

**Cambridge** Centre  
for Housing &  
Planning Research

## **FirstStop Evaluation**

### **Phase 2 Source Document**

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# Chapter 1: Evaluation of FirstStop

## **FirstStop**

FirstStop Advice is an independent, free service offering advice and information for older people, their families and carers about housing and care options in later life funded by the Department of Communities and Local Government (DCLG) and the Big Lottery Fund. It is led by the charity Elderly Accommodation Counsel (EAC) working in partnership with other national and local organisations. FirstStop delivers information and advice through a national telephone helpline and website. FirstStop began as a pilot service in August 2008 and was funded by DCLG to go national in 2009.

FirstStop has also seed-funded a number of local information and advice services. These local projects aim to raise the profile of housing options for older people in their area and to provide a face to face case work service to older people. The case work is a mixture of information and advice provision and more intense case work to assist older people in resolving their housing and care problems.

A training programme about housing options for older people was delivered by FirstStop through Care & Repair England through face to face training, shorter workshops, a cascade model of training, supporting local exemplar projects to deliver workshops, training locally and production of a set of web-based self training materials.

## **The need for I&A**

Over the last decade an agenda has been developing around preventing older people from moving into high housing need, particularly at times of crisis, which is often very costly to both individuals and public finances. There has been a recognised need for the provision of information and advice to assist older people in planning ahead and coping with changing housing and care needs. It has also been recognised that older people face problems that cut across housing, health, finance, care and their general rights.

## **The national/local interface of the FirstStop initiative**

For the majority of the older population, access to sources of information and advice through the internet or telephone help lines is sufficient; this is Level 1. For another group of the population more support is needed for them to be able to resolve their housing, care and financial issues. This is Level 2 where information and advice is more tailored and perhaps local. For a smaller population sub group, Level 3 intense, face to face support, assistance and advocacy is needed. The national FirstStop telephone service and website provide Level 1 and Level 2 information and advice whilst the local pilot projects deliver Levels 2 and 3 and are able to direct those with less intense needs to the national service. The interface between the national and local services is one of the unique features of the FirstStop initiative. In addition to the model of referral between national and local service and vice versa as appropriate to individual client needs, the national/local interface also works by providing information and advice resources at the national level to local housing options case workers.

## **FirstStop's Aims and Objectives**

FirstStop's aims and objectives can be summarised as follows:

- To provide a national I&A service to the public using the web plus telephone advice.

- To enhance this service by developing partnerships with local agencies, with a particular emphasis on targeting hard-to-reach and minority ethnic groups.
- To deliver web-based information and a training programme for advisers and others.
- To move towards a national network of I&A delivery agencies with a service that can be accessed via multiple entry points.
- To evaluate the service in order to make improvements and to assess its commercial potential.

## **The evaluation**

### **Aims and objectives of the overall evaluation**

The purpose of the evaluation, which is funded by DCLG, was three-fold:

1. To assess value for money, in terms of costs, benefits and savings to the public purse.
2. To evaluate the service in terms of how far it is meeting its objectives of:
  - Empowering older people to make informed decisions
  - Give them full knowledge of all the options available
  - Support them in appraising these options effectively
3. To deliver the objectives of the funders and other stakeholders.

The key outputs of the evaluation project:

- outcomes evidence on FirstStop's service delivery to inform the case for continued funding;
- lessons about the process of building local delivery partnerships;
- evaluation of the impact of these partnerships on local delivery of I&A;
- development and application of appropriate value for money (VFM) measures;
- effective dissemination of findings;
- ongoing input into the development of the FirstStop initiative.

### **Key research questions**

1. Is the initiative meeting its own, its funders' and broader policy-based governmental aims and objectives?
2. How has the national-local model developed and what does it add?
3. How can the value for money of the FirstStop initiative best be measured in relation to the objectives? And what is the evidence on value for money so far?
4. How can this assessment contribute to the development of the commercial potential of the initiative?

### **Timetable of evaluation**

Phase 1 of the evaluation started in November 2009 and was completed in April 2010. Phase 2 of the evaluation began in June 2010 and continued until the end of July 2011.

### **Particular aims of Phase 1**

During Phase 1 the emphasis was on:

- Developing a research methodology and way of working and interacting with FirstStop that is creative and in tune with the exploratory nature of the venture;
- Delivering evidence to support the case for continued funding through 2010-11;
- Familiarisation with national and local elements of FirstStop;
- Refining the evaluation outputs required and developing appropriate evaluation methodologies, particularly to capture lessons about the process of developing local partnerships;
- Helping set up effective mechanisms and formats for the dissemination of evaluation outcomes to all stakeholders.

### **Particular aims of Phase 2**

The brief for this project specified that during the first 6 months of Phase 2 the emphasis was on:

- Evaluating the early impact of local partnership arrangements and learning lessons about the process of developing these;
- Identifying the need for, and undertaking, specific pieces of market research /market testing;
- Case studies with clients;
- Helping shape service delivery and infrastructure based on evaluation outputs;
- Delivering outputs for the various stakeholders;
- Contributing to development and implementation of an evaluation dissemination strategy covering all key stakeholders.

In the final 6 months the focus was on:

- Identifying the key issues for each stakeholder group at this time and hardening the evaluation outputs and messages to address these key issues;
- Updating evaluation and disseminating outcomes to all key stakeholders;
- Assessing the macro and micro policy landscape to help ensure FirstStop has best market intelligence and is well positioned to meet current and future policy imperatives;
- Helping refine a marketing strategy for FirstStop going forward.

## **Methodology Phase 1**

### **Literature and policy review**

A review of existing literature and previous research, including that undertaken by FirstStop and its partner agencies, was conducted.

### **Interviews with FirstStop, partners and national agencies**

Interviews were conducted with FirstStop's own staff. At the executive level this enable us to identify the overall aims of the initiative, criteria for success, views on costs and benefits and future commercial potential.

Representatives of the specialist partner agencies were interviewed (Counsel and Care, Elderly Accommodation Counsel, Age Concern and Help the Aged and NHFA Care advice) to explore their views on the progress of the initiative, future potential and possible costs and benefits.

In Phase 1 a sample of front line staff were interviewed to explore issues such as interaction with service users, customer reactions to the service, any problems or barriers to satisfying client enquiries.

#### **Analysis of FirstStop in house data**

FirstStop's own in house data from 5<sup>th</sup> January to 30<sup>th</sup> November 2009 (47 weeks) were analysed. The data included:

- Customer numbers
- Customer profiles
- Web usage
- Telephone service usage
- Attendance of training programme
- Materials distributed

The rationale to calculate the annualised equivalent is based on the Big Lottery Fund (2008) *End of Year Report*. Based on detailed data which is available for 47 weeks from January to November 2009, the statistic for the year as whole is calculated in the following steps:

1. Quarter 1: the sum of all figures from 1<sup>st</sup> week up to 13<sup>th</sup> week starting from 5<sup>th</sup> January 2009. If data are not available (e.g., website downloads of housing related documents), the sum of figures from 14<sup>th</sup> week to 26<sup>th</sup> week is used.
2. Quarter 2: the sum of all figures from 14<sup>th</sup> week to 26<sup>th</sup> week
3. Quarter 3: the sum of all figures from 27<sup>th</sup> week to 39<sup>th</sup> week
4. Quarter 4: adding all figures from 40<sup>th</sup> week to 47<sup>th</sup> week (7 weeks only), dividing by 7 to obtain the annual weekly figure, and then multiplying 13 to get the quarterly figure.
5. Estimate annual = Quarter 1 + Quarter 2 + Quarter 3 + Quarter 4

#### **Postal client survey**

In Phase 1 a client survey was set up to collect more in depth information over the course of the evaluation. A postal survey was developed to collect data about service users, particularly about outcomes.

The survey was piloted in Phase 1 with a sample of 300 clients.

The postal survey was supplied with a pre-paid reply envelope to return to us. All information is anonymous, although we used a prize draw which requires name and address and a question on whether they would be prepared to be contacted directly for interview. The prize draw thus worked in two ways – it encouraged people to complete the questionnaire and post it back to us, and it also provided a sampling frame for in depth interviews. It was of course optional for clients who preferred to remain anonymous.

### **Client interviews**

In-depth follow up telephone interviews were conducted with a sample of 10 clients who responded to the postal survey.

### **Local partnerships**

In Phase 1 local funded partner plans were examined and the local partners were interviewed.

### **Value for money framework development**

Cost data were analysed, benefits were established qualitatively and the VFM assessment was developed through Phase 2 of the evaluation.

## **Methodology Phase 2**

### **1) Literature and policy review**

The review of relevant literature and policy were updated to provide background context to the evaluation, to inform the methodology and to assist in quantifying costs and benefits for the value for money analysis.

### **2) Data analysis**

Data in the FirstStop CRM and data from Google Analytics have been analysed.

### **3) Postal client survey**

The primary purpose of the survey was to elicit information about outcomes following the provision of information or advice, and about satisfaction with the service.

The sampling frame was all clients who had contacted FirstStop or EAC by phone, letter or email between May and October 2011, and for whom the CRM database held a complete address. This excludes some clients whose enquiries were resolved by email or phone contact only. From this frame of contacts, a random sample of 1,000 was drawn. These were sent the survey form by post. An incentive of entry into a £50 prize draw was offered for return of the completed survey. For those who had not responded to the initial letter, a reminder was sent three weeks afterwards. Of the 1,000 sample base, 303 (30%) of surveys were returned, containing 249 valid surveys. This is a 25% valid response rate.

Please see Appendix 1 for the postal survey.

Information provided about occupation was coded into the major groups of the Standard Occupational Classification (SOC), a common classification of occupational information for the United Kingdom.

A web survey was trialled but did not prove effective<sup>1</sup>.

### **4) Client interviews**

Sixty FirstStop clients were called by a researcher to find out more about why they contacted FirstStop. All clients were logged by FirstStop as having called the helpline and had completed the postal survey and provided their names and contact details

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<sup>1</sup> A simple web survey was put in place on the FirstStop website in early October. This has had a very low response rate. Only 11 responses had been received by October 26<sup>th</sup>. It was decided to remove the survey.

for follow up telephone interviews. A purposeful sample of respondents was made in order from the first wave of survey respondents to explore particular issues such as equity release and people being supported to move.

Please see Appendix 2 for the interview schedule.

### **5) Training programme evaluation**

The activities of the training programme were detailed and the aims and targets established. The programme was monitored to analyse that it delivered against the targets. The costs and income of the programme were detailed. Impact of the training programme was explored through feedback from participants and interviews with the training provider, Care & Repair England, and assessments of the 'cascade effect' of the training to more people were made. The programme was analysed overall to assess how the programme helps meet the broader aims of the FirstStop initiative.

### **6) Local partner data**

The local pilot projects were managed by Care & Repair England. All pilots had individual objectives, targets and work programmes and report to Care & Repair quarterly on their progress. These reports were collated and analysed to measure progress against funder targets overall and individually for the pilots. Data from the FirstStop CRM were analysed to explore:

- Volume of client interactions by month
- Enquiry route
- Number of interactions per client
- Presenting issues

### **7) Local partner interviews**

Interviews were conducted with the manager of all the local pilots to discuss the nature of the project, its aims and objectives, work programme, successes and challenges. Please see Appendix 3 for the interview schedule.

### **8) Local partner case studies**

Five local pilots were selected as in-depth case studies. These were selected to reflect the range of models and funding streams of the pilots. In each case study the manager was interviewed followed by in-depth interviews with the case workers in each pilot. Please see Appendix 4 for the interview schedule.

### **9) Local partner case work typology**

Each case study local pilot was asked to provide details of their case work. Individual case files of clients were anonymised. The case files provided details about the client profiles, presenting issues, actions taken by the case worker and outcomes. Detailed case studies were written up to exemplify the different types of cases and outcomes. The case files were summarised in a typology. This also included a summary of likely alternative outcomes if there had been no intervention, based on interviews and detailed case file notes. The typology was then used to categorise the cases into broad general types.

This enabled an analysis of the broad benefits and costs of the local pilot case work.

### **10) Local VFM**

Five FirstStop local exemplars were asked to provide the research team with client case notes. The aim was to analyse the route each individual case took, from initial

referral to the exemplar through to the outcome for the client. The five exemplars worked in the following areas:

1. Newcastle on Tyne
2. Oxfordshire – Cherwell and West Oxfordshire
3. West Somerset – West Somerset and Sedgemoor
4. Nottinghamshire – Bassetlaw and Rushcliffe
5. Warwickshire

All client case notes passed to the research team were anonymised; no names or address of clients were given.

As each exemplar is different and they record their clients' information in different ways a typology was constructed in order to bring uniformity to the case records for the purposes of analysis. The number of case notes provided varied between exemplars and not all cases were closed, so outcomes had not been reached in every case. Cases were categorised by those who wished to move and those who wished to stay in their current accommodation. For those who wished to move four broad categories were used: wishing to move to a care home/residential home, wishing to move to sheltered accommodation, wishing to move to another area and wishing to move to more suitable accommodation such as a flat or bungalow. For those wishing to stay three broad categories were used: wishing to stay with home adaptations, wishing to stay with care at home and wishing to stay with a benefits check.

Categories were also constructed for those who had contacted the exemplar with no pressing need but wanting information about future planning and for those who needed to be referred to another agency.

In order to be able to work out the direct expenditure/costs incurred the research team asked the case workers to provide the time taken for each case, although in some cases the time taken was not available, particularly if the case was on-going.

Where possible, the outcome for the client and the impact of the situation on the client were noted.

Categories were also constructed for alternative outcomes, so what would have happened if the client had not made contact with the case worker. For this purpose the categories used were: increased need for care at home, increased risk of hospital admission, continuing to over occupy, increased risk of a crisis move to a care home, financially worse off and increased risk of a fall.

In most cases the research team were given client records from when the client was first seen by the case worker to the client outcome for the client. Based on the detailed client case notes and interviews with the case workers it was possible to construct a typology of alternative outcomes, so what would have happened to the client had they not been in touch with the case worker.

The VFM analysis builds on the local case file analysis which explored the outcomes of the case work intervention, the benefits that accrued and the potential alternative outcomes if there had been no intervention. This analysis was then developed to add monetary values where possible to the outcomes and compares them to the potential alternative outcomes without the service to identify savings to the public purse.

### **11) National VFM**

Income and expenditure details were provided by FirstStop for the national service. The data analysis of the number of clients, web hits etc were used to calculate the unit costs of the service. These were compared with the unit costs of the previous year to establish if unit costs had been reduced.

### **12) Action research**

The research team worked closely with FirstStop to provide input into:

- Requests for information from funders
- Supporting evidence for FirstStop's funding bids
- Discussions about mystery shopping
- Facilitated workshops
- Feedback on satisfaction survey
- Present and discuss findings

### **13) Outputs**

#### **Phase 1**

- Source document June 2010
- Summary report

#### **Phase 2**

- Moving on paper
- Interim report November 2010 (unpublished)
- Headline findings from the postal survey and client interviews
- Final reports

### **12) Dissemination**

The reports are available on the CCHPR website. The research findings were presented at a series of events organised by FirstStop in May 2011.

## **Literature and policy review**

### **An ageing population**

The population of the UK is ageing. Over the last 25 years the percentage of the population aged 65 and over increased from 15 per cent in 1983 to 16 per cent in 2008, an increase of 1.5 million people in this age group (ONS, 2009). This trend is projected to continue. By 2033, 23 per cent of the population will be aged 65 and over compared to 18 per cent aged 16 or younger. By 2083, about one in three people in the UK will be over 60 (Age UK, 2010).

The fastest population increase has been in the number of those aged 85 and over, the 'oldest old'. In 1983, there were just over 600,000 people in the UK aged 85 and over. Since then the numbers have more than doubled reaching 1.3 million in 2008. By 2033 the number of people aged 85 and over is projected to more than double again to reach 3.2 million, and to account for five per cent of the total population. From the 1950s onwards, the number of centenarians (people aged 100 and over) in England and Wales has increased at a faster rate than any other group to reach 9,600 in 2008.

## **The pressures of ageing**

Most of our homes and communities are not designed to meet people's changing needs as they grow older and older people's housing options are too often limited to care homes or sheltered housing (CLG, 2008).

Whilst over two thirds (68 per cent) of householders aged over 65 own their homes outright without a mortgage (Age UK, 2010), more than one in five pensioners in Britain still live below the poverty line (Davis and Ritters, 2009). Many older people live in the worst housing conditions with a third of older people (2.1 million households) living in non-decent or hazardous housing (CLG, 2008). As people age, ordinary tasks within the home can become more difficult (Clough *et al*, 2004). Over three quarters of a million people aged 65 and over need specially adapted accommodation because of a medical condition or disability and 145,000 of them report living in homes that do not meet their needs (Age UK, 2010).

The *National Strategy for Housing in an Ageing Society* (CLG, 2008) posits that good housing is imperative for wellbeing in later life and will be critical in managing the mounting pressures of health, care and support expenditure. Without intervention, social care expenditure would need to increase more than threefold (325 per cent) by 2041 to meet demographic pressures (CLG, 2008).

Over the last decade an agenda has been developing around preventing older people from moving into high housing need, particularly at times of crisis, which is often very costly to both individuals and public finances. There has been a recognised need for the provision of information and advice to assist older people in planning ahead and coping with changing housing and care needs. It has also been recognised that older people face problems that cut across housing, health, finance, care and their general rights.

## **Information and advice**

The main areas in which older people want information and advice are:

- Advice on moving - often round a crisis, e.g. bereavement or a fall.
- Advice on staying at home - and being able to deal with disrepair, adaptations, benefits and finances.
- To know their options - should I move or should I stay at home, what are the implications?
- General housing issues - housing rights, housing benefit and income issues (Oldman, 2003).

The decision to move or not to move is one often faced as people age. In young old age, some people may make moves for a whole range of positive reasons and subsequently enjoy many happy and fulfilling years in their new homes (EAC, 2006). In older old age push factors assume greater importance as people are faced with reduced physical ability, static or reducing income, bereavement, loneliness and growing vulnerability to crime and accidents in the home (EAC, 2006). They may be tempted to move to somewhere cheaper and easier to run, more suitably designed or located and offering more human company, more security from crime and reassurance in case of an accident (*ibid*).

For most older people, moving into a care home is usually a lasting decision taken under very difficult circumstances (OFT, 2005). They may often be in poor physical or mental health, under pressure to make a decision quickly, and typically have little previous experience of choosing a care home.

There is a growing body of evidence demonstrating that an accessible, adapted home can make a significant contribution to improving older people's quality of life (Ellison and Adams, 2009). Where home adaptations are an alternative to residential care, prevent hip fractures or speed hospital discharge; where they relieve the burden of carers or improve the mental health of a whole household, they will save money, sometimes on a massive scale (Heywood and Turner, 2007).

Accessing information and advice about different options is vital if older people are to benefit from such interventions. Information tells older people what they need to know, advice helps them to choose what they want and what suits them best (Quinn *et al*, 2003). However, the availability of information and advice for older people is limited. This is particularly the case for hard to reach groups which include very frail or housebound older people, BME elders or older people with mental health problems (Audit Commission, 2004) On average, only two percent of the population currently accesses housing options and advice services (Lister and Muir, 2008).

It is more difficult for people to make housing choices in later life because of the uncertainties around personal circumstances and the availability of support (EAC, 2006). Decisions may be made in response to a crisis and without adequate information or time to reflect. Older people, who have often never used a formal advice service, can find themselves in need of one at a time when they may be less physically able or less confident in seeking it out (Russell, 1999) and may have to depend on someone else to help them.

### **Problems with provision**

Most advice services have been fragmented across a range of voluntary and statutory agencies and have relied on short-term funding, leading to patchy provision (Oldman, 2003). There was a recognised need for a single, simple and accessible route to obtaining independent, impartial information and advice on housing and related issues, including finance and care options (CLG, 2008). Communities and Local Government is funding FirstStop to provide a web and telephone service at a national level and to develop links with local services.

### **What cost savings can be generated by early intervention and preventative measures?**

Research has begun to analyse the benefits and financial savings that can be generated through preventative measures designed to help older people avoid crises (Burgess, 2010).

Interviews with FirstStop's telephone advisors found that some people who contacted FirstStop had concerns about elderly parents who were struggling to manage at home and assumed that the only option was residential care. The telephone advisors said that many callers were unaware of alternative options such as home adaptations and care at home that would enable their parent to remain in their own home. Yet simple housing adaptations can enable continued independence and can bring large savings (Burgess, 2010). For example, by reducing the number of people who fall in their home real costs would be saved by reducing the number of emergency admissions to hospitals (CLG, 2008). The average cost to the state of a fractured hip is £28,665 (Heywood and Turner, 2007). This is almost five times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls (*ibid*). Investment in a suitably adapted and equipped home, where this makes independent living possible, usually pays for itself in 12 months or less and produces savings to social care budgets thereafter ranging from £25,000 to £80,000 per year (Davis and Ritters, 2009).

There are about 15,700 private, voluntary and local authority care homes in the UK, providing care at an estimated annual value of more than £8 billion per annum (OFT, 2005). A one percent cut in the numbers of older people going into institutions could save the country as much as £3.8 billion (Walker, 2009).

The Partnership for Older People Projects (POPPs) were funded by the Department of Health to develop services for older people, aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care (Windle *et al*, 2010). The projects developed ranged from low level services, such as lunch-clubs, to more formal preventive initiatives, such as hospital discharge and rapid response services (ibid). The evaluation of POPPs found that a wide range of projects resulted in improved quality of life for participants and considerable savings, as well as better local working relationships. For example, the reduction in hospital emergency bed days resulted in considerable savings, to the extent that for every extra £1 spent on the POPPs services, there was approximately a £1.20 additional benefit in savings on emergency bed days (ibid). Overnight hospital stays were reduced by 47 per cent and use of Accident & Emergency departments by 29 per cent. Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person (ibid).

Another initiative, LinkAge Plus, aimed to test the limits of holistic working between central and local government and the voluntary and community sector to improve outcomes for older people, improving their quality of life and wellbeing (Davis and Ritters, 2009). Through LinkAge Plus, adult social care and Primary Care Trust (PCT) services, the Pension Service, Jobcentre Plus, voluntary and community sector services and partners outside of what might have traditionally been thought of as 'older people's services', such as Fire and Rescue and Trading Standards, have been working together to develop services. The evaluation of LinkAge Plus found that an holistic approach to service delivery requires some up-front investment over the two-year pilot period but quickly begins to deliver net savings, breaking even in the first year after the investment period (ibid). The net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested and this is likely to be higher over a longer period (ibid). LinkAge Plus can facilitate services that are cost effective in their own right, including fire and crime prevention, and reduced falls associated with balance classes and home adaptations (ibid). The evaluation concluded that combining the costs and benefits of these services in LinkAge Plus areas with the holistic approach to service delivery increases the net present value to £2.65 per £1 invested and in addition to taxpayer savings there are benefits to older people monetised at £1.40 per £1 invested (ibid).

The assessment of the Supporting People (SP) programme for older people found that the greatest area of potential savings are through the facilitation of independent living, thereby delaying or preventing the need for more intensive forms of care either from social services or more expensive forms of residential care (ODPM, 2005). There is also a positive impact on older people's mental health through feeling in control of their lives and being able to maintain their independence.

#### **New information and advice initiative: FirstStop**

FirstStop is an innovative initiative that provides holistic information and advice about housing, care, finance and rights. It is testing the hypothesis that the approach of providing information and advice can encourage prevention of housing crises for older people and can generate financial savings.

## Chapter 2: Progress against Targets of the National Service

### Summary

FirstStop, as a condition of the grant from DCLG, has reported on its achievement of seven broad outcomes. This section of the report looks primarily at the performance of the national service in 2010/11 against these outcomes. Measures of usage of the website have well exceeded the targets set, even when a more cautious view of the headline figures is taken. The numbers of clients contacting advisors at the national service narrowly missed the output target. Targets relating to the eventual outcomes of individual cases are harder to measure, and the evaluation team drew on analysis of the follow-up survey of a sample of clients. This supports the view that advice supplied by FirstStop is effective in supporting housing transitions, including downsizing, for a number of older people which equals or exceeds the specified targets. There is clear evidence that FirstStop has worked to integrate advice on funding options into its national service and provides such advice to many clients. However, the survey findings suggest that there has been little commensurate increase in interest in or uptake of equity release specifically.

### The targets

The grant agreement between DCLG and FirstStop specified seven outcomes, or broad objectives. Attached to each of these outcomes was a description of the evidence which would demonstrate the attainment of that outcome by FirstStop. In some cases, quantitative indicators of the expected performance of the service were specified, such as total number of clients receiving information on various topics. FirstStop submitted a grant report in April 2011 to DCLG covering all the outcomes, and this has been accepted.

This chapter looks at the headline performance indicators relating to the national website and advice service. The local partnership and capacity building activities are discussed elsewhere in the report. The chapter first covers the sources of data for the indicators, then FirstStop's performance against them.

### The Customer Relationship Management (CRM) system

The FirstStop team which provides the national advice service uses a Customer Relationship Management (CRM) system to co-ordinate its interactions with clients who contact them for advice. A CRM is an established genre of information technology system. CRMs are used by a wide range of firms and organisations which have multiple employees or agents interacting with customers or clients over an extended period. In general, a CRM provides a structured means of storing and updating contact details and other information about clients, and recording details about individual interactions (such as telephone calls or email correspondence) between a contact and an agent of the organisation. A key purpose of a CRM is that when a client contacts a firm or organisation, the firm's agent is apprised of any history of previous contact with the firm. It also enables systematic analysis and reporting of interactions with clients or customers as a whole.

Setting up a CRM for the national advice service has been a significant part of the initial investment in FirstStop. FirstStop's CRM has been implemented by a customised deployment of the open-source edition of SugarCRM<sup>2</sup>, SugarCRM is an open-source software that is backed by a commercial company which sells hosting

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2 <http://www.sugarcrm.com/crm/>

and deployment services and premium tools for the core package. It uses a relational database management system (RDBMS) to store client and interaction data, and provides a web-based interface for agents to store and update information. The web-based interface means that FirstStop's agents can access and update client information at any internet-connected location. Reporting tools are also provided by the web interface. The RDBMS means that standard Structured Query Language (SQL) can be used to carry out large-scale updates, merges and analysis of the usage of the national service. FirstStop have customised the SQL schema provided by SugarCRM, which has led to incompatibilities when updates to the core SugarCRM product have been applied. These incompatibilities have in particular affected the reporting tools, and created some discontinuities in the data monitored by the evaluation team.

### Website analytics

FirstStop have tracked the number of visitors and page views to the website using the free Google Analytics service. Practically this means that an additional, invisible piece of code is included in every page on the website. This code submits information to Google as each page is viewed. From this, Google provides summary data on the total number of visits, views and visitors to each part of the website. In FirstStop's case, Google Analytics is the only source of data about volumes of activity on the website.

### Outcome 1: “Older People making good decisions about housing, care and finance”

The three output targets under this heading relate to total FirstStop client numbers for the financial year 2010/11.

<i>Indicator: Total FirstStop Customers</i>	
<i>Output: To exceed 75,000 customers in 2010-11</i>	
<b>Target</b>	75,000
<b>FirstStop reported performance</b>	106,897

The overall output reported by FirstStop here is the total number of unique visitors to the website (over 90,000), plus the total number of clients contacting the national advice service (over 14,500), plus the caseloads reported by the local exemplars (just over 1,000). The first two are discussed further below. There may be some degree of double-counting of clients; the design of the whole service is that there should be some referral between local and national and web-based advice. However, this would not reduce the figure to anywhere near or below the output target.

<i>Indicator: Total FirstStop Customers</i>	
<i>Output: To exceed 30,000 website users in 2010-11 seeking housing advice</i>	
<b>Target</b>	30,000
<b>FirstStop reported performance</b>	91,407

The figure here is derived from Google Analytics, and is the total number of unique visitors to the website. This means the number of users who visited one or more pages on the website on one or more occasions. So far as is technically possible, it counts users who return to the site several times only once. It excludes automated software programs which visit websites in order, for example, to index them for search engines.

Of course, Google Analytics does not allow one to divine each website user's intention, so it is not possible to know how many were 'seeking housing advice'. An indication of users' interests in visiting the site is provided by numbers who visited the second-level pages of the site. These are those which provide information and links on specific topics, such as care funding and housing, rather than the more general site overview given on the home page. The breakdown, from Google Analytics, is shown below:

Second-level web-page	Total unique visitors 2010/11
Finance advice	9,411
Housing advice	9,297
Care advice	7,562
Rights advice	3,651
Contact us	3,651
Resources	1,155

This shows that housing, together with finance, are the two broad areas about which the largest number of web visitors is seeking information. Much or all of the material on the website is housing-related in that care and finance are key elements in providing good housing for older people. The smaller numbers visiting the internal pages suggest that the total number of unique visitors includes some who came to the site by mistake or seeking other material. Nonetheless, it is worth noting that the FirstStop website family achieves top placement in web searches for terms such as “elderly+housing+advice”, which means many users are being directed there in search such information. The next output, for downloads of detailed advice documents, supports the view that the numbers visiting the site and finding relevant material is well above the set target.

<i>Indicator: Total FirstStop Customers</i>	
<i>Output: To exceed 15,000 web downloads of housing related documents.</i>	
<b>Target</b>	15,000
<b>FirstStop reported performance</b>	37,739

Google Analytics is not by default capable of recording downloads of files such as PDF or Microsoft Word documents. An adaptation to FirstStop's website was made in May 2010 to allow recording of such downloads, from then until the end of March 2011, 34,377 downloads were made of the variety of detailed advice documents available on the website were made. The figure reported by FirstStop has been adjusted to account for the early part of 2010/11 during which downloads were not recorded, and is a reasonable estimate of the total number of downloads of documents on housing and related topics from the website.

## **Outcome 2: “Supporting independent living in later life...”**

The outputs under this heading address the delivery of support to clients by advisors at the national service directly, and by FirstStop's work with local partners. The outcome's full title is: “Supporting independent living in later life by working with local authorities and other local partners to help older people make good decisions about their housing and support and avoid health problems and unplanned care home admissions”.

<i>Indicator: Numbers of people receiving housing related telephone advice</i>	
<i>Output: To exceed 15,000 customers in 2010-11</i>	
<b>Target</b>	15,000
<b>FirstStop reported performance</b>	14,421

FirstStop's reported performance, falling slightly below target, is the total number of unique clients who interacted with the national advice service during 2010/11. The data are derived from the CRM. Clients or others acting on their behalf (such as relatives) can have had multiple interactions with the service. For example, initial contact may be made by telephone, with follow-up information being sent by email. This total counts each client only once at the date of first contact, regardless of the number of subsequent interactions.

Although the output specifies 'telephone advice', another of the outputs linked to this outcome is that FirstStop should "develop and test IT and web innovations to support local housing options services". The fact that a single client may be advised by multiple media, such as email and telephone, reflects this, as does the fact that FirstStop launched a web-based Live Advisor service to handle enquiries. Nonetheless, the bulk of initial enquiries are still made by telephone:

<b>Enquiry Route</b>	<b>Number</b>	<b>%</b>
Phone	11,694	81%
Email	1,604	11%
Live Chat	409	3%
Other	312	2%
Letter	247	2%
N/A	162	1%
<b>Total</b>	<b>14,428</b>	<b>100%</b>

As with the website, the national service advises on a broad range of areas. The CRM provides a breakdown of the broad category of each client's presenting issue, as judged by the agent handling the initial enquiry. This shows that the majority of the clients reported against the output are enquiring directly about housing or about closely related matters such as care funding and finance:

<b>Presenting issue</b>	<b>Number</b>	<b>%</b>
Housing	8,072	56%
Care funding	2,193	15%
Other	1,372	10%
Community care	967	7%
N/A	854	6%
Benefits	372	3%
Finance	204	1%
Legal	136	1%
Health	124	1%
Rights & complaints	77	1%
Holidays, travel & leisure	29	0%
Personal, family & relationships	28	0%
<b>Total</b>	<b>14,428</b>	<b>100%</b>

The other output required to provide evidence on this outcome was that FirstStop should “work with up to 5 local authorities and their partners, testing different means of engaging with and supporting the delivery of local housing options advice services, and reporting on achievements”. The local partnerships are described elsewhere in this report and exceeded the target of 5.

