

Cambridge Centre
for Housing &
Planning Research

Analysis of FirstStop Local Partner Client Case Studies

Did clients benefit long term from the
housing options support they
received?

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Introduction

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 for Communities and Local Government (DCLG). 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 directly and through Care & Repair England by means of 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.

Older people are facing many challenges. One is the uncertainty created by issues such as the pension crisis, changes to retirement ages, changes in the security of tenure in the social sector, the challenge of home repairs, the need to contribute to social care costs, as well as simply living longer. Another challenge is the increasingly complicated environment older people have to navigate, with the introduction of personal budgets, more choice of health and care providers and service cut backs as local authorities make savings. In this context the provision of up to date, accurate, individual information and advice about housing, care, and financial and rights issues can be crucial in supporting older people to make well informed decisions about their housing and care. The FirstStop local partners provide information, advice and in depth face to face support to older people which cuts across their housing, health and social care needs.

The evaluation

The Cambridge Centre for Housing and Planning Research at the University of Cambridge has been undertaking an independent evaluation of the FirstStop service since November 2009.

The evaluation has involved: a literature and policy review; interviews with national stakeholders; interviews with FirstStop staff; analysis of FirstStop's client data; two postal surveys of FirstStop customers; follow up interviews with customers who responded to the surveys; an ongoing evaluation of the training programme; interviews with local exemplar project managers; local exemplar project case studies which include interviews with case workers; analysis of detailed client information from the local exemplar project case studies and value for money analysis of the local and national services.

Previous reports from the evaluation can be found at:

<http://www.cchpr.landecon.cam.ac.uk/projects/detail.asp?ProjectID=166>

Aims and research questions

The aim of this piece of research is to identify the medium to long term effects of the casework undertaken by FirstStop local partner agencies with people who have been featured in case studies provided for quarterly reports.

Most of these people were supported between October 2011 and December 2012. The aim is to contact people between three and six months after the case has been closed. The main research questions FirstStop aimed to explore are:

1. Current state of wellbeing
2. Has that changed since the support from FirstStop
3. If so, how?
4. Has your view of the future changed since the support from FirstStop?

The main objective is to pinpoint the immediate difference that FirstStop has made to people's lives (mainly from case study notes) and to check through interviews whether that difference has been sustained over time.

Methods

The local partners were asked at intervals to submit case studies capturing the outcomes of the individuals they had helped. The outcomes were categorised as follows:

- People who have downsized
- People who have moved home
- People who have used equity release
- People who have made successful claims for more income
- People who have stayed put and been advised re adaptations, repairs
- People who've been awarded disabled facilities grants (DFGs)
- Supporting people with chronic health problems to stay independent
- Supporting people on discharge from hospital
- Relocation saving DFG budgets
- Preventing people becoming homeless

The local partners were asked to contact people who had been described in the case studies to ask their permission to be contacted for a follow up telephone interview. The questions asked can be found in Appendix 1. The partners provided the case study write ups and detailed case file notes for each individual. Twenty one in depth interviews were conducted of older people submitted by partners in seven of the nine regions of England. All of the interviews except for three were conducted with the clients themselves. The age of the clients ranged from 60 to 89. All of the cases were closed. The local partner FirstStop housing options services are part of a range of agencies in different parts of England, including Age UK, Care & Repair, Home Improvement Agencies, and independent agencies providing services to older people.

The table below gives details of the sample of clients and includes:

- Who the interview was with (client or other)
- Age of client
- Original tenure
- Referral agency
- Other agencies involved

- The outcome based on the categories detailed in the next section of the report
- The final tenure
- The nature of the intervention

Table 1: Case study client codes, details, outcomes and types of interventions

Client Code	Interviewee	Age of client	Original tenure	Referral agency	Involved agencies	Outcome	Final tenure*	Intervention
A.	Client	60-64	Private Rented Sector (PRS)	Council housing department	Council housing department Housing Association	1	Sheltered housing	Prevention of homelessness Support to move Income maximisation
B.	Client	65-69	PRS	Self referred – community van	Council housing department Housing Association Debt management case worker Funding application to Age UK [X] Hardship Fund and the NHS Fund Employees Trust	1	Sheltered housing	Support to move Supporting people with chronic health problems to stay independent Prevention of homelessness
C.	Client	75-79	Owner occupier	Community Centre and	Cleaning company	2	Owner occupier	Support to stay put

