CAMBRIDGESHIRE & PETERBOROUGH OLDER PEOPLES PERSONAS:

DESCRIBING THE CHARACTERISTICS OF OLDER PEOPLE SEEKING INFORMATION AND ADVICE

MARCH 2017

Document Details	
Title:	Cambridgeshire & Peterborough Older Peoples Personas
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Description:	The purpose of this document is to provide an analysis of characteristics of older people seeking information and advice in Cambridgeshire and Peterborough
Produced by:	Michael Soper, Business Intelligence Manager (Research), Cambridgeshire County Council Michael.Soper@Cambridgeshire.gov.uk 01223 715312
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One of the key factors for delivering preventative working with older people (to support them to live healthy and independent lives) is the ability to 'connect them up' with their communities and help them to access **local** support, advice and friendship. Knowing the community's capability is a fundamental element of success in this regard. This report outlines work carried out in Cambridgeshire and Peterborough, funded by the Local Government Association (LGA) Digital Transformation Grant, to analyse customer contact data and develop a set of personas to support the development of the area's information offer for older people as part of the Cambridgeshire and Peterborough Local Information Project.

The Local Information Project

- The purpose of the Local Information Project (LIP) was to use digital transformation to share database items about community groups and services between systems that supported the provision of information and advice for older people.

- As an example or demonstrator we identified exposing data about local community groups held on a database at Peterborough Community & Voluntary Service (PCVS) to a number of similarly purposed systems within the statutory sector. This transformation was to be carried out alongside a programme of renewal for those statutory sector systems. For example a renewal of the Cambridgeshire County Council Family Information Service database.

- Critical to the understanding of the concept for the Local Information Project (LIP) was that this was not the creation of a new information and advice system. Research showed that this was already an extremely crowded market. Rather we wanted to use digital transformation to **share** information between systems to ensure there was 'no wrong place' to go for information and advice.

- At the project initialisation stage it was identified that it was important to understand the different reasons why older people or their advocates were seeking information and advice and to understand precisely who they were and what they wanted information about. It was decided to build this understanding around data analysis of customer contacts and the development of a set of customer personas.

Persona design in the public sector context

- Use of personas within a social care context is challenging as the process of grouping behaviours and characteristics around relatively few persona types runs contrary to professional instincts around encouraging person centred thinking, viewing each client as an individual.

- Responding to this challenge, we positioned the personas with social care professionals as a way to bring 'real' older people into the design process. This change in approach also led us towards producing much more rounded personas. In particular focusing on what our people' lives would be like outside of their contact with social care services.

- Background research identified the need to specify the ratio between 'informal social contact' and 'formal service contact' within people's lives, and to provide some understanding of the role that bereavement, ill-health and disability have on social contact. These aspects would help to humanise the personas as well as provide relevant context for the information and advice that the older people were seeking.

- Introducing some of the tools from person-centred thinking was found to be a good way to manage concerns that professionals had about the persona process. This included adding in 'appreciations' for the older people featured in the personas, including their relationships and also differentiating what is important **to** the older person as well as what is important **for** them (our first draft of the personas very much focused on what was important for them, from a statutory sector view).

- Whilst there was a demand for the personas to be reflective of need across older people's social care they are useful for all aspects of service. We had a specific goal in tailoring the personas to support the design of information and advice services. This led us to first and foremost using customer service contact data (phone calls / e-mails recorded on the relevant organisations customer relationship management systems).

The analysis process

- The initial data source for the development of the personas was older people's contact with Cambridgeshire County Council and Peterborough City Council as recorded by the separate Customers Relationship Management (CRM) systems for both organisations.

- There was a challenge in maintaining consistency in the datasets across both Councils. This was overcome by using Cambridgeshire data for the first persona build and then adapting this to reflect the different proportions of contact for Peterborough.

- The data period selected for analysis was January 1st 2016 to July 31st 2016 (seven months data). For Peterborough this was 4,245 records and for Cambridgeshire (a significantly larger population area) this was 25,363 records. The data was available for further sub-division, for example the Cambridgeshire data could be used to identify the 7705 calls specifically relating to information requests and the type of service information being requested.

- The data from both authorities was then coded against Acorn. Acorn is a consumer classification that segments the UK population. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people. Providing insight to target and develop customer relationships and improve service delivery.

- The use of Acorn enabled the initial 'grouping' of the data by dominate and related types and develop the initial structure for the selected seven personas. This was a challenging part of the project. Some subjective judgement was needed to generalise the findings and the final personas as the brief was to arrive at a manageable number. Seven personas were created. If a finer level of detail was required by the project steering group then that could have been achieved with the data analysis that was completed.

- Writing the personas was based on pulling facts from the relevant Acorn profiles as well as referring to the different call mixes received for each group. These were then validated against wider information from www.cambridgeshireinsight.org.uk about the nature of Cambridgeshire and Peterborough e.g. deprivation data.

- The personas were also validated against other sets of customer data that were available to the research team (being based at Cambridgeshire County Council). In particular profiling the personas against older people being provided with a service (as opposed to seeking information and advice).

- Finally the personas were presented to the LIP steering group for comment (the group had a mixture of representatives from the NHS, statutory social care and voluntary sector) and presented to two staff focus groups in Cambridgeshire and Peterborough. There was also some targeted consultation with the voluntary sector to validate the personas against their perceived customer profile. This information was used to redraft the personas.

- One of the conclusions of the work was that personas of this type should never be considered final or complete but rather kept constantly up-dated as new information / data comes forward.

The application of the personas

- The most immediate success of the personas was in the way they could be used to segment the older people data at different stages of the social care process. It was particularly powerful to demonstrate that the profile for those seeking information and advice was significantly different from those who received a statutory service and the profile of older people was different for each agency (voluntary or statutory) depending on the service provided. Through the design process we were able to track changes in perceptions from senior managers, project workers and designers.

- Once implemented the personas undermined any perception that older people are a homogenous group. The personas supported the development of empathy, particularly between different services. Understanding that the mix of customers was different for everyone promoted a positive level of cooperation; different agencies bring different perspectives due to their customer base.

- The personas were used to inform the information standards, to guide the setting of which data elements were required based on the needs of older people. In particular the project shifted emphasis from sharing data about different

organisations to the aim of sharing details of the specific services those organisations offered.

- The personas also demonstrated the need to consider information requirements for those who were self-funders of care as their numbers (given the significant affluence of some parts of Cambridgeshire) were considerable yet statutory agencies tended to focus just on those who they were providing care for. The personas also identified what proportions of this group (or their advocates) could self-serve for information using the internet.

- The personas also showed to the steering group that micro-data was important to the project (information about small informal groups that operate at a neighbourhood level answering the question of 'what is on my doorstep?'). The personas also provided an understanding as to which groups would need subsidised travel advice delivered to them alongside the information on community groups.

- Finally, the personas provided a real insight not just about older people, but also the role of intermediaries in providing the information, advice and advocacy that people need. Recommendations for further work using the personas (outside of maintaining them) include:
  - using them to support development of the partner agencies' general customer service strategies;

  - using them to shape the continuing establishment of Community Hubs in the area. Particularly confirming the hubs as curators of local information to support older people in their area.

  - using them to improve understanding of local workloads and the differences between different area teams in Cambridgeshire and Peterborough.

INTRODUCTION

Background

As a single agency, Cambridgeshire County Council's Business Plan[1] identifies the total savings requirement from Children, Adults and Families as being £73m over the next five years, with £26.8m of that in year one (2016-17). The County Council recognises that future plans mean that approximately the same number of older people will be supported in 2021 as were supported in 2015, despite demographic pressures of a forecast 24% increase in people aged 85+.

It is recognised that this very challenging environment will require the successful implementation of preventative services for older people. As an example of the preventative working that Cambridgeshire County Council is introducing there has been an investment of £330k to establish a multi-disciplinary First Contact Team at the Council's Contact Centre to offer expert advice over the phone to older people and their carers who are seeking advice, support or starting to struggle with independent living. The aim is to find solutions to the needs of around 75% of people who make contact without the need for further Council involvement. Having access to good quality information about individual agencies service offers as well as the availability of local support is fundamental to this service and other preventative working.