### **Outcome 3: “Older people moving to more suitable accommodation”**

The single output attached to this objective relates to older people assisted to downsize.

<i>Indicator: Numbers of people helped to downsize</i>	
<i>Output: Expectation of 750 customers, subject to demand and market conditions.</i>	
<b>Target</b>	750
<b>FirstStop reported performance</b>	5,618

The total reported by FirstStop is the total number of clients who were provided with detailed advice and information on moving accommodation, including moving to retirement or sheltered housing. This number is derived from the CRM and reporting by the local partners.

One difficulty in assessing this output is the fact that the ultimate outcome for clients is not known. Moving for older people may be a protracted and complex operation. FirstStop has not yet established a tracking mechanism. The evaluation team therefore carried out a substantial follow-up postal survey of 1,000 clients who contacted the service during 2010/11. The follow-up took place between one and four months after the contact with the service. The survey had just under 250 valid responses, and these provides an alternative way to assess this output.

Of the 246 survey responses, 158 stated that their initial enquiry had been spurred by one or more categories of concern that plausibly suggest downsizing as a possible outcome: “moving to more suitable accommodation”, “moving to sheltered housing” or “Moving to residential care”. Among this 158, 35 (or 22%) stated that their problem

was now “resolved”, with 102 (65%) saying it was ongoing or had worsened; the remainder did not provide information on their present situation. Although some may have resolved their housing problem in other ways, at least some of the successful outcomes will have entailed downsizing.

The proportions found in the survey have to be applied with some caution to the total numbers accessing the service. It is not possible to know, for example, whether those responding might be more motivated to do so by a successful outcome, or conversely, if those who had moved might be more likely to have been lost to follow-up. A tentative overall figure for outputs from the national service might be got by taking the proportion of the survey respondents who were enquiring about a possible housing move, and who had a successful outcome (22%) to the overall number of enquiries about housing recorded in the CRM (8,072). This would give an upper estimate of 1,788 clients from the national service who actually downsized.

An additional question was whether the FirstStop advice made any difference to clients' outcomes. The survey asked whether the advice had helped to resolve the problem. Just over half (53%) of those who had enquired about a housing issue possibly entailing changed accommodation stated that the advice had been helpful. Unsurprisingly, those who considered the problem resolved were most likely to have found it helpful (66%), but half of those with ongoing problems had also found it so. This suggests that that numbers provided with advice about downsizing, as given by FirstStop, translates into numbers who are actually helped to do so which exceed the targets.

**Outcome 4: “Older people living in improved housing”**

The indicators and outputs relating to this outcome concern options for funding home improvements and housing options, including by equity release. Two of the output targets deal with the development and provision of advice on funding options by FirstStop, but these are not expressed in quantitative terms. FirstStop’s activities against these included the development of new materials, training and partnerships, which are reported in full in the grant report to DCLG. FirstStop provided training to its own advisors and recruited a panel of specialists, as well as launching a new web-page and updated documents for download on equity release. There were 589 visitors in Q3/Q4 to the new equity release web-page; the evaluation team was unable to check the reported figures for document downloads on this topic because the file names were updated over the year.

The only output target expressed in quantitative terms specifically concerns equity release:

<i>Indicator: Numbers of people informed of options for funding improvements to their homes, including through equity release.</i>	
<i>Output: Expectation of 100 customers helped to release equity from their homes, subject to demand and market conditions</i>	
<b>Target</b>	100
<b>FirstStop reported performance</b>	19

As with downsizing, tracking the eventual outcomes following the provision of advice poses problems. In this case, FirstStop have reported only the 19 cases where equity release was definitely known to have been concluded. The evaluation team’s survey specifically asked whether the client’s initial enquiry had specifically been about equity release; 11 (5%) of the 246 responses stated that it was one of the topics

about which they had been seeking information. Of this 11, 4 stated that their problem had been resolved. However, this does not definitely mean that these had taken up equity release, and the numbers are too small to attempt to estimate population totals.

The survey also asked whether or not the client had taken specific steps to resolve their problem after contacting FirstStop. One of the options offered in this question was whether the client had investigated equity release options. However, even with a direct prompt, only 2 survey respondents (fewer than 1%) stated that they had investigated equity release after contacting FirstStop. This suggests that clients' interest in equity release has not been greatly stimulated despite the clear evidence that FirstStop has integrated funding advice into the national service.

**Outcome 5: “Better housing outcomes for older people”**

The outputs under this heading all relate to the production of an evaluation report and interim reports. This document is the final evaluation report specified, and follows interim reports prepared by the evaluation team and by FirstStop over 2010/11.

**Outcome 6: “Enhanced local delivery of housing options advice services for older people”**

The outputs and indicators addressing this outcome all concern the development of partnerships with local authorities and exemplar projects in local areas. These are discussed in Chapters 5 and 6 of the report.

**Outcome 7: “Capacity building for housing information and advice services”**

These output targets concern the provision of training and professional development, and are addressed in Chapter 9 of this report.

## Chapter 3: Postal Survey Findings

This chapter reports on the postal survey of a large sample of recent FirstStop clients. An initial postal survey had been carried out as part of the first phase of the evaluation study. For the second phase, the survey form was redesigned and extended. It included more detailed questions about clients' experience of contacting FirstStop, alternatives they had considered, and actions and outcomes that had occurred subsequent to their use of the service.

### **Survey sample and method**

The survey was carried out in two waves, in August and November 2010. This was done in order to mitigate the distorting effects of publicity campaigns upon the profile of clients during any one time period. For both waves, the sample was drawn from data held in the Customer Relations Management system used by FirstStop's advisors. The sampling frame was all clients whose case had been dealt with in the previous three months (May to July 2010 and August to October 2010), and for whom a full address was recorded in the CRM. In a minority of cases, the approach to FirstStop or EAC had been made by someone else, such as a relative, on the client's behalf. In these cases, the survey form was nonetheless sent to the client. From this frame a random sample of 1,000 was drawn.

The sample could only be taken from clients who had left a valid address.

May-July: Random sample of 500 out of 1511 base

Total client records for period: 4,015

Client contact details: 2,175

With postcodes: 1,511

August-October: Random sample of random 500 out of 802 base

Total client records for period: 3,373

Client contact details: 1,434

With postcodes: 802

The survey sampled 1000 of the total 7388 clients (so 1000 of the 2313 who left an address) who contacted FirstStop over the six month period.

It may be worth noting that there could be some multiples in the anonymous client records (i.e. multiple anonymous contacts about the same client), whereas the client contact details should be unique.

These clients were sent the survey form by post. An incentive of entry into a £50 prize draw was offered for return of the completed survey and consent to participate in a qualitative follow-up. For those who had not responded to the initial letter, a reminder was sent two weeks after. The full survey form is shown in Appendix 1.

### **Survey response rate**

Of the 1,000 surveys sent out to the sample base, 300 (30%) were returned to Cambridge. Some (n=9) of the returns were for clients not known at the registered address or deceased, and a further 16 were returned blank or clearly refused. The largest number of invalid responses (n=29) were from those who stated that they had not used, or had no recollection of using, the FirstStop service. This partly reflects the fact that some of the client records in the CRM, and drawn in the sample originated from EAC's database, which was merged into the FirstStop CRM. Of the total 1,000 sample, 221 appear to have come from EAC's database. These clients would

therefore not necessarily be expected to recognise the FirstStop brand. However, this only emerged after the survey was underway, and so could not be rectified. Some forms stated that they did not recognise the FirstStop name but remembered contacting EAC, and answered the questions on that basis; these are treated as valid responses.

This left 246 valid surveys, a 25% valid response rate. This is summarised in Table 1.

*Table 1: Sample base and response rate, with breakdown of non-valid responses*

	<b>Number</b>	<b>%</b>
<b>Total</b>	<b>1,000</b>	<b>100</b>
Not returned	700	70.0
Returned	300	30.0
<i>Of which</i>		
Invalid – deceased or not known at address	9	0.9
Invalid – refused or blank	16	1.6
Invalid – had not or did not remember using service	29	2.9
Valid	246	24.6

The response rates in the previous survey conducted for Phase 1 of the evaluation varied considerably depending on the issue for which FirstStop had first been contacted. The response pattern from the new survey was therefore tested against the information held in the sampling data from the CRM. Unlike the previous survey, there was little difference in response rate by the presenting issue. The two largest categories (housing and care funding) had very similar response rates (Table 2)

*Table 2: Response rate by presenting issue as recorded in the CRM*

	Total	Responses	% Response
Housing	437	115	26.3
Care Funding	258	63	24.4
All other (inc N/A)	305	68	22.3

### **Demographics**

The survey asked for basic background details about the client's circumstances – their age, sex and housing tenure, as well as broad questions about health, financial and social circumstances. Those completing the survey on behalf of someone else were directed to fill in the details, so far as possible, for the older person. The majority of responses had, in fact, come from the client themselves, although considerable numbers of spouses and relatives were included (Table 3).

*Table 3: On whose behalf did you contact FirstStop?*

	N	% of valid responses
Self	141	57.6
A Spouse/partner	16	6.5
A Parent	38	15.5
A Relative	23	9.4
Another cared-for older person	7	2.9
In a professional capacity	4	1.6
Other	16	6.5
NA	55	

The survey responses came from nearly twice as many women as men. Compared to the population overall, there were large numbers of clients who responded to the survey drawn from very elderly age groups. Whilst nearly one-quarter (23%) of respondents were aged 85 or above, only just over 2% of the 2009 GB estimated population is this elderly.

*Table 4: Age breakdown of survey respondents*

Age group	n	% of valid
Under 60	11	4.7
60-64	23	9.9
65-69	30	12.9
70-74	42	18.1
75-79	32	13.8
80-84	42	18.1
85-90	26	11.2
Over 90	26	11.2
NA	14	

Respondent's self-reported health varied from "Excellent" to "Very Poor", with a broadly even distribution.

*Table 5: Self-reported health*

	n	% of valid
Excellent	19	8.2
Good	67	29.0
Fair	77	33.3
Poor	50	21.6
Very poor	18	7.8
N/A	15	

For financial circumstances, just over half of respondents felt they were in "Limited" circumstances; around a third felt themselves "Comfortable" or "Very Well Off". The

remainder felt they were “Struggling” or saw themselves as limited to welfare benefits levels. Nearly 70% of respondents lived in an owner-occupied home (Table 6)

*Table 6: Housing tenure*

	n	% of valid
Home owner	156	69.6
Private rented	29	3.1
Social rented	25	12.9
Sheltered accom	4	1.8
Spouse in residential	3	11.2
Other	7	1.3
NA	22	

Only very small numbers stated their ethnicity as being anything other than “White British”.

### **Referral and previous contact**

The first tranche of questions about the clients' use of FirstStop sought to find out the means by which they initially came into contact with the service. One in eight (12.5%) had been directly referred to FirstStop by another organisation; the remainder had contacted the service, sometimes together with contacting others, in search of advice. The commonest route for finding about FirstStop was print media; a considerable proportion had found the contact details via on-line search or websites.

*Table 7: "How did you find out about FirstStop?"*

	Freq	% of valid
Newspaper	75	31.4
Local council	57	23.8
Internet Search	45	18.8
Other	39	16.3
Family	12	5.0
Carer	6	2.5
A website	5	2.1
NA	61	

Before contacting FirstStop, 38% had not sought help from any other agency. The most common agencies contacted before FirstStop were the local council and charitable organisations. This shows that for a significant proportion of clients, FirstStop acts as a first point of enquiry and assistance.

*Table 8: Did you seek help or advice from other sources before contacting FirstStop" (multiple responses permitted)*

	<b>N</b>	<b>%</b>
None	94	38.2
Local council	75	30.5
Charity	55	22.4
Other website	15	6.1
FirstStop website	14	5.7
Friends	14	5.7
Family	13	5.3
Other	13	5.3
Neighbour	5	2.0

### **Nature of presenting issue**

FirstStop's two primary areas of advice and support are housing and care. This is reflected in the balance of issues about which clients stated they had contacted the service. The commonest enquiries were about sheltered housing or a more suitable home. The next commonest group of enquiries were those about care at home, residential care or funding for these.

*Table 9: "When you contacted FirstStop, what were you seeking information and advice about?" (multiple responses permitted)*

	<b>N</b>	<b>%</b>
Sheltered housing	85	34.6
A more suitable home	64	26.0
Residential care	48	19.5
Care at home	40	16.3
Care funding	37	15.0
Other	25	10.2
Benefits	24	9.8
Home adaptations	23	9.3
Finances	14	5.7
Equity release	13	5.3
Legal (wills, attorney etc.)	9	3.7
Individual budgets	3	1.2

Most enquiries (69%) were about long-term, ongoing issues. However, the survey shows that FirstStop also provides advice to those with shorter term concerns (25%), and even for a small number of acute emergencies (7%). For the survey, unlike the CRM, multiple presenting issues could be recorded. Respondents reported an average of 1.5 initial issues about which they were enquiring. This indicates the complexity of some situations, and the fact that respondents may be considering different means of resolving their problem.

A follow-up question asked specifically about the use for which equity release was being considered. Given the small numbers who were interested in this, detailed analysis is not appropriate, but moving to a different location, moving to sheltered housing and funding care were the joint commonest reasons (n=8, for each).

### **Experience of immediate contact**

The large majority of initial contacts with FirstStop had been made by telephone. The survey responses included a much smaller number who had made initial contact by either the web-site enquiry form (n=24) or by direct email (n=4). Further analysis shows that enquiries coming via the website were most often from a child seeking advice about an elderly parent; where the client was enquiring on their own or a spouse's behalf, the telephone was even more predominant as the route of initial contact.

Survey respondents were asked how easy they found it to contact FirstStop. Almost all (94%) said they found it either “very” or “quite” easy, and only two respondents stated they found it difficult. However, people who found it very difficult to contact FirstStop are much less likely to have ended up actually doing so, and those who did not contact FirstStop could not have been part of the survey. The figures here simply confirm that the current contact methods are suitable for the current users, but they do not show the methods are necessarily so for the whole target population. Several other indicators of general service quality were elicited from respondents; they were asked whether or not they agreed with a series of statements about the initial conversation with the operator. The questions referred only to initial contacts made by telephone.

*Table 10: Agreement with statements about experience of telephone call*

	Yes (n)	No (n)	<b>% Yes among valid response</b>	Not sure / NA (n)
I was given enough time to explain my query	184	8	<b>95.8</b>	54
Operator listened to and understood what I wanted	189	5	<b>97.4</b>	52
Operator was polite and friendly	200	0	<b>100.0</b>	46
Operator seemed well informed	175	28	<b>86.2</b>	43
Operator asked if anything else they could help with	139	19	<b>88.0</b>	88

These findings suggest that the service is generally meeting these broad measures of quality. The most notable finding is perhaps the number who said that they did not think the person they spoke to seemed well informed. Further analysis of these cases did not show this to be connected to a single presenting issue, although a considerably higher proportion of those calling about benefits or residential care stated they did not find the operator well informed.

### **Follow-up material and referrals**

Part of the function of the FirstStop service is to provide more detailed written information and to refer appropriate cases on to specialist advisors. The main routes of advice given to the clients are shown in Table 11:

*Table 11: "When you called FirstStop, which of these did you receive" (multiple responses permitted)*

	n
Follow-up info by post	174
Advice by telephone	108
Not sure / can't remember	20
Referral to local organisation	12
Referral to info source	11
Advice by email	5
Referral to national agency	3

Only a small number (n=13) had been transferred to a specialist advisor, and all of these had been directly transferred during their initial phone call.

A much larger proportion recalled that they had been sent written information following the phone call. Again, this should not be taken as an indicator of the proportion of all telephone enquiries that result in written information being sent, as only those CRM records with a postal address could be selected for the survey. Those whose enquiry was resolved completely during the call are therefore unlikely to have been selected for the sample.

Satisfaction with the written information received was high. A large majority found the information easy to understand and were satisfied with its quality. In each case, about 10-15% of recipients expressed some ambivalence about the material; 6 cases were dissatisfied with the quality of information received. The commonest wish was to have received a greater quantity of information: about one in five said that they would have liked more than they in fact received.

### **Further actions and outcomes**

A key aim of the survey was to assess the short-term outcomes of the service delivered by FirstStop. As a starting point, respondents were asked to state whether the issue about which they had contacted FirstStop was resolved, ongoing or had got worse (Table 12).

*Table 12: Whether issue about which FirstStop was contacted had been resolved*

	n	% of valid
Resolved	64	31.7
Ongoing	121	59.9
Worse	17	8.4
NA	44	

For the majority, the issue about which they had sought advice was ongoing. This reflects the considerable complexity of the problems about which the service advises, and the fact that the survey was being completed at most four months after the initial contact with FirstStop. Some sense of the complexity of the issues is given by looking at the rate at which different presenting problems were considered resolved. Those most likely to be resolved by the time of the survey were the relatively small number of enquiries about benefits and finances, and, to a lesser degree, funding for care. Issues involving housing, and particularly the search for sheltered or otherwise 'more

appropriate' housing were the least likely to be seen as resolved within the time elapsed since contacting FirstStop.

Even so, a considerable proportion of respondents had taken one or more actions following their contact with FirstStop. Within the period since the call, 46 clients (19% of all respondents) had moved into sheltered housing or made plans to do so. The numbers taking benefits or other financial advice are high relative to the small proportion of enquiries these issues comprise.

*Table 13: "If you have taken steps to resolve the problem since contacting FirstStop, did you do any of the following?" (multiple responses permitted)*

	<b>N</b>	<b>% of all survey respondents</b>
Taken no action	75	-
Planned/moved to sheltered hsg	46	18.7
Other	28	11.4
Planned/moved to residential home	23	9.3
Taken benefits check	21	8.5
Taken financial advice	11	4.5
Planned/moved to nursing home	10	4.1
Planned/arranged care at home	9	3.7
Applied for Continuing Care	8	3.3
Had Continuing Care eligibility assessed	8	3.3
Arranged power of attorney	7	2.8
Made home adaptations	7	2.8
Investigated equity release options	2	0.8

### **Views of service**

It does not necessarily follow that these actions resulted from the advice supplied by FirstStop. Respondents were asked how important FirstStop had been in making such decisions. The replies suggest that the advice received had, for most, played a considerable role in the steps they had taken since their initial contact (Table 14). Over a quarter considered the service they received 'very important' in their subsequent decision.

*Table 14: Was the information and advice you received helpful in making these decisions?" (base = all those taking further action)*

	<i>n</i>	<i>% of all making some decision</i>
Very important	45	27.3
Important	92	55.8
Not very important	28	17.0
Not helpful	0	0.0

A more detailed picture of the role played by FirstStop in clients' moving to a decision is given by responses to a series of statements about the importance of the service (Table 15). This clearly shows that the broader and more general measures of

satisfaction are met for nearly all respondents: for example, whether they would recommend the service, and the quality and means of information provision. It also suggests that there are a smaller but very considerable proportion of clients – perhaps around half – for whom the service is more decisively important: it helped solve their specific problem (55%), provided help they couldn't have got elsewhere (48%) or without which they wouldn't have known what to do next (41%).

*Table 15: Agreement with series of statements (base = all valid responses)*

	Agree (n)	Disagree (n)	% Agree	N/A
I wouldn't have known what to do next	80	116	40.8	50
I am more confident dealing with problem	147	51	74.2	48
I got help I couldn't have got elsewhere	90	96	48.4	60
The way information was provided suited me	184	22	89.3	40
The information was accurate	176	14	92.6	56
The information helped me solve my problem	74	60	55.2	112
I would have done what I did anyway	106	49	68.4	91
I would recommend someone contact FirstStop	179	17	91.3	50
I would have liked further follow-up	79	91	46.5	76

It is noteworthy that nearly half of respondents stated that they would have liked further follow-up. The survey asked specifically what other forms of advice and support would have resolved the issue that the client presented with (Table 16).

*Table 16: "What else would have helped you to resolve your problem?"*

	n	% of all respondents
Face-to-face discussion at home	47	19.1
More detail about local services	33	13.4
Face-to-face discussion in local area	26	10.6
Talking by telephone to someone locally	20	8.1
General directory of useful numbers and websites	13	5.3
Further written information	12	4.9
More information on [FirstStop] website	2	0.8
NA	93	37.8

*Table 17: Sources of further support that respondent would be willing to pay for*

	Yes (n)	% of all respondents
Information from telephone helpline	24	9.8
Personalised support, e.g. financial advice	15	6.1
One-off personal visit from advisor	36	14.6
Ongoing personal support from advisor	27	11.0

The commonest wish here was for a discussion in the home, followed by further information and contact with local services. This clearly ties in with other aspects of the programme which are being evaluated, and which are discussed elsewhere in this report. However, only a small number of respondents indicated that they would be willing to pay for further support or advice. In line with the findings in the previous table, the service that the largest number would be willing to pay for was a visit at home from an advisor; around 15% of all survey respondents stated they would be willing to pay for this (Table 17).

## Chapter 4: Value for Money of the National Service

### Summary

This section reports on the costs of FirstStop's national service in 2010/11 and then estimates the additional outcomes attributable to its provision of advice by web and telephone.

The unit costs of providing advice through the website and through the advice service are first assessed separately, taking into account expenditure directly linked to each activity. For the website, the cost of each detailed advice document downloaded was £0.49; the cost per unique web user was £0.18. For the national advisory service, the average unit cost per client handled in 2010/11 was £20.31. In the final quarter, Q1 2011, the advice service dealt with more clients whilst keeping direct variable costs (primarily salaries) at the same level as previous quarters. This reduced the total unit per cost client to £15.74. This suggests that the longer-term future costs per client of the advice service are likely to settle somewhat below the average for 2010/11.

An alternative perspective on the national service's cost is then given by starting from the total DCLG and Big Lottery Fund grant to the national service in 2010/11. This brings into consideration expenditure that has been supported by public money but which, whilst necessary to provision of the service, cannot directly be attributed to specific activities. Looked at this way, the average public cost per client of the whole national service (web and advisory) was £9.60 in 2010/11. This is slightly above the estimate of £8.50 given in FirstStop's original proposition, although some of the grant has been spent on one-off set-up costs.

The evaluation's follow-up survey of advice service users is the best available information on what clients did after contacting FirstStop, and on the extent to which the advice received caused them to take actions that they would not otherwise have taken. In 2010/11, an estimated 2,800 additional steps to resolve problems, including obtaining more suitable housing, were taken as a result of advice provided by the national service. The commonest steps taken as a result of the service were planning or executing a move to sheltered housing, and seeking a benefits check-up. The data available are not sufficient to estimate what wider public savings have been secured thus far by funding the national website and advice service.

### Sources

The chapter draws on EAC's latest audited accounts for the financial year 2010/11. These are laid out in a standard financial reporting format, detailing monthly and annual expenditure broken down by the item type of expenditure. The headings include, for example, expenditure on different categories of employee, on IT development, and marketing and public relations. The economic analysis undertaken below is concerned with how much expenditure was attributable to providing different services, rather than what was spent on different types of items. It also seeks to distinguish marginal costs, such as postage, which increase in direct relation to the volume of service provided from fixed costs such as salaries which are ongoing but do not vary according to the amount of service provided, and from one-off capital costs which are needed to set up the service, but will not recur.

Some adaptations and assumptions have thus to be applied to the EAC accounts to carry out an economic analysis. Firstly, it is not known what proportion of expenditure on a given item such as "printing" should be attributed to a particular service or

activity, such as the national advice service. Some of the “printing” costs will have been incurred by other activities, including general administration. Assumptions must be made, and the tables below show what proportion of expenditure on various items, particularly management costs, have been attributed to specific activities. Secondly, it is not known what proportion of expenditure on items such as IT development has covered strictly one-off capital costs, and what proportion has paid for routine activities that are likely to recur and form part of the ongoing cost of a service. Again, the table notes show where a proportion of such expenditure is taken to be a part of the direct costs of an activity. The evaluation also addresses these obstacles by giving alternative unit costs based on the total public grant rather than expenditure by activity.

As well as the audited accounts, the analysis below uses information from the Customer Relationship Management (CRM) system implemented by FirstStop. The CRM provides data on client volumes for the advice service, and on referral routes. Google Analytics is the technology used by FirstStop to measure usage of the website and it provides the data on total website downloads and visitors. Lastly, the evaluation team carried out a follow-up sample survey of users of the advice service. The 246 cases from the survey supply data on what action, if any, clients took after contacting FirstStop, and the degree to which the advice that was provided influenced their subsequent course of action.

### **Costs of the national advice service**

Advisors employed by the national service respond to client enquiries made by telephone calls, emails, live web chat calls and letters. The service ranges from providing simple direction to local and specialist agencies and further sources of information, through to offering detailed advice tailored to individual circumstances. There are some costs which increase in direct relation to the number of enquiries handled, such as outbound telephone calls and the printing and postage of advice leaflets (a large proportion of telephone enquiries result in the mailing of detailed guidance). The greatest component of the cost of providing the service is the salaries of advisors and of managers who are engaged directly in overseeing the service. These fluctuate over time with recruitment and departure, but are not directly related to the volume of clients provided with advice.

In 2010/11, the national advice service dealt with 14,428 unique clients<sup>3</sup>. This can be combined with the costs described above to give a marginal and fixed cost per unit, with the unit being a single client contacting and receiving advice from FirstStop:

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<sup>3</sup> This total of 14,428 varies slightly from the total of 14,421 reported in Chapter 2 as the analysis here is based on a different extract of the CRM data.

	Expenditure 2010/11 (£)	Units: advice service clients (n = 14428)	Assumptions and proportions from financial reports
		Cost per unit (£)	
Telephony	1,027	0.07	(50% of telephony)
Printing	23,129	1.60	(50% of printing)
Postage & consumables	3,201	0.22	(25% of miscellaneous)
<b>Total marginal costs</b>	<b>27,357</b>	<b>1.90</b>	
FirstStop Advisors	104,292	7.23	(100% salary and overheads)
EAC Advisors	119,444	8.28	(100% salary and overheads)
Management	41,952	2.91	(100% ops manager + 25% CEO)
<b>Total direct fixed costs</b>	<b>265,688</b>	<b>18.41</b>	
<b>Total advice service costs</b>	<b>293,045</b>	<b>20.31</b>	

This shows that the average cost of printing and so forth for each additional enquiry was £1.90, whilst the total cost of ongoing expenditure for salaries amounted to £18.41 for each client assisted in 2010/11. The unit cost per client of the national advice service is thus just over £20. It should be noted that this does not include any of the cost of setting up and maintaining the CRM which is essential to the advice service. A unit cost of £20 is below but approaching the £24 per unit given in FirstStop's original proposition as the average cost of "Level 2" advice.

The number of clients provided with advice in the final quarter of 2010/11 increased whilst the fixed expenditure on salaries remained the same. In other words, the same amount of staffing provided a greater volume of services to clients. Since the service is newly established and staffing levels have changed over the financial year, a comparison of expenditure and unit costs by quarter is useful:

	Q2 2010	Q3 2010	Q4 2010	Q1 2011	2010/11, overall
FirstStop Advisors	22,542	32,915	25,693	23,143	104,292
EAC Advisors	52,574	22,290	22,290	22,290	119,444
Management	2,946	7,436	15,657	15,913	41,952
<b>Total fixed costs</b>	<b>78,062</b>	<b>62,641</b>	<b>63,640</b>	<b>61,345</b>	<b>265,688</b>
Units: unique service clients	3,806	3,355	2,837	4,430	14,428
<b>Marginal cost per unit</b>	<b>20.51</b>	<b>18.67</b>	<b>22.43</b>	<b>13.85</b>	<b>18.41</b>
Marginal cost per unit (annual)	1.90	1.90	1.90	1.90	1.90
<b>Total unit cost</b>	<b>22.41</b>	<b>20.57</b>	<b>24.33</b>	<b>15.74</b>	<b>20.31</b>

The table shows that the total unit cost of the national advice service in the final quarter fell to £15.74, primarily as a result of increased client volumes. This suggests that with the organisation of the service now better established and increasing client numbers, the future ongoing costs are likely to be below the average for 2010/11.

### Costs of the website

The FirstStop website offers general guidance, detailed information on housing and related topics, and links to contact FirstStop and other agencies. Once the website has been designed and published, there is virtually nil cost attached to each additional visit to it or download made from it. The hosting of the website entails a small but recurring cost, and also the site also entails ongoing costs of routine technical maintenance, recurring review of content and presentation, plus management oversight. Since the financial accounts show nil expenditure on web content in 2010/11, a small proportion of other items are taken as directly attributable to the ongoing costs of providing advice through the site.

The total number of unique visitors to the website – those who visited one or more pages on one or more occasions – is one measure of the total volume of service provided by it. There were over 90,000 such unique users of the website in 2010/11. As discussed in Chapter 2, this likely overstates its output, given that some users' visits to the website are unintended or superficial. The number of downloads of detailed advice documents provides an alternate measure of total output for the website. The count of downloads of documents (33,379) is a more appropriate denominator to measure costs against, since such downloads imply delivery of material that is likely to increase clients' knowledge and possibly influence their subsequent behaviour. Both units – unique visitors and downloads – are shown in the summary of website costs:

		Unit: document downloads	Unit: unique visitors	
	Expenditure 2010/11 (£)	n=33,739 Cost per unit	n=91,407 Cost per unit	Assumptions and proportions from financial reports
<b>Marginal website costs per unit</b>	nil	nil	nil	
Server hosting	1,046	0.03	0.01	(100%)
Routine maintenance and update	8,177	0.24	0.09	(10% of IT development)
Management	4,957	0.15	0.05	(10% of CEO)
Routine search engine optimisation	2,288	0.07	0.03	(25% of SEO)
<b>Fixed direct costs</b>	<b>16,469</b>	<b>0.49</b>	<b>0.18</b>	
<b>Total website costs</b>	<b>16,469</b>	<b>0.49</b>	<b>0.18</b>	

For the financial year 2010/11, the total average cost of providing each download from the website was just under 50p. Relative to the total number of visitors, the website cost 18p to provide.

### Public costs of the national service

The preceding analysis of the national advice service and website sought to derive a unit cost of each activity by summing directly relevant elements of reported expenditure. The sum of the total costs of the two services judged this way is considerably less than the total public funding granted to FirstStop in 2010/11. Other items such as contract management and reporting, administration, marketing, professional services and so forth are important to the service's continuance. These have been funded by public money, but cannot be described as direct costs of delivering the specific services so far considered. Therefore, an alternative way to assess the cost of the national service is to start from the total public funding allocated to it.

In 2010/11, DCLG's grant in support of the national service was £400,000. This was supplemented by £62,550 from the Big Lottery Fund. The total cost to the public of supporting the establishment and running of the national service was thus just under £0.5m in 2010/11. Separate amounts were provided by DCLG to support the development of local partnerships (£550,000) and to pay for evaluation of the whole FirstStop initiative (£100,000). It is understood that public grant to FirstStop in future years will decrease, both because one-off capital costs have been met and because some revenue funding requirements will be satisfied by new income-generating activities.

This total grant of £462,550 can be weighed against the total output of the national service to give a public cost per unit in 2010/11. The total output of the national service can be estimated from the number of advice service clients (14,428) plus the number of documents downloaded from the website (33,379) for a total of 48,167. This gives a unit cost of £9.60 of total grant for the overall delivery of the national service in 2010/11. This is slightly above the average unit cost of £8.50 proposed in FirstStop's original proposition in search of funding. However, the £9.60 actual figure

includes some funding for items that are expected to be one-off set-up costs, such as the development of the CRM.

### **Outcomes from use of the national service**

After assessing the total and per-unit costs of the national service, the next step is to evaluate the outcomes for recipients of the service. Of particular importance is the question of whether the activity and expenditure produced outcomes which would not otherwise have occurred. There is more scope to judge this for the national advice service than for the website.

### **Client outcomes from the web service**

In its function, the FirstStop website is primarily a very traditional form of website. It is an organised repository of information addressed to a particular set of interests and concerns. The medium of the web makes its specialist content accessible continually, without geographic hindrance, at low cost to both the provider and the consumer so long as the latter has the material and technical means to use the internet. Whilst the web is highly effective at and suited for this type of dissemination, technical design and social expectation also mean that it is largely anonymous and stateless. There is no reliable way of knowing much about who is consuming the information and how they ultimately might benefit from it.

