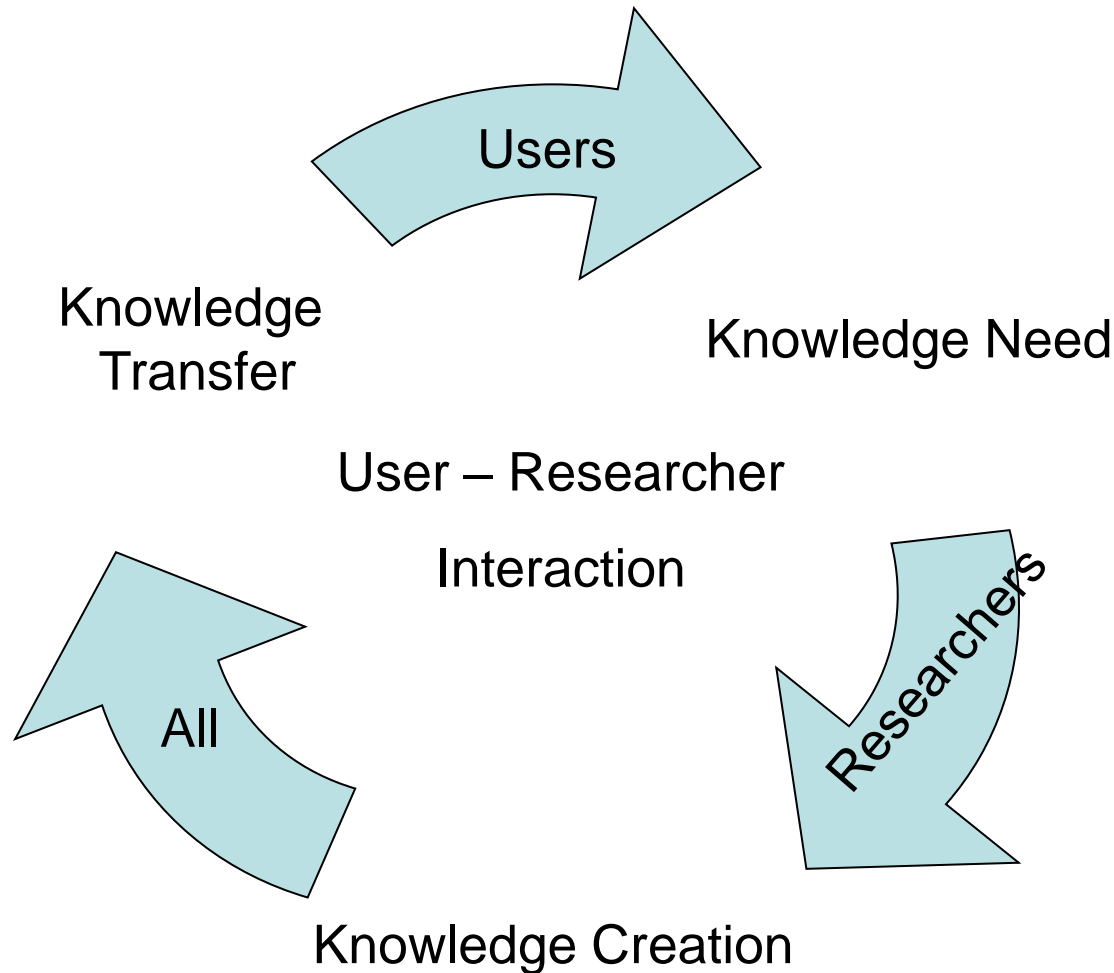
**ACTIVE**



# Linear Model – Knowledge Transfer



# Interactive Model of Knowledge Transfer



# Third Sector Users: Considering the policy and practice landscape

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- Disconnect between academic research and what policy-makers want / use
  - Presentation
  - Communication
- Implementation strategy
  - ‘What’s in it for them’
- What grasps media attention?
  - Can be important in order to influence
  - Often not what researchers think!
- Involvement of key stakeholders in Knowledge Transfer cycle is key



# Age UK strategic priorities

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1. All current pensioners have sufficient income to live comfortably
2. All future pensioners have sufficient income to live comfortably
3. All older people benefit from high quality appropriate public health measures
4. All people in later life achieve the best possible outcomes from NHS and care services
5. All older people stay well and as independent as they want to be because they can access and receive the appropriate high quality support that allows them to do so
6. Society values both the contribution and the needs of all people at all stages of later life



# Policy landscape: context

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## Socio-economic context: Austerity

- Threat to retirement: e.g. implications of QE
- Implications for service delivery: e.g. NHS productivity

## Services will need to change to reflect changing wants and desires

- Consumer focus
  - Changing commissioning landscape
  - Choice
- Embrace technology (will need to be gradual and well managed transition)
- Open data – more information and accountability

How does research support provide new insights and solutions?



# Policy landscape - opportunities

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## Integration of health and social care

- NHS Bill
- Social Care White Paper

## Personal budgets gaining momentum

- Shift to consumer driven market
- Makes listening to stakeholders even more important

## Telehealth and telecare consumer markets have huge potential for growth

- WSD evidence (??)
- BUT awareness amongst target groups is especially low







Thanks for listening

Please come and chat

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