Wider evidence from the Local Government Association[2] (see the 'Living Well Programme', Cornwall, case study) also identifies that 'knowing the community's capability' is one of the key factors for delivering this particular sort of preventative working scheme. In this case one of the commitments the Cornwall programme makes to older people is the ability to 'connect you up with your communities and help you access local support groups and sources of information as you require'. Structurally, the information and advice offer for the area seems to be one of the fundamental elements in successfully providing support for older people in order for them to continue to live as independently as they can.

The Local Information Platform as a concept

Early research into the information systems already in use for Cambridgeshire and Peterborough identified considerable duplication in effort in maintaining directory data. This was across local

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[1] http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=12791 and
http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=12736
[2] http://www.rand.org/pubs/research_reports/RR1017.html

authorities, the NHS and the voluntary sector. The information available was also patchy depending on the area and topic focus of the information system. None of the systems could be described as comprehensive. Also focus groups held with staff at both Cambridgeshire County Council and Peterborough City Council identified teams at a local level having some disregard for their own organisation's formal information systems, preferring to maintain their own list of contacts for what was available locally.

Out of this research came the concept of enabling our systems to expose information via APIs[3] so that content could be shared, collected and then co-curated. In much the same way as commercial companies stream information on products to third party comparison websites, data from a number of different information directories could be gathered together to provide a much more comprehensive view. The value of sharing information, according to Dunning (2005)[4] is that 'independent advice doesn't exclude Interdependent advice'. The ability to offer good quality information and advice to older people is best served by information services establishing a range of relationships, protocols and partnerships with other organisations.

For this project Local Government Association (LGA) Digital Transformation funding of £40,000 was secured. This was to specifically facilitate the sharing of data between systems. Alongside this individual agencies were making additional investment in their databases / CRM systems to compliment this innovation.

As this concept developed then it became a priority to identify what types of information within each system were most important to curate and share and also to identify what the information gaps were. This was particularly important when seeking to pinpoint pieces of information kept in agency systems that were particularly useful to other agencies. The need for a set of 'shared' customer personas was introduced at this point in order to provide a basis for dialogue between agencies about who they were in contact with and the sort of advice and support they were seeking.

Whilst the use of personas have been well established in the commercial world, particularly for designing customer experience e.g. websites or for marketing for describing target audiences; their use in the public sector is underdeveloped. Part of the project's remit was therefore to demonstrate the usefulness of the approach.

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[3] API – Application Programming Interface, In general terms, it is a set of clearly defined methods of communication between various software components.
[4] Information, advice and advocacy for older people; Defining and developing services, Andrew Dunning, Joseph Rowntree Foundation, 2005

Initial Approach

For our initial approach it was agreed that the personas would be based on actual customer service data and the Acorn social classification tool (see later in this section). However this approach threw up some very specific challenges that needed to be overcome.

**Challenge One: The use of personas relating to older people**

Our focus groups with staff identified that having a well thought out approach to the representation of older people was important. Participants were concerned, when presented with the draft personas that they represented a process of stereotyping. They commented that this process could be enforced through choice of photographs to accompany the personas; there was a particular point raised about the imagery remaining positive in its depiction of all different types.

These concerns raised by those who work with older people day-to-day are understandable within a professional (as well as a personal) context of person-centred thinking, treating clients as individuals, that is established practice within social care. In their study, 'Person Centred Thinking with Older People', Bowers et al (2007)[5] talk about the pressure on social care services to

"do things in a more efficient and organised way rather than really doing things differently in ways that make sense for older people."

In the very early stages of the project the way we justified the use of personas was built around how they would improve the design process. With further background

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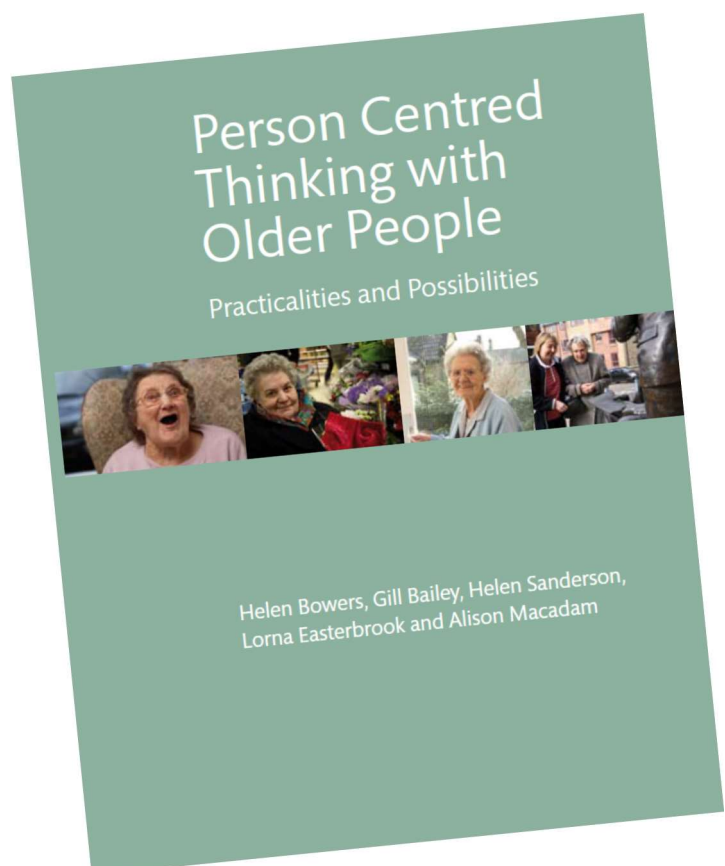
[5] Person Centred Thinking with Older People, Practicalities and Possibilities, Bowers, Bailey, Sanderson, Easterbrook and Macadam, Care Services Improvement Partnership, 2007.

research and with the input of the staff focus groups we were able to more effectively position the personas as a way to bring 'real' older people into the design process. This change in approach led us towards producing much more rounded personas. In particular focusing on what people's lives would be like outside of their contact with social care services.

Person centred thinking included the development of self-directed support and it proved useful in the development of the personas to revisit the philosophy around this in order to inform the structure and the content of the personas.

- Firstly, for older people, we noted the pace at which 'ordinary life' shrunk, being overtaken by care needs. It can happen gradually, almost imperceptibly or dramatically. Illness or the onset of disability can be both gradual and sudden, with bereavement, divorce or moving home also being significant factors.

- Secondly there needs to be a reflection on the way that service led contact can come to dominate some people's lives. In 2007 Bowers et al commented on "*older people who are living in two worlds – a 'service world' and 'ordinary life'. Most of their contact is with people who are either paid for providing a particular role or who have a formal volunteering relationship. It is often their 'ordinary life' and their ordinary social networks that shrink – and their 'care life' or 'support life' with its 'formal' network that now dominates"*.

- The above is particularly pertinent in the light of evidence from elsewhere[6] showing that older people themselves rank being active, continuing to learn, family and relationships and community far above approachable local services. So the personas should reflect these priorities rather than describe the individual types just in terms of the services they are seeking.

- Finally, Bowers et al (2007) reported older people's observations that formal service contact (including formal social oriented contact such as day centres) were not fulfilling the social or loneliness gap left in people's lives. At the time it was also observed in the same study that professional opinion or viewpoint may differ insomuch that the unrewarding nature of this specific part of service contact for older people may not be fully observed. The challenge for the personas being the extent to which this loneliness challenge would be reflected.

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[6] Living Well in Later Life, OPP, 2003

Having been prompted by the challenge of the staff focus groups and by a review of the literature it was decided to bring in some of the tools of person centred thinking into the personas.