As well as this traditional but crucial function of the website, it also serves as a means for potential advice clients to contact the national advice service by email, live chat or telephone. These referrals to the advice service are currently the only indicator of wider outcomes from the website. Data from the CRM show that about 10% of initial enquiries in 2010/11 were made by email. A further 3% were made via the Live Chat facility, which was only launched in the latter part of the evaluation period. However, over a quarter of all enquiries are tagged as having been referred from the internet. This means that the website could be responsible for up to approximately 3,700 additional client contacts to the FirstStop national advice service in 2010/11. There is thus evidence of additional outcomes from FirstStop's web presence; although the low direct costs of the website mean that the main performance measures applied to it should remain the volume and quality of information delivered.

### **Client outcomes from the national advice service**

It is possible to find out rather more about outcomes for at least some of the clients who obtain advice from the national service. A follow-up survey carried out by the evaluation team provides some basis for assessing what clients did after contacting FirstStop, and whether the advice that was provided influenced their subsequent behaviour. The survey was addressed to 1,000 clients between one and three months after they had used the advice service in 2010/11. 246 valid responses were returned. The survey asked, among other things, about specific steps that the client had taken since using the service, whether their problem was now resolved, and whether they felt they had acted differently as a result of their use of the service. The survey was a random sample of advice clients for whom a postal address was available. The distributions of responses to the survey can thus be used to estimate the distributions among the whole population of those who used the advice service. These are estimates with the caution that unit and item non-response are likely to entail some bias and error; estimates have not been made where they would be based on fewer than 10 survey responses.

In the short-term, clients may have received what they considered advice by phone or email, or a referral to another organisation. The survey asked specifically about the receipt of various forms of follow-up. The proportions of survey responses are

applied to all advice service clients to give estimates of the total number of clients receiving short-term follow-up:

	<b>Survey number</b>	<b>% of survey</b>	<b>Estimated total outcomes for all service users (n=14,428)</b>
Follow-up info by post	174	71%	10,205
Advice by telephone	108	44%	6,334
Referral to local organisation	12	5%	704
Referral to information source	11	4%	645

This suggests that around 10,000 clients contacting the national advice service received detailed advice selected by an advisor by post. The national service also resulted in an estimated 700 referrals to local organisations. The survey data also indicated a smaller number of referrals to national agencies.

Looking beyond these short-term outcomes, the survey also asked what steps the client had taken after contacting FirstStop. It provided a list of options from which the respondent could choose one or several. The options were actions such as “planned/moved to sheltered housing” or “sought financial advice”. The responses to this question can be used to estimate how many telephone advice clients took particular steps after contacting the service.

Respondents could also indicate if they had taken no further action since contacting FirstStop. Other questions sought to find out whether the client's use of FirstStop had been helpful or influential. One of these questions asked specifically whether the client “would have taken the same action even if [they] had not contacted FirstStop”. The pattern of responses to this question provide a basis for estimating what proportion of the next steps taken by advice service clients would not have happened were they not to have used the national advice service.

The table below provides information for six outcomes which had been taken by at least 10 survey respondents. It gives the proportion of all survey respondents who answered this question (including those who stated they had taken no further action) who took this step, and then estimates the total number of all service users who did this in 2010/11 after contacting FirstStop. The last two columns give the proportion of survey respondents who stated they would not have acted as they did had they not used FirstStop, and uses this to estimate the total additional outcomes generated by the FirstStop service.

Action to resolve problem after contacting FirstStop	Survey respondents who took this action	% of valid survey responses taking this action (base=199)	Estimated total for all service users (base=14,421)	% of survey would NOT have done this anyway	Estimated total of outcomes attributable to FirstStop
Planned/moved to sheltered hsg	46	23%	3,333	23%	762
Other	28	14%	2,029	20%	406
Planned/moved to residential home	23	12%	1,667	32%	526
Taken benefits check	21	11%	1,522	40%	609
Taken financial advice	11	6%	797	45%	362
Planned/moved to nursing home	10	5%	725	22%	161

The table gives, for example, an estimate of around 3,300 advice service users who planned or executed a move to sheltered housing after contacting FirstStop. It estimates that of these, over 750 would not have taken this step had they not received advice from the national service. The survey suggests that the advice service is especially successful in increasing the numbers who avail themselves of a benefits check or other financial advice. For each specific step, the net additional outcomes of the service amounted to fewer than 1,000 service users in 2010/11. Including 'other' next steps, the advice service resulted in around 2,800 additional actions being taken by all the clients who used it; note that some clients stated that they had taken more than one action. It should also be noted that the proportion who considered that the advice made a definitive difference to their subsequent actions were lower than those who stated that they had found the service helpful or felt that it had increased their confidence in addressing their problem.

### **Public savings generated by the national service**

The survey analysis above estimates additional outcomes generated by the national advice service in terms of the numbers steps taken by clients to select and secure accommodation best suited to their current preferences and needs. Alongside improving the well-being of citizens, government initiatives frequently also seek net savings in total public expenditure by averting other costs or by transferring costs that might be borne by the state to private individuals. The chapter in this report on the value-for-money provided by the local partnerships provides numerous examples of public savings that might be achieved by supporting older people in identifying and obtaining housing best suited to their needs. A typical example of such a potential saving would be a reduction in emergency hospital admissions with fractures attained by encouraging some older people to move to dwellings where their risk of sustaining such injuries is lowered.

The available data on users of the national service do not yet furnish a means of estimating what net savings it might be providing to the state. Some of the actions recorded by the survey, such as taking a benefits check, are liable to increase public costs (whilst improving private well-being) when they result in older people claiming benefits to which they are entitled but were not receiving. For other outcomes, such as moves to residential or nursing care, there is insufficient information about each case to know whether the cost of the new accommodation would be borne by the state or the older person. Similarly, much more detailed information would be needed to judge how much the risk of injuries was reduced by moving or the provision of adaptations. In each case, the detail on individual circumstances needed is almost certainly beyond what can be elicited in a survey administered by post. The case histories provided by the local partners offer the best source for this phase of the

evaluation. If these questions are important in assessing the value of the FirstStop service in the future, consideration might be given to work with some of the detailed national household surveys as well as further analysis of case work histories from local partners.

## Chapter 5: Client Interview Findings

Sixty FirstStop clients were called by a researcher to find out more about why they contacted FirstStop. All 60 clients had been logged by FirstStop as having contacted their advice service. Ten clients were called after responding to the Phase 1 postal survey. Fifty clients were called after responding to the Phase 2 postal survey. The clients had completed a postal survey and provided their names and contact details for follow up telephone calls.

### **Did not remember FirstStop**

Some of the people who replied to the postal survey (and gave their permission to be contacted by the research team for a telephone interview) said that they did not remember contacting FirstStop when they were interviewed. A third of the interviewees said that they had never heard of FirstStop. Of these some remembered calling Age UK, a HIA service or EAC but insisted they had never called the FirstStop helpline. They may have been confused about which helpline they had called, particularly if they had contacted a number of agencies at a time of crisis, or simply did not remember making contact, perhaps if the conversation was brief and the matter not very pressing.

### **Awareness of the FirstStop brand**

The FirstStop brand may be one reason why people did not remember contacting the service. Unlike other agencies, such as Age Concern, the nature of the FirstStop service is not evident from the name of the organisation. Quite a few people said they had not heard of FirstStop before their contact with the service and had only heard about it by chance and said that more people should be made aware of FirstStop's existence as it was a useful service that would be valuable to others:

"I'm so surprised that hospitals or social services don't tell you about what FirstStop is and what it offers. I had never heard of FirstStop, I just didn't know about them. The awareness is just not there, a lot of people wouldn't know where to go, if I hadn't been put on to them by CAB I wouldn't have known a thing. I suppose they don't want it widely publicised otherwise they would get inundated". (Client number 46)

### **Got good advice elsewhere**

A few people had received good advice before contacting FirstStop and felt that collecting information from a number of sources was helpful:

"We received literature from different sources, including CAB, the council and FirstStop. It was good to get different options from different people". (Client interview 3)

### **Did not know who to ask**

Some people had difficulty in finding information and advice before contacting FirstStop and so FirstStop filled this gap in provision:

"I was just going around in circles. I had contact with two social workers, a senior social worker, Age Concern, CAB, a carers' support service in Wigan and colleagues (who could only give anecdotal advice rather than the reality and who kept saying everything would be alright). I needed to KNOW it would be alright. There was a very positive article in the Telegraph, which my cousin passed me, I didn't know about FirstStop before." (Client interview 40)

### **Referral route**

The majority of clients who completed the survey in Phase 2 and were interviewed heard about FirstStop from their local council offices (32%). Ten contacted FirstStop after reading an article in the newspaper, eight found out about FirstStop through unspecified 'other' means. Six discovered FirstStop after searching on the internet, whilst two heard through family and one through a carer. In the interviews people elaborated and four said that they had self referred after seeing an advertisement in a magazine or newspaper or hearing FirstStop mentioned on the radio. Ten said they had been referred to FirstStop from other sources or agencies such as:

- Age Concern
- Social Services
- CAB
- British Legion

### **Contacted FirstStop for information for a relative**

Just under half (47%) of the clients who were interviewed contacted FirstStop for information on behalf of a relative.

The case below is one example. In this case Mr H, who was himself in his 70s, contacted FirstStop for information about care funding for his older brother. The case highlights the complexities of finding the right type of care to suit a person's individual needs. In this particular case the person needing care was already living in sheltered accommodation but this type of accommodation was no longer suitable and his brother had to find more appropriate accommodation on his behalf:

Mr H called FirstStop for information regarding residential care homes for his brother. His brother is 88, totally blind and in a wheelchair. Mr H called FirstStop when his brother was admitted to hospital suffering from depression. At the time he was living in a sheltered bungalow but he was very lonely and needed more care and company. Mr H had already identified a care home which he thought would be suitable, it was in the right location, run by a charity and catered just for the blind and partially sighted. However, when Mr H (who is 74 and the youngest in the family) went to discuss his brother's needs after receiving funding literature from FirstStop he realised that the local government allowance would not pay all the fees and even if Mr H could top up the fees for a couple of years this was not suitable. He said that he had to be able to be sure that he could top up the fees until his brother died, otherwise his brother would have to be moved once the money ran out and this was too distressing. Mr H called FirstStop to find out about funding and other residential care homes in Hertfordshire. He was sent a list of council run care homes. The information proved extremely useful and his brother has since (September 2010) moved into a council run care home where he is getting on well. (Client interview 12)

### **Contacted FirstStop for information for self**

Forty percent of people contacted FirstStop for information for themselves.

In some cases a person would make the call as a couple, because the partner of the caller had deteriorating health and the caller wanted to find out their options, as a couple, as to where they could move to together:

"It is a big problem as my husband is 84, disabled and really not very well. We have a large house and a large garden. We were looking at all our options to

move so we applied to FirstStop for a catalogue which had all the options such as sheltered housing. It was very good as it gave us all the information about what was on our doorstep.” (Client interview 23)

The remainder either called for information for a friend or on behalf of a client. Two of the interviewees were working in the care sector and used FirstStop as a resource to gather information on behalf of a client. Once they had received the information from FirstStop the care worker could then discuss their client’s options face to face:

“I work for Anchor as a housing options worker. My role is to offer a complete service to older and disabled people to help them find suitable accommodation. FirstStop have a lot more information on their website than I can find doing an internet search myself. I cover four boroughs and although I live in one borough I don’t know the services of the other areas very well. FirstStop is good for all this kind of information”. (Client interview 41)

### **Contacted FirstStop for information about moving on**

Some people contacted FirstStop because they wanted advice about moving on to more suitable accommodation such as sheltered housing or into care homes. Whilst information about sheltered housing was the most common reason people who answered the postal survey gave for contacting FirstStop, only a few of those who were interviewed contacted FirstStop for this reason:

“I called FirstStop because I am not happy with where I am living. I am 94.5 years old and live in an annex of my daughter’s house in a remote village in the Cotswolds. I previously lived in a residential home. However, I feel far too isolated and would rather move to a small care home back in Bournemouth, I want to be by the sea. It is a problem to know where to end my days. (Client interview 33)

Mrs C was looking for a warden controlled building for her Godmother that would provide a warden 24/7. At present her Godmother lives in a private warden controlled flat but the warden is only there 9 to 5 and as such her Godmother had been found by the warden in the morning, having fallen in the evening. (Client interview 17)

“I live alone in a flat that I own. I am 85 and am losing my sight. I want to move into sheltered accommodation as I can’t manage the stairs where I live and my sight is getting worse. (Client interview 16)

### **Moving on to sheltered housing**

Information about both privately run sheltered housing properties and council owned schemes were requested by callers to the FirstStop helpline:

“I am elderly and wanted to move into sheltered accommodation. My son and my neighbour both contacted FirstStop on my behalf and I was sent lots of information about sheltered housing in my area. I have just bought a sheltered flat and hope to exchange contracts tomorrow. (Client interview 25)

“My husband and I already live in sheltered accommodation but it is under review by the provider as to whether it will be kept open. We were worried and so called FirstStop who were very helpful. We were sent a list of possible other places to live in the area”. (Client interview 26)

“I’m thinking at the present time sheltered housing would be better for Mother, she is just a bit forgetful and she is 88 after all. Both sheltered places I had identified as being appropriate were actually out of area and FirstStop said I would need to register my mother within the correct local authority to be given a chance of getting a place. I think getting a place there would be unlikely so I will search again.” (Client interview 32)

### **Moving on to care homes**

Some interviewees contacted FirstStop for advice about moving spouses or family members into care homes. In some cases this was a move that had become immediately necessary because of a crisis such as a fall. Finding the right type of care home can be daunting particularly in a crisis situation. Often a person is admitted to hospital and it is then that the family are advised that full time care would be the best option for their relative. In this situation it is invaluable to have a fast efficient service outlining particular types of care facilities within a particular locality:

“I called FirstStop for information regarding residential care homes for my brother. I was sent a list of council run care homes. The information proved extremely useful and my brother has since (Sept 10) moved into a council run care home where he is getting on well”. (Client interview 12)

“We thought about home adaptations so he could stay at home but then the hospital said that he needed 24 hour care and that would mean someone going in at least four times a day and we couldn’t do it, so he had no option but to go into a nursing home, not a residential home, which makes it even more complicated. At the moment we are making decisions together but he does have dementia”. (Client interview 22)

### **Care home funding**

The complexities surrounding care home funding were often raised as issues by people calling the FirstStop helpline. Whilst the helpline deals with general queries and provides a plethora of information about funding for care homes, benefits advice etc they also refer people to NFHA, specialist financial advisors who specifically deal with care home funding and can advise on the financial products available to help meet ongoing care costs.

“I wanted general information about everything to do with care homes such as the services they offer, facilities, cost, funding etc. The cost of funding my wife’s care home place is so high I am concerned that she will not be able to stay there. The continuing costs is a worry, it is £1000 a week which is far more than the average person can afford”. (Client interview 35)

“I wanted advice about my mother who is currently in a care home, this was in terms of her options and what they might be. We needed financial advice because her capital was not earning enough interest to pay the care home fees, because of the financial crisis. They put me on to NFHA and I met with a chap, who was really an advisor selling annuity options and it was useful to talk to him”. (Client interview 45)

### **Retirement/supported housing**

A few callers asked for information relating to both private and council run supported/retirement housing schemes:

“I live in a McCarthy and Stone retirement flat and am looking for more supported living. I have lived in the flat for 4.5 years but recognise that my needs are changing. (Client interview 2)

### **Information about local accommodation**

FirstStop can provide local information about sheltered housing/care homes etc. within a given area. The majority of interviewees described how useful it was to be sent a comprehensive list of sheltered housing and care homes within a radius of where they lived. This information was useful not just for individuals contacting the helpline but also for workers in the field of caring for older people:

“I am the key worker for an elderly client who wants to move into residential or sheltered accommodation. I saw the number for FirstStop in a booklet from the Housing Department. I called FirstStop and said I wanted to know what types of accommodation were available for the client in their area. I was sent a lot of information which I passed on to her client. The client has since telephoned a few places and is going to visit an assisted living scheme tomorrow (she currently lives alone in her own home). (Client interview 50)

### **Information about accommodation out of area**

Other clients who contacted FirstStop who were hoping to move away from their current location, often to be nearer relatives, also said how much they appreciated being sent a list of sheltered housing/care homes within a given radius of the area they were wishing to move to. This gave them one source of information for all available different types of accommodation, preventing them from having to trawl other multiple sources for the information themselves:

“FirstStop sent all relevant information, it got the ball rolling, and I contacted Kent council to set about putting him on the sheltered accommodation waiting list. However, I have experienced difficulties because he has not been given enough points to bid as he does not live in the area and is not given priority. FirstStop sent all the information about different types of housing and I was very pleased with this. It is simply a waiting game to see if his points go up and I can bid”. (Client interview 30)

“The information was not for me but for my brother. When it came I gave it to his son. We were really pleased with the information. It had details of places in Eastbourne and Brighton”. (Client interview 11)

### **Contacted FirstStop for information about staying put**

Some interviewees called FirstStop because they wanted information about how to stay in their own home. This included people wanting information about larger home improvement projects to smaller home adaptations.

### **Contacted FirstStop for information about home adaptations**

A few people contacted FirstStop to ask how they could have home adaptations to enable them to stay in their own homes.

“I first contacted the HIA [she did not remember FirstStop] in August 2010. I am in good health but live in an old property and would like some building work carried out so I can live there until she dies. At the moment I have no heating and the only hot water is from the basement, so any hot water has to be carried up the stairs. I am 74 and whilst well at the moment realises that this may not last and want to be sure that I will be able to stay in my own home”. (Client interview 3)

"I called FirstStop about Mum who is 94. She was struggling to manage the stairs at home. We made a joint decision to have home improvements as she says that she will never go into a home and will die at home. It has been sorted to a certain extent as they have built the downstairs bathroom but we are not happy with the outside paintwork and the grab rails have not been completed". (Client interview 10)

### **Planning for the future**

Some people contacted FirstStop because they realised that as they are getting older their housing and care needs were likely to change and they wanted information to assist them in planning ahead. Gathering information before reaching a crisis situation made them feel more aware of what types of accommodation were available should the need to move arise. These clients were not ready to move yet but know that it is likely at some point and wanted to feel prepared and know what their options were for the future:

"We own our own home and if we had to go into a home we wondered how we would be able to pay for it as we do not want to sell our bungalow. We are just planning in advance in case it happens as you never know what might happen." (Client interview 28)

I am 78 and my husband is 81. We are both in good health and have an active life. However, as we are not getting any younger and do not have any children I thought it might be a good idea to find out about moving from our three bed semi with large garden, into a retirement village. (Client interview 34)

"I rang FirstStop to talk about my options and they told me I could sell my house and buy a more suitable property. I'm not ready for sheltered accommodation but if lose mobility I wanted to know what it was. I'm exploring the options. Who knows what the future will bring"? (Client interview 21)

"Mum does do well for what she has wrong with her but I have been thinking about the years to come and how she might need help around the house. I don't want her to go into a home and neither does she but I am just thinking about what would happen if she did from a financial point of view". (Client interview 8)

"I live in a 2<sup>nd</sup> floor flat accessed by stairs. I am almost seventy and suffer from type 2 Diabetes resulting in feet that are permanently numb. I also suffer from osteoarthritis of the right hip... I not only wanted to see what was available to rent but where these properties were located. I plan also to contact the local council to see if I am eligible to go on their housing list for housing for pensioners. All this I see as forward planning against the day when I will no longer be able to manage the stairs". (Client interview 52)

### **Equity release**

A few people had called FirstStop to enquire about equity release. However, nobody that was contacted had actually taken out an equity release product. Two people were just starting the process of looking into equity release and the other had taken advice but found the scheme was not right for them:

"I looked into equity release but this was not viable. It was offered at £50k more than the property was worth and even the equity release team said it was not worth going down that route, there was no way we could afford the premium. (Client interview 4)

"We read about equity release in the magazine but we had not considered it before. We just want to know our options. We had thought about equity release as when I retired we thought that you do not know what is round the corner. Last week our central heating broke down and needs replacing which is very expensive. We received literature from different sources, including CAB, the council and FirstStop. It was good to get different options from different people. It is still sometimes confusing knowing if you are getting the right advice. You see adverts on the TV saying if you have a house worth £300k and no mortgage you are sitting on lots of money. Our children are very supportive of us releasing equity and say we should go for it if we want to. For us equity release is about peace of mind. Knowing you have money behind you if you are on the bread line. But there are other options such as selling up and downsizing. We do not need to do it now and hope we will not have to, but if the central heating was to break down or the roof was to blow off, equity release is something we would consider. It is one option and good to get clear information on it. We would contact FirstStop and anyone else we could in the future if they needed information but do not at the moment need to do anything". (Client interview 28)

### **FirstStop was helpful**

Many people expressed that the information provided by FirstStop was extremely helpful and many said that they would not have known what to do without the information they were given. Some people said that they felt that their confidence increased and they felt they had far better knowledge of the options available to them.

"FirstStop provided all the necessary information, they were very helpful, good, can't fault them, all the information they gave was helpful as I did not have a clue about funding or who to apply to. FirstStop told me all of this". (Client interview 10)

"FirstStop were excellent, very helpful. I spoke to them on the telephone and in a couple of days they sent me lots of information regarding supported properties. I currently rent privately and I'm in receipt of housing benefit. FirstStop gave me information about supported housing people in the area. The FirstStop advice has been invaluable; I don't know where I would have gone for this information if it wasn't for them". (Client interview 48)

"They sent a lot of leaflets and were really helpful. The person on the phone was really helpful and had all the time in the world. I knew nothing about what to do and any information I was sent I was really pleased to have. They made me aware of what roads were open to me or not and also let me know about other organisations that could help me such as dementia care". (Client interview 36)

### **FirstStop was knowledgeable**

FirstStop advisors were said to be knowledgeable by many interviewees and many people said that the information they provided helped their decision making:

“I will definitely recommend FirstStop to my friends, all the information they provided was really useful. I was able to look go at a few of retirement complexes from the list FirstStop sent and have chosen the one to suit. (Client interview 19)

“FirstStop provided all the necessary information, they were very helpful, good, can’t fault them, all the information they gave was helpful as I did not have a clue about funding or who to apply to. FirstStop told me all of this”. (Client interview 10)

### **What FirstStop did well**

FirstStop were acknowledged by the interviewees as giving a good holistic advice, not one interviewee said they had to be referred to a different agency to have their questions answered.

She rang FirstStop and said that they were marvellous. She said that the young ladies in London sent the lists of care homes over the next few weeks until eventually one lady found her the name of a special home in Devonshire that only takes ex-service personnel and only officers (her husband was an officer so she is eligible). This care home did not appear on any other list including all the local council lists and she would never have found it without FirstStop. She is now in touch with this home and is planning to move there. She said that she owed a great debt to FirstStop and was happy to be on the record saying how wonderful they were. She wanted to thank them so much and said they were invaluable. (Client interview 38)

### **Increased confidence**

Interviewees said that they felt that by calling the helpline their confidence increased and they were able to make enquiries they might otherwise not have made.

“Every aspect I asked I got a clear answer. It was very impressive to get all the advice from one person; it took away being passed from pillar to post and was very reassuring. The tone of the person on the phone was business like but very sympathetic. She fully understood the minefield I was in and took me through every aspect. She also gave me her name so if I needed to call back I could ask for her. It was nice to be reassured I was doing the right thing. On the money side she worked through everything with me, benefits, pension, house, she did a calculation and told me I didn’t have to worry. I needed someone cold blooded to work it out and she gave me the courage to stick up for myself with social services. I needed proper advice rather than advice from well intentioned people. I came off the phone feeling stronger”. (Client interview 40)

### **Made a more informed decision**

As well as FirstStop providing good information and increasing enquirer’s confidence they also helped people to make more informed decisions about their accommodation choices.

“The information I received helped me make up my mind to put the flat on the market. Equity release is not feasible for me and staying here with a bit of care is not enough”. (Client interview 2)

“They gave enough information to know what could and couldn’t happen. It really gave us a broad-brush knowledge of the government’s minimum standard. It helped us make a decision about what my aunt felt happy with,

she was in intermediate care for 6 weeks and we wanted her to make the decision, she couldn't live independently but at 93 was clear minded" (Client interview 47)

### **Better knowledge of available options**

As mentioned above FirstStop provide a service whereby they are able to provide people with a list of all types of sheltered/care accommodation within a specified area. In many cases this information proved invaluable for people by providing them with a list of options available to them:

"FirstStop clarified the different types of supported housing that are available and the level of support provided, how they are allocated, the procedures. Now she is in sheltered accommodation and is settled and happy and near all the family so we can all visit her". (Client interview 15)

"The man at FirstStop was very helpful and gave lots of time and information, he was surprised himself at the lack of retirement villages in Norfolk". (Client interview 34)

### **Supported in appraising options effectively**

The information given by FirstStop resulted in people feeling supported in appraising their options effectively. The level of detail given and the time spent discussing options by the FirstStop advice line employees were particularly welcomed:

"We rang the EAC and they were fantastic looking for homes available. They sent a letter explaining what to look for and all the different homes that are closer in Wales. I called them a second time asking about homes in the area I would call home". (Client interview 24)

"I liked the fact I could ring and speak to someone, I spoke to a chap who was extremely knowledgeable and I didn't feel at all rushed. The first call I made we were on the phone for over an hour, it was really good to do that and then back it up with information from their website. The thing about the website is you can't ask questions and it is great to be able to do that and speak to somebody. They are such a good source, they are clearly the people to speak to, they are so knowledgeable and the service is free". (Client interview 46)

### **Would contact FirstStop again**

Many interviewees said they would contact the FirstStop helpline again should the need arise:

"I will definitely contact EAC again if social services don't hurry up with their assessment, before the funds run out. I would recommend EAC to others, they were very clear and I have been told to call back if I needs any further information or advice". (Client interview 4)

"FirstStop were very helpful, we might contact them again in future, it depends on what happens". (Client interview 26)

### **Empowered**

Giving people information in a clear and concise way can often make people feel more empowered and in control of a situation they might otherwise have not been. It allows people to take steps to resolve the situations they are facing:

“I will definitely recommend FirstStop to my friends, all the information they provided was really useful. I was able to look at a few retirement complexes from the list FirstStop sent and have chosen one to suit”. (Client interview 19)

“The home adaptations were funded through a grant, I did not know that this was available before I called FirstStop. With the home adaptations it means Mum doesn't have to run up the stairs if she is ill and needs the loo. With the grab rails and downstairs bathroom everything is on one level ready for when she has to live downstairs which will not be long now. This lets her stay independent. Before she has broken her wrists, her leg, she has arthritis and angina. Without the home improvements she would have had a very difficult quality of life”. (Client interview 10)

### **Not empowered**

In a minority of cases people found that they were not empowered by the help they were given. The case below is a good example of someone who received information from FirstStop but still did not know quite what to do. Making difficult decisions alone can be daunting. Even so this interviewee did act on the information FirstStop provided and put her property on the market in preparation to move to more suitable accommodation.

“I found the information FirstStop sent good but could have done with more guidance, I found it hard to make decisions alone. (Client interview 2)

### **No outcome**

Not all those interviewed had yet had a definitive outcome since their enquiry. This was mainly because of external factors such as properties taking time to sell or waiting for suitable accommodation to become available, rather than the information they received from FirstStop not being helpful:

Mrs B lives alone in a flat that she owns. She is 85 and losing her sight. She wants to move into sheltered accommodation as she can't manage the stairs where she lives and her sight is getting worse. FirstStop sent her information which her cleaner went through and read to her. Her flat has been on the market for some time but she hasn't had any offers. (Client interview 16)

### **Face to face discussion would have been helpful**

Perhaps not surprisingly interviewees who were facing extreme crisis situations would have welcomed a face to face discussion with an advisor. Whilst the information they were sent was useful, ploughing through written literature when facing a crisis can seem overwhelming and having someone to discuss the options available to them in their own home would have been helpful.

In the case below the client's cousin was suffering from dementia. The dementia had not been reported until the sufferer turned violent and was taken into a care home as an emergency two hours away from where the family lived. The family had called FirstStop to find out if there were any suitable care homes in their area:

(Face to face discussion at home?) “This would have been useful at the time as we were absolutely distraught and it was a dreadful situation.” (Client number 24)

### **Face to face discussion was not needed**

Other interviewees however, did not feel a face to face discussion would have added anything to the information they had already received or they felt able to find information out for themselves:

“At this stage we do not need any information face to face or locally. If you need help you can find it”. (Client interview 9)

### **Would pay for advice**

Only a couple of interviewees said they would have been prepared to pay for a face to face advice service. Whilst these were isolated cases it shows that for some people the prospect of making decisions alone can off-putting and having someone to chat to about their options would have been worth paying for:

“We would have paid for one to one personal advice to help us through the process. It would have been brilliant. If someone could come to your own home, bring the information with them, then you would not feel intimidated. It would have been lovely”. (Client interview 22)

### **Would not pay for advice**

Those who said they would not pay for face to face advice gave differing reasons, ranging from not being able to afford to pay, to not needing that level of help in finding information:

“We would not have been prepared to pay for the information and advice we received as we are all capable of finding what we need for ourselves”. (Client interview 9)

“On the questionnaire it mentioned face to face help. Couldn’t afford to pay for it but would have found it really useful to work through things with someone”. (Client interview 49)

### **Need local information**

Many interviewees required information about accommodation that was available locally to them and were pleased with the information FirstStop provided at the local level. However, a couple of interviewees said that the information they were given was not as relevant to them as they would have liked:

“It would be useful to have information about specific local services such as care at home and homes in her area as I do not live in the same area as Mum”. (Client interview 8)

“FirstStop suggested different accommodation types rather than practical things. We needed local information. We thought she would have to move but now we have seen the problems after she has been to stay and don’t think it would be a good idea, she is better staying at home”. (Client interview 20)

### **Problems with FirstStop**

A couple of interviewees said that they were disappointed with the information they were provided with by FirstStop. One person thought the advice line worker was deliberately promoting McCarthy and Stone properties and the level of detail given in the information provided was not in depth enough, whilst another wanted specific financial advice about care home fees and found the response unsatisfactory:

“FirstStop sent me a brochure about sheltered housing schemes which I felt was a marketing strategy for McCarthy and Stone type properties. Also the information was very broad brush, what I wanted was up to date prices of sheltered properties. (Client interview 32)

“We went to FirstStop first but they were not helpful. I just wanted to know if we were getting all the financial help we could get and were we paying the right fees and about some tax he seemed to be paying. I also wanted to know about the bond which wouldn't be accessible until June/July 10. I was told that is just what happens; fees go up between residential and nursing care homes. It was not a satisfactory response and left me very disappointed”. (Client interview 42)

## **Case studies**

The following cases highlight some of the complexities clients face when trying to make decisions about their current or future housing needs and how the FirstStop service helped.

### **Case study 1**

This case is a fairly typical example of the process people go through when planning for the future. Many people do not want to sell their homes, particularly when they have children they want to leave an inheritance to.

This couple owns their own home. They wanted to know how they would be able to pay if they had to go into a home as they did not want to sell their bungalow. They were planning for the future as they were aware that something might happen that would make them have to leave their current home. They had already read about equity release in a magazine but had not considered it before. They said the person they spoke to on the FirstStop helpline was very obliging and sent a booklet for future reference. The couple had only contacted FirstStop.

They had lots of questions around what their options would be. They wanted to know if they could release equity from their house rather than selling it and if it would be legal to do so. They felt they had worked hard all their lives and really wanted to leave the property to their son. The thought it would be a real shame to lose their property and inheritance if they had to go into a care home in the future.

The couple wanted to be fully informed about what their options would be. At present they are both in good health. They were given good advice by the FirstStop advisor without the use of jargon and now feel they have all the information to hand for the future. Having spoken to the advisor they decided to get a benefits check and as a result got a council tax rebate. They would not have known to do this without calling FirstStop and they are now financially better off. (Client interview 28)

The couple are financially better off and are more informed about their options for the future as a direct result of the information sent to them from FirstStop.