				Handy van Service	Community Care Grant			Supporting people with chronic health problems to stay independent De-cluttering
D.	Client	85-89	Owner occupier	Royal British Legion (RBL) team	Council Occupational Therapist (OT)	1	Owner occupier	Support on discharge from hospital Support to stay put Income maximisation Adaptations/repairs Receipt of Disabled Facilities Grants (DFGs) Supporting people with chronic health problems to stay independent
E.	Client	80-84	Owner occupier	Self referred	Council	1	Sheltered housing	Support to move Supporting people with chronic health problems to stay independent
F.	Client	85-89	Owner occupier	Unclear	Gas engineers	2	Owner occupier	Adaptations/repairs

					Careline			
G.	Client	75-79	Owner occupier	Social Services	Council OT Warm Front Fire Brigade Pension Service	2	Owner occupier	Income maximisation Adaptations/repairs Receipt of DFGs Supporting people with chronic health problems to stay independent De-cluttering
H.	Client	75-79	Owner occupier	Self referred - local press	Handypersons RBL Cosy Homes team	1	Owner occupier	Adaptations/repairs
I.	Client	85-89	Owner occupier	Self referred - magazine	Council Estate agents	3	Owner occupier	Support to move
J.	Friend of client	60-64	Owner occupier	Social workers	Social workers	3	Owner occupier	Support to stay put De-cluttering
K.	Daughter of client	70-74	Social housing	Stroke information service	Social workers Housing Association	3	Care home	Support on discharge from hospital Support to move

					Stroke information service Care home			Supporting people with chronic health problems to stay independent
L.	Son of client	85-89	PRS	Self referred	Council Housing Association	1	Social housing	Support to move Supporting people with chronic health problems to stay independent
M.	Client	80-84	Owner occupier	WRVS	Council Housing Association	1	Social housing	Support to move Supporting people with chronic health problems to stay independent
N.	Client	65-69	Social Housing	Self referred to downsizing scheme	Housing Association	2	Social Housing	Support to move Supporting people with chronic health problems to stay independent
O.	Client	75-79	Social Housing	Housing Association	Council	1	Social Housing	Support to move Supporting people with chronic health problems to stay independent

								independent Income maximisation
P.	Client	75-79	Owner occupier	Self referred - local press	Estate agents Movers	2	PRS	Support to move Supporting people with chronic health problems to stay independent
Q.	Client	Not known	PRS	Handypersons	Council Local charity	1	Social Housing	Prevention of homelessness Support to move Supporting people with chronic health problems to stay independent
R.	Client	70-74	Owner occupier	Police	Estate agent Housing Association Department for Work and Pensions (DWP)	1	Social Housing	Prevention of homelessness Support to move Supporting people with chronic health problems to stay independent
S.	Client	65-69	PRS	Daughter	Council	1	Social Housing	Support to move Supporting people with

								chronic health problems to stay independent
T.	Client	65-69	Social Housing	OT		1	Social Housing	Support to move Supporting people with chronic health problems to stay independent Income maximisation
U.	Client	65-69	PRS	Social worker	Council Social workers	1	Social Housing – Extra Care	Support on discharge from hospital Support to move Supporting people with chronic health problems to stay independent Income maximisation

*See Analysis for difference between sheltered and social housing

Findings

The FirstStop local partner services provide local housing options support within a range of agencies in different parts of the country, including Age UK, Care & Repair, Home Improvement Agencies, and other independent agencies providing services to older people. Clients can self refer to the local housing options service or may be referred by social workers, occupational therapists, local councils or other agencies. The housing options services provide information, advice, and in depth face to face support to people as necessary on issues relating to housing, finance, benefits, care and other related issues such as loneliness and isolation. A range of housing options may be possible and the case worker helps the client to determine which option is most suitable for their individual circumstances and then supports them to achieve this. There are options to stay put and remain independent in their own homes, such as repairs, adaptations, care at home, energy improvements and income maximisation. Support may be provided to move to more suitable housing, such as level access and/or adapted housing in all tenures, assisted living, or sheltered housing, alongside other measures such as income maximisation. Many of the clients in the case studies were people with chronic health problems who were receiving support to help them to stay independent. Case workers may assist people who are experiencing or at risk of a crisis such as homelessness, or people who need some support to continue living in their current homes, such as repairs and maintenance.