- Appreciations: Focusing on what is to be liked and admired about the person.
- Relationships: Who is important to that individual?
- Separating out what is important **for** someone compared to what is important **to** them.
- Describing what a good day and a bad day looks like for each persona.

Challenge Two: The use of personas in the public sector

There have been well documented challenges to the use of personas in any design context, not just in the public sector. Some of the most significant issues identified[7] include

- *Personas are abstract – it is hard to understand the abstraction process from user data to persona, so personas come across as lacking critical detail.*
  Our experience in undertaking this particular project was that when presenting the personas to a new audience and encouraging their use a significant time was taken up in explaining the process of developing them. Our staff focus-groups that were put together in part to discuss the personas spent time on understanding the process and validating it. For us it was critical that our methodology was sound and based on 'real' customer experience / data and that we could clearly justify statements within the personas by referring back to our original customer datasets.
- *Personas are impersonal – the personifying details in personas fail to provide a sense of empathy.*
  This challenge has similarities with issues observed within the general design process for information and advice for older people. Indeed we were introducing personas in order to prompt empathy. To address this challenge we added reference to local places and activities as well as introducing the concepts of person centre thinking as discussed elsewhere in this report.
- *Personifying details distract – personifying details make it hard to focus on the aspects of a persona that are critical for the design problem*
  This challenge to the personas was instantly recognisable. Within introduction meetings people did focus criticism on minor details within the presentation of the personas. The use

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[7] Collated from, Nielsen & Hansen 2012, Personas – A study of their use in Denmark and Matthews, Judge and Whittaker, 2012, How do designers and user experience professionals actually perceive and use personas. One aspect of the design challenge, personifying details mislead, has not been included as this was not a specific challenge faced in respect of this project.

of photographs and feelings expressed both ways, these being right or wrong for the persona, based on how an individual inwardly pictured what that persona type should look like based on the written description. Small elements of detail included to humanise the personas were also pick-up as being 'patronising'

- *A failure to use the personas within the design process.* Studies point to personas being developed and used solely for communication purposes. The main criticisms amongst designers were the personas lacking relevance and being poorly introduced into the design process. Also as we were trying to achieve a shift from self-centred design to user-centred design; using personas as a proxy for when users were unavailable to consult could be viewed as sub-optimal by designers. The most powerful tool that we used to overcome this particular challenge was through effective presentation of the personas at design / steering groups meetings. We secured senior management approval and engaged them in 'talking the language' of the personas and revealed validating data / information when challenges. It was particular useful that persona behaviours predicated by Acorn could be validated through the statutory agency data. For example Acorn / the personas accurately predicted which groups would have the highest rates of calls relating to mental health.

Ultimately the personas were presented as an improvement to design processes hither-to used and also presented as being 'imperfect' but through those imperfections they facilitated engaging conversations about the customers for the service being developed; a typical challenge question being 'if these personas aren't your customers then who is?' For the most part people responded with reference to some of the seven personas as being 'most like' people they encountered day-to-day.

Challenge – Tailoring personas for specific design purpose.

At the start of the project there was only a limited understanding (particularly within in the statutory sector) of the target audience for our existing information and advice services. So whilst there was a demand for the personas to be reflective of need across older people's social care; useful for all aspects of service. We had a specific goal in tailoring the personas to support the redesign of information and advice services.

This led us to first and foremost identify the use of customer service <u>contact</u> data rather than data about those receiving a service a being much more relevant to our persona build. This proved to be challenging as historically our analysis of our contact data had been relatively limited compared to in depth understanding of client data.

We initially considered national research about the need for information and advice. Dunning (2005)[8] rightly identifies the need for a specific focus on older people in policy and practice about information and advice that arises from a number of significant life events. This report also confirms that the need for information and advice (and advocacy services) is not confined to concerns about health and social care or pensions and welfare benefits. '*It is also concerned with wider aspects of citizenship, including lifelong learning, leisure and employment opportunities…such services may be necessary to support older people towards positive participation and preparation for later life*'

There were also challenges to overcome in understanding the nature of information and advice services. Initial discussions about all the current information and advice services within Cambridgeshire and Peterborough mostly focused (as described by Dunning 2005) on **a two dimensional understanding of the offer.** As shown in the table below, services were defined first and foremost by the person providing the service and the channel of contact. The third dimension, a clear definition of the target audience tended to be less clear. There was therefore some justification for developing the personas in clarifying this third dimension.

Table One: Example of a two dimensional scheme of thinking for information and advice.

Information and Advice defined by channel	Information and advice defined by who provides it				
	Legal / welfare benefits advisor	Social Care professional	Health Professional	Volunteer advisor	Peer advisor
Personal contact: Face to face					
Personal contact: Phone					
Impersonal: Print media					
Impersonal: web page content					

Dunning (2005) quotes previous research, (Tester 1992, p. 19) identified a number of already 'well-established conclusions' with regard to information provision, based upon research with older people including:

- Information should be <u>targeted</u> to various sub-groups among the older population.

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[8] Information, advice and advocacy for older people; Defining and developing services, Andrew Dunning, Joseph Rowntree Foundation, 2005

- Information should be targeted for a specific geographical area.
- The content and form should be appropriate to the group for which that information is produced.
- Information must be widely accessible and made available at the right time, at critical points in people's lives

Further guidance for the development of the personas for this specific purpose was provided by the Age UK report 'Information and Advice for Older People Evidence Review', 2014. This more recent report did reiterate Dunning's most significant findings particularly:

- *Good local knowledge is essential for successfully targeting potential beneficiaries and harder-to-reach groups,*
- *Although information and advice for older people should be targeted at older people, information and advice aimed at professionals, carers and relatives can also be an effective way of meeting the needs of older people.*
- *Information and advice lines can prove a valuable source of data and intelligence for the organisation as well as providing evidence for policy and planning.*