### **Case study 2**

Finding the right care home to suit specific needs can be difficult, particularly if an older person is trying to find somewhere for themselves.

In this particular case the client was already living in a care home but wanted to move to a different one. After making contact with the FirstStop helpline she was sent enough information, information that had not been readily available to her before, to

apply to move to a different care home. This flags up the importance of FirstStop having comprehensive local knowledge.

This lady contracted FirstStop when needing to move residential care homes. She had been in a care home for some time. She was originally in a home which she liked as it provided extra care, but it changed to an Alzheimer's home and she had no choice but to move. She moved to another home but that also went on to change specialisms and she had to move again.

The client found all the moving very distressing at her age of 86. She wanted to move from the home she was currently living in for personal reasons, it was no longer appropriate for her and she was struggling to find a suitable new home.

She rang FirstStop and said that they were marvellous. She was sent lists of care homes and the FirstStop advisor sent her the name of a home that only takes ex-service personnel and only officers (her husband was an officer so she is eligible).

This particular care home did not appear on any other list including all the local council lists and the client felt she would never have found it without FirstStop. She is now in touch with this home and is planning to move there. She said that she owed a great debt to FirstStop and was happy to be on the record saying how wonderful they were. She wanted to thank them so much and said they were invaluable. (Client interview 38)

### **Case study 3**

The following case highlights the complexities of funding care, particularly in a crisis situation, when decisions often need to be made quickly. This person called FirstStop because both her parents needed care and she had been given different contradictory information from different sources.

The client had elderly parents who were both 84 and were deteriorating in health. They had a care package at home but both were in and out of hospital and they both were admitted to hospital on the same day. While they were in hospital it became apparent they couldn't manage at home and they subsequently moved into residential care.

Both parents were assessed by different social workers while they were in hospital and separately both social workers decided it would be fine if the client's parents remained in their home to live independently. However, the client knew that her parents would not be able to manage and placed her father in a private care home. However, she was worried about the consequences regarding funding because the social worker's assessment had said her father could manage at home. She wanted to know what would happen when their money had run out and the home had been sold? She felt the social worker's assessment had not been fair and wanted their assessment overturned. She felt the social workers were looking at her parents individually and not the situation as a whole.

The client contacted FirstStop because she needed to know about the financial side of things and also how to complain about the social worker. The client particularly liked calling FirstStop because all the answers given were clear and all the advice came from one person, she was not passed from pillar to post which she found very reassuring. The helpline advisor fully understood the case and took the client through every aspect. She worked through everything, benefits, pension, and house, did a calculation and informed the client she didn't need to worry. The helpline advisor

gave the client the courage to deal with social services. She came away from the phone call feeling better informed and stronger. (Client interview 40)

## **Conclusions**

Analysis of the client interviews clearly highlights the benefits of having an information and advice service geared towards supporting older people to either plan for the future or to move to more suitable accommodation. In many cases the interviewees said they were given clear information which they were able to act on after contacting FirstStop. Furthermore many said that without the information and advice they received from FirstStop they would not have known what to do or where to go for advice. Interviewees found that being given information about the types of accommodation that was available in their chosen location to be invaluable and it saved trawling through many different sources.

The information and advice supported people to make decisions, leaving them more empowered to negotiate their circumstances and armed with the information needed to make appropriate decisions about their individual housing and care situations. FirstStop were found to be helpful and knowledgeable. After contacting FirstStop clients had better knowledge of their available options and were supported in appraising these options effectively.

The interviews showed that there were clients who would not have been able to make positive changes to their housing and care without FirstStop's help. For example, there were interviewees who did not know how to get home adaptations, but when supported by FirstStop were able to continue living independently in their own homes through home adaptations. In other cases interviewees were living in unsuitable accommodation that was negatively impacting on their health and wellbeing but whose situations improved when FirstStop provided the information and advice they needed to assist them in moving. Some interviewees were using the information provided by FirstStop to plan ahead and avoid crises in their housing and care.

However, there are clearly issues surrounding how well known the FirstStop brand is, many people who were interviewed either said they had never heard of FirstStop or said they had called a different organisation.

## **Chapter 6: FirstStop Local Pilot Projects**

### **Purpose of the local pilots**

FirstStop has developed partnerships with local authorities and agencies working in the field of housing and care advice and related services for older people. So far nine local information and advice services have been seed-funded by FirstStop with a further two receiving substantial in-kind support. Through these varied national-local partnerships FirstStop is testing different models of delivering joined-up services to local populations. It is investing particularly in building close working arrangements with the expanding network of Home Improvement Agencies and Handyperson services. FirstStop's national network of information and advice exemplar projects is also intended to enable service providers to share good practice.

Care & Repair are one of the FirstStop partners and have been leading the development of the local partners. To select local partners for the CLG funding Care & Repair developed selection criteria to make sure the pilots were spread across the regions and different types of areas. They used their local knowledge and extensive local networks to discuss the possibility of setting up the pilots with many different stakeholders, including Foundations and local Care & Repairs services.

Once the pilots were selected, action plans were agreed for each local partner. Care & Repair act as the central contact for the nine pilots and deliver training and facilitate networking between the different local partners.

The national FirstStop partners see the local pilots as a vital extension of the national service. They are essential both in local promotion of FirstStop and in providing intensive face to face services to clients.

Each local pilot had individual aims and targets and an individual work programme for achieving these.

### **Summary of the local pilots**

#### **Care & Repair Leeds**

Housing Choices for people with complex needs. The project is identifying people who have complex needs and providing a comprehensive Housing Choices service which includes longer-term casework. The aim is to work with between 20 and 30 people, half of whom require information and advice and half who require more intensive Housing Choices support. The service covers the whole of Leeds City Council area with a population of 750,000.

#### **Newham Home Improvement Agency**

This local pilot in the London Borough of Newham publicises and promotes FirstStop in the London area and encourages the development of housing options advice for older people. It is providing training on housing options for older people to both statutory and voluntary organisations in London and nearby. The pilot is building on links with HIAs and local authorities and aiming to try to make links (through training) between different parts of local authorities (for example the HIA and housing advice).

The project works with FirstStop National and the Kingston local exemplar on pan London issues, for example dementia. This exemplar is not an advice service for individual older people but a strategic project focused on development work.

### **Age Concern Kingston upon Thames**

Age Concern Kingston upon Thames FirstStop Housing Choices Development project was established in 2010 to promote and develop the delivery or expansion of local housing options advice services in Kingston upon Thames, South West London and Surrey Borders. The project aims to raise awareness of older people and professionals that work with them of how to support choice around housing issues. The pilot is trying to influence local and regional housing strategies to ensure they recognise the importance of housing choices for older people. It is working with the other London FirstStop project in Newham to identify and address issues and obstacles specific to the capital. The bulk of the funding for this exemplar was allocated to a strategic project focused on development work although some funding supported an advice service for individual older people and casework linked to GP assessments.

### **Newcastle Better Life in Later Life**

This pilot, provided by the Quality of Life Partnership/Elders Council of Newcastle, combines front line casework with FirstStop promotion and development. In Newcastle and (to a lesser degree) Gateshead this project is concerned with raising awareness of FirstStop (via training, presentations, awareness raising, peer to peer information provision etc), with encouraging a strategic approach to be taken to developing a fully integrated housing options service for older people across Newcastle, and to initiate possible development in Gateshead.

For this pilot a consultant was appointed to undertake the training, awareness raising and strategic longer term development of housing options advice and information. The consultant worked closely with the Navigator service. The front line housing options Navigator Service at Anchor Staying Put is central to this development and profile raising work but is not funded by FirstStop exemplar monies. This service provides intensive casework to those clients identified as being most vulnerable. It offers extensive advice, floating support and advocacy with a full range of housing based enquires with a specialist interest in housing options advice.

The Navigator Service is bundled together for the purposes of First Stop with a short term research and awareness raising project that was led by a consultant. Together both projects form the Newcastle upon Tyne exemplar project although the Navigator Service is funded from other sources

### **Nottinghamshire County Council**

This pilot has two caseworkers whose projects cover the Rushcliffe and Bassetlaw districts of Nottinghamshire. The pilot aims to support owner occupiers and tenants across tenures to consider alternative housing options, make housing applications and help co-ordinate practical aspects of the moving process. It signposts service users to information and advice about their entitlement to welfare benefits and local support services and to advice about possible sources of funding that might help them to improve, repair and adapt their home. The case workers are also working with other agencies to provide a signposting information service for older people who may need additional help to understand the full range of housing and options available.

The pilot is developing a range of housing options information materials to publicise with older people, their families and other advice workers. It aims to inform partner agencies about the housing needs of older people on unmet need, gaps in service and to inform local policy and practice. The project is researching current housing related services and housing provision to include in the national database and is

delivering training/awareness raising sessions about housing options for colleagues in partner agencies.

### **Age UK Oxfordshire**

This pilot aims to provide holistic housing advice for older people, providing support to older residents in Cherwell and West Oxfordshire to enable them to make timely, appropriate and informed choices about their accommodation. The pilot is working with the housing departments of Cherwell District Council and West Oxfordshire District Council as well as other relevant agencies including the county's Social Services departments and the Registered Social Landlords serving Cherwell and West Oxfordshire. The project aims to provide housing related advice, assistance and support to clients, to ensure older people have better information to enable them to remain in their chosen home, safely and securely and to support older people to maintain their independence for as long as possible.

Age UK Oxfordshire runs a local helpline which takes initial enquiries and referrals which are then passed onto caseworkers. The aim is that by having better information clients will be able to make an informed housing choice that meets their individual needs – whether they wish to remain in their own home and need appropriate support or housing adaptations, or if they wish to move to sheltered or residential accommodation the project seeks to provide the information they need to make their choice.

### **Sefton Pensioners Advocacy Project (SPAC)**

SPAC is a Housing Options and Advocacy Project working with FirstStop in the Metropolitan Borough of Sefton to provide one to one casework advocacy to older people who feel they need more support to work through housing and accommodation options and where appropriate request ongoing support to enable their choice to be realised. The role of advocacy goes beyond that of just giving information. It is about spending time with an individual to ascertain their wishes and then support them to make the choice and where appropriate follow that choice through.

The project has enabled SPAC to access a wider strategic stage in Sefton and housing options is now an integral part of the Sefton Partnership for Older Citizens Action Plan.

### **Somerset West Care and Repair**

Somerset Housing Options for Older People is a county wide project which provides training and information about the housing options for older people in the county of Somerset to health, housing and care professionals, older people and community activists.

The project also has a casework service which provides information and practical assistance to older people and their relative's carers who are thinking about their housing options, primarily operating in the West Somerset, Sedgemoor and Taunton Deane area, but offering advice and support to caseworkers in other parts of the county.

The project sits within Somerset West Care and Repair which is a Home Improvement Agency which covers two districts Sedgemoor and West Somerset. Customers of the housing project also have access to all other services provided by the HIA including handyperson services and energy efficiency advice either directly from Somerset West Care and Repair or by referral to a partner agency Mendip Care and Repair.

### Worcestershire Care & Repair

This Housing Options Project is part of a single countywide Home Improvement Agency. The project has a caseworker who can make an initial client visit and casework assessment to offer information about housing options for moving on, house condition, energy efficiency, home safety, home security, financial information and equity release. The case worker can also provide liaison, referral and assistance to other services e.g. telecare and support services. The project covers Worcestershire County Council, Malvern Hills DC, Wychavon DC, Worcester City, Wyre Forest DC, Bromsgrove DC and Redditch BC.

### East Sussex

In East Sussex FirstStop is working with a number of key partners to enable local older people and their carers to access information and advice on housing, care and support options more easily, to help people in the county maintain their independence and live comfortably at home in later life and to increase awareness of the housing, support, care and financial options available to older people in the county. Leading this partnership are East Sussex County Council, Eastbourne Borough Council, Hastings Borough Council, Lewes District Council, Rother District Council and Wealden District Council. Also involved are many organisations that provide local services to older people.

### Warwickshire

This project is not funded but is provided in kind by FirstStop. It is an information and advice service for older people branded as FirstStop Warwickshire to raise the profile of FirstStop locally and make people aware of the national FirstStop resources. It works in conjunction with a case work service funded by other sources.

## Progress against funder targets

### Quarterly Report to CLG for Period Jan 11-March 11 for Outcome 6 (local exemplars) and Outcome 7 (training)

Outcome	Indicators	Output targets	Progress during quarter
Outcome 6 Enhanced local delivery of housing options advice services for older people	<ul style="list-style-type: none"> <li>Number, variety and robustness of funded local 'exemplar' partnership models adopted</li> <li>Local customer volumes &amp; other locally agreed outcome indicators</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and ensure delivery of agreed outputs by the funded exemplar partnerships</li> <li>Up to 10 FTE funded local caseworker posts</li> <li>Expectation of up to 1,000 customers</li> </ul>	<p>The nine local exemplar services were all operational during the quarter with 10 FTE local staff undertaking a range of work from front line one to one casework to those with a greater emphasis on promotion and development of advice and information at a strategic level.</p> <p>In order to fit in with the Cambridge Evaluation timetable each project submitted in depth report for the full year in Jan 11, therefore in this quarter a simple update of that report was requested.</p> <p>The reports submitted show that the target of assisting up to 1,000 customers by the end of March 11 has been met. Projects have assisted 627 people via information/ information and advice and dealt with 442 in depth cases (total 1,069)</p> <p>A number of specific outputs from local projects are worth noting. Leeds Care &amp; Repair have developed a comprehensive joint protocol with the City Council for dealing with Housing Choices cases, particularly for high need clients.</p>

		<p>assisted by exemplar partnerships</p> <ul style="list-style-type: none"> <li>Independent evaluation of all exemplar partnerships</li> <li>Production and dissemination of effective practice examples</li> </ul>	<p>The Newcastle scheme has produced a final summary report with a set of recommendations that are now being negotiated with the City Council concerning longer term improvements to provision of housing advice and information for older people. Kingston have produced a 'So you want to move' information pack for older people in response to a high and still rising rate of housing inquiries to their advice services..</p> <p>[Responsibility of Cambridge researchers]</p> <p>Networking and exchange of information amongst projects has continued. Quarterly networking meetings continue to provide a useful opportunity to share learning and good practice. The network has been expanded to include the DLCG Part B funded projects that are delivering housing options as well as a number of other well established schemes e.g. Derbyshire.</p> <p>The March 11 meeting included a presentation by the Cambridge researcher and a workshop on principles and good practice in monitoring and evaluation. There was also an information sharing session for caseworkers. An evaluation form was circulated at the meeting to gather views about the network meetings' usefulness. All respondents except one (who said 'Satisfactory') rated these as excellent (8) or good (2).</p>
Outcome 7: Capacity building for housing information and advice services	Number of professional advisers, non-specialists and older people equipped to deliver housing options information and advice	<ul style="list-style-type: none"> <li>To deliver face to face training for over 1,000 people</li> <li>To produce and promote online self training materials</li> </ul>	<ul style="list-style-type: none"> <li>Over the year face to face housing options training and workshops have been delivered to 1,650 older people, volunteers, community activists, councillors and a wide range of professionals.</li> <li>During the quarter Jan-March 11 there was some disruption to the programme due to bad weather conditions. Nevertheless, 8 <i>Housing Choices/ Options</i> workshops and training events were delivered to 180 people in: Huddersfield, Stretton, Bolton, Warrington, Wirral, Manchester, Liverpool and Tameside.</li> <li>Following the provision of training/ workshop packages for local exemplar services there is evidence from the progress reports that the 'cascade' of training using these models at a locality level has reached a further 8,233 people.</li> <li>FirstStop has continued to use the portfolio of training package options and the self help materials in its promotional activities including meetings with potential funders and service purchasers.</li> </ul>

### Quantitative Data Summary (to end March 11)

Locality	Cases	Workshops/ promotional events participants	Estimated FS leaflets/ brochures distributed	Timescale
1. Somerset	Advice and help provided, including advice via third party (professional, carer, family member) for 171 people  23 in depth cases	390	1,500	Late Oct 09 to March 11

	(completed and open)			
2. Oxon	Information only: n/k 64 cases opened 18 ongoing	29 talks reported (number of participants est: 650)	FS - n/k Local postcards 3,500	April 10-March 11
3. East London	n/a	819 participants with information passed on to a further 4,020	n/k	April 2010-March 11
4. Worcs	40 information 22 cases	250 participants	2,500	Sept 2010 – March 11
5. Notts	130 information 101 cases 45 closed, 56 open	Est. 400 participants	10,000 local leaflets distributed 2,000 FS leaflets and brochures	June 2010 – March 11
6. Sefton	Information only 18 Info and assistance 126 Cases closed 97 Cases open 29	Housing Options talks to est 750 older people Volunteers and professionals	2,750 brochures and leaflets	Oct 09-March 11
7. Yorks & Humber/ Leeds	First phase n/a Quarter - 28	Three courses run est: 60	n/k	Jan – July 10 project held a remit to promote and develop work across region. Project renegotiated objectives to focus on complex need cases in Leeds Sept 10-March 11
8. Newcastle	19 people provided with advice and information about options 62 cases 30 still open	265 people attended courses and events 69 older people have undertaken housing options training via workshops	2,500 leaflets and brochures distributed	Oct 09 to March 11 <i>Funding for quarter Jan-March 11 was used to undertake separate piece of work re:</i>

				<i>recommendations for future developments and representations to the local authority.</i>
9. Kingston	Information and Advice 249  16 in depth cases (both closed and ongoing)	200 older people  360 professionals	Local information produced  FS materials use n/k	March 10 – March 11
<b>Totals</b>	<b>627 information/ information and advice 423 Cases (1,069 in total)</b>	<b>8,233</b>	<b>14,750</b>	

## CRM data analysis

One of the activities of the local partners and exemplars was marketing of the national service to increase awareness and use of it by local older people. A measurable outcome of the partnerships is thus the increase in use of the national service by residents within their operational areas. CCHPR and FirstStop have separately analysed data from the Customer Relationship Management system used in the national service to look at this outcome. This involves looking at client records in which a postcode is recorded, matching this postcode to a local authority district, and comparing contact volumes in the exemplar areas with those in all other areas. As some of the partnership areas cover small areas, the total volume of calls in each is quite low and not suited to separate analysis.

CCHPR and FirstStop have worked with slightly different methods and definitions, but achieve similar findings. CCHPR compared call volumes in 2010/11 with 2009/10. Across all the districts where a partnership was active, these increase from 378 in 2009/10 to 1,179 in 2010/11. This is an increase of 212%, which compares to an increase of 103% in all other areas where no partnership was active. FirstStop's analysis went back to Q4 (Jan-Feb) 2009/10. Comparing Q4 2010/11 to Q4 2009/10, there was an increase of 221% in the partner areas, compared to 63% in all other areas. Another way to look at the results is to estimate the increased number of clients the exemplars' marketing activities resulted in. CCHPR's estimate is that, if all the greater increase in the partnership areas is attributed to the partners' activity, their activities resulted in an additional 1,378 clients contacting the national service, once an adjustment is made for clients who cannot be linked to an area because no postcode is recorded in the CRM.

## **In depth case study local pilots**

### **1) Newcastle**

#### **Overview**

The Newcastle and Gateshead exemplar brings together the 'Navigator' case work service (not FirstStop funded) provided by a caseworker based at Anchor Staying Put and a training and research project headed by a consultant (FirstStop funded) and commissioned by the Newcastle Quality of Life Project and the Newcastle Elders Council.

The Newcastle and Gateshead exemplar:

- Mapped current housing and advice and information services for older people in Newcastle and considered gaps and issues.
- Identified case work themes and practice from the case work carried out by the Navigator service.
- Provided training and information on First Stop and housing options for older people, relatives, carers, front line staff and volunteers.
- Promoted the First Stop website and services.
- Encouraged a dialogue between a range of staff and older people on Key themes from the Exemplar project.
- Contributed to local understanding and local strategic directions in order to influence the future of housing options services for older people in Newcastle (and to a lesser extent Gateshead).
- Identified key practice messages and learning.
- Disseminated practice and contributed to national discussions.

The Newcastle and Gateshead Exemplar project sought to understand the local context including the nature of housing and related advice and information service provision for older people and to identify issues and concerns.

#### **Case work**

The case work delivered by the Navigator service deals with a range of housing issues, from supporting people to move to providing help to enable a client to remain in their own home:

“Most are housing options. Some are not managing and might be referred from adult services social workers and I look at their options. Some are people thinking about moving and who want to start planning. In other cases it is where a colleague has been to their house and done a repair and there are other things that they need, e.g. a stair lift, to stay in their home or need help accessing other services”. (Interview with case worker)

The case work required different types of client support. Some cases needed intense face to face support over long periods of time to achieve successful outcomes whilst in other cases signposting to sources of information and advice was sufficient:

“I do face to face support work which is often more intensive. It is also often ongoing, that is the nature of housing, if someone moves it is a long process, especially if they are vulnerable”. (Interview with case worker)

### **What worked well?**

The consultant had previous experience of working in this sector in Newcastle and found this very useful in making contacts to promote FirstStop and housing options for older people:

“I know all the people in services etc in Newcastle well and it has been nice to go to see people who are interested and willing and want to learn. FirstStop is a useful site and resource. Getting the message through is great.” (Interview with consultant)

The collaboration of a consultant dedicated to strategic and promotional work with a case worker focused on client interaction was felt to be a very successful model:

“It has worked nicely. She has done the research and awareness raising and I have fed into it. It has been really positive. The awareness sessions have been good as they have got people to use the website. I worked with a social worker in a case and she had printed the information off the FirstStop website. Staff are using the FirstStop information. It has been good for understanding other services and the way to partnership work, especially in Newcastle where lots of local services have not been linked. The FirstStop project helped to structure that and improve relationships. The mapping was really useful. The project has got services to work together, to use the same procedures, the same referrals, and it helps enormously”. (Interview with case worker)

The interaction of the strategic work with the case work was felt to have benefited both aspects of the pilot:

“The pilot helped to bring everything together. It was good for Anchor as it increased awareness of our services. It was positive in terms of the case work as it led us to pull out and analyse issues. Through the research we looked at things more closely and looked at ways to improve things. It has made services work better together. It has been good especially for complex cases where I need support from other services and so the customer gets more support”. (Interview with case worker)

The case worker found it very helpful to use the national FirstStop resources in the case work and said that the promotional work was encouraging others to use it:

“I particularly use the housing care bit for the availability of properties, especially now it shows vacancies, as this is a quick way of getting the information to people. These are complex issues but the FirstStop website has easy to digest information sheets. The website is a good resource for my casework. Other professionals in the sector are also starting to use it”. (Interview with case worker)

The FirstStop website is very useful for professionals working in the sector and for many clients, but for vulnerable older people it is helpful to have a face to face meeting with a case worker who can discuss the information with them:

“Professionals tend to use the website and clients use the phone line as older people don't access the web much. [The consultant] has been encouraging service providers to use the web in front of clients. The accommodation website is very useful as is the finance information. The phone advisors are very knowledgeable. Most clients are vulnerable so I tend to get the

information for them and talk through it with them face to face but if they are capable then I will give them a FirstStop leaflet and suggest they call or use the website". (Interview with case worker)

The pilot has had an impact on awareness raising and local strategy. The FirstStop project has been influential in linking up services across Newcastle, especially in the HIA, with services working together, more cross referrals and partnership work being carried out more effectively. The consultant's work has been embedded in the Newcastle Older People's Strategy, with a focus on information and advice and planning ahead:

"[The consultant's] work had a massive impact on the strategy side with the local authority. It raised awareness that things need to change and that information and advice is necessary. There had already been a lot of work on information in Newcastle but the project emphasised need. I expect that more will use the web and phone as there is nothing else like it. It is a good central hub for people. More services are using it. Things are changing and they have to change with it. People need tailored advice around housing. Newcastle tended to target younger people for housing issues but never tailored it to older people. FirstStop is a way of delivering that and filling the gap". (Interview with case worker)

This pilot has been focused on awareness raising and local strategic work, but had links to case work through the non-FirstStop funded housing options service. They have informed each other, so client experiences informed the strategic work but also the awareness raising increased referrals to the housing options service and expanded the knowledge of the caseworker. However, whilst this is very positive there are questions about replicability as the consultant and case worker both felt that certain circumstances had facilitated the success. One was the local knowledge the consultant already had so access to networks and contacts was already established. The case work service was also already established and embedded within the broader Anchor Staying Put service where links between sector professionals and services were already in place:

"It is about working with what is already there. We knew we could take a strategic approach from the start. But this only works when you already know the area, the services, the people and have that knowledge in place. It is easy if you are an expert in what you do. I already have a toolbox ready and I know who to talk to". (Interview with consultant)

The case studies below reflect the type of service provided by the Navigator case worker in conjunction with the FirstStop-funded consultant and demonstrate the type of positive client outcomes the case work has achieved:

"Mr and Mrs Y own their own home. They were referred to me by their daughter who contacted Anchor Staying Put (ASP) about her own housing issues but unfortunately was too young to use the service. I visited the clients at home and realised they had a number of housing related issues. Their windows were in need of repair and they were both struggling with bathing and getting up and down the stairs due to various physical and health problems and finally they were finding it hard to manage financially.

I referred the clients details to our Homesure team to look for available funding for the windows, I made a referral to social care direct for a community care assessment for a stair lift and for the bathroom and asked

the couple to contact Age Concern's Information and Advice service for a benefits assessment as they may be eligible for DLA and AA based on their health and mobility. I had regular contact with the clients, Age Concern, equipment direct and the occupational therapist at Adult services to monitor progress and to keep the clients updated.

Unfortunately no financial assistance was available for the windows as the local authority deemed the work as inessential however, the welfare and benefits caseworker assessed them both for DLA and AA and they are now in receipt of both and with an increased income have managed to save up for the windows and have used a Glazier from the ASP Trades Register and are really happy with the work.

In addition the clients have just had a stair lift installed which has made a huge difference to both of their lives. Although they did not qualify for a level access shower at this time, I have agreed to keep in touch with the clients and if their health and mobility worsens I will make another referral for a bathing assessment". (Case note write up by case worker)

"Gerry came to an awareness raising session that the First Stop Newcastle and Gateshead exemplar project ran in May this year for front line staff. Gerry a health worker was really taken by the demonstration during the session to the First Stop website because we focused on accommodation available in the part of Newcastle her mum lived in. Gerry rushed up to look at more details after the session ended and told me that her mum who is in poor health has finally decided she wants to move to somewhere smaller but she hasn't a clue on what might be available. Gerry quickly got the hang of the accommodation directories and was very impressed that she and her mum would be able to search for accommodation by type and postcode. Gerry left us armed with the web address, the handouts and leaflets from the session and with more confidence that she now knows how to start looking. (Case note write up by case worker)

"Suzanne was referred to me by Age Concern Newcastle, she was interested in looking at alternative housing options as her three bed house was proving to be too much to manage and she was particularly struggling with the stairs. She mentioned she was considering sheltered housing but needed some more information. Before I got a chance to visit her at home she was admitted to hospital following pains in her back. I visited her in hospital a few weeks later as she had requested that we still have the visit and was eager to discuss her housing needs. Following my visit she had two major operations and it was apparent that she was not well enough to return home. Her daughter who lives in Canada contacted me and came into Anchor Staying Put. Using the First Stop website I was able to pull vast amounts of information on residential care and funding and also a list of potential residential care homes. Suzanne's daughter was very grateful at the time as she was unsure where to start looking. As a result of the information and advice Suzanne is now out of hospital and has taken a place in a local residential care home near to where she has always lived and close to her friends. She now has the time to enjoy herself without the worry of how she'll manage on her own". (Case note write up by case worker)

## **Challenges**

There were some challenges in developing and running the pilot. These are not related to the model of the pilot but related to the difficulties of encouraging sector professionals to actually engage with the information and advice agenda.

“But the problem is that it takes a long time, people are very resistant to using good information and it takes a lot of effort to stop them using the booklet that is 6 years out of date or the dodgy leaflet a colleague once gave them. The biggest challenge has been getting HAs involved. They have not wanted to engage even though we have good networks with them. They don’t realise that their role involves advising older people”. (Interview with consultant)

This has been exacerbated by the current financial and political climate as the consultant found that sector professionals were resistant to engagement:

“The other challenge is dealing with political sensibilities. The cutbacks mean that everyone is fearful of their jobs so trying to do anything is difficult. I say that my approach costs you nothing and you save money and that is my way in”. (Interview with consultant)

One challenge was related to the nature of the case work rather than the local pilot model. The case worker said that there was a lot of information to be aware of in order to assist clients:

“I didn’t realise what a demand there was for the service. Understanding what is available for people, e.g. if they want to move, has been a challenge. There are a lot of financial constraints so we are doing a lot of work on financial support and inclusion to get people with little capital to access better services to better manage their finances and have just funded a post for this. There has been a lot of learning around issues of finance. I am trying to problem solve all the time as properties are often just not available for people to move to so I have to look for alternatives. It is very tricky”. (Interview with case worker)

One challenge was a lack of referrals from FirstStop national and confusion about referrals:

“It has been slow off the mark but is starting now and I have a few cases through them. It is mainly where someone has contacted another local service, who puts them in touch with FirstStop then they get referred to me. There was some confusion over where FirstStop would refer cases, as there was me and [the consultant], but now the exemplars and contact details are on their website it is much clearer”. I think that over time referrals will increase. (Interview with case worker)

## **Sustainability**

Although the FirstStop funding was for a relatively short time period and funded a consultant to work alongside the existing case worker, the strategic work has had a lasting impact and will shape future service provision which will continue.

By March 2010 the HIA had transferred to Mears which led to some cultural change in the shift from charitable status to a private organisation. The case work will continue. The case worker’s post continues for at least another year, funded by the local authority, with the possibility that it will continue for a further year without retendering. DCLG Part B funding for information and advice more generally is

continuing and will fund two case worker roles to work with the existing case worker to deliver information and advice on budget and debt management with CAB.

The case worker described how the FirstStop funded strategic work has been influential in shifting thinking about housing advice and information, for example, housing and care information and advice and planning ahead are now included in the Older Person's housing strategy and work with the Elders Council on peer support has started.

## **2) Oxfordshire**

### **Overview**

FirstStop Oxon is a joint initiative by Age Concern Oxfordshire and the FirstStop national service. The objective of the project is to provide holistic housing advice for older people in Cherwell and West Oxfordshire to enable them to make timely, appropriate and informed choices about their accommodation. The specific aims of the local pilot project are to:

- Raise awareness and promote understanding of housing options for older people through local networks of statutory, voluntary sectors and older peoples groups.
- Promote independence, dignity and choice for older people in understanding their housing and care options.
- To help people maintain their independence and live comfortably at home in later life.

Age Concern Oxfordshire already runs a service within their Information and Advice department called the Home Visiting Advice project which delivers benefit advice to older people. The FirstStop pilot Housing Options Scheme is based on this model.

The FirstStop funded Age Concern Housing Advisors visit clients in their own homes to provide client-centred support, advice and information to older people. They also liaise with other agencies to assist clients in financing work to their homes; ensuring clients remain independent in their own homes where they wish and collating research and information on levels of need for this type of service in West Oxfordshire and Cherwell. The local Age Concern helpline takes initial enquiries and referrals which are then passed onto caseworkers. Referrals could also be made by agencies directly to caseworkers via mobile phone or email.