As part of the FirstStop monitoring requirements, the case workers of the local partner housing option services keep detailed records about the circumstances and support received by clients. Where the support provided has been successful, caseworkers may write up the details of the assistance as a case study to demonstrate the type of help they provide. It is these clients who were sampled for follow up interviews for this piece of research. The initial impact for the clients of the intervention and support from the local partner organisation looked positive, which is why case workers probably chose them to submit to FirstStop as case studies. For example, benefits were maximised, adaptations were fitted, repairs were carried out or people were assisted to move to new accommodation.

It was apparent from the case file notes that the individuals selected as case studies of the work of the local partners had received a lot of contact and support from case workers. As shown in Table 1, the case worker often engaged with other agencies. Most cases were time intensive, required face to face contact with the client, and involved numerous visits to their home, in addition to office based work for the case worker to call other agencies, fill out forms requesting benefits information etc. The notes also showed that the initial reason for contact with a support agency often widened into other support once the case worker got involved with the case. For example, an individual may have contacted the service to ask about support to repair their home, but the case worker may have gone on to assist them in maximising their benefits and fitting home adaptations. Most cases were complex and clients did not have one single issue to resolve. For most people the housing had been suitable before their health and mobility deteriorated and when they could afford to maintain their properties.

The analysis for this research found that for 18 out of the 21 case study clients (86%), the benefits of the support received were maintained over the long term. For 3 out of the 21 case study clients (14%), the benefits of the support received were not maintained over the long term.

However, analysis of the interviews suggests that the longer term outcomes of the support received can be categorised further into three types. For different individuals the help they received:

- 1) Helped them a lot over the longer term and the benefits of the support were maintained. Thirteen clients were in this category (62%).
- 2) Helped them a little over the longer term and the benefits of the support were maintained. Five clients were in this category (24%).
- 3) Did not help them over the longer term/the benefits of the support were not maintained. Three clients were in this category (14%).

Analysis

An analysis of the case study outcomes with client codes and the types of interventions can be found in Table 1 above. This shows clearly that the most frequent types of intervention were supporting people with chronic health problems to remain independent (16 out of 21) and supporting people to move (15 out of 21), also see Appendix 2. All the other interventions affected between two and five people each. Considering the match between particular types of intervention and the success or otherwise of the casework, as expressed in the overall outcome figure, it shows that prevention of homelessness was the intervention that resulted in the most positive outcome of support, that is, everybody in this category was helped a lot and the benefits were sustained over the long term. On the other hand, none of the three people helped to de-clutter were helped a lot and any benefits of the help were not sustained. Most people who received the most frequent types of intervention were helped a lot but their experience was more mixed, though generally positive and over the long term the benefits of the support received were maintained.

Table 1 shows how people were referred to the service or referred themselves, which is analysed specifically in Appendix 3. The main finding is that one third of all interviewees referred themselves and one seventh were referred by social workers or the social services department. No other agency referred more than one person. This shows the importance of good publicity and promotion of the service to enable people to refer themselves. In all, statutory services referred four people, the same number as the voluntary sector.

Changes in tenure as a result of the casework support are covered in Appendix 4. This shows the decline in people in private rented accommodation, from six at the beginning to only one at the end of the casework. In fact, all six people renting privately left to move into sheltered, social or extra care housing, all of whom were helped a lot. One owner occupier moved to private rented housing. Owner occupation declined from 52% to 33% of the sample and people in social housing doubled from four to eight. Only one person moved into a care home. Sheltered housing is housing with specific support for older people. Rented sheltered housing is usually provided by local councils or housing associations. There are different types of sheltered housing schemes. Some will have a scheme manager or a warden and all should provide 24-hour emergency help through an alarm system. There are usually self-contained flats or bungalows with communal areas. Social housing is housing that is let at low rents and on a secure basis to people in housing need. It is generally provided by councils and not-for-profit organisations such as housing associations. The clients in the case studies who were accommodated in general needs social housing were often housed in bungalows or ground floor housing which in some cases had also been adapted, but did not have the additional on-site support or communal areas provided in sheltered schemes.

The range of agencies involved in the casework is shown in Appendix 5, which is dominated by statutory services, mentioned 23 times out of 45 in total and in 16 out of the 21 cases – council housing department and council 14, social workers 3, DWP 3, OT 2; Fire Brigade 1; housing associations were mentioned 7 times and estate agents 3. No other agency is

mentioned more than once. The importance of caseworkers having good links with and knowledge of the statutory system, both locally and nationally, is self evident.