Quoting Benson and Waterhouse the Age UK report emphasises that "*In other respects, however, older people and their carers have distinctive needs for I&A. In the main, these arise from certain life-changing events and from the ageing process itself. They lead to distinctive needs regarding: social contact and care (including leisure pursuits), finance and housing, health and practical support.*" The report goes on to state that the specific needs for and access to I&A services *"are compounded for three particular groups of older people: those affected by poor health and disability; those living in rural areas; and those from ethnic minority communities".* With this context in became important to include an outline of these items and how they affected each of the Cambridgeshire and Peterborough Personas.
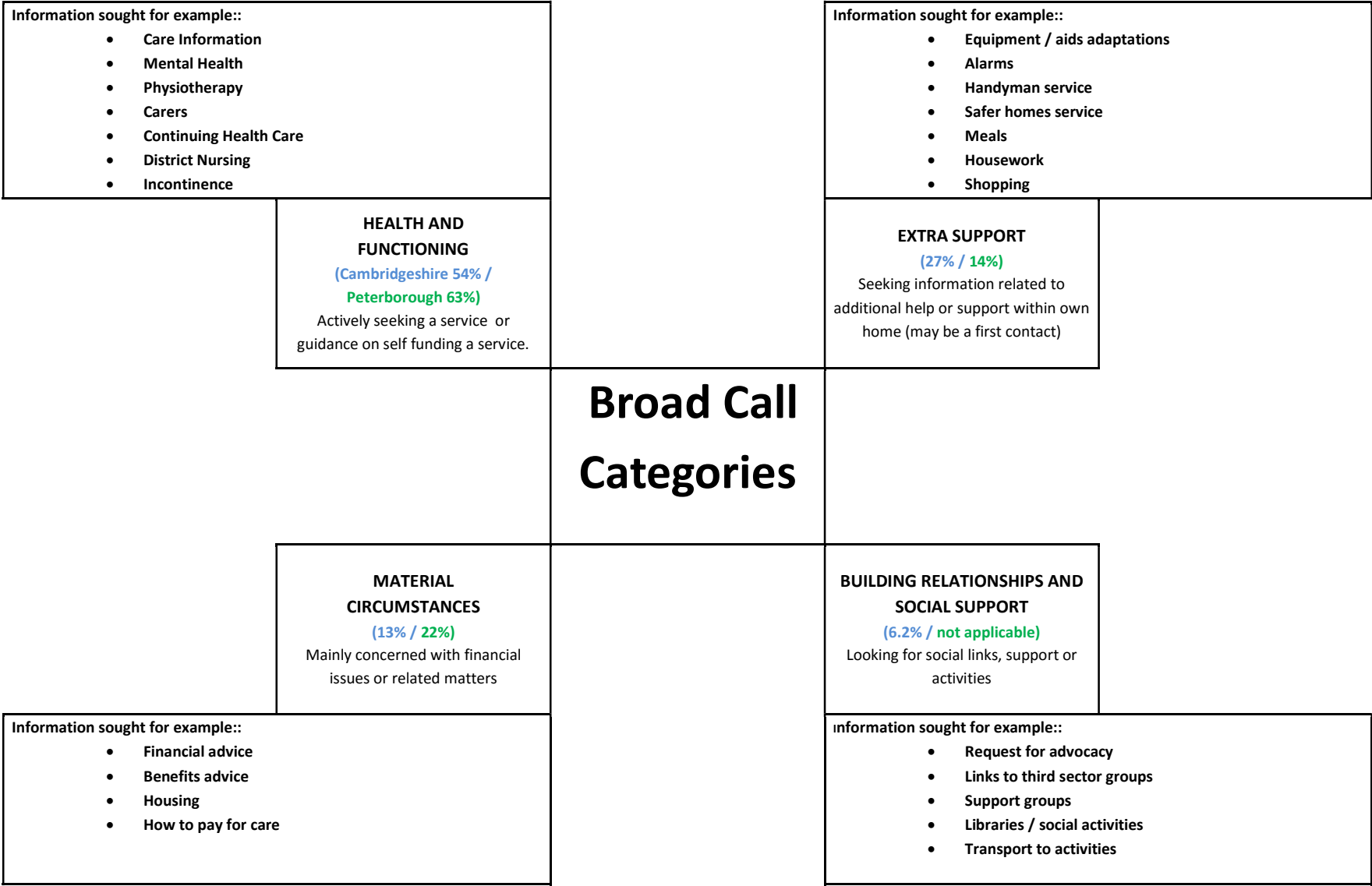
Data Sources

The initial data sources for the development of the personas were data about older people's contact with Cambridgeshire County Council and Peterborough City Council as recorded by the separate Customers Relationship Management (CRM) systems for both organisations. Within both organisation there was a very good understanding of 'client data' about those who received services from the authorities. Though, there was a less body of evidence around initial service contact about those seeking information and advice.

There was a challenge in maintaining consistency in the datasets across both Councils. The systems for recording calls were inevitably different. This was overcome by using Cambridgeshire data for the first persona build and then adapting this to reflect the different proportions of contact for Peterborough.

The data period selected for analysis was January 1st 2016 to July 31st 2016 (seven months data). For Peterborough this was 4,245 records and for Cambridgeshire (a significantly larger population area) this was 25,363 records. The data could be sub-divided, the Cambridgeshire data could be used to identify the 7705 calls specifically relating to information requests and the type of service information being requested and the Peterborough data could be subdivided down to 2550 calls relating to information requests.

In order to understand the broad spread of calls across both systems an interim classification of calls was completed using four broad categories. The resulting analysis is shown in the diagram overleaf in figure one. The main difference between the two authorities was the balance between the proportion seeking information and advice on material circumstances e.g. support with benefits, finance and housing support. For Peterborough this was a much high proportion of the workload, reflecting the higher levels of deprivation in the City compared to the County. For Cambridgeshire there was more of an emphasis on people seeking advice on extra support, particularly from self-funders or their advocates.

Figure One: Understanding the broad call categories, older people seeking information and advice.

Information sought for example::
- Care Information
- Mental Health
- Physiotherapy
- Carers
- Continuing Health Care
- District Nursing
- Incontinence

Information sought for example::
- Equipment / aids adaptations
- Alarms
- Handyman service
- Safer homes service
- Meals
- Housework
- Shopping

HEALTH AND FUNCTIONING
(Cambridgeshire 54% / Peterborough 63%)
Actively seeking a service or guidance on self funding a service.

EXTRA SUPPORT
(27% / 14%)
Seeking information related to additional help or support within own home (may be a first contact)

Broad Call Categories

MATERIAL CIRCUMSTANCES
(13% / 22%)
Mainly concerned with financial issues or related matters

BUILDING RELATIONSHIPS AND SOCIAL SUPPORT
(6.2% / not applicable)
Looking for social links, support or activities

Information sought for example::
- Financial advice
- Benefits advice
- Housing
- How to pay for care

Information sought for example::
- Request for advocacy
- Links to third sector groups
- Support groups
- Libraries / social activities
- Transport to activities

Building the Personas

The data from both authorities was then coded against Acorn. Acorn is a consumer classification that segments the UK population. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people, providing insight to target and develop customer relationships and improve service delivery.

The coding was completed at a postcode level; taking the declared postcode of the caller (disclosed during the call) and coding it against the Acorn type for that particular postcode. The data was problematic with 34% of Peterborough postcodes unavailable from the call data (either through non-recording or non-disclosure) and 22% of Cambridgeshire calls unavailable. This reduced the dataset used for the persona build to 8,766 people seeking information and advice. It was still thought to of a suitable dataset size on which to base a persona set of seven to ten (the project eventually settled for seven).

The use of Acorn enabled the initial 'grouping' of the data by dominant and related types and develop the initial structure for the selected seven personas. This was a challenging part of the project. Some subjective judgement was needed to generalise the findings and the final personas as the brief was to arrive at a manageable number.