“The aim is to ensure that older people remain independent in their chosen home. We have set up a home visiting service with 2 caseworkers doing 45 hours a week. Through referrals we go to older people in their homes and discuss housing choices”. (Interview with service manager)

### **Case work**

The case workers provide a home visiting service:

“The aim is to ensure that older people remain independent in their chosen home. We have set up a home visiting service with two caseworkers doing 45 hours a week. Through referrals we go to older people in their homes and discuss housing choices”. (Interview with service manager)

The case work dealt with people both moving and staying put:

“Current casework includes support for: home adaptations, relocation/housing, helping to relocate elderly parent living outside the District to move into the District, support for self funders to downsize or move into the area”. (Interview with service manager)

Some clients were planning ahead for the future but others were responding to crises and have to move quickly:

“We offer housing related advice and assistance and enabling those who choose to stay in their own home to do so. We find the information and they make the choice to make an informed and timely choice. Some clients think ahead and others need to make decisions quickly”. (Interview with case worker A)

The case work was often initiated not by an older person but by a family member:

“We found that the person we deal with initially is often family/a younger person who calls on behalf of an older person, often without their knowledge, because they are worried about them. In some cases we ring them and they say come and visit but in others they say that they are fine and don't want us to come. Or it is younger people calling because they want to move an older person within or into the county”. (Interview with service manager)

The case work was divided broadly between older people who are planning ahead for the future and those who have experienced a crisis and have no choice but to move:

“The casework mainly falls into two main types. One is people just thinking about moving, they have a long period of time, are often still very independent in their home but they need options about where to go, especially if they are downsizing. The second type is people at crisis point. By then they don't have housing choices, there is just one choice. These are people who were not planning ahead a year ago but something happens, such as an illness, and suddenly they cannot manage their large house and have no choice. Discharge from hospitals is an issue as people come out and cannot run their large house. There is no choice then, it needs to happen. The most tragic cases are where people have no family. Understandably there is a lot of anxiety and worry which creates problems”. (Interview with service manager)

The case work could be in depth and more involved than information provision:

“It's not just signposting, we are a lot more supportive, so rather than give someone the number for occupational health I would make the referral myself and support the person through the initial assessment or find a befriender through the befriending charity”. (Interview with case worker B)

Some outcomes from the case work were evidenced quickly but other cases took a long time to be resolved:

“Putting them in touch with services and charities – sometimes we know the outcome for example if we refer to their HA for a handrail then we may well visit them again after it has been fitted. Others, such as those referred to

occupational health we won't necessarily know the outcome as these things can take months and months, but the client can always get in touch with us". (Interview with case worker B)

The following case studies demonstrate how the service has enabled people to live in their choice of housing in a way that enables them to be safe, financially stable and independent:

"A very elderly lady had moved into residential care following a fall and was not happy with her new situation in the care home. We had discussion around housing choices. We discussed the possible support required if the client was to return home. She was referred to Occupational Therapy (OT), to the local council small repairs service, for a pendant alarm, to social services for care needs assessment and to a benefits advice worker. Accredited care agencies and personal assistants details were provided. She was also referred for Warm Front Grant which is pending. The client returned to her own home. She is waiting for OT and care assessment. She now has a pendant alarm. The small repairs service has carried out jobs to maintain her home. AA and Pension Credit and Council Tax Benefit have been awarded. This has brought benefits to the client in enabling her to continue living independently, despite her advanced age, in increasing her income to pay for services to live independently. It has also benefited the local authority by providing information on their behalf and generated a financial saving to the local authority in terms of saved care home fees". (Case note write up by case worker)

#### **What worked well?**

There was a local need for information and advice as people found it difficult to access:

"There is a need, a lot of people are not able to access information or don't know where to go. Even within the local authority they might say they can't help or are passed to two or three different people and then the client gives up. This is something we can do, we have the information and know the local information, or we can get hold of it so we can give them the information they want. We give our clients a pack which contains FirstStop information". (Interview with case worker A)

Without the project the case workers felt that some clients would have struggled to access information and would have given up without resolving their problems:

"A lot would have got the information from the help line, but those who met a brick wall the first time would probably not have bothered pursuing it. These are a generation of people who don't want to be a bother and doesn't think they are owed anything, they tend to struggle on. If they had to go to several agencies to obtain an answer a lot would give up, so a lot wouldn't have got the benefit of things they could have done. But because I know the contacts I can get answers quite quickly – I know who to lean on to say, go on it won't take you long etc. A little bit of coercion". (Interview with case worker A)

The case workers have been pleased to be able to put older people in touch with services that can lead to positive outcomes and secure a better quality of life for their clients:

“The fact we are putting people in touch with services that they would not have accessed themselves and seeing the outcome, the benefits of the service etc. We have a lady of 100 who started off some time ago as a benefit client of mine. Over Christmas she moved into a care home but she hated it, she was really miserable and wanted to go home. So I organised occupational health, a pendant alarm and other services and now she is back home”. (Interview with case worker A)

“The main problem for this client group is getting access to information, especially so when they just don’t know where to go for it and some get confused by the information that is given to them. So they would be in the dark, and might be anxious without adequate support to go through the process, we give time and support. They would miss out on the benefits/aids/adaptations and would not have the same quality of life”. (Interview with case worker B)

These case studies demonstrate how the case workers have worked with clients and with other service providers to resolve problems and provide support to both help people to move and to stay put and remain living independently:

“A client (home owner) was seeking support with regards to her proposed relocation to a smaller property. We provided information on organisations that can assist with moving, with taking away unwanted furniture and organisations that can provide information on financial planning to ensure that her long term care can be addressed”. (Case note write up by case worker)

“A client needed help with getting a security chain fitted to his rented accommodation and also needed assistance in obtaining the correct fire detection system as he was hearing impaired and was concerned that if a fire started in the night he would be vulnerable. We arranged for the appropriate agency to fit his door chain and we arranged for the Older Persons and Disability Adviser from the local fire service to visit him and arrange for the appropriate system to be installed”. (Case note write up by case worker)

“A client needed a ramped access to their garden as they were unable to access the garden as the steps were difficult to negotiate. The client also required adaptations to the bathroom. On behalf of the client we contacted the Social Services Access Team who undertook an assessment and the client’s needs are being addressed”. (Case note write up by case worker)

## **Challenges**

One initial difficulty was in deciding the best service to develop in order to meet the targets as there were various options for the type of service that could be provided:

“A challenge was in setting the project up. What was required was an issue as there were targets but also lots of different ways you could have gone with it. For example, you could just do critical cases and do 15 or 20 a year, like Nottingham. Or we could have done a moving on service. But I based it on our own benefits service and am happy with where it is now”. (Interview with service manager)

Promoting the service had to be constant:

“It has been slow getting referrals from partners, to getting the word out and getting referrals back. We have done a lot of promotional talks, some people I

have talked to I have identified through my other job and I already have a good working relationship with a couple of the social workers, but they all need to know. They need perpetual reminding that we are here". (Interview with case worker B)

One challenge has been the lack of referrals from the FirstStop national service; instead, most cases referred to the service came through the local Age UK Oxfordshire helpline:

"Referrals come from three sources. One is our own [Age UK Oxfordshire] helpline. One is through the partner agencies we initially publicised the service with. The third is through community leaders of senior groups. Once we get a referral we got out and start case notes which we input into a client index. We set up an agreement, what they are looking for and they sign it and we sign it. Of 31 people receiving casework support, 19 accessed the service through the Age UK Oxfordshire helpline, which demonstrates the value of promotion of direct contact with the public. External/partner agencies referred nine people and three referred themselves". (Interview with service manager)

"Referrals are mainly through Age UK, we did all the promotion and through other agencies and we do get self referrals from people picking up our leaflet but the majority come through Age UK". (Interview with case worker A)

There was some tension between the aim of promoting FirstStop and the need to direct clients towards the Age UK services as the pilot was part of Age UK:

"So far the Age UK Oxfordshire helpline has handled almost all queries and there is a need to increase referrals to the Age UK Oxfordshire helpline and to integrate the FS helpline into the service". (Interview with service manager)

This was partly because local people were described as preferring a local helpline rather than a national one partly because the FirstStop brand does not make it obvious what the service does, whereas the Age UK brand is known and it is obvious what the service deals with:

"The Age UK and FirstStop brands do not really affect our own project as we have a strong brand. But I am aware that one of the targets was to get the FirstStop name out there and known but I doubt that there have been many referrals to the FirstStop helpline because we have our own helpline. If I had a choice, I would ring the local helpline with local knowledge. The other issue is that people don't call and say 'I want to remain independent', they call and say 'my front door won't open as it has warped in the cold and I'm stuck in the house'. So they do not think about calling FirstStop. The other issue is that the FirstStop branding is very difficult, you really have to explain what they do as it is not obvious, whereas the Age UK helpline does what it says on the tin". (Interview with service manager)

The one year time frame of the pilot was problematic. There was a tension between wanting to promote the service so it was successful in the year, and worry about what would happen when the year ended if the service was popular:

"A one year pilot is ridiculous. The way we are looking at it is to try and find a USP in the year or the potential for a USP after two years. We are using all the cases as a fact finding mission. If the project had been offered to me I would not have accepted it with only one year funding because you are

damned if you do and damned if you don't. So if over the year you provide an amazing service that is really needed and publicise it well but then it is cut after the year, it hurts your reputation. But if you don't advertise it then it looks like it isn't working and is a failed project. I am very worried about the exit strategy". (Interview with service manager)

### **Sustainability**

The FirstStop funded local pilot has demonstrated the need for local provision of information and advice and has catalysed links between different services and agencies. There will be some form of continuation of the service but it is not clear what that will look like (March 2011). Generally West Oxfordshire is working on better information provision but the AgeUK Oxfordshire future funding level is not certain.

## **3) Nottinghamshire**

### **Overview**

This local project has two caseworkers who work to support owner occupiers and tenants across tenures to consider alternative housing options, make housing applications and help co-ordinate practical aspects of moving. It signposts service users to information and advice about welfare benefits and local support services and to advice about sources of funding that might help them to improve, repair and adapt their home. The case workers also work with other agencies to provide a signposting information service for older people who need additional help to understand the range of housing and options available.

The project assists older people with different needs. Some only require signposting or information and advice and may be planning ahead for the future, but others require intense case work over many months, particularly if they are assisted to move to a more suitable home. Many of the clients with complex needs do not easily fall under the remit of social services and the case workers are helping them to resolve their housing and care problems before they reach a crisis, such as a fall, which may lead to an unwanted move into residential care. Even when clients have moved, the case workers have organised home adaptations which support independent living in new properties.

"There are really three strands to what I do: raise awareness of FirstStop, work with front line workers such as occupational health, social workers etc., and the case work." (Interview with case worker A)

Although a service provided for Nottinghamshire County Council, the Council outsourced the case work service to the voluntary sector. This was not initially the intention but the slow bureaucracy of the County Council mean that it was quicker to outsource the work. There were other benefits of doing this for the Council, including using the voluntary sector agencies' administrative systems and their expertise in recruiting part time staff:

"We set up two delivery agencies. We looked to get started very rapidly so went to the voluntary sector. One is a CVS and the other is a delivery service to older people. We negotiated with both charities who put in place current staff members. The voluntary sector specialises in part time workers. There is a caseworker and administrator in both. Originally we thought the funding would stretch to a worker. Our work with voluntary sector is arms length, they are autonomous organisations. We find that it is good as they use their own

ideas so they used some of their own funding for the administration”.  
(Interview with service manager)

### **Case work**

This pilot has two caseworkers whose projects cover the Rushcliffe and Bassetlaw districts of Nottinghamshire and who visit people in their own homes:

“I chat with the person, find ways in which to help and tell them about the FirstStop website. Our project is to deliver information and advice to older people to make choices as they get older. We help with form filling for housing lists and have gone with people to view sheltered housing.”  
(Interview with case worker A)

The original plan for the case work was to tailor the services to the profile of the local area but without being too prescriptive about the types of cases dealt with:

“The idea originally for the casework was that Bassetlaw would take more elaborate and detailed cases, there are more areas of deprivation here. The district council are pleased as they feel that homes will be released into the property market. Rushcliffe is more affluent and has had a couple of detailed cases but more are low key. But I didn’t want them to be focussed on one case type and turn anyone away”. (Interview with service manager)

Most people accessing the service live alone:

“Anyone over 50 could use the service, though most are over 70 and are living alone, so single, widowed etc. Most are white British although have had 3 or 4 cases from the Asian community”. (Interview with case worker A)

The case workers would ideally target older people who are starting to plan ahead but also have cases where people are already unable to cope:

“People who are either starting to think ahead and can see difficulties arising in the future (these are the ideal people) or people who are struggling in a physical or emotional way and need to do something about it”. (Interview with case worker A)

Some clients using the service are planning ahead and do not require intense case work. Others need support in remaining in their own home:

“Some of them they ask for advice and we send information and that is all they want for the moment, to have information to plan ahead. Some just need information about how to stay where they are. For example, we had a woman recently who was too cold to stay in her home, we found that she could get free wall insulation and is now very happy at home. Without this she may well have moved. (Interview with case worker A)

The time taken by the case workers on individual cases varies depending on the nature of the problem:

“About 75% of my time is spent on casework but it does vary on a case by case basis. Some people just call up and want advice over the phone and information sent out, this could take 1 to 1.5 hours but other cases will go on for months. We are currently recording how many minutes we spend on each case”. (Interview with case worker A)

“Low might be a case that was just a call and a leaflet but high might be a case that lasts three to six months and needs several face to face visits”.  
(Interview with service manager)

In a small number of cases the service has directly assisted people in making a move which has been seen as successful locally because these people were under-occupying and there is pressure on family housing:

“A couple of people have moved as a result of our intervention, they have moved to more suitable properties. They had already made the decision to move which is why this happened quickly. If I come in at the start then it takes longer. Both the people who moved lived in local authority housing, one of these moved from a three bed house to a one bed flat, so it has also helped with under-occupation”. (Interview with case worker A)

This type of work was particularly welcomed by the Council:

“We are getting good feedback from our most important referral source, the council. The councils want to release homes back into the housing stock as it has a financial benefit”. (Interview with service manager)

The following case study shows how the service has been able to assist people to move to more suitable accommodation, giving them a better quality of life:

“Mr B is a male, aged 65, who lives alone and has a long-term limiting illness. He received a “low” level of support from Housing Choices. Mr B lives in a first floor bedsit in a sheltered complex in a large village in Rushcliffe. The complex is owned by an RSL. Mr B has significant health problems – he is very overweight, an insulin-dependent diabetic, and has arthritis and gout which affects his mobility. He has a history of falls. He is too worried about falling to leave his flat alone unless he is on his scooter. He is unable to use the shower in the property as it is over the bath. His OT has recommended an adaptation, but the property is not suitable. He was at that point relying on a strip wash.

He had lost a lot of confidence and independence over the last few months. Although he had asked the scheme manager about alternative flats, he had not been successful, and he did not know what to do next.

As a result of the Housing Choices Advisor’s intervention, calls were made to the scheme manager and the RSL, and the outcome is that Mr B has been found a one bedroom bungalow which is part of the same scheme, but which has a level access shower. Advice was also given on removal companies and support was given after his move to help him to settle in and resolve teething troubles.

Mr B has been able to move within the sheltered scheme that he knows and values, to a bungalow which suits his needs. He can shower independently and can store his scooter in his property so he can get out and about alone. The costs of a DFG have potentially been saved. Mr B feels less cramped in his new property and is less at risk of falls because of his new equipment, and the proximity of his scooter”. (Case note write up by case worker)

### **What worked well?**

One benefit of outsourcing the case work service to the voluntary sector was that the delivery agencies already had a network of contacts they could access for promotional work:

“Both projects have done a lot of promotional work with agencies. One good thing about the voluntary sector is that they are well placed to work in partnership. So they have been out to talk to ALMOs, private HAs and have set up a mechanism to speak to private sector landlords. They have talked to other staff working in advisory roles such as MIND, CAB, Alzheimer’s etc. This is to raise the profile of FirstStop, their web and resources, through leaflets and we now have our own leaflet promoting the services of the two women, explaining the referral process. There has been lots of promotional activity”. (Interview with service manager)

The case work service has been well received by clients and there has been demand for the service:

“The case work is going very well and has been very well received by people who say things like ‘I don’t know where I would have started’ or ‘I don’t know what I would have done’”. (Interview with case worker A)

“I’ve had 50 cases since we started, when we were talking about the pilot we thought we would get about 10 cases!” (Interview with case worker B)

The case work has supported older people who were not receiving assistance from other sources:

“For the clients that have been helped it is very obvious that they are really desperately in need of help. For example, one gentleman was visually impaired and whose disability has worsened and was struggling to manage the stairs to his first floor flat, no one knew how to help him”. (Interview with service manager)

The service manager believed the strength of the service to lie in assisting cases that did not fall under the remit of other sector professionals and in preventing cases reaching crisis point:

“It is a very needy client group and without the service I do not know who would have helped them. They do not fall into the remit of social services who, if they did anything, would probably only suggest care. Without the service they would have had no help and would have reached crisis point. Most clients we are reaching before they get to crisis point so we are preventing it”. (Interview with service manager)

The case workers liaised with different sector professionals and organisations to resolve client problems and this often involved in depth support of various kinds:

“Some tend to want adaptations but most want to move, so we bid on their behalf, help to view properties, work out their benefits, arrange removals etc. I work closely with occupational health therapists. We work across all tenures although most of our clients are in social housing or are private renting and want social housing. I sometimes liaise with A1 housing (social housing provider) to get the house fit for moving, a client cannot bid on a property unless their house is fit to leave, they have to leave it in good order. One lady

for example has mobility problems and has not been upstairs for years, so the upstairs is likely to be in a state of disrepair. I will arrange for the local handyman service to go in. I would also liaise with occupational therapists and A1 housing to find the best solution for the client. With occupational therapists they sometimes contact me to find out if I am trying to get someone re-housed; they won't go and put adaptations in if this is the case. If a client has adaptations to their home they are expected to stay there, for example, if they had a wet room. If they choose to move to somewhere without adaptations then they won't get them put in again. They can of course move to an adapted property". (Interview with case worker B)

The case workers were sure that the project had led to cost savings through intervening before people reached crises that could only be resolved through unwanted and unplanned moves from their own homes:

"Without the local pilot project it is about a lot of things we are trying to avoid - about crisis. So people would wait for a crisis situation and would not be fully informed about their choices and then possibly make bad decisions, which is not good for their wellbeing. This could happen if they had a fall or suddenly were bereaved. A crisis situation could necessitate a move that could be detrimental to their wellbeing; this could lead to residential care, hospitalisation, or full time home care. This would prove far more expensive than if an early intervention approach had been used. There is a real cost benefit to falls prevention which leads to less people in hospital etc. For example if we hadn't found the wall insulation for the lady mentioned above then she may well have become so cold she might have ended up ill and in hospital". (Interview with case worker A)

Even when clients moved home adaptations can support independent living in new properties:

"In reality a lot of my cases have already hit a crisis, although some do come for minor adaptations such as ramp or half stairs. A fifth of my clients have had a stroke. People tend to manage for a long time so it is only when they can't get in and out of the bath they get in touch. One of my clients, a stroke victim, we helped by getting a DFG and he now has a stair lift and a wet room, he is very happy. Another was a man who sold his 3 bed house and bought a 2 bed apartment but he found he couldn't get in and out of the bath, now he has an electronic seat for the bath and grab rails which enabled him to stay in his own home and he should continue to stay there for years". (Interview with case worker B)

The case workers find it useful to direct front line staff and older people to the FirstStop national resources:

"Front line workers and all my clients have the FirstStop info. If there is a family carer I often refer them to the website". (Interview with case worker A)

The case workers themselves find the FirstStop website a useful resource:

I use the website a lot and have used the advice line a few times, mainly to search for accommodation outside the area I work. They do really good reports, leaflets, downloadable stuff about equity release etc. (Interview with case worker A)

Other health sector professionals such as occupational therapists were pleased that the pilot could deal with cases that were outside their remit:

“It has been really well received; the occupational therapists are really pleased that someone is doing the work to fill in the gap. They visited people in inappropriate accommodation but it was not in their remit to do anything about it. The response has been really good”. (Interview with case worker B)

The case work service has received positive feedback from clients:

Mrs C wrote to say “On behalf of my husband and myself I would like to take this opportunity to thank you for your quick and professional response in assessing him and enabling him with his disability to maintain his independence. He has received a bath lift, male urinal, toilet frame and bed support. These pieces of equipment will help enhance his quality of life and independence. Without your assistance we would have had to endeavour to struggle on regardless. Many thanks to you for chasing up the occupational therapist referral and keeping us informed as to what was happening. We felt it is the least we could do to contact you and let you know how your service has helped us both”.

### **Challenges**

Although there were benefits to the County Council in outsourcing the case work service to the voluntary sector, one drawback was the difficulty in getting accurate and detailed costs details from the delivery agencies:

“The two projects costed things very similarly and have adhered to the exemplar financial monitoring but we can’t get the expenditure from the charities in detail. This is the anomaly of working with charities; they just say that the spending is to plan. Both organisations work with many projects so it is hard for them to separate costs between projects e.g. rent. They do the calculations but expenditure is hard to separate”. (Interview with service manager)

Working with front line staff has been a challenge encountered by the case workers in trying to encourage sector professionals to consider housing options in their broader work with older people:

“Embedding housing choice into the front line workers, they have their own jobs to do. It is difficult to encourage people to think ahead, they have enough to do without longer term housing discussions with their clients. It is a drip-drip approach, given time this should work with front line staff as a preventative tool. Hopefully it will work given the opportunity to carry on”. (Interview with case worker A)

One problem has been the lack of referrals from the national FirstStop service:

“We get a lot of self referrals from the publicity we have sent out and also from social services, occupational therapists and intermediate care teams. But we have no referrals from FirstStop. In fact it was only 2 months ago [in January 2011] that FirstStop put the local exemplars on their website, they are on there now but it took a while. None of my case work has been directly as a result of FirstStop; it has always been because of my leaflets and referrals from other agencies.” (Interview with case worker A)

Although there was enthusiasm about the service, the need to constantly promote FirstStop and explain what it is has been a challenge and took time:

“Everyone I have spoken to about FirstStop – frontline staff are very keen to have a look at the website and all the clients I have seen with information downloaded from the First Stop website have said how useful it is. But a lot of people hadn’t heard of FirstStop until I started, it takes a lot of publicity, putting up posters, leaflets and it takes a while to embed – ours did – it just needs more promotion. Whenever you promote something by sending leaflets you need to send them out again at regular intervals, staff change, so it is a constant publicity process”. (Interview with case worker A)

One challenge has been trying to evidence the benefits of the service in order to ‘prove’ that it has positive outcomes and cost savings, in order to try and secure continued funding for the services from other sources:

“We are counting the hours they spend on cases to see where the hours of the workers are spent. We need to show it is good value. So if they have spent 40 hours on a case, why and did it lead to a better outcome? I can’t say at the moment...The biggest challenge will be the monitoring and evaluation. From our point of view with the funding crisis, being able to prove that it is VFM and has a cost benefit for clients is difficult”. (Interview with service manager)

The short time frame of the project was an issue as it created a pressure to search for continued funding and the uncertainty was problematic:

“I am worried about the exit strategy. The two charities are already putting pressure on me about what will happen from the 1<sup>st</sup> April 2011 [interview December 2010) with the funding as they need to give staff six weeks notice but I cannot say yet”. (Interview with service manager)

### **Sustainability**

The service will be continuing to at least the end of October 2011. Local authorities are providing funding for the service with the aim of reducing demand for DFGs and with the aim of reducing under-occupation and freeing up family-sized housing. The Housing Choices officer is part of a new panel set up to review all DFG applications over £15,000. The CVS is being cut by 66% and the wider voluntary sector is being cut. Nottinghamshire was able to secure reablement money for handyperson and hospital discharge services.

## **4) Somerset West**

### **Overview**

The project sits within Somerset West Care and Repair which is a home improvement agency which covers the two districts of Sedgemoor and West Somerset. Customers of the housing project also have access to all other services provided by the HIA including handyperson services and energy efficiency advice either directly from Somerset West Care & Repair or by referral to their partner agency Mendip Care and Repair.

It is a county wide project which provides training and information about the housing options for older people in the county of Somerset to health, housing and care professionals, older people and community activists. The project also has a casework service which provides information and practical assistance to older people and their relative's carers who are thinking about their housing options.

### **Case work**

This project deals with complex and difficult cases that are time consuming:

"I get the cases no one wants because they are complex and time consuming. Social workers pass cases on as they don't have time to spend on housing issues with clients. For example, the homefinder moving application form is a book and they don't have time to spend helping the client to fill it in so they refer it to me and it frees up their time". (Interview with case worker)

This project deals with a vulnerable client group:

"They are complex cases, a lot are in the PRS, some are in RSL housing and need help bidding or with the application process. Lots have illnesses and disabilities". (Interview with case worker)

Supporting people in making a move is a key part of the service:

"Through the case work we have been helping people with home choice/home finder/CBL. We help people to bid online as it is difficult for older people. We take older people to see places, this is good as often they say they won't live in a certain area but when they see the property they think it is ok". (Interview with service manager)

The clients are moving from and to different tenures:

"Most end up moving. There are four or five I keep an eye on to check they are ok. For most the long term goal is to move. Most move to smaller properties. They are moving from the PRS to both the PRS and RSL housing. I have two or three owner occupiers looking to move into the PRS. In old age the burden of owning their own property has become too much and they are happy to release the equity and use it to pay rent". (Interview with case worker)

The case studies below demonstrate how the case worker has assisted clients in difficult circumstances to move to more suitable accommodation and has liaised with different agencies in order to facilitate this. They show the complexity of cases and the need for in-depth support:

"I was contacted by the social worker to help Mr and Mrs F bid on the Homefinder Website. I visited them at home with the social worker as they also have an adult daughter living with them who has learning difficulties. They have been offered a two bedroom ground floor flat, but in the same week we heard about a two bedroom extra care bungalow that had become vacant. I liaised with the social worker and Housing Association and Mr & Mrs F are being considered for the bungalow and we are awaiting the outcome. The flat has been put on hold for them pending them not being offered the bungalow. This case has become difficult due to Mr F's eldest daughter wanting to be involved in every step and with every person who has contact

with the family. Mr & Mrs F have now been offered the bungalow with the tenancy due to commence 4/10/10". (Case note write up by case worker)

"Mr B was refused a DFG on his RSL property, even though he is using his wheelchair at all times and sleeping in the lounge and having a commode there and having to be strip washed there as well. Initially Mr B did not want to move but after several visits and discussions he thought that it would be best to go on the Housing Register in case a property came up in one particular village. After several months and more discussions with him I showed him a sheltered property in a neighbouring village to his preferred one. We discussed the good points of moving to this sheltered bungalow, I arranged suitable transport to get him to view the property, and he decided that it would be a good move. He moved into the property and I arranged for the O.T. to visit to look at some adaptations that were necessary, and these were going to be done on a DFG". (Case note write up by case worker)

### **What worked well?**

Being part of the HIA was seen to be beneficial as it enabled the project to link to other services such as handypersons:

"We feel there has been a real benefit to having the project within the HIA as it can link into other things such as handypersons. For example if the project helps them to find a place but they have lots of stuff they need taking to the dump, this can put an older person off moving, or if they need the loft clearing, handypersons can help". (Interview with service manager)

"Most referrals are from social workers and occupational therapists. Staff in the office are becoming more confident in offering the service, so when they go out to someone and see a need the other case workers can suggest the client contacts me. It is a bonus being part of a HIA/care and repair. This is the only service offering housing options in Somerset HIAs". (Interview with case worker)

The case worker used the national FirstStop website as a resource in her work and also referred clients to the telephone helpline:

"If I'm going to see someone who wants to move to a specific area, particularly for sheltered or extra care accommodation, I use their website to check availability, even to find PRS housing targeted at older people. I refer people to the phone line. People said they were very helpful and knowledgeable. This is useful for care home fees and finances which I can't deal with... I take the FirstStop literature everywhere; it is something else to offer". (Interview with case worker)

Being connected to FirstStop also gave the case worker a sense of confidence:

"FirstStop is a back up even if just a website, you feel armed to go out there and know about availability in the area. I feel my confidence has grown". (Interview with case worker)

The project case work is seen as the most successful part of the project:

"The project has helped clients and I love it. Being able to do something to help is great. Client outcomes are very positive and even if there isn't a positive outcome at least someone tried". (Interview with case worker)

Without the service the case worker said that clients would be likely to have experienced worsened health, needed more care and would have made unplanned moves into care homes:

“They would have struggled. All I hear from social workers is that there is such a need for this service in Somerset. They are all complex cases. One lady had been trying to get her Dad on the Homefinder register for four months but it is very complex and their form kept being rejected so they were going round in circles. Without the service most would have worsened health but mainly they would have needed more care, then probably had no choice but to go into a home, especially for the people who were ill”. (Interview with case worker)

The project staff believed that the service had helped to release family sized accommodation by supporting people who were under occupying to move to smaller properties. This had also in some cases reduced the need for care:

“We feel the housing options service is great. It prevents homelessness, helps people to move to smaller properties and free up properties for general needs, prevents hospital readmissions and reduces care needs. For example, a man was living in a three bedroom RSL property and needed carers three times a day. The RSL would not allow a home adaptation to be fitted as it would be expensive to convert back afterwards and was really a family house. The project enabled him to move to a more suitable flat which already had some adaptations and this reduced his need for a carer to one visit per day”. (Interview with service manager)

They also said that it had prevented homelessness:

“It has prevented homelessness. One older lady was evicted and we helped her to move. I don’t know what would have happened to her otherwise. She went into the PRS so we prevented her having to ask the council for help”. (Interview with service manager)

Not all the clients moved but all received benefits checks which led to financial benefits even for individuals who did not move:

“Another tie in with the housing option is we have done income maximisation and benefits checks. So even if people decide not to move there are benefits. Not many do move, but even though they may decide it is not for them now, they may think about it in the future”. (Interview with service manager)

The case work has received positive responses from clients who have been successfully helped:

“Mrs M was being evicted from a private rented house as the landlord was selling the property. I helped her to go on the local housing register, but eventually helped her to find private rented accommodation and to access a budgeting loan to help with removal costs and deposit. Her husband was unable to do anything towards moving as he was very ill and had to travel for dialysis several times a week. Quotes received on Thank-you card - “Thank you for all support given to me over the last few weeks, have been on a very low ebb and without your help and support knowing there was someone I could talk to (when not in tears) has been a great help to get through these

last weeks, we don't know what we would have done without you". (Case note write up by case worker)

### **Challenges**

Although beneficial to those in crisis and needing to move, the staff said that the project had dealt almost exclusively with cases of people already in crisis rather than those planning ahead:

"One issue is that all the work we have done has been crisis intervention. All the referrals are because of a home crisis, having to move for health reasons, a tenancy not being renewed and facing eviction, coming out of hospital and not being able to cope, having too many carers and the RSL refusing an adaptation. We have only had one case where people were planning ahead. This has been the sticking point of the move on project, no one is planning ahead". (Interview with service manager)

The manager said that the project might have been more successful at assisting people to plan ahead if it had targeted the children of older people:

"With hindsight it would have been better to have concentrated promotion on the children of older people rather than older people themselves. Older people are very resistant to change and moving is a very emotional issue. Here it is not just that they have lived in the same house for years, but often that they were born in the house they still live in". (Interview with service manager)

Delivering the aims related to strategic work has been difficult:

"As part of the wider strategic work we had hoped to create a register of accessible housing but this has not happened, people do not have the time because of the wider socio economic changes". (Interview with service manager)

The nature of the local area was perceived to have created constraints in accessing older people:

"One problem is that Somerset is huge and there are diverse population settlements, communities are scattered and getting information out to them is very difficult. Being in a rural area is challenging". (Interview with service manager)

It was also felt that a local telephone number might have had a more positive response than the national FirstStop number:

"One downside was that we wanted to do a local leaflet but couldn't. We have given out the national FirstStop leaflet but we think that people would have bought into it more if it had a local telephone number. People here are very parochial, even people who have moved out of London to live here". (Interview with service manager)

The case worker found the promotional aspect of the role a challenge:

"Speaking in front of people is a challenge. I have no marketing experience. Speaking to someone face to face in their home is fine but it is harder in front

of lots of people, especially health professionals and when you know them".  
(Interview with case worker)

The FirstStop connection or knowledge of FirstStop was limited amongst clients and not deemed very important:

"Social workers and some occupational therapists are aware of FirstStop. I tell all clients that I am funded through FirstStop but only some are aware, for most it doesn't mean anything. I was offered a lap top to show clients the website but it is not appropriate for this client group, they are frightened of technology". (Interview with case worker)

The project staff were disappointed that there were no referrals to the service from FirstStop.