Categories

1) Helped them a lot over the longer term and the benefits of the support were maintained

It seems that both support to stay put and support to move have been successful over the longer term. If people are in a crisis situation where they face homelessness, or are in very unsuitable housing that is impacting upon their health, support to move to suitable accommodation has resulted in significant improvements to the living conditions, health, including mental health, and general wellbeing of the individuals who received the support.

These people often had no other form of support and did not know where to get help. For those that have been supported to stay put through repairs and adaptations, their independence has been maintained and people saw improvements to their health, including mental health, and wellbeing.

2) Helped them a little over the longer term and the benefits of the support were maintained

For those that the support helped a little, in most cases the support was useful but did not either make a major change to the individual's circumstances, health or wellbeing or had mixed results.

3) Did not help them over the longer term/the benefits of the support were not maintained

The cases where the FirstStop local partner support did not really help is generally for reasons beyond the case worker's control. For owner occupiers this is as a result of the high cost and lack of availability of alternative suitable housing making a move impossible, or lack of eligibility for alternative suitable housing.

Some key factors which contributed to the long term success, or not, of the support provided to individuals have been identified from the analysis.

Factors which contribute to success

Preventing homelessness was a very successful form of intervention over the long term. This provision of help for people at crisis point led to significant improvements in wellbeing and health.

The most common intervention was **support to people with chronic health problems to remain independent**, which affected over three quarters of the people interviewed. Over two thirds of the people who received this intervention were helped a lot. The desire to remain independent was striking and shows the importance of good housing in improving health.

Providing support to **move from unsuitable housing** (e.g. when a client could no longer get up the stairs) to accommodation which enabled them to maintain their independence is also successful, in cases where it is what the client wants and where the need is pressing. This is

for people who are not quite at crisis point but would probably become so if no action was taken.

One factor that contributes to the long term success of a move to alternative housing is a desire to move by the client before support is offered. Some people would like to move or need to move because of worsening health or mobility issues but it is the **additional support provided by a caseworker** that enables them to do so, or to do so more easily than would have otherwise been possible.

Income maximisation is a successful form of support. The additional income was spent on maintaining wellbeing and independence e.g., on heating bills and gardeners.

Assistance to access adaptations and repairs for those staying put in order to maintain independence had a positive long term impact on wellbeing and health, particularly after hospital discharge.

It was apparent in all cases analysed that the **face to face contact** with the case worker is crucial in improving wellbeing. Having someone to talk to and someone to support clients through difficult changes reduced stress and provided comfort to people who were often in considerable distress. In addition to assisting clients in addressing their housing and financial problems, the support case workers provided in helping with smaller related issues such as reading letters and offering lifts, was very much appreciated. The personal touch makes a difference. Everyone without exception said how lovely the case workers who helped them were, how they went above and beyond the call of duty to help and provided very welcome emotional support during times of great stress. Even where clients had family or friends to help and provide support, it was clear that having the advice of someone who knows the system makes a difference. The support provided was often intense, but worth it over the long term.

The provision of **holistic support and advice** is a factor contributing to improved health and wellbeing over the long term. Most clients had one main issue they required assistance with, such as the need to move, but case workers often assessed cases holistically and identified other ways in which clients could be supported. For example, income maximisation and energy measures were additional help provided to clients which benefitted them long term.

One factor which contributes to the success of the service is **local knowledge** of its existence and what it does. This is an area that could be improved. Referral routes varied but in some cases people found out about the service by chance. Referral from other services is important so there needs to be both public and professional awareness of the housing options service locally.

Factors which contribute to lack of success

An intervention which does not appear to have been very successful long term is **de-cluttering to support someone to remain independent**. De-cluttering may seem like a very sensible and worthwhile form of support to enable an older frail person to stay put in their own home safely and reduce fall hazards and fire hazards. But it is largely out of the control of the case worker and the people with very cluttered homes (even if uncomfortable, unsafe and unhygienic) simply prefer them that way and find attempts to remove things very distressing. In some cases part of the support they received was useful, such as an increase in their benefits, but the support has not resulted in long term improvements to their health and wellbeing.

Support to remain independent where a client's health is very poor is not always successful over the long term, as it is difficult to prevent falls and support independent living sufficiently, particularly when a client's health is deteriorating rapidly. There may be a tension between a client's wishes to remain independent and/or in their own home without major change and what is realistic given their health and circumstances.