As a worked example, 1,132 records for those seeking information and advice in Cambridgeshire were coded to Acorn Type 1B4, 'Asset Rich Families'. Within the 'near neighbours' (any in group A or B) there were two other reasonably size sets of records. One set of 154 coded to 1B5, 'Wealthy Countryside Commuters' and a further set of 102 coded to 1B6, 'Financially Comfortable Families'. Together these three were a distinct cluster of records within the data that eventually formed Persona One.
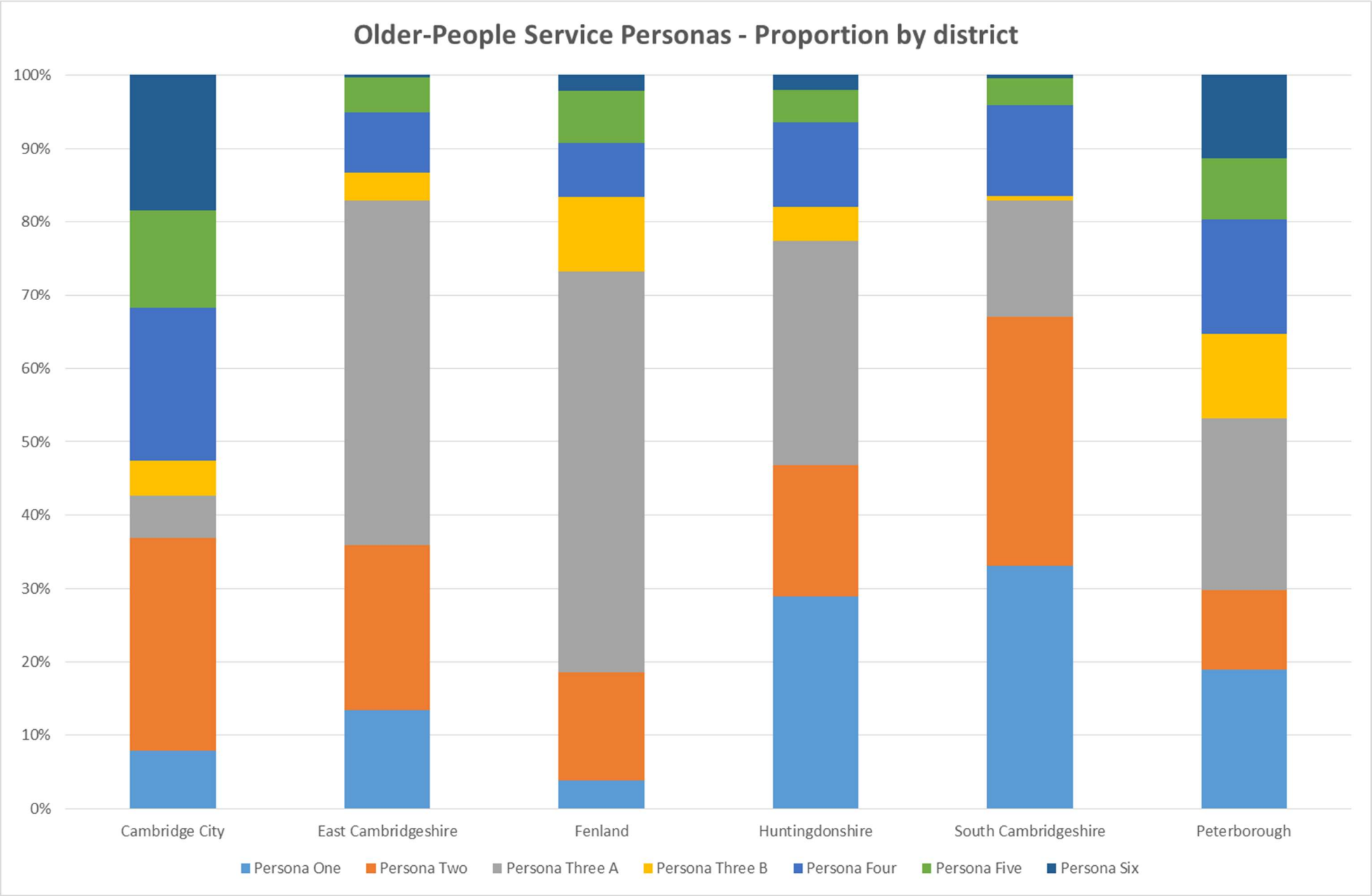
This approach helped the research team to identify an initial five personas. The analysis for Peterborough then confirmed these five and also led to the addition of another two that were much more evident in Peterborough compared to Cambridgeshire, Persona Six and Persona Three B. It is particularly important to note this process as it underlines how unique to Cambridgeshire and Peterborough the build is and whilst the methodology is transferable to another local authority area the precise personas aren't as they will very much depend on local data analysis.

Figure Two overleaf provides a summary of the grouping process and an overview of how the personas relate to Acorn and the following Figure Three provides an overview of the district differences within the persona profile.

Figure Two: Cambridgeshire and Peterborough Persona Map

	Cambridge-shire % split	Peterborough% split	Deprivation	ACORN Reference
Persona One Asset rich, seeking support / advice to fund own care (highly likely to have an able advocate or relative although they may live some distance away). Home Owner with significant assets. Relatively healthy but frail.	13%	19%	**Low**	**Acorn Group B** **Acorn Types 4,5,6** **Health Acorn 19**
Persona Two Suburban dwellers living in supportive communities. Medium to high incomes with a high likelihood of home ownership. Likely to have been living within a retired for some time.	23%	11%		**Acorn Group C** **Acorn Types 10, 11, 12 ,13** **Health Acorn: 4, 19**
Persona Three A Rural / village dwellers living in relatively supportive albeit isolated communities. May have significant family links locally. Medium incomes with a likelihood of home ownership. *Peterborough Variation:* Comfortably off families in modern semi-urban estates / larger homes *including those of ethnic origin other than white British*	47%	23%		**Acorn Group F & G** **Acorn Types 21, 22, 23, 24, 25, 26** **Health Acorn: 16, 20**
Person Three B: The residents in these streets of owner-occupied, mostly older people, terraced housing is typical; Amongst these streets may be the lowest priced owner-occupied housing in the area. A high proportion of people may be Asian.	4%	11%		**Acorn Group L** **Acorn Types 37, 38, 39, 40** **Health Acorn 14**
Persona Four Living in estates of mixed tenure, particularly where many people have exercised their right to buy. History of manual work may lead to health problems. Medium to low incomes.	8%	16%		**Acorn Group M** **Acorn Types 41, 42, 43, 44** **Health Acorn 5**
Persona Five Relatively deprived with a very high proportion living in local authority / Housing Association property. Living on a low income and experiencing multiple health problems as well as having social care needs.	5%	8%		**Acorn Group N** **Acorn Types 45, 46, 47, 48** **Health Acorn 1, 2**
Persona Six: Single, elderly people living mainly in local authority flats. Likely to be vulnerable with multiple health needs and relatively isolated, living in a wider community with a high proportion of young people.	0.4%	11%	**High**	**Acorn Group Q** **Acorn Types 57, 58, 59** **Health Acorn 3, 12**

Figure Three: Cambridgeshire and Peterborough Personas by district

Older-People Service Personas - Proportion by district

Legend: Persona One, Persona Two, Persona Three A, Persona Three B, Persona Four, Persona Five, Persona Six

Districts: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire, South Cambridgeshire, Peterborough

Writing the Persona Descriptions

In order to write the descriptions there was a need to combine all the elements for the brief and the desk top research. In summary:

- Provide an accurate appreciation of the information and advice needs for each group;
- Introduce person-centred thinking:
    - Appreciations: Focusing on what is to be liked and admired about the person.
    - Relationships: Who is important to that individual?
    - Separating out what is important **for** someone compared to what is important **to** them.
    - Describing what a good day and a bad day looks like for each persona.
- Using Health and other information to comment on the balance of contact between statutory agencies and social / friendly support.
- Provide an understanding of preferred contact channel; keeping in mind that general research indicates that the client group as a whole has a strong preference for face to face contact.

Writing the personas was initially based on pulling facts from the relevant Acorn Knowledge spreadsheets and then making comparisons to the contact data.   These were then validated against wider information from www.cambridgeshireinsight.org.uk about the nature of Cambridgeshire and Peterborough, with certain postcodes being within areas of relatively high deprivation.

Finally the personas were presented to both the LIP steering group for comment (the group had a mixture of representatives from the NHS, statutory social care and voluntary sector) and two staff focus groups in Cambridgeshire and Peterborough. There was also some targeted consultation with the voluntary sector to validate the personas against their perceived customer profile. This information was used to redraft the personas. Of these the staff focus groups were of most importance, providing the researchers with a significant method of validation and testing. It was noted during this testing that the right differences between Cambridgeshire and Peterborough had been identified and that there were no major gaps in the methodology. It was also important to ensure that the personas avoided stereotypes and had appropriate photography.

Persona One: Asset rich, seeking information and advice for themselves and their family as to how to purchase and manage their own care.

Background	Data	Person-Centred Thinking
• Households likely to contain married couples aged 75+ • Highly likely to own their own large, detached property outright. • Also likely to have a significant personal income via a private pension.	• A significant proportion of people seeking information particularly in the more affluent parts of South Cambridgeshire, Huntingdonshire and Peterborough • Dominated by Acorn Category B4 (Asset Rich Families) and Health Acorn type 19 (Relishing Retirement).	• This person and their spouse are considered successful. Doing well academically, in business and seeing that success carried on through the following generations *"we keep in touch with grandchildren using the internet".* • Maintaining dignity in the face of frailty and age related health conditions is important.
Health • Good general health (including mental health) with some incidence of high blood pressure, high cholesterol and age related hearing loss. • Age standardised mortality is very good with need for care governed by age related frailty rather than ill-health. • Highly unlikely to have smoked and have a relatively good diet • Overall general well-being is good, although they are now experiencing pain / discomfort associated with ageing.		**Social Capital and Relationships** • Live in neighbourhoods with a strong sense of belonging and have little feeling of isolation. • Have a strong sense of community with a high likelihood of belonging to one or more community groups although these may be activity based rather than purely social. • The area where they live will feel secure with little if any neighbourhood noise or fear of anti-social behaviour such as vandalism • Household likely to contain a married couple aged 75+
Media Use / Channel preferences • Has adapted to using e-mail and the internet regularly but is definitely not a strong user of social media. • Regular newspaper reader (both local and national) • Will respond well to directly addressed mail	**Information and advice needs** • Contact either direct or through an able advocate such as an adult off-spring • Over time daily activities have become limited by ill health. Initial enquiries will relate to financial advice / understanding where and how they will need to **self-fund their own care.** • Advice will be needed on how to **secure high quality care** following a trigger event such as a fall or an episode of ill health. • They will also be looking for guidance on **purchasing additional help in maintaining a property**.	