"I tested the referral system on the web so we know it works. [The service manager] got excited that we'd had a referral but it was just me testing it".  
(Interview with case worker)

The short term nature of the project was problematic as it took time to deliver outcomes and created a lot of uncertainty about the ability to sustain the service because of the need to find another funding source:

"The project has only had a year and is now taking off. It is difficult to know what to do now. We are not sure what will happen about funding. We understood that the funding was for two years and we have had one, but we are unlikely to get the second year of funding". (Interview with service manager)

The short time frame also posed challenges for raising awareness of the service and in terms of allowing time for cases to be resolved and outcomes achieved to show the value of the service:

"The biggest challenge has been getting it known in that space of time. It takes a year for people to know and refer to us and to see the value as it takes time for cases to come through to evidence the value. It takes time for word of mouth to spread which is how it works here". (Interview with service manager)

Whilst positive that social workers were beginning to refer cases to the service, it took one year for this to happen:

"We are starting to get referrals from social workers so word is getting round, including one or two outside of the Somerset West area so word is spreading". (Interview with case worker)

### **Sustainability**

The HIA will use funding reserves to keep the service going until December 2011. Move On is seen as key to agency provision. However, there are issues of particular local politics between service providers that raise questions about the future of the service.

## 5) Warwickshire

### Overview

This project is not funded but is provided in kind by FirstStop. It is an information and advice service for older people branded as FirstStop Warwickshire to raise the profile of FirstStop locally and make people aware of the national FirstStop resources. It works in conjunction with a case work service funded by other sources:

“This is a Warwickshire local service branded as FirstStop Warwickshire. It is a county wide phone service provided by FirstStop national. The partnership is 5 districts and boroughs. FirstStop are the experts, in theory they deal with most calls and where appropriate or complex, refer to the local face to face service. There are two housing options case workers for face to face work, one full time, one four days a week... The case work is paid for from Part B handypersons funding to provide a local housing options service. Then we found out about FirstStop national and that they could do a county wide phone service and had money for it. We are piloting the full service and hope the phone will continue.” (Interview with service manager)

FirstStop holds information about local services:

“FirstStop national has information about what is available locally, general information about all local authorities. EAC has been building up information on local services. The two local staff contact local agencies to update or correct anything they find to be incorrect and feedback to FirstStop national. The local services guide is on the web to print off and we have paper copies”. (Interview with service manager)

FirstStop provided training, phone support, written information, guides and hold data protection for free:

“FirstStop national trained the two staff, provide weekly phone support, have a named person to discuss cases. It is a partnership. FirstStop have the expertise. We use all their written information and guides, they provide them. All promotion and marketing is through FirstStop. Data protection is with them”. (Interview with service manager)

There were also in kind costs borne by the County:

“Costs have been in terms of staff time at senior level to set it up for the County. There have been lots of meetings and a lot of time investment. Recruiting the case workers came out of Part B money but [FirstStop staff member] sat in. Warwickshire put in all the IT at a large cost for new laptops, blackberrys, mobile internet, mobile printers to print the guides, travel costs. IT is the big cost. Desk space has been provided at all the boroughs for free but they would normally charge. IT is paid from the CLG Part B money. There was also staff time for training and travel. Initially we thought we would recruit a part time manager for the project but there was no interest so [Supporting People manager] is overseeing it for free. There is a service spec with FirstStop that took time and legal input to agree. So the County made contributions in kind”. (Interview with service manager)

## **Case work**

The case work is not funded by FirstStop but the case workers are promoting FirstStop. The case work focuses on housing options:

“I am a housing options worker. We have split the county between us, I have the north and [other case worker] has the south. We look at housing options for people whether they have been referred from FirstStop or anywhere else. It is not just older people but also people with disabilities as we get referrals from occupational therapists. We are working with five councils where we are hot-desking with occupational therapists and working closely with them”. (Interview with case worker A)

The case work is a mixture of people planning ahead and those wanting to move:

“Some that I have been to see want information, some want to move, they know they have to do something but they don’t know what to do or who to speak to. I speak to people, give them information, then give them time to think about it, then come back to them. One client had to move quickly because of homelessness but most are just thinking about the future and don’t want to move right now.” (Interview with case worker B)

The case workers spend time promoting awareness of FirstStop:

“I spend a lot of time on marketing to promote FirstStop Warwickshire with agencies and older people. I have been to luncheon clubs, occupational therapist team meetings, all the CABs, a local service for older and vulnerable people, team meetings with local authority housing option workers. We have done fairs e.g. health and wellbeing and volunteer action groups. We make contact and leave information. We have also got some of the councils to agree to write to people on their waiting list. Rugby has written to all the owner occupiers aged 55 and over on their list. Another district has agreed to put a flyer in the magazine that goes to everyone on the council list this month. We use the FirstStop branded leaflets. (Interview with case worker A)

It took several months of promotional work before referrals increased:

“We promoted the service from August to Christmas but now [March 2011] it has gone through the roof and we have referrals from a wide range of sources.”

The case work has involved a lot of expectation management as clients were unrealistic about their options:

“Most cases fall into two groups. One is the occupational therapist referrals which are specific and difficult. The other group is owner occupiers. Some think they are on the waiting list but are not as it is electronic and you need to bid and they didn’t realise. It is difficult for them to use and access the internet. The other group are on the list but it is hopeless, they are waiting for something that does not exist. I am trying to give them a reality check, to tell them, you won’t get what you want in the area you want. You will get a one bed but not a two bed. But once you have given them the information you have to step back and give them time to think about it and maybe go back in six months”. (Interview with case worker A)

One challenge has been that clients expect that they will be able to move into council housing and do not realise that this is difficult:

“We are now getting older people in family homes thinking of downsizing. But older people are a very difficult group. I am surprised that they all have the same mindset and think that they will live in their own house, then move to a council house, then a care home. They believe this is what will happen as it is what their parents etc. It is a very hard idea to change but this generation assumes that they will be provided for, for example, they will be given a council bungalow”. (Interview with case worker A)

Many clients who were on the housing waiting list were unrealistic about the type of property they would be able to have and would have never been able to get what they wanted and the case workers had to deal with this expectation:

“There are cases where people have been on the waiting list for two or three years and want a bungalow, but when I looked there are none at all in the area. They just think if they are on the list, they will get a bungalow. No one has told them that there are none. One man wanted a one bed bungalow but there are none, only two beds and he is not eligible for these so he had no chance”. (Interview with case worker A)

The following case study shows how the service assists people to make decisions about the most suitable accommodation to meet their needs and then facilitates the necessary arrangements:

“In November the case worker visited the client at his home. He was not interested in moving to sheltered accommodation but felt isolated in his home because he was unable to go out without his carer and does not have visitors. He was struggling to pay for the accommodation as his savings are running out. In January the client had another visit and was now interested in bidding for sheltered accommodation. He had a few problems with his current accommodation that his estate agent failed to resolve. He had not had hot water for a number of months. The case worker offered to contact the estate agent on his behalf but he did not think it would be useful. Later in January the case worker visited the client to explain how HomeChoice works. She provided him with a booklet about the allocations policy and his user number. He does not see the adverts so she provided him with a copy. He wanted to discuss with his carer before placing any bids. He has not had hot water for a number of months. He gave the case worker permission to contact XXX Estate Agents on his behalf, which she did. On the first of February the case worker spoke to the client and his hot water had been restored. He was very grateful. He is happy to let his carer bid on his behalf and will move to sheltered accommodation”. (Case note write up by case worker)

### **What worked well?**

The FirstStop helpline has been a resource for clients who do not need face to face support or who need broader information than the case workers can provide:

“For us the partnership with FirstStop gives us the free advice line. They have a wealth of knowledge on a range of issues. We are housing options specialists but they have a breadth of knowledge. It is good to be able to give people the free helpline number if they don't need face to face help. I have referred a few people to the phone line when they are just looking for general information for family members”. (Interview with case worker B)

The case workers hope that they will be able to show clients how unrealistic their plans are but show them workable alternatives instead:

“Without the project they [the clients] would have just sat there. Eventually some would have ended up in a care home or reliant on social services. Outcomes we are hoping for? One group of people think they can sell their house, move to a council house and live off the money. They don’t realise how quickly the money will go. The second group want to stay where they are so their children can inherit their house. We can try and persuade them to move and explain that the extra equity can be invested for their children’s inheritance. One case I have registered on YouChoose live in a house worth £170k, they thought they could sell it and get a two bed council bungalow and live off the money. But there are no council bungalows in the area they want to be in. They could however buy a two bed bungalow and have some equity left to invest and leave to their children. They contacted me in November and wanted to talk it over with their kids at Christmas and I’m going to see them tomorrow”. (Interview with case worker A)

Connection to FirstStop gave the case workers confidence and information to use in their work:

“FirstStop gives us confidence and reassurance to go out there and give information and advice. We need some organisation like FirstStop with central information we can access for general information. FirstStop is our information provider and support network”. (Interview with case worker A)

### **Challenges**

One difficulty was that when clients called the FirstStop national telephone helpline, the advisors in London did not realise it was a Warwickshire call for a ‘locally’ branded service:

“We were struggling with FirstStop national knowing when it was a Warwickshire number as they don’t know all the towns or when it is a mobile number. Not sure how to best pick that up nationally. We have asked them to ask early on in a call if it is a Warwickshire local call. FirstStop need to identify them earlier”. (Interview with service manager)

The case workers found promoting FirstStop very difficult as no one was familiar with the name and felt that it would have been easier and more successful if it had been a well known charity such as Age Concern instead:

“It fits together really well but it would have been much better if it has been with Age Concern rather than FirstStop as they are more well known. When we talk to other areas they take no notice if we say we are FirstStop Warwickshire but it opens doors if we say we work for Warwickshire County Council, we need that as leverage. The FirstStop brand is a problem. It is not known so is more difficult to sell. If it had been Age Concern it is a recognisable charity. People don’t know who FirstStop is and think it is a private company”. (Interview with case worker A)

Clients and local service providers preferred a local number rather than the national FirstStop helpline:

“When we go to CAB etc and give them the national number they prefer a local one, they want to be able to come directly to us, where they know our name and it is personal. Housing is a big issue. But, for example, the occupational therapists’ cases may be vulnerable people and they want to hand the cases over to someone they know, not a national telephone advisor. As case workers we need the central, national information. But clients need local support”. (Interview with case worker A)

One problem was a lack of referrals to the service:

“After the three week Christmas holiday and all the promotional work I did before, I hoped to come back to find referrals, but there are none. When I talk to people they are excited and think it is a worthwhile project and recognise the need for it, but this has not translated yet into referrals”. (Interview with case worker A)

Where a local telephone number was provided rather than the national FirstStop helpline number, referrals were higher:

“My letters had the national freephone number on as Rugby wanted. But [other case worker’s] letters didn’t have the national number but Warwick wanted their local office number and she has had a much higher response”. (Interview with case worker A)

The need to spend so much time on promotion has been problematic:

“At the moment I spend 40% of my time on cases and 60% on promotional work. Hopefully it will shift over time. The promotional work needs to be constant. I had hoped that I had done enough in some areas to generate referrals over Christmas but am disappointed that there are none”. (Interview with case worker A)

There was some confusion about how the project relates to other services and a lack of interest from local authority housing options workers:

“It is difficult to see where we fit in. For the councils one problem is our title as the local authority housing options workers thought we were going to take their jobs. They were happy to come to see us, but once they were secure that we were not after their jobs, there was nothing more from them”. (Interview with case worker A)

The case workers felt that the geographical scope of the service was too large to be able to cover it successfully:

“The biggest problem is that we are spread too thinly to see how effective the project can be. It is like a needle in a haystack, except we are not even as big as a needle. If we had been in two towns we could have supported each other better, gained more detailed local knowledge and raised the profile in one area. We are spread too thinly. There are only two of us to cover the whole county. The project would have worked better if we had been in one or two districts but we are covering a huge geographical area. It can take us an hour to travel from one area to the next. The expertise that we can build up is too general, not locally specific enough. I am covering four towns, two of which are quite rural. There is a limit to how much local knowledge you can build up like this and ours is still quite general”. (Interview with case worker A)

The inability to share client information between the local and national service was problematic for the case workers and did not create a seamless service for clients:

“Another issue is that we don't have access to the same information as FirstStop. [The FirstStop advisor] does not have access to our case files and we don't have access to their system. If we did then we would have the security of knowing that we are advising right, at the moment we are quite isolated. We rely on FirstStop for guidance on whether we are giving out the right information. We have access to the FirstStop website and the information. But the problem is if we deal with a case it would be good if we could tell the client that they could ring FirstStop national, who could have access to their case notes. Then FirstStop national could give them appropriate information and see what we have already done and we could see what FirstStop gave them. But we can't do this. So it works as two parallel systems and is not seamless. We do as much for the client as we can to make it so, we ring each other up, but there is no foolproof way of ensuring we are all in the loop and things get missed”. (Interview with case worker A)

The case workers did not feel that the FirstStop 'local' service directory for Warwickshire was very useful as it was too general and not comprehensive enough. Instead they used information from local service providers and had more confidence in local information provided by them rather than by FirstStop:

“I also use the service directory but this needs work to include all services. Also if we have a case for example where someone is struggling with their garden we tend to go through the local service, [X], rather than FirstStop. I know that everyone on their list has been through tradeline and is trading standards approved. I feel confident when I print the list and give it to someone. I don't have the same confidence and trust in the FirstStop lists as they are too general and I don't know if anyone has been approved. Their local information is too general so I use local services instead. This gives us good relationships with local providers but it is very time consuming as we have to go to lots of meetings. FirstStop central is too general, even the 'local' service directory. For example, one case that the FirstStop national line handled the client wanted a list of sheltered accommodation in Oxfordshire and they sent a list but it had no information on how to apply or who is eligible so I had to do it for the client and contact them all individually. It was a good starting point but they needed more information. (Interview with case worker A)

One pressure on the project was the need to find hard evidence of cost savings in order to try and secure future funding for the services:

“We need to evidence whether it benefits older people. For example, whether they are supported to remain in their own home rather than have to move into a care home, or are safer at home than they would have been. We need to see what the outcomes are, looking at what they came into the service for and what happened. For example, if they came in to ask about moving into care but were supported to remain at home. We need to evidence that there are cost benefits, that it saves money. The county would not have paid for this service as there was no money. The pilot is to see the evidence to see if it is worth investing in. We do not know if we will have the evidence to make this decision. The only way to get a county to pay for the service would be hard, solid evidence that it makes savings”. (Interview with service manager)

Even though there was felt to be a pressing need for the service, the short time frame of the project was a challenge for successfully promoting the service:

“Publicity and marketing take time to raise the profile and make people aware. When we have been promoting it the anecdotal feedback is that everyone from old people, to services to the districts says this is just what is needed, the caseworkers are angels etc. Everyone is keen and desperate for the service. But it takes time to bed in and the time to prove it is working is short”. (Interview with service manager)

Data protection was a considerable challenge in this project as IT limitations at FirstStop national meant that sharing client information in an efficient way was very difficult. This was a very time consuming constraint for the County:

“Data protection is an issue. They cannot email personal information to us and we cannot send it to them. Emails have to be encrypted and this IT technology is not in place. A software package is required (about £30). We cannot access their database. We envisaged being able to input data directly without seeing all other data but this is not possible. We are not able to see the Warwickshire data as FirstStop don't have permission to share it with the county. Data protection and IT have not been sorted out yet. Warwickshire has a .gsx email system so the two workers can send secure emails to the police, fire service and other public bodies but FirstStop does not. This is a problem as it is time consuming and not yet resolved. It needs a certain IT package and FirstStop do not yet have it. This has been a very time consuming issue”. (Interview with service manager)

The length of time required to set up the project of a Warwickshire branded telephone helpline directed to the FirstStop national number was considerable:

“One difficulty was the length of time to set it up. When we got the money we didn't know what to do, then we heard about FirstStop so we set up a meeting. Then there were meetings for FirstStop to talk to county partners to get them on board. Then there were a lot of meetings about marketing, publicity, IT, data protection, the spec, tenders, lots of legal involvement, how to collect data etc. Data protection was a big and time consuming issue and is still unresolved. Getting five partners together required a lot of coordinating”. (Interview with service manager)

### **Sustainability**

The service is funded until March 2012. Since January 2011 referrals have been rapidly going up, especially OT referrals and the case workers are increasingly being passed difficult cases.

## **Successes and challenges**

### **Successes**

The pilots have been generally successful at meeting funder targets. The case work numbers look likely to be achieved.

Through the face to face casework the local pilots have empowered older people to make informed decisions, have given them full knowledge of all the options available

and have supported them in appraising these options effectively. The evidence of positive client outcomes will be analysed in more detail in the next chapter.

There are direct benefits of case work to individuals (see next chapter) in terms of both positive outcomes and the prevention of negative alternative outcomes. There are potential cost savings created by the case work with individual older people (see next two chapters).

Positive client outcomes whether supported to move or supported to stay put include older people being informed to make appropriate choices, reduced anxiety and better knowledge of options. In some cases the most appropriate solution was for a client to move, in others to stay put. But through the support provided by case workers the quality of life of older people who have used the service has been improved.

In many of the pilot areas access to information and advice and to appropriate services was difficult but was made much easier by the local pilot projects. The case workers often worked successfully across different agencies and departments to resolve client issues. This also helped to raise awareness of housing options for older people.

The case work in some cases freed time for social workers and occupational therapists who were able to hand cases over to the pilots as they were particularly complex or fell outside their remit.

Through the strategic development work the local pilots have raised the profile of FirstStop amongst sector professionals and older people, making them aware of the telephone helpline and the resources available on the website. The pilots have encouraged greater use of both.

The training has also created greater awareness of housing options and related issues for older people. The strategic work conducted by some of the local pilots has encouraged more joined-up working between organisations and professionals working with older people and a strategic approach locally.

Knowledge sharing between local pilots at quarterly meetings has supported the local pilots and provided a platform for discussion.

The local pilots were provided in different ways by a variety of agencies. All look likely to meet their targets, for example, for number of clients who received support.

Sustainability has been an issue for the pilots. The FirstStop funding was for a limited time but it was hoped that the projects could be sustained into the future. However, the recent funding cuts have made securing funding problematic. Nevertheless, all of the local pilot delivery agencies wanted to keep the project in some form and are trying to secure funding to continue the work. In some cases funding is in place to keep the projects going for up to a year, possibly two, in others the work has been extended by a few months. In some of the pilots information and advice provision will continue as part of the broader work of the organisation although case work may cease. In some the work may continue in a different format.

### **Challenges**

Some of the pilots were slower to set up and deliver the service than originally anticipated. This was often due to the bureaucracy and administration encountered when establishing the pilot within a larger organisation.

Starting from scratch was difficult for both marketing the case work service and doing strategic work. Where staff had existing knowledge and experience of the sector in the local area, they already had access to appropriate networks and contacts. In the Newcastle pilot where a consultant was employed to work on awareness raising, she could focus all her time and resources on doing this and was recruited because of her experience and skill in this field. However, in the pilots with only case workers, they were recruited for their skills in providing housing options services and most had no experience of what they called 'marketing'. Many of the case workers found this a challenge and had not anticipated the time or resources that would be required, particularly in continually needing to explain who and what FirstStop was to people.

Many of the case workers said that promoting FirstStop was difficult as the nature of the service was brand was not immediately evident from the name, unlike Age Concern or Help the Aged which they said both older people and sector professionals were already familiar with.

The case workers felt that promotion had to be continuous to get the FirstStop brand recognised locally, but this had to be balanced against their capacity to deliver face to face case work and so they tended to step back from promotion when case numbers increased for fear of too much demand. However, this also meant less time and resources could be targeted at promoting the national FirstStop helpline and website.

There was also in some pilots a need to balance local priorities between promoting the generic national FirstStop telephone number or a local number. In some cases the branding and promotional literature for the case work service did not emphasise the FirstStop brand. This may have not impacted upon the number of people aware of or using the face to face local information service, but is unlikely to have promoted the national FirstStop service very effectively. In one pilot there was a tension between the commitment to promote the FirstStop brand and the reality of being part of the Age Concern brand. Calls and referrals came from and to the Age Concern helpline, rather than FirstStop.

Achieving the strategic aims was challenging in some areas, even where the case work service was successful. This was partly due to local political sensibilities. One challenge faced by the pilots was that it seems to take a long time to encourage other professionals to use and access new information and advice resources. Many of the pilots described a lack of interest from local authority staff in particular, saying that they were fearful of job cuts and not very interested in new services or resources.

There were referral problems between the local pilots and FirstStop and vice versa. The CRM data analysis shows generally a lack of increase in calls to the national FirstStop helpline after local pilot promotional activities. This could in part be as a result of the FirstStop national helpline advisors being unable to collect geographical information about callers to identify where they were from. But also, some of the local pilots promoted a local number for the case work service rather than the national number and all described the difficulty of explaining what FirstStop is and their lack of marketing expertise.

One problem has been a lack of referrals to the FirstStop national helpline and website, despite thousands of leaflets being distributed by the local pilots. This is evidenced by the CRM data where there has not been a significant increase in calls/web hits from the local pilot areas since promotion started.

One pilot began with a regional strategic approach but this failed as a result of lack of interest from regional professionals. However, the project managed to change its focus and adapt to a more successful project dealing with complex cases of older people, many with mental health needs.

There has been a lack of synergy between the national FirstStop client database and locally collected client data. Data sharing of client information between the local and national has been very difficult and this has been time consuming.

Despite the evaluation being embedded in the commitments of the local pilots and discussions being held with them at early stages in the evaluation, there was a lack of coherent data collection in preparation for the evaluation. Each local pilot had its own monitoring arrangements but in some cases these were not systematic or easy to access and manage.

'Proving' successful outcomes has been a challenge for the local pilots. The short time frame of the pilots made this very difficult for the pilots. This was particularly the case where case workers were supporting to plan ahead for the long term or where they were supporting people to move but this can take a long time and was not often realised within the project evaluation period. Many cases did not have a 'hard' outcome within the time frame of the project.

# Chapter 7: Local Pilot Case File Analysis

## Methods

Five FirstStop local exemplars were asked to provide the research team with client case notes. The aim was to analyse the route each individual case took, from initial referral to the exemplar through to the outcome for the client. The five exemplars were:

6. Newcastle
7. Oxfordshire
8. West Somerset
9. Nottinghamshire
10. Warwickshire

All client case notes passed to the research team were anonymised, no names or address of clients were given.

As each exemplar is different and they record their clients' information in different ways a typology was constructed (see Appendix 5) in order to bring uniformity to the case records for the purposes of analysis. The number of case notes provided varied between exemplars and not all cases were closed, so outcomes had not been reached in every case. Cases were categorised by those who wished to move and those who wished to stay in their current accommodation. For those who wished to move four broad categories were used: wishing to move to a care home/residential home, wishing to move to sheltered accommodation, wishing to move to another area and wishing to move to more suitable accommodation such as a flat or bungalow. For those wishing to stay three broad categories were used: wishing to stay with home adaptations, wishing to stay with care at home and wishing to stay with a benefits check.

Categories were also constructed for those who had contacted the exemplar with no pressing need but wanting information about future planning and for those who needed to be referred to another agency.

In order to be able to work out the direct expenditure/costs incurred the research team asked the case workers to provide the time taken for each case, although in some cases the time taken was not available, particularly if the case was on-going.

Where possible, the outcome for the client and the impact of the situation on the client were noted.

Categories were also constructed for alternative outcomes, so what would have happened if the client had not made contact with the case worker. For this purpose the categories used were: increased need for care at home, increased risk of hospital admission, continuing to over occupy, increased risk of a crisis move to a care home, financially worse off and increased risk of a fall.

In most cases the research team were given client records from when the client was first seen by the case worker to the client outcome for the client. Based on the detailed client case notes and interviews with the case workers it was possible to construct a typology of alternative outcomes, so what would have happened to the client had they not been in touch with the case worker. For example, with the case below dealt with by Somerset West it could reasonably be assumed that if the client

had not moved to sheltered accommodation he would have had another fall and would have needed another hospital admission which could have led him to needing to move to a residential care home.

## **Case Studies**

The following case studies are examples of the processes undertaken when a client made contact with a local exemplar. The cases highlight the complexities and different routes taken to reach a desired outcome. This case study section is followed by broad findings from all the case studies sent to the research team.

### **Nottingham**

Mrs R was referred to the Nottingham exemplar from the Intermediate care team. She is 63 years old and has Parkinson's disease. As such she suffers with severe tremors, has anxiety, has mobility problems and has a history of falls. She also suffers with short term memory loss. She currently has carers in four times a day to help with dressing, bathing, medication, meals etc. Mrs R lives in a three bed house, which she part owns with her husband from whom she is separated. There may be a history of domestic violence. She has two sons who help out, but Mrs R is keen to retain her independence as far as she can. She has a large dog that she is very fond of and will not consider leaving, but who does tend to barge past her, leaving her more at risk of falls.

Mrs R is currently sleeping downstairs; she does have a stair lift but does not feel safe using it. Mrs R needs to move to more suitable accommodation. However, there are lots of legal and financial issues around selling the house – she has some debts and there has been some dispute about the proceeds of the house.

The Nottingham exemplar liaised with the Housing Options Team, a Social Worker, the Intermediate Care Team, the Advocacy Alliance and Mrs R's GP regarding writing a letter in support of her housing application. The case worker helped Mrs R to complete the housing association application form regarding sheltered housing and extra care housing. The case worker has visited Mrs R three times, and to date spent 335 minutes on the case.

The client's current situation is that her housing application has been received and she has been awarded a high priority on the housing list. The case worker will continue to work closely with Mrs R to consider vacant properties as they come up, particularly as not all will accept her dog, and Mrs R has significant care needs. Mrs R's family are planning to put house on market in spring 2011.

Without the support of the local exemplar case worker Mrs R may not have made a housing application to move or received high priority on the waiting list. She may have continued to over occupy and is likely to have experienced a deterioration in her health and wellbeing if she had not been supported to move. With her failing health and high care needs she may have been at greater risk of another fall and an unplanned move to a care home without support to move to more suitable accommodation. When she moves this will free up a family sized property which is in short supply in this area. She will be able to continue to live independently but in a safer environment that better meets her health needs.

### **Newcastle 'Navigator service'**

Miss X was referred to us by her friend and was originally a Homesure Service customer. She is on a low income and we were unable to find enough funding to

cover the cost of the work that was needed to her property to bring it up to a habitable and decent homes standard.

Under the Navigator Service she was able to receive regular support, advice and information on other housing options as it seemed more and more unrealistic for her to stay in the property as its poor condition was having a detrimental effect on her mental health and wellbeing.

Originally she was keen to sell and buy somewhere else but given the poor state of her property this seemed more and more unlikely, she would not be able to make enough money from the sale to afford somewhere better.

By providing information on the various options available to her both to rent and to buy it made her face up to the reality of her own living situation and opened her mind up to exploring other options and the possibility of moving and what positive changes it would bring.

As a result of the intervention and support Miss X made the decision to move into Sheltered Accommodation, her property is still on the market and will hopefully be sold in the coming months. She is eligible for housing benefit to help whilst her property is on the market; I have assisted her to apply for this. Regular meetings are arranged to see how she is getting on and this support will continue until she is secure in her tenancy”.

Without the support of the local exemplar case worker Miss X is likely to have experienced a deterioration in her health and wellbeing as she lived in a property that was sub-standard and could not afford to bring it up to standard. The case worker supported her to make a positive move to more suitable accommodation that will enable her to live independently. She was financially better off after the case worker intervention.

### **Oxfordshire**

Mrs M, a 73 year old was referred to the case worker from Age UK. She would like to move from her present accommodation. The case worker sourced information about sheltered accommodation and arranged for officers to support the client regarding extra care home developments and to also undertake a benefits check.

Presently the client is considering sheltered accommodation. The officers contacted the client regarding extra care facilities as well. The time taken to source the information and for the officers to make contact was three and a half hours.

The information and support provided should enable the client to make an informed decision about appropriate future accommodation and to ensure correct benefits are being accessed, meaning that the client is financially better off.

### **Warwickshire**

In response to a mail shot sent by the exemplar to all home owners registered on the local authority waiting list Mrs C contacted First Stop. Mrs C has had both knee's replaced and walks with an aid of a stick. She is finding it increasing difficult to climb the stairs and use the bath. Mr and Mrs C had been on the housing register for approximately four years and were hoping to be allocated a two bed roomed bungalow.

The FirstStop Housing Options Worker visited Mr and Mrs C in their own home. On investigating their application it was discovered that the local authority had no two

bed roomed bungalows in the area of choice and unless they were willing to consider other areas were unlikely to be re-housed. The case workers discussed all housing options with Mr and Mrs C and it was agreed that the FirstStop worker would search for suitable properties within their price range. Seven properties were found and viewed.

As a result of the viewing Mr and Mrs C have put their home on the market and are considering putting in an offer on one of the properties.

Without the support of the local exemplar case worker they are likely to have remained on the housing waiting list indefinitely without ever moving to more suitable accommodation. This would have had a detrimental impact on their health and wellbeing. Mrs C is likely to have been at increased risk of a fall.

### **Somerset West**

Mr D was referred to the service by his social worker. He is an 85 year old male privately renting. His home was found to be unsuitable for his needs on discharge from hospital as he was not able to manage the stairs. Mr D was admitted to hospital because of a fall which resulted in a broken hip. Prior to going into hospital Mr D was a carer for wife, but when Mr D went into hospital she was admitted to a nursing home. Initially Mr D would not contemplate moving but has since changed his mind after discharge.

Ideally Mr D would like a stair lift to access the upstairs of the house. However, this has proved impossible because of the layout of stairs. The property Mr D was living in was in poor state of repair.

The case worker referred Mr D to the local authority for social housing. Mr D has since moved into sheltered accommodation after being readmitted to hospital after another fall.

Without the support to move to sheltered accommodation Mr D is likely to have had another fall and would have needed another hospital admission which could have led him to needing to move to a residential care home.

## **Broad findings from the five case study exemplar case files**

### **Newcastle**

#### **Referral route**

Newcastle provided 33 client records. Referrals to the case worker came from a variety of agencies: Age Concern, Homesure, Adult services, PCT, Warmzone, FirstStop and self referrals.

#### **Client tenure**

Twenty one out of the 32 client records provided by Newcastle were owner occupiers, ten were social housing tenants, one rented privately and one was living in an Anchor scheme.

#### **Wishing to move**

Twenty three clients wished to move from their current accommodation. Of these:

Three clients wished to move to a care home/residential home. Of these, one was struggling to cope with a large property and deteriorating health and felt the need to move to a care home.

Thirteen were thinking of moving to sheltered accommodation. Of these a few were finding it difficult to manage at home and they would also be downsizing their property.

Two wanted to move to another area, one because of social isolation. Four clients wished to move to more suitable accommodation such as a flat or bungalow.

### **Wishing to stay**

Seven clients wanted help to stay in their own homes. Three required home adaptations and four wanted benefits advice.

### **Future planning**

In many cases information and advice were given to allow people to make informed decisions for themselves.

### **Impact of issues on clients**

Prior to the intervention of the case worker clients suffered from social isolation, had health problems which required extra support, had complex housing issues resulting on being detrimental to health and wellbeing and did not know how to access support services.

### **Referred to another agency**

Clients were referred on by the case worker to Age Concern, DWP, Warmzone, CAB, community care alarm teams as well as to the local housing department and other HIA services.

### **Time taken by caseworker**

Newcastle provided the time taken by the case worker in the number of visits each case required. Visits ranged from one to 20. In the case of 20 visits the client had complex mental health issues. The average number of visits per case was four. Newcastle do not close cases, they keep them open as they realise that peoples needs change and they may need to refer back to their records to help people in the future.

### **Outcomes**

The majority of clients were able to access information and advice and/or support which enabled them to make choices which were right for them. Providing the correct information and advice directly empowered the clients. As part of this process a few increased their mental health and wellbeing, one was able to access grant funds to pay for work to be carried out to their property, one moved to more suitable accommodation and one was able to live independently with a greater degree of comfort.

## **Oxfordshire**

### **Referral route**

Oxfordshire provided the research team with 51 client records. The majority of clients were referred to the case worker from a social worker. Other referrals came from occupational therapists, the housing department and self referrals.

### **Client tenure**

There was not much information provided about the tenure of the clients in Oxfordshire. Out of the 51 records just eight had tenure attached. Three were owner occupiers; four were social housing tenants and one rented privately.

### **Wishing to move**

Twenty four clients wished to move from their current accommodation. Of these:

One wished to move to a care home/residential home. In this case the client was given information about local authority sheltered schemes and information about care homes for self funders.