Support to make a change where the client is unsure does not always lead to long term improvements in health, wellbeing and independence. A client may perhaps be under pressure from family to make a 'sensible' decision, but may lack real commitment to all or part of the housing options recommended.

The need for holistic support and advice is demonstrated by the fact that one of the people, whom the service did not help, really wanted different support to counter her **isolation and loneliness**. The practical help she did get didn't address her main problem. This suggests that it should be a core requirement of all projects of this type to tackle isolation and loneliness and ensure that people are better connected.

The following case studies exemplify each of the three types of longer term outcome.

Case studies of longer term outcomes

1. Helped a lot over the longer term and benefits of support maintained

1) Client A

- Preventing people becoming homeless
- People who have moved home

Client A was living in a private rented one bedroom flat with her daughter and three teenage granddaughters which was very cramped. They were served notice as the landlord wanted to refurbish the flats. Client A was emotionally distraught. She approached the local authority for help. She said that they advised her to get back in touch when she had been served her eviction notice and made her an appointment to see the housing team. However, a few days before the date of eviction, she was told that as her health was generally good, she would not have any priority to be housed and would not be offered any emergency accommodation.

The case worker attended the appointment with her and then tried to secure her alternative accommodation. She managed to secure Client A a one bedroom flat with a housing association with a separate bedroom, living room, kitchen and hallway. In the mean time Client A's friend arranged for her to stay temporarily with her cousin, but she was technically homeless. Client A had been very distressed.

Now she is living in her new accommodation Client A is very happy. She said that she is now independent and has her own space. She said that she did not know what she would have done without the support she received and been despairing.

"I cried and cried and had no sleep. I kept thinking what will happen next? I was in tears. It was terrible.... Now I have a wonderful flat. I am so happy, so comfortable, so content. I am not cold. I have a roof over my head. Now I am totally free. I am independent. I am so grateful for [the case worker] and all her effort".

2) Client B

- Supporting people with chronic health problems to stay independent
- People who have moved home
- Preventing people becoming homeless

Client B was living in the private rented sector in a first floor bedsit in a shared house. She had been living in a one bedroom flat but it was being sold and she had been served notice so she had to move quickly and moving to the bedsit was meant to be temporary. Client B had to share one kitchen and bathroom with nine residents. Her bedsit was infested with cockroaches which she found very distressing and blamed for a skin condition she developed whilst living there. Client B has limited mobility as a result of arthritis and poor health and could only access the ground floor kitchen by negotiating the stairs on her hands and knees. She was very uncomfortable and very distressed.

Client B came across the case work service when they were out in the community. She asked for assistance in getting rid of the cockroaches. The case worker said that they could not intervene in treating the cockroach problem as Client B did not own the property, but they could help her to move to somewhere more suitable. The case worker applied to various places on Client B's behalf and she was very quickly offered a ground floor flat with a housing association in a sheltered scheme. Client B had no white goods or furniture so the case worker arranged for a loan for a cooker and washing machine and procured her an armchair and helped her to move and to settle in.

Client B is now very happy and very comfortable in her new accommodation. She is very grateful for the support she received and said that without this help she would still be living in her previous very unsuitable accommodation. Her health has improved and she is much happier. She is less isolated as she now has neighbours in 14 other flats who telephone and visit each other to check they are alright. She has CCTV which makes her feel secure.

"Without the help I would still be living there. The cockroaches used to come on my bed at night on me when I was sleeping.... Now I have my own shower, toilet, sitting room and kitchen. And it is on the ground floor so there are no stairs. It is so convenient and so comfortable. I feel happy, very happy. The lady went out of her way to help me. She helped me so much and I am so grateful. She gave so much time and it was a personal touch. She still comes to see me from time to time and pops in".