Persona Two: Suburban or village dwellers living in supportive communities, medium to high incomes with a high likelihood of home ownership.

Background	Data	Person-Centred Thinking
- A group that is more affluent than most. - Households likely to contain married couples aged 75+ although single households are also frequent - Highly likely to own their own, detached property outright, possibly having moved to a bungalow in their later years.	- Fairly common across suburban Cambridgeshire and Peterborough - Dominated by Acorn Category C10 and C12 (Better of Villagers / Retired Empty Nesters) and Health Acorn type 19 (Relishing Retirement) and 4 (Elderly Ailments).	- This person has always supported her community through volunteering and helping out her neighbours. *"Sometimes it is difficult to ask for help for yourself."* - Keeping independent is import for her but difficult in the context of increasingly complex medical needs.
Health - They will feel neutral about their general health following the development of a number of age related problems such as hearing loss, poor eyesight, angina or arthritis. - Daily activities are being slowly limited by ill health and they will be taking a range of medication. - Highly unlikely to have smoked and have a relatively good diet - Overall their mental health is good.		**Social Capital and Relationships** - Live in neighbourhoods that still retains a strong sense of belonging although they may not know as many of their neighbours as they once did. - Have a strong sense of community with a high likelihood of having volunteered or belonged to one or more community groups in the past. - Their personal activity may have diminished with increasing health problems which in turn would have impacted on their feeling of wellbeing.
Media Use / Channel preferences - Has adapted to using e-mail where necessary but is not a strong user of social media or the internet in general. - They are a regular newspaper reader - Will respond well to directly address mail and leaflets although personal contact is best.	**Information and advice needs** - They may be looking for **additional support but will particularly be interested in aids / adaptations** to the home to enable them to remain independent as their health deteriorates. - Queries relating to **financial advice** are common as their incomes / savings will mean they'll have to fund their own care. - Having previously volunteered extensively in the early part of retirement they would be keen to maintain their links to the community and be looking for **social activities and support with managing medical conditions**	

Persona Three A: Independently minded, previously self-employed and self-sufficient.

Background	Data	Person-Centred Thinking
- Households likely to contain married or cohabiting couples aged 65+ - Highly likely to own their own detached or semi-detach home outright or with a small mortgage. Facilities in the house may be old with problems with heating. - The older person may have a history of self-employment throughout their working life or may have worked in the public sector.	14% of those seeking information in rural Cambridgeshire and suburban Peterborough. - Dominated by Acorn Categories F23 (Owner occupiers in small towns and villages) and G24 (Comfortably-off families in modern housing)	- This person has managed their own business and supported good causes around their market town. *"I've always done things my way"* - Becoming a widower has meant they've had to adapt. Managing the house during their spouse's final illness and organising their care. - For them feeling less isolated and alone is important. The context around social contact through business and partner has been lost.
Health - They will feel increasingly concerned about their general health with the development of problems such as high blood pressure, cholesterol and may have had more serious heart problems - Arthritis and rheumatism will be limiting day to day activity and they may have difficulty getting dressed they will be experiencing increasing pain and discomfort. - They are unlikely to have smoked and other health behaviours are in line with average.		**Social Capital and Relationships** - They will feel that they belonged to their neighbourhoods. - In the past they may have had a strong sense of community belonging to community groups and membership organisations. - The area where they live will feel secure with few problems from neighbourhood noise, fear of anti-social behaviour or vandalism
Media Use / Channel preferences - If they do use the internet they do so rarely; only when there are no other channel choices. - Can respond to a directly addressed email and will also respond well to directly address mail.	**Information and advice needs** - Whilst less likely to be eligible for benefits they might be struggling to manage all of the additional costs associated with deteriorating health and may be **concerned about diminishing savings**. - A significant number of calls will relate to help with health conditions and general functioning. They will need support to access **community groups and local help** as these activities may be unfamiliar to them. - They will be **less concerned with issues of material support**, or arranging their own help.	

Persona Three B: They will be an owner-occupier but typically in terraced housing that is amongst the lowest priced owner-occupied housing in the area (high proportion of people may be Asian)

Background	Data	Person-Centred Thinking
- The mixed age profile within the household or neighbourhood but area tends to include more older and retired people. - This low-cost terraced housing is also characterised by many families of Asian origin	Made up of Acorn Category 38, 39 and Health Acorn type 19 (Rooted Routines) and to a lesser extent 9 (Everyday Excesses)	- This person has supported her family well and has seen them progress through hard times. *'Now it is my time to be helped'* - Help with their health, feeling comfortable is important to them along with sorting out problems around the house.
Health		**Social Capital and Relationships**
- General health will be deteriorating with a variety of conditions such as asthma or breathing difficulties - They will be encountering difficulties with tasks such as getting upstairs or walking any great distance - They may well be a smoker or have been one in the past.		- People will tend towards having negative views of their wider neighbourhood although they will have many connections with their neighbours. - People are highly likely to belong to social groups but community activism (belonging to local residents groups) will be under supported. - People will have some environmental concerns about traffic, noise and vandalism
Media Use / Channel preferences	**Information and advice needs**	
- Has adapted to using e-mail and the internet regularly. They may well be regular users of social media maintaining social contact with family and friends and pursuing hobbies on-line (including gambling) - However they are relatively hard to reach with 'official' communication by all channels including letter and phone.	- Contact levels are relatively low compared to level of personal need. They may have been struggling along for some time with **contact triggered by crisis**. - Support to manage medical conditions will be important for these households as well as **social contact** - Queries can relate to **financial advice / benefits** but more often people will be seeking more general information on **what sort of care they might be entitled to** and navigating the system, perhaps through **advocacy**.	

Persona Four: Living in estates of mixed tenure, perhaps having exercised their 'right to buy'. History of health problems may have limited daily life leading to isolation

Background
- Many will live in small estates of social housing in rural /semi-rural villages.

- Whilst there will be many younger families in the area there will also be older people who have lived in their local authority / housing association property for some time and who may have exercised their right to buy.

Data
- 6% of those seeking information in Cambridgeshire and 13% of those from Peterborough.

- Made up of Acorn Category 41,42,42 (striving families) and Health Acorn type 5 and to a lesser extent 11 (Countryside Complacency)

Person-Centred Thinking
- She has seen a lot of changes but has always kept cheerful, even after being widowed, *'you just get on with what you have to do'*

- They've been coping on their own for a long time but now the ways they've adapted to ill health and mobility issues don't really work.

Health
- Past health behaviours will have increased the likelihood of a range of health conditions.

- Poor health is likely to be limiting day to day activities such as getting out and about, or managing the stairs.

- Mental health problems such as anxiety and depression are common.

- Many of their health needs will currently be being addressed through GP and community services.

Social Capital and Relationships
- They will be largely content with their neighbourhood, knowing some of their neighbours.

- They will have a sense of community and they will probably have participated in community groups now or in the past.

- The area where they live will feel secure apart from concerns about some incidents of vandalism / disturbance.

Media Use / Channel preferences
- Internet use is rare.

- They may read newspapers such as the Sun or the mirror as well as TV magazines

- They tend to respond well to contact by phone as well as TV / Radio

Information and advice needs
- These groups will may well be users of a range of services.