Four wished to move to sheltered housing. In the two cases where extra client information was recorded both clients were given information about sheltered housing schemes.

One wished to move to another area. In this case the daughter had contacted the case worker for support in moving her father nearer to her.

Eighteen wished to more suitable accommodation e.g. flat/bungalow

In many cases clients wishing to move to alternative accommodation were helped by the case worker to complete housing application forms and were told of available properties in the area. For example, one client (tenure unknown) wished to purchase a HA bungalow he had seen and the case worker informed the client that HA bungalows were not for sale. The case worker gave the client information about available housing options. In other cases the case worker called the housing options department to find out how the clients application for more suitable accommodation was going.

### **Wishing to stay**

Sixteen clients wished to stay in their own homes. Of these:

Fourteen clients wished for information about home adaptations. Where extra information about the case was given the case worker gave the client information about independent living and one had grab rails fitted within two weeks of contacting the case worker. In addition clients were often given benefits checks and in three cases attendance allowance was awarded to the client.

Two clients needed help with a benefits check.

One client who wanted home adaptations (a hand rail in the bathroom) and help with benefits was referred to the HA for the hand rail, referred to a benefits advise worker, had help with a housing application for a transfer and was referred to a befriending service. The outcome is that the client is now attending an exercise class, has a volunteer befriender, and has had the handrail put in and pension credit, housing and council tax benefit have been awarded.

### **Future planning**

In many cases information was given to the client in order for them to make more informed choices when planning for the future. This includes being provided with information about care homes and care home funding.

### **Impact of issues on clients**

One client was unhappy about moving into sheltered accommodation having been discharged from hospital after having a fall at home. Another was lonely, whilst another's housing circumstances were felt to be detrimental to their health and wellbeing. One client did not feel safe in their own home and another needed an induction loop in the home he had just moved in to.

### **Referred to another agency**

Referrals were often made to the local housing department. Other agencies the case worker referred the client to included: the County Access Team (for home adaptations), NFHA for financial advice, Age UK benefits advice, Fire officers, social services and CAB.

### **Time taken by case worker**

Oxfordshire record the time taken on each case in minutes. The longest case passed to the research team had taken 5 hours and 50 minutes and this case was still on-going. The client in this case wants to move out of the area to be near her son. The case worker has spent time updating a housing application to another HA out of area and has supported the client in obtaining a doctor's letter in support of her housing application. The case worker is continuing to support the client in her relocation bid. In another case 4 hours 45 minutes were spent by the case worker supporting a client to get home adaptations. Referrals were made to the access team; the access team had carried out an assessment and were currently undertaking adaptations to support the client to stay in their own home. Other shorter cases, between 15 minutes and half an hour tend to be dealt with over the phone, so for example providing people with information about funding for care homes, providing information for independent living or signposting to the NFHA.

### **Outcomes**

In many cases clients were given relevant information in order for them to make informed decisions for themselves. Practical help varied from having a chain fitted, smoke detectors fitted, minor adaptations undertaken and benefits checks being carried out.

### **Impact of outcomes on clients**

Reported impacts of the intervention on the client ranged from clients feeling safer in their own home because a fire officer had fitted a smoke detector. In many cases benefits checks were carried out and Attendance Allowance had been awarded so the client was financially better off. One person who was socially isolated had had transport arranged to take her to an exercise class and her social interaction increased. Some had started actively bidding for sheltered housing properties and were awaiting a move. In a few cases small adaptations were made to the client's home, such as grab rails, making the client feel safer within their own home setting.

### **Somerset West**

Through the case work Somerset West have been helping older people with home choice/home finder/CBL. They help people to bid online as it can be difficult for older people. They also accompany older people to see properties they may wish to move to. They tend to get referrals once someone reaches a crisis situation. Many clients have illness or disabilities.

### **Referral route**

Somerset west provided 16 client records, nine of which were referred to the service from social services. The remainder were referred by occupational therapists, the housing department, a charity and self referrals.

### **Client tenure**

Fourteen out of the 16 client records provided by Somerset West contained tenure information. Five clients rented privately, five clients were owner occupiers, three clients were social housing tenants and one client was living in shared ownership.

### **Wishing to move**

Sixteen client case records were passed to the research team and the majority of these wished to move from their current accommodation. However, those wishing to move were also interested in ways to enable them to stay in their own homes, so in many cases there is an overlap. Of these:

Twelve clients wished to move to more suitable accommodation such as a flat or bungalow.

In one case the clients had been given notice to quit their private rented accommodation. Support in finding a more suitable property because of sight impairment and assistance in bidding via CBL was given. In another case an owner occupier had had a stair lift fitted but was concerned that he wouldn't be able to stay in his own home because of deteriorating health.

Four clients were considering a move to sheltered accommodation, although three also looking to move to more suitable accommodation. In most cases assistance was given in using Homefinder. In one case although sheltered accommodation was sought the client actually had home adaptations to enable him to stay in his own home.

### **Wishing to stay**

Of those wishing to stay in their own homes (and there is some overlap from those looking into sheltered housing/care homes):

Four clients wanted home adaptations. Of these, where records were provided, one had home adaptations to enable him to stay in his own home and one had a key safe fitted to enable the carers to let themselves into the client's property.

Three wanted care at home although two were the same people who wanted home adaptations. One person, an owner occupier, who discussed care at home had actually given up work to become a full time carer and was worried about losing his home.

Four wanted benefits checks, two of which had also been in touch about home adaptations and one had contacted the case worker about care at home. Two of those who needed benefits checks were also assisted in applying for a budgeting loan.

### **Future planning**

Of those that contacted the case worker about planning for the future the majority wanted help with bidding for a different property via CBL, or wanted help with looking for a property in the private rented sector.

### **Impact of issues on clients**

Impacts of the issues the clients were facing ranged from one person feeling very anxious because he was about to be evicted from his private rented property, one person feeling socially isolated because he lives in a small village and was soon to give up driving and one people who suffered regular falls resulting in hospitalisation. Two clients were living downstairs in their houses, one with no heating in a damp property and one sleeping in the sitting room and using a commode.

### **Referred to another agency**

Referrals were made by the case worker to the local housing department, CAB, Environmental health and occupational therapists and to the vulnerable adult team.

### **Time taken by case worker**

West Somerset provided the number of visits made to a client and the number of days/weeks to open and close a case. In nine cases the case was still on-going. Of the closed cases the number of visits to a client ranged from 2 to 6 visits and the time taken to close a case ranged from 4 weeks to over a year. In one case a client had five visits over an 11 week period and was supported into a move to sheltered accommodation. Similarly a client who had received 6 visits over a 50 week period had been supported into a move to sheltered accommodation.

### **Outcomes**

Four clients had moved into more suitable accommodation and one had been able to stay put with home adaptations. Where the case was on-going and information provided, two clients were waiting for extra care bungalows to come available.

### **Impact of outcomes on clients**

One client had directly reduced the likelihood of a fall having moved straight into sheltered accommodation from hospital having suffered another fall. Two clients were given debt advice and were helped in applying for budgeting loans. Of these one had moved into HA accommodation having been evicted from his private rented property. One vulnerable client who had been sleeping downstairs in a damp house was moved to more suitable accommodation and was subsequently able to live independently in a newly adapted property. One client who had been living in his living room and using a commode was moved to more suitable accommodation where he was less isolated, was able to wash independently and had the visits by a carer reduced from four times a day to twice a day.

## **Nottingham**

Nottingham set up two delivery services, one is a CVS and the other is a delivery service to older people. The majority of their clients are helped before they reach crisis point. They deal with low risk cases which might just involve giving advice over the phone to more complex cases which may require a case worker to visit a client on numerous occasions.

### **Referral route**

Nottingham provided 33 client case records, 17 came from one area and 16 from another. Referrals (where specified) to the case workers came from a variety of routes, from social workers and occupational therapists and housing options teams to the falls team, the future jobs fund and the local resource centre.

### **Client tenure**

Thirty one out of the 33 client records provided by Nottingham contained information about client tenure. Ten clients were social housing tenants, nine rented privately, nine were owner occupiers and three lived with their children.

### **Wishing to move**

Nottingham provided the research team with 33 client case records. Twenty two clients expressed a wish to move. Of these, and again there is some overlap as some people wanting to move to sheltered accommodation for example, would also be happy to move to more suitable accommodation, three were considering a move into a care home/residential home. One client had recently had a fall, whilst the other two suffered with mobility issues.

Eleven clients expressed a desire to move into sheltered accommodation, in these cases they clients were either in poor health or were frail elderly and felt they could not manage in their current homes. In a couple of cases the clients were also considering a move to more suitable accommodation.

One client wished to move out of the area to be nearer her granddaughter.

Nine clients wished to move to more suitable accommodation such as a flat or bungalow. Two clients (one tenure unknown, one a social housing tenant) wanted to move because the current property was too big to manage whilst two others wished to move to a larger property. In the case where information was given a couple who were both reliant on wheelchairs did not have enough space to store their equipment. One client suffering from COPD and could not get up the stairs so needed to move to ground floor accommodation.

### **Wishing to stay**

Seven clients expressed a wish to stay in their current accommodation. Of these six wanted home adaptations and one wanted benefits checks.

Examples of home adaptations that were required ranged from requiring a toilet frame, one required steps outside the door because he had had a fall and two required grab rails.

One client needed benefits advice and was referred to the pension service.

### **Future planning**

Clients planning for the future tended to be thinking about moving and information and advice was given by the case workers. Others needed help and encouragement to move from their property. Financial advice regarding care home fees was also sought.

### **Impact of issues on clients**

The impact of the problems faced by clients differed amongst the clients. Those wishing to move and were waiting for a move were often confused and worried about the move. In one case a woman was finding her HA home too large to manage after suffering a stroke wanted to move to a bungalow. However, before the move could take place the property would require some minor repairs and cleaning. The client was confused as she considered the property clean enough. Two clients were worried about falling, one was also worried about the cold and one felt isolated and vulnerable, she was 94 and wanted to leave her HA property and move into a care home. One person didn't want to move even though he was elderly and had mobility

issues in his current home. One person needed more care than was given in sheltered accommodation.

### **Referred to another agency**

Clients were often referred to their local housing department. Others were referred to the fire service, the NFHA for financial advice, assisted living and handypersons services and occupational therapists.

### **Time taken by case worker**

Nottingham supplied the number of visits taken by a case worker, the number of phone calls made for each case, and the time taken to close a case.

Number of visits ranged from one to 17, although the average was 2 visits per case. The time taken to open and close a case ranged from one telephone call to 5 months.

In the case where a client received 17 visits from a case worker the client was totally deaf and could not manage at home. He needed a lot of help and encouragement to move from his private rented house to sheltered accommodation and was not happy after the move was made. He changes his mind a lot and now wants to move again.

### **Outcomes**

Nine clients moved as a result of the intervention of the case worker. Of these, two moved into sheltered accommodation, two moved to bungalows, one moved to a more suitable property, two moved to residential/ care homes, one moved to a ground floor flat and one move was unspecified.

In other cases people stayed in their own homes with adaptations fitted, or had simply decided to stay in their own home and not move as they had first thought. Others are either bidding or are on waiting lists to move.

### **Impact of outcomes on clients**

The majority of clients were very happy with the outcome of their situation. In one case the client has got his dignity back as he can now sleep in a bedroom and use a bathroom again. The person who moved to a ground floor flat feels much safer and no longer worries about falling.

The person who needed minor repairs and cleaning of her property moved to sheltered accommodation and she was now very settled. As a result a large 4 bedroom HA property had been freed up a large family home.

The 94 year old move into a care home and was very happy and no longer anxious about falling. A HA house was also freed up by this person moving on.

## **Warwickshire**

Warwickshire provide a holistic housing options service for older people. In many cases they check if people are actually on the council waiting lists, in many cases they are not but they have been expecting to be offered somewhere more suitable.

### **Referral route**

Warwickshire provided 23 case records which were included in the typology and a further 26 which were not, discussed below. Referrals to their case workers came from FirstStop, occupational therapists, CAB, HIA and self referrals.

### **Client tenure**

Warwickshire provided tenure information for all 23 cases. Fourteen clients were owner occupiers, seven were social housing tenants, one rented privately and one lived in sheltered housing accommodation.

### **Wishing to move**

Eighteen clients expressed a wish to move from their current accommodation, and in a few cases they were thinking different types of accommodation so there is some overlap.

One person started out wishing to move into sheltered accommodation as he was finding the house too large to manage after the death of his wife. However, since a spell in hospital he now wants to move to a care home.

Two people wished to move to sheltered accommodation. One of which lives in a second floor flat that had been assessed for a walk in shower but realised this was not a long term solution.

Three people wanted to move to another area, one wanted to move to London to be nearer to family, one to Oxfordshire and one did not provide details.

Twelve people wanted to move to more suitable accommodation. In one case a client had MS and needed to find suitable accommodation to suit her needs, another wanted to move to a retirement complex, another needed to move as she had had both knees replaced and was struggling with the stairs whilst another needed to move as he had become a permanent wheelchair user. In the main, people looking to move to more suitable accommodation had medical/mobility issues.

### **Wishing to stay**

Seven clients wished to stay in their own home.

Two clients wanted to stay in their own homes but were finding it difficult to do so, this was because one found the thought of decorating very stressful and the other needed home improvements and applied for a grant but has outstanding an outstanding mortgage and a CCJ.

One person wants to stay in their own home with adaptations but has found the house is in a demolition area and is therefore unsuitable for adaptations.

Two people are looking into care at home and one person needed benefits advice.

### **Future planning**

Clients looking at planning for the future tended to have financial worries, one person was looking at care home fees, his wife was already in a care home but he was worried what would happen if the fees went up. Another is looking into care home funding as well as assisted technology. One person is going through a divorce and is thinking about applying for a shared ownership property.

### **Impact of issues on clients**

A few of clients wanting to move had disputes with noisy neighbours and it was this that made them want to move home. In both cases they felt unhappy living where they were.

One client could not go upstairs and there was not a toilet on the ground floor, whilst another with mobility issues has to climb 16 steps to get to her flat.

### **Referred to another agency**

A few people were referred to their local housing department to enable them to bid on properties. One was referred to the council maintenance department to help with decorating. A few people were referred to Age Concern and one person was referred to a befriending service. This particular client is 69 and lives in extra care sheltered accommodation. However, she is an alcoholic and feels the people living around her are too old.

### **Time taken by case worker**

Warwickshire provided the number of case worker taken by a case worker and the time taken for a case in days/weeks/months.

The vast majority of cases had just one client visit and the time taken for a case was anything from one day to 2 months. However, just over half the cases were on-going so exact end dates were not available.

An example of a case taking a day is that of the person who wanted to have adaptations to her property but found the property was not suitable. She could not sell the property because it was within a demolition area. She was therefore advised to stay put until the compulsory purchase scheme came into effect.

The case that took 2 months to close was a person who needed help cleaning the house. The case worker helped the client apply for direct payments and the client then bought in her own help.

### **Outcomes**

The majority of cases were still on-going. Of those cases that were closed, a couple of people had decided to stay put for the time being, one of these being the person who had complained about noisy neighbours, whilst the other had been referred to a befriending service. One person, who couldn't use the stairs because of mobility issues, had put their house on the market and was hoping to buy a bungalow, one was waiting for a compulsory purchase scheme before trying to move and one was referred to Age Concern for a befriending service.

### **Impact of outcomes on clients**

There was only one recorded impact of the outcome on the client. This was the client who was very worried about decorating, she had been referred to the council maintenance department and she was very happy with the decorator.

Warwickshire sent through a further 26 case notes to the research team. However, many of these cases had just started and so it was not possible to identify outcomes or indeed what the alternative outcomes might have been had the clients not contacted the exemplar of information and advice.

We did however, have the client presenting issues which were broad and varied, many of which will require follow up contact to take place:

- One person hoarding belongings which was thought to be a fire risk.
- One person who had alleged rent arrears wanted to move.
- One couple who were adequately housed wished to move to another area.
- One person who needed to move from a flat to ground floor accommodation.
- Two people made contact but did not need help after all.
- Four were interested in moving to sheltered accommodation.

- One person enquired about temporary accommodation as her house had flooded.
- One couple needed to know if they were on the medical list to move.
- One person wanted to discuss options because of damp in his property.
- Two people wanted to move out of sheltered accommodation.
- One person wanted to move out of sheltered accommodation because of neighbour disputes.
- Four people want to downsize their property and needed to know housing options.
- One person is worried about leaving tied accommodation.
- One person is concerned about his mother's wellbeing as she suffers with memory problems.
- One person is selling his home and wanted help applying to the council for accommodation.
- One person wanted advice about residential care.
- One person was looking into mutual exchange.
- One couple was asking information about how much council tax a different property would cost if they were to move.

Many of these cases may well result in the clients moving to more suitable accommodation, downsizing or moving to another area.

## **Conclusions**

### **Benefits of the case work**

The analysis shows that there are many benefits arising from the case work services provided by the FirstStop local pilot projects, not just for individual clients but also for other agencies. The benefits can broadly be placed into two categories, benefits to the client and benefits to the public purse.

### **Benefits to the client**

Clients were assisted to access services they may otherwise not have been aware of. For example, clients that were referred to befriending services not only reduced their feelings of isolation but also improved their health and wellbeing, they would not have necessarily have known the service existed prior to contacting their case worker. Similarly many clients have benefitted from information the case workers sourced on their behalf from a variety of agencies such as social services, advocacy services and occupational therapists.

Some clients called the case worker to find out information for the future; they were forward planning rather than responding to a crisis situation. In so doing they were given help and advice on what their options would be in the future and what type of housing/care would be available to them within their area.

Others called the case worker because they were in a crisis situation and needed information and advice quickly. This was most likely to happen during a hospital admission, resulting from for example, a fall. Either the client or a relative of the client needed to find out about moving to more suitable accommodation such as into sheltered housing or into a care home quickly as their current accommodation was no longer suitable for their needs.

In some cases people were supported to downsize, freeing up larger family sized housing in areas where there is a shortage of family housing. Similarly, some social

rented properties were brought back into circulation as people moved into sheltered accommodation or into care homes, freeing up properties for people on waiting lists.

In the vast majority of cases clients experienced a reduction in anxiety and increased their health and wellbeing as a result of the information and help they received and the actions they went on to take.

All case workers offered their clients a benefits check, which in a substantial number of cases resulted in the client becoming financially better off. This was because many people were not claiming benefits they were entitled to, such as Disability Living Allowance. The case workers also offered debt management and help with budgeting. Where outside financial advice was needed the case workers signposted clients to professional, reputable financial advisors, reducing their risk of being exposed to fraudulent or exploitative companies.

Other financial advice was offered, including introducing clients to direct payments, leading to greater client choice.

Overall clients' confidence increased as they were given all the relevant information to help them make informed decisions.

### **Benefits to the public purse**

Case workers often helped clients requiring assistance with completing long housing application forms, freeing up the time it would have taken a social worker or local authority/housing association personnel. Case workers also helped clients bid for properties saving housing officers time as well as liaising directly with GPs on behalf of client/landlord to supply evidence regarding medical points.

Similarly, visiting clients in their own homes and identifying the suitability of minor adaptations freed up the time of occupational therapists.

In cases where the client may have needed advice on a number of issues, such as benefit claims and moving on to more suitable accommodation the case worker provided a holistic service rather than the client being referred on to a number of different agencies for advice, thus saving time and intervention from a variety of agencies.

A main saving was brought about by early interventions by the case work team; in many cases clients were either helped to move or had home adaptations fitted which vastly reduced their risk of a fall preventing a costly hospital admission.

Where social rented properties were brought back into circulation, through either the client moving into sheltered housing or a care home or indeed by downsizing, families who might otherwise have been overcrowded or on the waiting list for a long period of time were housed.

### **Alternative client outcomes**

The following table shows what might have happened to clients had they not accessed information and advice. For example, if a client had not had home adaptations put in to their existing property, or moved to a more suitable property their risk of a fall would have been increased and they might well have been at risk of a hospital admission.

	Oxfordshire 51 cases		Somerset West 16 cases		Nottingham 33 cases		Warwickshire 23 cases		Newcastle 33 cases	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Increased care at home needed	1	2	6	38	1	3	5	22	5	15
Increased risk of hospital admission	6	12	5	31	12	36	5	22	5	15
Continuing to over occupy			10	63	2	6	5	22	1	3
Crisis move to care home			4	25			3	13	3	9
Financially worse off	6	12	12	75	3	9	2	9	4	12
Increased risk of a fall	8	16	11	69	11	33	6	26	6	18
Worsened health and wellbeing	8	16	5	31	16	48	1	4	5	15

Without the local exemplar projects the clients were likely to have experienced a number of problems. These include:

- Social isolation
- Anxiety
- Being financially worse off
- Worsened health and wellbeing
- Made crisis moves to a care home
- Increased risk of a fall
- Increased risk of a hospital admission
- Needed more care at home
- Living in inappropriate housing
- Living in just the downstairs of a property
- Inability to manage home/garden
- Increased likelihood of repairs and maintenance
- Inability to bid for more suitable properties
- Not having points added to housing application
- Care needs not met
- Feeling unsafe/less secure in their home
- Feeling disempowered
- Unable to continue to live independently
- Not accessing services
- Not planning ahead
- Lacked access to information and advice

## Chapter 8: VFM for Local Pilots

### Introduction

The VFM analysis builds on the local case file analysis discussed in the previous chapter which explored the outcomes of the case work intervention, the benefits that accrued and the potential alternative outcomes if there had been no intervention. This chapter develops this analysis to add monetary values where possible to the outcomes and compares them to the potential alternative outcomes without the service to identify savings to the public purse.

There are a range of potential benefits to the public purse that arise as a result of the case work intervention, as identified in the previous chapter. The ones that it is possible to place a value on have been identified as relating to the prevention of falls, the prevention of more intensive care packages being required, the prevention of falls, the saving of occupational therapist and social worker time and preventing the need for DFGs.

There remain many immeasurable outputs of the case work that were identified during the research that should be considered alongside the quantitative output in financial terms. These qualitative benefits include all those detailed in the previous chapter.

For the examples below, the cost of the service is given for however long each local project had been operating for at the time of the evaluation. The savings generated by the intervention received by each client during the operating period are given for one year to allow comparison between projects.

### Data sources for monetary values

#### Moved to sheltered housing

One outcome of the case work was that some clients moved into sheltered housing. This has a cost to the public purse.

The cost to a local authority of providing sheltered housing over one year is £8476.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Average rent and service charge paid for sheltered housing by occupants 2009 is £4148.56.

- Based on averages from Dataspring.
- Assumed older people paid an average rent towards the sheltered housing. Some will get HB but some were owner occupiers so made assumption that cancels each other out.

Overall cost to a local authority of providing sheltered housing over one year is £4327.44.

- Cost of providing SH minus income in rent.

#### Moved to residential care

One outcome of the case work was that some clients moved into residential care. This has a cost to the public purse.

The cost to a local authority of providing residential care for older people is £25 168 per year.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

### **Adaptations**

One outcome of the case work was that clients had home adaptations. This has been given a cost to the public purse of zero as in all cases where information is available the adaptation was paid for by the client or their family.

### **Increased care needed**

Without the case work intervention one alternative outcome was that some clients would have required a more intensive care package. This would have a cost to the public purse.

Assumed increase from a median care package to a high cost care package (£677-£223= £454 per week).

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

### **Hospital admission**

Without the case work intervention one alternative outcome was that some clients would have made a hospital admission as a result of their housing and care problems sometime in the year period. This would have a cost to the public purse.

Assumed one additional hospital admission over a one year period £298.

- Based on Hospital Episode Statistics 2009-10.

### **Fall**

Without the case work intervention one alternative outcome was that some clients would have fallen at least once during the following year. This would have a cost to the public purse.

Assumed one fall in a one year period £2108.

- Based on Hospital Episode Statistics 2009-10.

### **OT/SW time**

Without the case work intervention one alternative outcome was that some clients would have required further assistance from OTs or social workers. This would have a cost to the public purse.

Assumed without intervention a further three hours of OT/SW time would be required at £147 per hour.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

### **Moved anyway**

Some clients would have moved anyway but additional benefits were accrued through the intervention.

### **DFG saving**

Without the case work intervention one alternative outcome was that some clients would have required a DFG. This would have a cost to the public purse.

- Based on actual reported costs.

## **Limitations to the VFM analysis**

The VFM analysis is necessarily relatively simplistic and limited in scope for a number of reasons.

The time frame of operation of the local projects was relatively short which meant that most of the local projects had not yet generated concrete outcomes for their clients at the time of analysis. Without a definite outcome, no financial savings can be identified. Many of the projects had ongoing cases that would eventually lead to outcomes that would generate benefits and savings. There is a lot of qualitative evidence of the benefits of the projects, as discussed in the previous chapter.

In analysing the information provided by the projects it was difficult to distinguish between the different types of client service provided – between in depth case work, advice but more than information, simple information and signposting only. The in depth case work leads to the type of outcomes that can more easily be given a monetary value, but it was not possible to financially value the benefits of the less intensive services.

One issue was that insufficient information was provided on the time spent on the different types of cases, so all costs have been weighed against the benefits of only a proportion of the total cases, which reduces the overall savings delivered by the projects. Phase 3 of the evaluation will focus on improving the evidence of inputs, outputs and outcomes of different types of cases so that costs and benefits can be identified more accurately.

One issue in analysing VFM was the lack of consistency in reporting and monitoring between the different exemplar projects. Information about clients was collected in different ways and in more or less depth by different projects so some information was unavailable.

The cost of the service per client is a relatively crude measure of the value of the projects. Whilst the provision of case work was an important part of many of the projects, differing proportions of time was spent by staff on non case work activities such as strategic work, awareness raising and training. There was not enough information to calculate the balance of time spent between case work and other activities to cost them differently. The local exemplar projects provide case work and/or strategic work around housing options for older people. The funding covers all aspects of providing services which includes:

- Staff time for case workers and managers
- General training
- Training of helpline staff
- Delivery of presentations/workshops to other professionals
- Delivery of presentations/workshops to older people and community groups
- Research of housing related services
- Distribution of FirstStop materials
- Postage
- Development of websites
- Promotional work
- Research of existing good practice
- Publicising work through local press and media

- Meetings with other agencies such as HIA, Care and Repair
- Liaison with social housing providers
- Liaison with hospital discharge team
- Liaison with local authority housing options
- Developing a directory of local services
- Telephone calls
- Travelling costs for client visits.

## 1) Somerset West

### Nature of the problem

- Older people thinking about their housing options
- Can no longer manage at home
- Mostly vulnerable e.g. illness and disability

### Nature of the intervention

- Caseworker within HIA
- Gets cases referred from social workers/OTs which are too complex/difficult/time consuming/fall outside their clear remit
- Case worker helps old people to move or have home adaptations

### What was being spent on advice etc anyway

- This was a new service, only one in county
- OTs/SWs attended after crises e.g. falls, but outside remit to provide level of help needed

### Cost of new scheme

- Cost of case work service £60 000 eighteen months

### Outputs

- Outputs:
  - 16 in depth cases with outcomes eighteen months
  - 163 other cases
  - Total clients 179

### Outcomes

- Outcomes which can be given a monetary value = Main outcomes were moved to sheltered housing – in some cases preventing falls, hospital admissions, saved OT/SW time, reducing care at home needs.

### Actual and alternative outcomes by client

	Actual Outcome	Alternative outcome without intervention			
1	Moved to SH	Increased care needed	Hospital admission	Fall	OT/SW time
2	Moved to SH				OT/SW time
3	Moved within PRS		Hospital admission	Fall	OT/SW time
4	Moved to SH	Increased care needed	Hospital admission	Fall	OT/SW time
5	Moving to SH	Increased care needed			OT/SW time
6	Adaptation			Fall	OT/SW time
7	Adaptation				
8	Moving to tenure unknown			Fall	
9	Moving to SH			Fall	OT/SW time
10	Moving to extra care	Increased care needed	Hospital admission	Fall	OT/SW time
11	Moving to tenure unknown			Fall	
12	Moved to extra care	Increased care needed	Hospital admission	Fall	OT/SW time
13	Moving to SH			Fall	OT/SW time
14	Moving to SH				OT/SW time
15	Adaptation	Increased care needed		Fall	OT/SW time
16	Moving to SH				OT/SW time

### Direct financial cost effectiveness analysis

- Outputs = 179 clients eighteen months
- Unit cost per client = £335

## Value to public purse

### 1) What did it cost the public purse to fund the case work service outcomes?

#### With intervention by case worker: outcomes by client

	Main outcome 1	Cost to LA of outcome 1 per yr	Average rent and service charge paid 2009	Overall cost to LA
1	Moved to SH	8476	4148.56	4327.44
2	Moved to SH	8476	4148.56	
3	Moved within PRS			
4	Moved to SH	8476	4148.56	4327.44
5	Moving to SH	8476	4148.56	4327.44
6	Adaptation	0		0
7	Adaptation	0		0
8	Moving to tenure unknown	0		0
9	Moving to SH	8476	4148.56	4327.44
10	Moving to extra care	21840	4148.56	17691.44
11	Moving to tenure unknown			
12	Moved to extra care	21840	4148.56	17691.44
13	Moving to SH	8476	4148.56	4327.44
14	Moving to SH	8476	4148.56	4327.44
15	Adaptation	0		0
16	Moving to SH	8476	4148.56	4327.44
				<b>65674.96</b>

#### Cost of outcomes with intervention to public purse:

Cost to LA of outcome per yr providing sheltered housing

- Based on Unit Costs of Health and Social Care 2010

Average rent and service charge paid 2009

- Based on averages from Dataspring
- Assumed old people paid average rent towards the sheltered housing. Some will get HB but some were owner occupiers so made assumption that cancels each other out.

Overall cost to LA

- Cost of providing SH minus income in rent

Totaled for all cases £65 674.96 = cost to public purse of the outcomes with intervention

£371 per unit (client) (65 675/179 = 371)

**2) What would it have cost the public purse over that year without the case work service?**

Assumed that without intervention:

- Within the one year assumed they would all have remained in their current home without the new case work service.
- Those who had a history of recent falls would have fallen once in the year.
- Those who had a history of hospital admissions through poor housing would have been admitted once in the year.
- Those receiving care at home would have need to increase it over that year.
- Those referred by OTs/SWs would have had three one hour visits over the year.

**Without intervention: likely outcomes by client**

	<b>Alternative outcome</b>	<b>Cost</b>							
1	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
2							OT/SW time	442.5	
3			Hospital admission	298	Fall	2108	OT/SW time	442.5	
4	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
5	Increased care needed	23608					OT/SW time	442.5	
6					Fall	2108	OT/SW time	442.5	
7									
8					Fall	2108			
9					Fall	2108	OT/SW time	442.5	
10	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
11					Fall	2108			
12	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
13					Fall	2108	OT/SW time	442.5	
14							OT/SW time	442.5	
15	Increased care needed	23608			Fall	2108	OT/SW time	442.5	
16							OT/SW time	442.5	
		141648		1490		23188		5752.5	<b>172078.5</b>

*Cost of the alternatives without intervention:*

From typology from detailed case notes.

- Increased care needed - based on Unit Costs of Health and Social Care 2010
- Hospital admission – based on Hospital Episode Statistics
- Falls - based on Hospital Episode Statistics
- OT/SW time 3hrs - based on Unit Costs of Health and Social Care 2010

Totalled for all cases £172 078.5

£961per unit (client) (172 079/179)

***Saving to public purse***

*Cost of alternative outcomes without intervention - cost of outcomes with intervention*  
= £172 078.5 - £65 674.96 = £106 403.54

Minus the cost of the service

£106 403.54 - £60 000 = £46 403.54

**£46 403.54 = saving to public purse over one year**

**Savings to households**

The evaluation did not really look at this but estimate at £2600 per person over one year through benefits checks (average increase in benefits after check is £50 per week)

**£46 403 = annual saving to public purse**

## 2) Nottinghamshire

**Nature of the problem**

- Older people thinking about their housing options.
- Clients with different levels of need.

**Nature of the intervention**

- Two caseworkers within voluntary organisations commissioned by the County Council.
- Caseworkers provide signposting, information, advice and support in moving/making adaptations to existing home.