3) Client D

- Supporting people on discharge from hospital
- People who have made successful claims for more income
- People who have stayed put advised re adaptations, repairs
- People who've been awarded DFGs
- Supporting people with chronic health problems to stay independent

Client D is 89 and owns his own home. After a period of illness he was admitted to hospital. When he was discharged he was unable to go home as he could no longer manage the stairs. He stayed with his daughter and had a carer visit every day, but this was unsuitable as a long term arrangement as she only had one bedroom and she had to sleep on the sofa whilst working full time. Client D could not access her bath. Client D wanted to return home and remain independent. The case worker discussed his options, including moving, but he preferred to return home. The case worker liaised with the local authority and he was put on

the waiting list for an assessment for a stair lift. An occupational therapist said that if he returned home he would be offered a care package and would have to sleep downstairs and use a commode, but Client D's daughter was not happy with this arrangement. Through the care worker's advocacy he was placed on the critical list and a stair lift and walk in shower were installed at his home. She also arranged for a benefits check which identified that he qualified for a higher rate of Attendance Allowance.

Client D is very happy that he was able to return home. He did not want to impose upon his daughter and was very keen to remain independent. He said that without the intervention he would have had to stay with his daughter. He no longer needs visits from a carer as he can use the stair lift and walk in shower. He said that he is much happier now that he is home. Client D said that the additional income makes a difference and that he would have struggled without it. He has been able to save and purchase a new bed which he finds much more comfortable.

"The money makes a difference. I would have struggled without it. It has been a big help....The extra helps a lot...I am much happier now that I am home".

4) Client E

- People who have moved home
- Supporting people with chronic health problems to stay independent

Client E is in her 80s and was an owner occupier living in a first floor flat. She is registered severely disabled and has various health problems. The flat had no central heating, had an infestation of rats and was in a state of clutter and disrepair. She had problems with the occupier of the downstairs flat which she found very difficult. Client E wanted to move somewhere more suitable but needed support. She was assisted to sell her property. The case worker provided a lot of help removing clutter, driving Client E around, and moving her belongings to her new sheltered accommodation.

Client E said that the help she received was invaluable and she would not have known what to do without it. Her new accommodation has central heating which she finds much more comfortable. There are other people living in the sheltered housing scheme and a good bus service so she is less isolated and there is a warden which gives her more security. She reports being comfortable, happy and in better health since the move.

"I was on the verge of going mad and thought I was going to have a breakdown. They were a lifesaver.... I don't know what I would have done to move without her".

5) Client H

- People who have stayed put and been advised re adaptations, repairs

Client H is 75 years old and lives with his wife in their own home. He contacted the service as he was very worried about the leaking roof, which he could not afford to repair. The case worker visited to assess the situation and also noticed that there were other issues such as leaking taps and no heating in the kitchen. She raised funding from charities to fund the repairs. The roof was replaced and the taps were replaced with new lever taps. Heating will also be installed in the kitchen.

Client H said that they would have struggled to get the roof repaired as they have no savings. He said that the worry had been giving him sleepless nights and it is a relief to have the problem resolved. He is very pleased with the new taps. Client H and his wife could no longer turn the taps off tightly and found their hot water bill had been rising; they had also scalded themselves on the hot tap trying to turn it off. He finds the new taps much easier. They are looking forward to getting heating in the kitchen as it is very cold in the winter. He was very grateful for the support he received.

“We would have struggled to get the roof done as we have no savings. It would have been a problem and is such a relief.... It really helped us. I was worrying about not being able to turn the taps off, especially the hot taps which was dangerous and it was painful....We are happier at home now”.

2. Helped a little over the longer term and benefits of support maintained

1) Client C

- Support to stay put
- Supporting people with chronic health problems to stay independent
- De-cluttering

Client C is 80 years old and a homeowner. His house is very cluttered, his living conditions were unhygienic, including a mice infestation, and he required support regarding his general wellbeing and information on falls prevention.

Client C agreed to have his home cleaned and the case worker applied on his behalf for a community care grant to see if funding was available for a one off clean, decorating and a new carpet. He will also get a new armchair.

Client C said that he was grateful for the help and for the company. But he was not happy about a cleaning company coming to his house and will not let them come back. He could not bear people to move his belongings. His house is so cluttered that he has very limited access into and around the property. He has a lifeline for assistance. He often trips over and recently fell and banged his head and had an overnight stay in hospital.

“There is a bookcase blocking access to the house. And bookcases in the middle of the lounge. I only have limited access. I have a folding picnic chair in a gap to watch TV. I have to climb over stuff to get around. Sometimes I trip. I am unsteady on my feet”.

However, whilst the support he received was not useful, he is very happy to remain independent and to be able to stay in his own home. A couple of years ago when building work had to be carried out on the property the local authority arranged for Client C to spend three weeks in respite care. He did not like this and resented being placed with people with dementia and Alzheimer’s when he is very sharp and alert. He wants to stay in his own home until he dies.