- Difficulties with **mobility and or transport** will mean that they will be **seeking aids and adaptations** to the home as well as support from **'handyman' services**. A bit of **'extra help'** will be welcome although they can't afford to pay for this themselves.

- They will also be seeking information about more intensive care services. **Help with self-confidence** and **social interaction** to address mild anxiety would be beneficial.

Persona Five: Relatively deprived with a very high proportion living in local authority / Housing Association property. Living on a low income and experiencing multiple health problems as well as having social care needs.

Background
- The majority of the housing in the area of these streets will be social rented accommodation. Some of it adapted to house older people.

- Income is well below the national average. Many live off the state pension, whilst some may have an additional small work related pension.

Data
- 10% of those seeking information in Cambridgeshire and almost double that for Peterborough (18%)

- Dominated by Acorn Types 45 and 46 (Pensioners in social housing, semis and terraces / Elderly people in social rented flats)

Person-Centred Thinking
- This couple have supported each other through out their married lives *'through thick and thin'* they joke.

- Of importance to them is coping after a medical emergency and a hospital stay. He is still seriously ill, but home again. He is worried about what a burden he is.

Health
- General health will be poor with a high likelihood of a range of health conditions. Problems with sight, angina, heart and arthritis are particularly common.

- Mental health problems are also common, particularly for those who are living in single person households.

- Due to their health problems they will be heavy users of NHS services including GP services and hospital out-patients.

Social Capital and Relationships
- People will have a variable opinion about their neighbourhood depending on their social network.

- They may seek out clubs/activities to enhance their social connections, but may also feel isolated if these connections have diminished.

- They will be concerned about issues such as vandalism and neighbourhood noise.

Media Use / Channel preferences
- Nearly two thirds of these pensioners have never used the internet.

- While they will watch television modern technology is not part of their lives.

- Community engagement works far better than marketing campaigns.

Information and advice needs
- These groups will be significant users of a range of services and will **need support with issues of quality** in the service they have been provided with.

- Frequent hospital visits / admissions will mean frequent **contact with re-ablement services** as well as seeking aids and adaptations to the home.

- They will also be seeking information about **mental health and well-being** services.

Persona Six: Single, elderly people living mainly in local authority flats. Likely to be vulnerable with multiple health needs and relatively isolated, living in a wider community with a high proportion of young people.

Background	Data	Person-Centred Thinking
- Most commonly single and living in local authority flats. - The person will be dependent on welfare benefits and may have had periods of being long-term unemployed. - When they have worked this is likely to have been a relatively unskilled job role	- Only 2% of those seeking information in Cambridgeshire although much more common in Peterborough (10%). - Dominated by Acorn Group Q, and particularly type 58.	- This person has lived through difficult times and has a lot of life experience to pass on to others – *"if only they'd give you the time of day and listen."* - Of importance to them is 'being in a better place'…achieving stability with their mental health as well as their housing situation.
Health - They are likely to be deeply unhappy about their own health and their life position. - Due to deep-set behaviours conditions such as diabetes and smoking related respiratory problems are common. - They may have had contact with community mental health services for issues such as depression		**Social Capital and Relationships** - The area they live in may be dominated by younger, deprived families with whom they have little in common. - Up to half of the people in the area may feel there are issues of crime or vandalism. - They will have a very strong feeling of social Isolation although they may belong to one social group on which they depend for company.
Media Use / Channel preferences - They may never have used the internet or a Smart Phone - They may not respond to letters but will be use to receiving phone calls and responding to those, however much of their service contact is face to face.	**Information and advice needs** - Overall, their health is poor with a multitude of problems leading to dependency on health and social care services at a relatively early stage. They will look to services for **basic help with housing and managing finances.** - Increased **social contact** will help considerably, particularly with their **mental wellbeing**. They are likely to be presenting or seeking support with this issue in particular. They may also be troubled with **pain** associated with managing long-term health conditions.	

The most immediate success of the personas was in the way they could be used to segment the older people data at different stages of the social care process. It was particularly powerful to demonstrate that the profile for those seeking information and advice was significantly different from those who received a statutory service, and the profile of older people was different for each agency voluntary or statutory depending on the service provided. Through the design process we were able to track changes in perceptions from senior managers, project workers and designers.

The specific analysis for Cambridgeshire shown over the following diagrams proved to be particularly useful in challenging our pre-conceived perceptions. The significant contrasts between the charts, particularly between those seeking information and advice compared to those receiving a council service helped to improve understanding of the target market for the digital transformation.

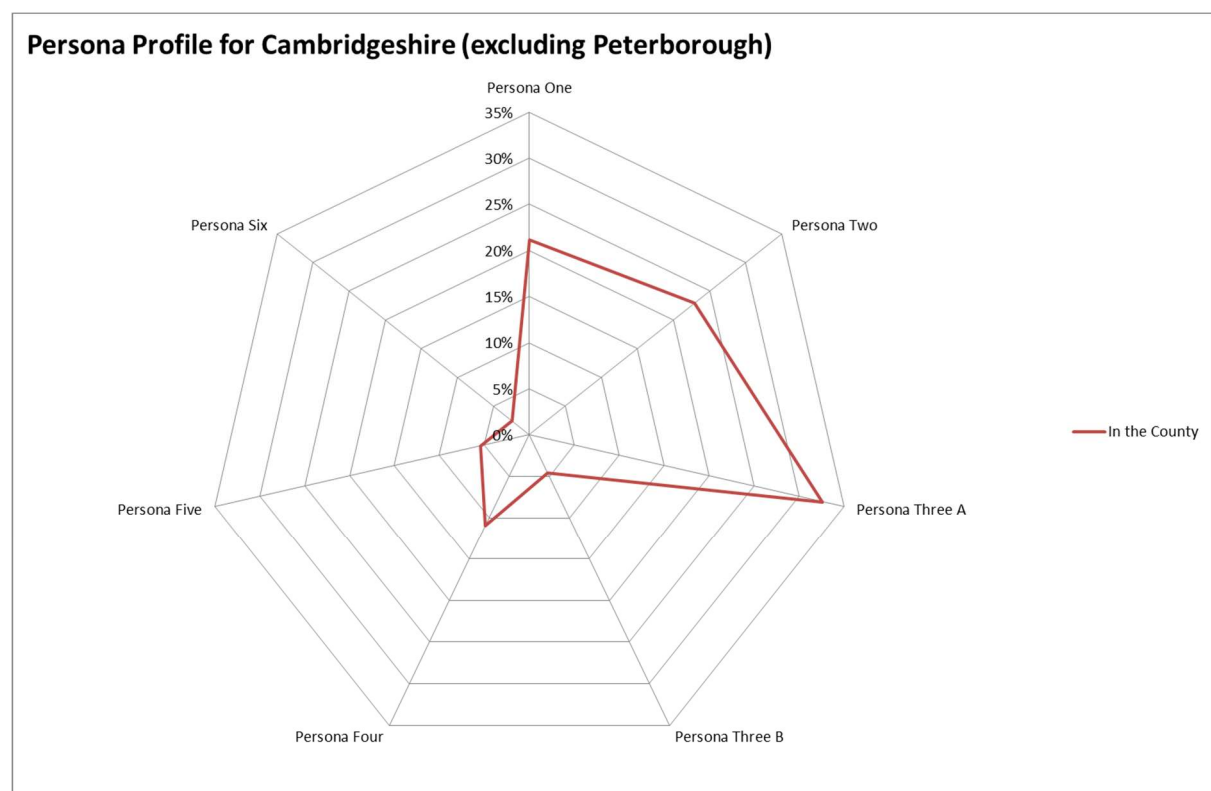**Figure Three: Chart showing the general distribution of the persona types for Cambridgeshire**