**What was being spent on advice etc anyway**

- This was a new scheme.

**Cost of new scheme**

- Cost of case work service £40 000 one year

**Outputs**

- Outputs:
  - 33 in depth cases in 10 months
  - 198 other cases
  - 231 total clients

**Outcomes**

- Outcomes which can be given a monetary value = Main outcomes were moved to sheltered housing or residential care – in some cases preventing falls, hospital admissions, saving OT/SW time, reducing care at home needs, preventing need for DFGs.

## Actual and alternative outcomes by client

Actual Outcome	Alternative outcome without intervention					
Moved to SH		Hospital admission		OT/SW time 3hrs		
Moved to SH				OT/SW time		
Moved to SH				OT/SW time		Moved anyway
Adaptation		Hospital admission	Fall	OT/SW time		
Moved to SH		Hospital admission	Fall	OT/SW time		
Adaptation		Hospital admission	Fall	OT/SW time		
Adaptation		Hospital admission	Fall			
Moved to care home	Increased care needed	Hospital admission	Fall	OT/SW time		Moved anyway
Moved to care home	Increased care needed			OT/SW time		Moved anyway
Moved within SH			Fall	OT/SW time	DFG saving	
Moved within SoCH		Hospital admission	Fall			

## Direct financial cost effectiveness analysis

- Outputs = 231 cases in 10 months
- Unit cost per client = £144

## Value to public purse

### 1) What did it cost the public purse to fund the case work service outcomes?

#### With intervention by case worker: outcomes by client

With intervention	Main outcome 1	Cost to LA of outcome 1 per yr	Average rent and service charge paid 2009	Overall cost to LA
	Moved to SH	8476	4148.56	4327.44
	Moved to SH	8476	4148.56	4327.44
	Moved to SH	8476	4148.56	4327.44
	Adaptation	0		0
	Moved to SH	8476	4148.56	4327.44
	Adaptation	0		0
	Adaptation	0		0
	Moved to care home	25168		25168
	Moved to care home	25168		25168
	Moved within SH	0		0
	Moved within SoCH	0		0
				<b>67645.76</b>

Cost of outcomes with intervention to public purse:

Totalled for all cases £67 646 = cost to public purse of the outcomes with intervention.

£293 per unit (client) (67 646/231 = £293)

**2) What would it have cost the public purse over that year without the case work service?**

Assumed that without intervention:

- Within the one year assumed they would all have remained in their current home without the new case work service.
- Those who had a history of recent falls would have fallen once in the year.
- Those who had a history of hospital admissions through poor housing would have been admitted once in the year.
- Those receiving care at home would have need to increase it over that year.
- Those referred by OTs/SWs would have had three one hour visits over the year.

**Without intervention: likely outcomes by client**

Alt.	Cost	Alt. outcome	Cost	Alt. outcome	Cost	Alt. outcome	Cost	Alt. outcome	Cost	Alt. outcome	Cost	
		Hospital admission	298			OT/SW time	442.5					
						OT/SW time	442.5					
						OT/SW time	442.5			Moved anyway	4327.44	
		Hospital admission	298	Fall	2108	OT/SW time	442.5					
		Hospital admission	298	Fall	2108	OT/SW time	442.5					
		Hospital admission	298	Fall	2108	OT/SW time	442.5					
		Hospital admission	298	Fall	2108							
Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5			Moved anyway	25168	
Increased care needed	23608					OT/SW time	442.5			Moved anyway	25168	
				Fall	2108	OT/SW time	442.5	DFG saving	4000			
		Hospital admission	298	Fall	2108		442.5					
	47216		2086		14756		4425		4000		54663.44	<b>127146.4</b>

Totalled for all cases £127 146

£550 unit (client) (127 146/231)

**Saving to public purse**

Cost of alternative outcomes without intervention - cost of outcomes with intervention = £ 59 500

Minus the cost of the service

£ 26 167.68

**£26 168 = annual saving to public purse**

### **3) Oxfordshire**

The Oxfordshire project delivered the benefits as discussed in the previous chapter. However, the nature of the service meant that the case work was less intensive than in the two projects above and there were no outcomes that could be attached a monetary value.

#### **Nature of the problem**

- Older people thinking about their housing options.
- Clients with different levels of need.

#### **Nature of the intervention**

- Caseworkers within Age Concern Oxfordshire
- Caseworkers provide signposting, information and advice to clients rather than intensive face to face case work.

#### **What was being spent on advice etc anyway**

- This was a new scheme but Age Concern Oxfordshire had their own existing local helpline.

#### **Cost of new scheme**

- Cost of case work service £40 000 one year

#### **Outputs**

64 total clients in one year

#### **Outcomes**

- Outcomes were varied but included the provision of information and advice, small home adaptations and increase in income for client through benefits checks.

#### **Direct financial cost effectiveness analysis**

- Outputs = 64 cases in one year.
- Unit cost per client = £625

### **4) Newcastle**

The Newcastle pilot was a strategic project around housing options for older people, for example, to raise awareness of housing options and services amongst older people and local agencies. The Newcastle case work service was not funded by FirstStop project.

#### **Nature of the problem**

#### **Nature of the intervention**

#### **What was being spent on advice etc anyway**

- This was a new project.

#### **Cost of new scheme**

- Cost of service £40 000

## **Outputs**

- Outputs:
  - 265 people attended courses and events
  - 69 older people undertook housing options training via workshops
  - 2,500 leaflets and brochures distributed
  - 19 people provided with advice and information about options and 62 cases through the case work service (not funded by FirstStop)

## Chapter 9: Training Programme

This chapter provides an evaluation of the training programme delivered for FirstStop by Care & Repair England.

### Aims

The key aims of the training programme are:

- to deliver face to face training for over 1,000 people
- to produce and promote online self training materials

The training was deemed necessary for a number of reasons:

- to increase local capacity among providers of related housing services to enable them to offer a better level of advice and information to older people about housing options in later life
- to raise awareness of the help that FirstStop can offer and to promote its availability to a wider audience
- to increase understanding among people whose work / volunteer role brings them into contact with older people who are facing housing difficulties or choices so that they can be both a source of information and support, as well as being able to pass on information about FirstStop
- to raise awareness among older people of their housing and care choices in later life, to stimulate discussion and hopefully encourage more people to think and plan ahead

### Activities

The Training Programme is delivered by Care & Repair through face to face training, shorter workshops, a cascade model of training and supporting local exemplar projects to deliver workshops and training locally. In addition a set of web-based self training materials have been produced.

#### ***Face to face training events***

To date activities have comprised full day courses in Year 1 and half day workshops in Year 2. The full time courses focused on professional and volunteer advisors while the half day workshops were primarily aimed at older people, activists and volunteers as they have a different emphasis. The courses are tailored to specific audiences and internal analysis of evaluation feedback forms shows no difference between the courses in terms of how they are rated by participants.

The following courses are currently advertised on the website:

Full day	Advising Older People about their Housing Options in Later Life
Full day	Choosing and Paying for Care in Later Life
Half day	Understanding Older People's Housing Choices in Later Life
Half day	Passing it on: Housing Choices in Later Life

The first two are full day courses for advisors and professionals. Understanding choices is designed for staff and volunteers who work in a variety of settings and come into contact with older people on a regular basis, while 'Passing it on' is designed for older people who are group and community leaders and activists. The flyers for each course, which are available on the website to download, set out who should attend and this makes it clear that they are designed for different audiences.

The two full time courses are similar in structure but cover different topics. The first is about housing choices while the second is about care choices. The half day workshops, in contrast, are different. Understanding choices has a standard structure of 3 hours whereas Passing it on is flexible and can last between 2 and 3 hours depending on the local group.

When booking, individuals do not simply sign up – someone has to be responsible for organising the training. This could be a charity or voluntary group, a local authority or housing association, or a commercial organisation. All courses require a minimum of 20 people and a maximum of 30 although this is subject to discussion. Two half day courses can also be run on the same day, which is more cost effective and attracts a reduced fee.

Client feedback forms are distributed at all training events. As part of this evaluation, feedback was examined from three of the events selected to show the range of issues raised:

- Manchester Take-up Champions, Manchester: Housing Choices in Later Life
- St Peter's Women's Fellowship, Woolton, Liverpool: Housing Choices in Later Life
- Leamington Spa, Warwickshire: Advising Older People about Housing Choices in Later Life

#### Manchester Take-up Champions, 6/8/2010

This was attended by just 7 people, 5 of whom completed a feedback form. On a scale of 1 = poor and 5 = excellent, three found it excellent in terms of interest while one found it good and one okay, while in terms of usefulness two found it excellent, two good and two okay. People felt that there was nothing missing that they wanted to know about, and that the most useful information was knowing what housing is available for older people. There did not appear to be any critical comments.

#### St Peter's Liverpool, 9/10/2010

There were 35 attendees and 27 forms were returned. All 27 would recommend the course to other people. On a scale of 1 = poor and 5 = excellent, 20 people found it excellent in terms of interest and 18 in terms of usefulness. One person misunderstood the scale as she chose poor for both of these yet wrote in that the day was excellent! Most people felt that the most useful information related to planning ahead for future needs and understanding the choices that were available when/if you need to leave your home. A couple of critical comments/questions:

*How would we know whether equity release would be right for us?*

*Why should people who own their own homes have to use that money to pay for their care, when others get that care for nothing?*

#### Leamington Spa, 12/11/2010

This course was aimed at advisors rather than older people / volunteers. It was not clear exactly how many attended, but 24 forms were returned. All 24 would recommend the course to other people. On a scale of A = excellent and E = very poor, 16 felt that their overall view of the day was excellent, with 7 saying good and 1 saying satisfactory. Many people found the information very useful in their work with clients. However there were two main criticisms: the room was too small for the large number of attendees (possibly because of some double booking) and although the session was advertised as starting at 10 am it did not begin until 10.30 and the session ran out of time. This led to comments such as:

*Very informative but too rushed.*

*Ran out of time. Could have done with half an hour longer.*

However these comments did not appear to have affected people's assessments of the course, as these were overwhelmingly positive.

### **Online self training materials**

A set of three self-training booklets are available to down-load from the website. They cover

Aimed at professional advisors:

- Advising older people about their housing choices in later life
- Advising older people about their care choices in later life

Aimed at activists /volunteers or older people themselves:

- Housing choices in later life: a self training guide

The three booklets are easy to download. They are designed to be interactive, involving the learner through activities and tasks, some of which require internet access to make links to useful websites. The learner can work at their own pace and dip in and out of tasks as required. However, the order in which materials and tasks are addressed should be followed as later sections build on the knowledge gained earlier.

The module can also be worked through as a paper document, although this may make it more difficult to follow the web links. These include the DCLG's *Lifetime Homes* web pages, the EAC's *Guide to Retirement Housing* and a postcode search on the First Stop website to find out about retirement and sheltered housing schemes or care homes in one's local area. The module includes tasks such as:

'if an older person comes to you for advice about fixing a hole in their roof, write down three key questions that you would need to ask in order to advise them and/or refer on'

The booklets also refer to novel solutions found in other countries, such as senior co-housing in the Netherlands and Denmark and 'Homeshare' schemes where a younger person lives in an older person's home and in return for free accommodation they provide up to ten hours of support per week.

The booklets refer to FirstStop throughout, and in particular readers are pointed to the HOOP questionnaire on the housingcare/FirstStop/EAC website which helps older people decide their priorities when it comes to staying put or moving, and what needs to be done in order to remain in their current homes.

Overall, the booklets represent an invaluable resource that has clearly been well-researched and beautifully presented.

In addition, the training packages and materials developed and provided for exemplars by Care & Repair have been used locally, resulting in a cascade of awareness and information to a further 3,222 people.

## **Costs**

In Year 1 Care & Repair set up the whole project with its selection / funding / reporting / and progress chasing systems. The latter includes running the meetings for projects (which also include a training/learning element), report chasing and collation, plus producing a quarterly report to FirstStop. In Year 1 advisors were also employed to contribute to the delivery of the training package. All of this was funded from a lump sum grant of £50,000 from FirstStop.

### ***Full day training events costs***

Example for 25 people at a central training venue with all-inclusive venue hire, simple delegate refreshments at £35 per head. Trainer for one to one and a half days (may need overnight stay). Course organisation and administration based on venue location and liaison, advertising, bookings, delegate pack production, evaluations amounting to three days per course at £160 per day.

Total event costs (average)

Venue	£875
Trainer	£475 + £45 travel costs
Administration	£480
Total	£1,875 (average £74 per person)

The charge for a one day in house course for professionals in the statutory sector for 25 people (where room and refreshments are provided) is £1,000. This just covers costs.

### ***Training for volunteers and older people***

Example 2-3 hours at location provided by third party so with no refreshment or venue costs. One day of trainer time (£350 with preparation time) plus one day of administrator's time (£160) plus trainers' travel at £45 average.

Average cost £555.

Group numbers for these courses vary significantly but the current overall average attendance at all types of sessions this year (2010-11) works out at 1,138 people at 48 events which is 27.75 people per event or £20 per head.

### ***Online training package production***

Drafting / editing / agreeing the text: 9 days at £350 per day = £3,150

Designer: £850

Testing / website linking / promotion: 3 days at £350 per day = £1,050

Total production costs: £5,050 per package

Three packages at present cost £15, 150.

For internal costing purposes, the FirstStop grant was divided in half, with £25,000 for the courses, workshops and self training packages and £25,000 for the local projects, network coordination and reporting functions. A unit cost could therefore be estimated by deducting £5,000 for the downloadable self training materials, leaving a balance of £20,000 for the courses themselves.

Thus in Year 1 the unit cost was £40.35 per person (£20,000 divided by 441 attendees) while in Year 2 to date it is £12.37. This reflects the amount of staff time as well as the number of attendees per course/workshop.

## **Income**

### ***Full day courses***

In principle, full day courses are charged as follows:

Voluntary and charity sector: £600 for 20 participants plus £20 per additional person.

Statutory sector, local authority, housing association: £850 for 20 participants plus £30 per additional person.

Commercial sector: £1,100 for 20 participants plus £40 per additional person.

These only just cover costs (see above).

Care & Repair have also developed and prepared a portfolio of chargeable training events for FirstStop who include them as part of the FirstStop 'offer' promoted to other organisations. Care & Repair do not market these separately but deliver any that FirstStop commission. There have been no commissions to date. This is in line with the general experience of a major reduction in spending on training by both the statutory and voluntary sectors.

### ***Half day workshops***

As a result of this reduction in spending on the part of potential client groups, in Year 2 Care & Repair have focused on training for older people, volunteers, small voluntary groups and activists and these people do not pay to attend as the primary purpose is awareness raising and capacity building. These are run as half day workshops and have provided no income this year.

## **Progress against Targets**

For FirstStop as a whole the current targets are as follows:

- DCLG Programme Outcome 7: Capacity building for housing information and advice services.
- Indicator: Number of professional advisers, non-specialists and older people equipped to deliver housing options information and advice.
- Output targets:
  - To deliver face to face training for over 1,000 people.
  - To produce and promote online self training materials.

### *Outputs from face to face delivery*

From the reports to DCLG outputs for 2010-11 were as follows

Q1 – 10 workshops and courses for 363 people

Q2 – 13 workshops and courses for 381 people

Q3 – 12 workshops and courses for 277 people

Jan & Feb 2011 – 7 workshops for 147 people

In 2010 the outputs were

Q1 to Q3 – 13 workshops for 449 people.

Total to date 1,617 people.

Self training materials and also presentation materials to enable local exemplar pilots to run local courses and workshops were all produced by Care & Repair and have been promoted by both Care & Repair and FirstStop.

However, Care & Repair do not have the facility to monitor the number of downloads – this is done by FirstStop.

*Level of cascading of nationally produced training and workshop resources*

It is possible to quantify the level of cascading using the reports from the local exemplars. These include numbers of people who have been trained at a local level.

The reports show, for each quarter in turn:

Q1 March – June 2010

There is evidence from the exemplar reports that the ‘cascade’ of training using these models at local level is starting to accelerate, with 452 people reported to have attended local workshops and events run by exemplars. However, the impacts are uneven between exemplars. The 452 come from four of the nine exemplar partners.

Q2 July to September 2010

An estimated 1,392 people attended local workshops and events run by exemplars during this quarter. This time only two, Worcester and Kingston, did not report any workshops.

Q3 October to December 2010

An estimated 3,220 people attended local workshops during this quarter, with all nine exemplar partners providing at least one event. The events appear to be well attended in all cases and the ‘cascade’ approach appears to be working well.

Measuring beyond this in terms of course participants passing on the information gained to colleagues is not possible as it has not been built into data recording systems and it is not obvious how it could be done.

**Successes and challenges in relation to aims**

There have been no main challenges in the initial training programme delivery. There was a receptive market from housing associations, Age Concern local groups, and the voluntary sector and Care & Repair had an existing reputation among this client group for delivering good quality training.

In terms of the online training materials, it has been left to FirstStop to highlight these on their website. Care & Repair now feel that they should do more in future to promote these more widely. Although there is an issue over intellectual property rights, the information has been made freely available because Care & Repair want as many people as possible to be able to increase their knowledge and understanding and expand the use of the FirstStop service.

Now that the programme is well established, the challenge is to try to reach a wider market. This could include local authority, housing association, and private sector employees such as care staff who are in regular contact with older people and could pass on useful information. Care & Repair have advertised courses to local authorities but have had little take-up.

The main challenges for the future are:

- Courses that are paid for – in a tough financial climate training budgets tend to be squeezed.
- Workshops for older people – the main problem is the declining number of networks of older people and of places where older people come together.

Many clubs and community facilities are closing so it will become harder in future to reach older people directly.

- The closure of local authority information and advice services – this is the biggest problem.

The major successes include:

- Supporting and encouraging the local exemplars to use the materials created by Care & Repair – this was a useful model of making the best use of resources.
- Linking in with training of volunteers who are part of the Manchester initiative to train volunteers whose specific aim is to pass on information to other people in their local community – this was particularly successful and very well received.

With hindsight, in terms of numbers of clients, it would have been better to run more half day workshops for older people in Year 1.

The final comment from Care & Repair is:

‘...there is a massive “thirst” for information amongst staff, volunteers and older people themselves. Attending a training course or workshop on housing options in later life is a very useful stimulus for many people (of all ages) to think about their own future. The formats of the courses aim very much to make the issue personal, not theoretical, building on people’s own experience and stimulating thinking of “what if?” and then knowing how and where to access information.

‘While this is hard to quantify in terms of long term benefits, we feel convinced that such an approach has a crucial role to play in gradually shifting attitudes and experiences in relations to the role of the state versus the individual in planning ahead and making provision for later life.’

(Sue Adams, Care & Repair England).

# Appendices

## Appendix 1: Postal client survey

The Cambridge Centre for Housing and Planning Research at the University of Cambridge is undertaking an evaluation of the FirstStop advice and information service for older people, their families and carers.

We are contacting you as you, or someone on your behalf, has contacted FirstStop for information and advice in the past three months. As a FirstStop client we are interested in your opinions of the service and we would be very grateful if you could take a few minutes to complete the questions below.

At the end of the questionnaire we ask for your contact details (which will not be passed to anyone else) in order for a member of the research team to telephone you (or a friend/relative/carer) to discuss your experience of FirstStop in more detail. The people who give their name, address and telephone number will be entered into a draw for a prize of **£50.00** in vouchers of their choice.

Please return the questionnaire in the pre-paid envelope provided within the next two weeks.

### 1) Did you contact FirstStop for information and advice for?

1. Yourself
2. A spouse/partner
3. A parent
4. A relative
5. An older person you are caring for
6. General information in your professional capacity
7. Other, please specify

### 2) How did you find out about FirstStop?

1. Internet search
2. From the FirstStop website
3. From another website, please specify
4. From the local council
5. From a family member or friends
6. From a carer
7. Newspaper/magazine article
8. Other, please specify

### 3) Why did you contact FirstStop?

1. I thought they could give me advice and information
2. I thought they could tell me who to contact
3. I contacted a number of different organisations including FirstStop
4. I had tried other places and FirstStop was a last resort
5. I was referred by another organisation

### 4) Did you seek help or advice from other sources before contacting FirstStop?

Please tick all that are relevant.

1. No
2. The FirstStop website
3. Other websites, please specify

4. Local council
5. Charity/advice service
6. Family
7. Friends
8. Neighbours
9. Other, please specify

**5) When you contacted FirstStop, what were you seeking information and advice about? Please tick all that are relevant.**

1. Moving to sheltered housing
2. Moving into a residential care home
3. Moving to a more suitable home
4. Adaptations to current home to make it more suitable
5. Care at home/continuing care
6. Benefits
7. How to fund residential care
8. Equity release
9. Financial matters or investments
10. Spending an Individual Budget
11. Power of attorney/probate/wills/estate planning
12. Other, please specify

**6) If more than one, please indicate which was the main/most serious reason**

Number.....

**7) Was this:**

1. A short term concern
2. A long-running concern
3. An acute emergency

**8) If you were seeking information about equity release, for what purpose were you planning to use the funds?**

1. To purchase a more suitable house
2. To move to a house in a different location
3. To move to sheltered housing
4. To move into extra care housing
5. To pay for care and support at home
6. To move abroad
7. To give financial help to another family member

**9) How did you get in touch with FirstStop?**

1. Via the contact page on the FirstStop website
2. Via the telephone helpline
3. Via email

**10) How easy was it to get in touch with FirstStop?**

1. Very easy
2. Quite easy
3. Quite difficult
4. Very difficult
5. Not sure/can't remember

**11) How many times have you been in touch with FirstStop in the last 3 months?**

1. Once
2. Twice
3. Three or four times
4. More than four times
5. Not sure/can't remember

**12) When you contacted FirstStop did you receive? Please tick all that apply:**

1. Advice by telephone
2. Advice by email
3. Follow-up information by post
4. Referral to other information sources
5. Referral to other national agency
6. Referral to local organisation
7. Not sure/can't remember

**If you contacted FirstStop by telephone:**

**13) When you contacted FirstStop do you feel you were given enough time to explain your query?**

1. Yes
2. No
3. Not sure/can't remember

**14) Did the person you spoke to listen and understand what you wanted?**

1. Yes
2. No
3. Not sure/can't remember

**15) Was the person you spoke to polite and friendly?**

1. Yes
2. No
3. Not sure/can't remember

**16) Did the person you spoke to seem well informed?**

1. Yes
2. No
3. Not sure/can't remember

**17) Did the person you spoke to ask if there was anything else they could help you with?**

1. Yes
2. No
3. Not sure/can't remember

**18) Were you transferred to a specialist advisor?**

1. Yes
2. No
3. Not sure/can't remember

**19) If you were transferred to a specialist advisor were you:**

1. Transferred immediately
2. They called back
3. Not sure/can't remember

**20) If you were called back were you:**

1. Called back by appointment
2. Called back without appointment
3. Not sure/can't remember

**21) Were you sent any written information from FirstStop?**

1. Yes
2. No
3. Not sure/can't remember

**22) Was the information easy to understand?**

1. Yes
2. Partly
3. No
4. Not sure/can't remember

**23) How satisfied were you with the quality of information given?**

1. Satisfied
2. Unsatisfied
3. Neither satisfied nor unsatisfied
4. Not sure/can't remember

**24) Was the information you were given:**

1. The right amount
2. I would have liked more
3. I would have liked less

**25) If you have taken steps to resolve the problem since contacting FirstStop, did you do any of the following? Please tick all that apply:**

1. Taken financial advice
2. Planning/made a move to sheltered accommodation
3. Planning/made a move into a residential home
4. Planning/made a move into a nursing home
5. Planning/made adaptations to current home to make it more suitable
6. Examined equity release options
7. Had a benefits check
8. Planning/arranged home care
9. Applying for Continuing Care
10. Having Continuing Care eligibility reassessed
11. Arranging power of attorney
12. Taken no action
13. Other (please specify)

.....  
**26) If you have ticked more than one action above, which was the most important?**

Number.....

**27) Was the information and advice you received from FirstStop helpful in making these decisions?**

1. Yes it was very important
2. Yes it was important

3. It was not very important
4. No it was not helpful

**28) Is the problem:**

1. Now resolved or improving
2. Ongoing
3. Deteriorating

**29) What else would have helped you to resolve the problem?**

1. Face to face discussion in my home
2. Face to face discussion somewhere in my local area
3. Talking by telephone to someone locally
4. More detail about specific local services
5. General directory of useful numbers and websites
6. More written information
7. More information on the website

**30) Would you have been prepared to have paid for any of the following?**

**Please tick all that apply:**

1. Information from a telephone helpline
2. Personalised support from a specialised service e.g. financial advice
3. A one-off personal visit from an advisor
4. Ongoing personal support from an advisor

**31) Do you agree or disagree with the following statements about your experience of contacting FirstStop:**

- a) "Without contacting FirstStop I would not have known what to do next"
  1. Agree
  2. Disagree
  
- b) "The information and advice FirstStop gave me made me feel more confident about making decisions"
  1. Agree
  2. Disagree
  
- c) "I got help or advice from FirstStop that I could not find elsewhere"
  1. Agree
  2. Disagree
  
- d) "The way in which the information and advice was provided suited me"
  1. Agree
  2. Disagree
  
- e) "The information and advice that was provided was accurate"
  1. Agree
  2. Disagree
  
- f) "The organisation/person FirstStop put me in touch with helped me to resolve my problem"
  1. Agree
  2. Disagree
  
- g) "I would have taken the same action even if I had not contacted FirstStop"
  1. Agree

2. Disagree

h) "I would recommend that someone with a similar problem contacts FirstStop"

1. Agree
2. Disagree

i) "It would have been good if someone could have called me again to follow up"

1. Agree
2. Disagree

**32) Other views**

.....

.....

.....

**General information**

To help us understand more about the people who benefit from FirstStop and the services it offers we would be grateful if you could complete the following questions.

**If you are completing this questionnaire about an older person on whose behalf you contacted FirstStop for information and advice please give their details rather than your own.**

**33) Are you/is the older person:**

1. Male
2. Female

**34) Do you/they live:**

1. Alone
2. With spouse and no others
3. With spouse and others
4. With other family
5. With non-related person e.g. carer

**35) What was your/their household situation when you contacted FirstStop?**

1. Home owner
2. Renting from a private landlord
3. Renting from a council or Housing Association
4. Sheltered accommodation
5. Spouse/relative in residential care home
6. Other, please specify

**36) Age**

1. Under 60
2. 60-64
3. 65-69
4. 70-74
5. 75-79
6. 80-84
7. 85-90

8. 90+

**37) For someone of that age would you say that your/their health is:**

1. Excellent
2. Good
3. Fair
4. Poor
5. Very poor

**38) How would you describe your/their financial situation?**

1. Very well off
2. Comfortably off
3. Limited means
4. Struggling financially
5. Dependent on benefits

**39) How would you describe your social support networks?**

1. I feel well connected
2. I feel somewhat isolated
3. I feel very isolated

**40) What was the last occupation of your/their spouse/partner?**

.....

**41) How would you describe your/their ethnic origin?**

1. White: British
2. White: Irish
3. White: Other
4. Mixed: White and Black Caribbean
5. Mixed: White and Black African
6. Mixed: White and Asian
7. Mixed: Other
8. Asian/Asian British: Indian
9. Asian/Asian British: Pakistani
10. Asian/Asian British: Bangladeshi
11. Asian/Asian British: Other
12. Black/Black British: Caribbean
13. Black/Black British: African
14. Black/Black British: Other
15. Chinese
16. Other
17. Not known

**Many thanks for taking the time to fill in the questionnaire.**

If you would like to be entered into the £50.00 prize draw and do not mind being contacted by a member of the research team to ask you a few more questions please give your details below.

Name:

.....

Address:

.....

.....

Telephone number:

.....

Please call Dr Gemma Burgess on 01223 764547 if you have any questions about this questionnaire. Many thanks.

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## Appendix 2: Client telephone interview schedule

We want a personal narrative of their problems, how they tried to solve them, any frustrations, how they knew to call FirstStop, what FirstStop did to help, other agencies that have or have not been of help. The most important thing is what action they took. Refer first to information given in survey about why called, how found out about FirstStop etc.

1. Can you tell us a little bit more about why you contacted FirstStop? (Probe about their housing and care problems)
2. Why did you need information and advice to help you resolve these problems? (Try and get a feel for whether they had a problem but no solution e.g. I can't cope at home and don't know what to do, or if they had a solution but did not know the best way to achieve it e.g. I want to move to sheltered housing and need to know how to apply)
3. What have you done since contacting FirstStop?
  4. Equity release – why interested, what understand by it, who would consider doing it with, how much/proportion of home released (sell up, downsize or equity release in situ?), what use the funds for, how FS helped, spoken to any specialist equity release providers?
  5. Moving home – from what size house/tenure to where/what tenure, how pay for it, how FS helped to do it?
6. Was it difficult to know who to ask for information and advice?
7. If they contacted another agency first ask:
  - a. How did you contact them?
  - b. What I&A did you receive?
  - c. Was it helpful?
  - d. Why did they need to go on to contact FirstStop?
8. How did you know that FirstStop might be able to help?
9. Where would you have gone for the information and advice if you had not known about FirstStop?
10. Do you use the internet? (Check how they contacted FirstStop):
  - a. If not, why not?
  - b. If so, was it helpful in looking for the information and advice you needed?
11. Experience of contacting FirstStop:
  - a. What did you like about contacting FirstStop?
  - b. What could they have done better?
12. What sort of information did they send you?
13. How did the phone call and written information help?

14. Did you feel you now had all the information and advice you needed, or at least knew where to go next?
15. What else might have helped, or would help people in a similar situation?
16. What, if anything, would you have paid for? Check survey – if not, why not? If so, what for and how much and to who?
17. What would be the best way to let people in a similar situation to you know about information and advice services like FirstStop?
18. Do you think you will contact FirstStop again in the future?

### **Appendix 3: Local exemplar manager interview schedule**

1. What stage are you at?
2. How are things going?
3. What is working well/are you most pleased with?
4. What have been, or still are, the biggest challenges?
5. How are you connected to the national service?
6. How are you monitoring outcomes?
7. Funding period? And after?
8. We are going to select some of the exemplars to be case studies. This will probably involve one of the team coming to talk to you in December or January. We will interview you and the rest of your team. We will want to focus on client outcomes and on costs.

## Appendix 4: Local exemplar case worker interview schedule

1. Your role and duties?
2. Time in post?
3. Training?
4. Purpose of local exemplar?
5. What is going well?
6. What is more challenging?
7. How have you used the national FirstStop resources in your work?
8. Have you referred people to the national FirstStop resources (phone line/website)? Any feedback on this?
9. How are cases referred to you?
10. Has national FirstStop referred any cases to you?
11. What proportion of your case load has been generated by the FirstStop connection (through promotional work or direct referral)?
12. What is the nature of the case work?
  - a. Client group
  - b. Their problems
  - c. Common solutions/outcomes.
13. Time spent on cases? Time spent on other tasks?
14. How do you record and monitor case work?
15. Case numbers?
16. How can we have access to the case records (can they be anonymised and sent to us?)
17. What would have happened to these people without the local pilot project?
18. What difference would it have made to your work without FirstStop? Would you have done the same cases/given the same advice?
19. When the FirstStop funding ends what do you think will happen to the project?
20. Will any of the work continue? If so, what and why? And if not, what and why?
21. What has been the response to the profile raising work, of both FirstStop specifically and of housing options for older people generally?

## **Appendix 5: Typology for local exemplar case files**

These are the headings that were used in the typology to analyse all the local exemplar case files:

**Referral route**

**Presenting issue**

**Gender**

**Age**

**Tenure**

**Wishing to move**

To care home/residential home

To sheltered housing

To another area

To more suitable accommodation eg. Flat/bungalow

**Wishing to stay**

Home adaptations

Care at home

benefits check

**Future planning/general advice**

**Wishing to stay**

**Impact of issue on client**

**Referred to another agency**

**Number of visits by case worker**

**Time taken by case worker**

**Time taken to open and close the case**

**Outcome intervention**

**Impact of outcome on client**

**Alternatives to no intervention**

Care at home

Hospital admission

Not downsize/overoccupy

Stay put but probably move to care home

Financially worse off

Increased chance of fall

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