“It is mine and I can do what I like here. There’s a lot to being independent. Independence is everything”.

Client C is a committed hoarder and resented any attempt to clean or de-clutter and said that his house was messy again very quickly. He is simply determined to stay there no matter how much furniture he has to climb over and how many times he falls over, and is happy enough, though it is hard to argue that the clean etc made much difference to his health or wellbeing. The bonus is that he is in contact with a service that keeps an eye on him.

2) Client G

- People who have stayed put advised re adaptations, repairs
- People who've been awarded DFGs
- People who have made successful claims for more income

Client G is an 80 year old homeowner who received support to stay put. Her mobility restricted due to arthritis and other health issues. Her house was very cluttered, including the stairs.

She was struggling to get into the bath and was climbing onto a stool to get into it and her family were very concerned about her having a fall. She had poor central heating and the house was very cold.

The case worker provided a lot of support. She tried to assist Client G in de-cluttering. She arranged for a benefits check which resulted in her receiving a boost to her income through eligibility for severe disabled premium in addition to a higher rate of Attendance Allowance.

She arranged for Warm Front to fit a new boiler and for the Fire Brigade to fit two smoke alarms. The case worker also assisted Client G in organising a local authority funded wet room to be fitted to replace her current bathroom.

Client G is very grateful for the additional income and said that the case worker was very nice and she was grateful to her for assisting in increasing her benefits. It has enabled her to keep the heating on and to purchase food that she was previously unable to afford. She is also very pleased with her new boiler and finds the house is now much warmer.

However, she was very upset about the attempt to de-clutter her house and has not been able to continue with this. She is very upset about the installation of the wet room. The building work took a very long time, she found the work men rude and intimidating, she thinks the workmanship is very poor and wishes she had not agreed to have her bath removed and replaced. The wet room for Client G was part of a package of support. Both her family and the advisor told her it would help her, and she went along with the plan. But she really wanted to keep her bath and until the work men arrived was under the impression that she would be able to. Client G said that she found the whole process very traumatic and said that she has been very depressed since. She said that she cried every night through the building work and has felt that it worsened her health and led to a period in hospital.

“I know it's wrong and I need help but old habits die hard....But she helped me to increase my benefits and she was wonderful....The heating system is very good and Warm Front were marvellous..... I don't have to worry about the bill now. And I can treat myself to some extra food that is more luxurious like salmon or a packet of chocolate biscuits that I couldn't afford before. The money has made a difference and it is all thanks to [case worker]. But I got totally depressed about the wet room and I can't help ranting about it. Physically it has not done me any good”.

3) Client F

- People who have stayed put advised re adaptations, repairs

Client F is 91 years old, is a homeowner and lives alone. The case worker visited Client F to discuss self funding the installation of central heating and to help her to ring the bank to check her balances and request monthly statements. The case worker also liaised with Careline to install equipment.

Client F found the help and support very useful and said she would not have been able to manage these changes herself. She was very grateful to have someone to discuss her finances with and read her letters. Client F said that she feels more secure at home now she has the Careline and is less fearful of falling, particularly when she is in her garden. She is more comfortable now she has heating and finds it easier to get up out of bed. She no longer is confined to one room when it is cold and is less worried about the water pipes freezing.

“Without [case worker] I might have managed but I would have been all at sea. I am single and most people have a man in the house to take on things like that. It would have been a lot more trouble. Now I am much more comfortable”.

3. Did not help over the longer term/benefits of support not maintained

1) Client I

- Support to move

Client I is 85 years old and is an owner occupier. She was considering downsizing after finding her three bed room owner occupied house too large to cope with. She has a carer twice a week and some help with cleaning and gardening, which she pays for herself. She finds living here very isolated, particularly in the winter. She can walk to a car with the aid of a zimmer frame for the carer to take her to do her shopping.

Client I phoned FirstStop for support with downsizing. FirstStop contacted estate agents and advised her to have the house valued. But the downsizing options that she was sent were not suitable. The properties were either too expensive relative to the value of her house or on the second floor and she cannot manage the stairs. She already has an adapted house including a stair lift and walk in shower which she paid for herself. She had previously contacted the local council to ask about sheltered housing but was advised that because she is a home owner she would be on the bottom of the list and had no priority for rehousing. The council suggested a couple of places but they were on the second floor and had no lift.