Figure Four: Chart showing the distribution of the persona types seeking information and advice
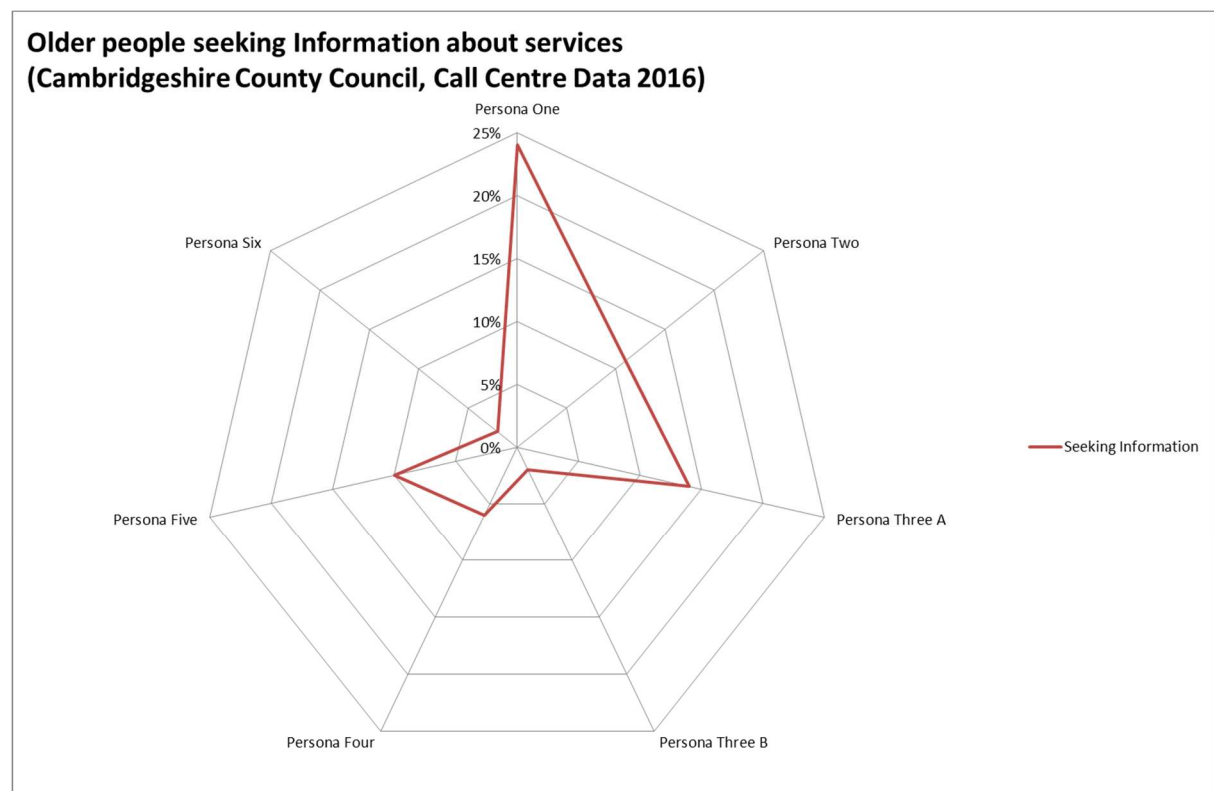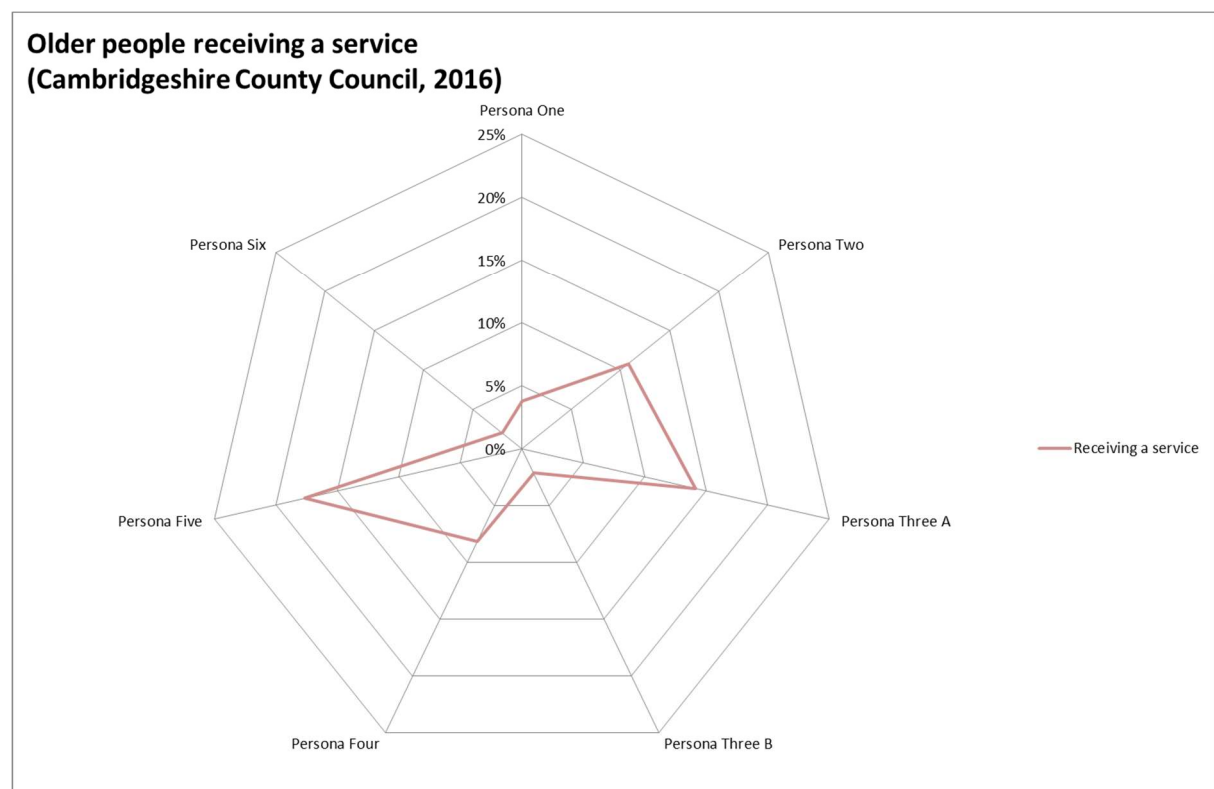

Older people seeking Information about services
(Cambridgeshire County Council, Call Centre Data 2016)

Figure Five: Chart showing the distribution of the persona types receiving a Council service

Older people receiving a service
(Cambridgeshire County Council, 2016)

Once in use, the personas helped to undermine any perception about older people being a homogenous group. The personas supported the development of empathy, particularly between different services. Understanding that the mix of customers was different for everyone promoted a positive level of cooperation and understanding that different agencies bring different perspectives due to their customer base.

The personas were used to inform the information standards, to guide the setting of which data elements were required based on the needs of older people. In particular the project shifted emphasis from sharing data about different organisations to the aim of sharing details of the specific services those organisations offered.

personas also demonstrated the need to consider information requirements for those who were self-funders of care as their numbers (given the significant affluence of some parts of Cambridgeshire) were considerable yet statutory agencies tended to focus just on those who they were providing care for. The personas also identified what proportions of this group (or their advocates) could self-serve for information using the internet.

The personas also showed to the steering group that micro-data was important to the project (information about small informal groups that operate at a neighbourhood level answering the question of 'what is on my doorstep?'). The personas also provided an understanding as to which groups would need subsidised travel advice delivered to them alongside the information on community groups.

Finally the personas provided a real insight not just about older people but also the role of intermediaries in providing the information, advice and advocacy that people need. Recommendations for further work using the personas (outside of maintaining them) include:

 - using them to support the refer of the partner agencies general customer service strategies;
 - using them to shape the continuing establishment of Community Hubs in the area. Particularly confirming the hubs as curators of local information to support older people in their area.
- using them to improve understanding of local workloads and the differences between different area teams in Cambridgeshire and Peterborough.

Appendix One: References

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