FirstStop also sent her details of the council housing register. But there were three forms of twelve pages each and they asked for a lot of information she thought they already had, plus a lot of details she could not remember or did not know. She felt it was too much to cope with to fill in all the forms, and did not bother since she had already been told by the council they would be very unlikely to be able to rehouse her.

Client I did not find the FirstStop information useful. She has decided to remain in her existing property. Her main issues here are loneliness and social isolation. Her carers and

cleaner do not come in the school holidays so she relies on catalogue order frozen meals. She is increasingly unsteady on her feet and cannot leave the house without support.

2) Client J

- Support to stay put
- De-cluttering

Client J is a 60 year old owner occupier. Following a stroke over 20 years ago she was left with physical disabilities and poor cognitive skills. She is supported by her long term friend and advocate, Mr J. She has carers who come every morning and evening and someone to help with some housework in addition to regular visits from the district nurses. She receives a lot of support from her friend, but this is increasingly difficult for him to provide as her needs have increased and it is placing pressures on his time, resources and health.

Her friend thought she would be better off in an appropriate sheltered scheme after Client J began to complain about being lonely, particularly at weekends. Social workers referred her to an appropriate extra care housing scheme, but she was not accepted for a place.

In 2012 her situation worsened when her carers refused to come to the house because it was too dirty and had become infested with cockroaches. She is a hoarder and the house is very cluttered. Her friend had to intervene and have the house cleaned, carpets replaced, cockroaches removed and painted the walls. He now regrets this intervention as he feels that if he had allowed Client J's situation to worsen, the local authority would have had to intervene and offer her alternative housing with more full time support.

Her friend contacted the FirstStop service. They offered to come to the house to help with de-cluttering. However, the case worker could not make any decisions on her behalf about throwing things away, and Mr J had to be present, which meant he had to take time off work. He felt that the case worker was a very nice lady, but that it was not very useful, and in the end made more work for him as he had to deal with the neatened piles of clutter.

3) Client K

- Support on discharge from hospital
- Support to move
- Supporting people with chronic health problems to stay independent

Client K had a stroke and on discharge from hospital entered a care home as he could no longer manage in his own home. Client K's daughter contacted the FirstStop service as Client K did not want to stay in a care home. They decided on a move to sheltered accommodation which the care worker helped arrange. Client K's daughter was very grateful for the support, she said that she had been very stressed and upset and would not have managed without the help.

However, the sheltered housing was not suitable for Client K and he had to go back to the care home. He could not cope in the sheltered housing and was very unsteady on his feet. He had a fall in the bathroom and was taken to hospital, after which he returned to the care home. Client K's daughter did not contact the FirstStop service for support in moving Client K back to the care home. She said that now he is in the home she can sleep at night without worrying about him being on his own.

Conclusions

For all but three of the people in the sample who received support, the benefits were maintained over the long term. The assistance given was a mixture of support to move or to stay put, including the prevention of homelessness, support for people with chronic health problems to stay independent, adaptations/repairs, support on discharge from hospital, income maximisation and de-cluttering. These people experienced improvements in their wellbeing and for some, particularly those at risk of homelessness, the improvements were considerable as a direct result of the support received from the FirstStop service. The main benefit to older people of the specialist casework service was greater independence and improved wellbeing with face to face contact and holistic support & advice crucial to that achievement. The majority who benefited over the long term reported feeling happier and more positive about their circumstances and the future since the support.

Appendix 1: Case study interview schedule

My name is...I am calling from the University of Cambridge. We are conducting some research about the FirstStop advice service for older people working with a local organisation. We are contacting you because you recently had some advice and support from a housing advisor called NAME from NAME OF LOCAL SERVICE and we would like to know how they were able to help you. This research has been funded to see how the service is helping people. Anything you tell us will be anonymous.

1. We understand that you were given advice by the XX project, by an advisor called XX.
2. How did you find out about the XX service?
3. Why did you contact them, what were you looking for advice about? (Check case study notes)
4. How were you feeling about this problem at the time?
5. What support did the advisor provide you with? (Check case study notes)
6. What happened?
7. What is your situation now?
8. How do you feel now this has been resolved?
9. How did the advisor help you?
10. What do you think would have happened without their support?
11. How do you feel about the future now?
12. Anything else you would like to tell us?

Appendix 2: Type of intervention

Type of intervention	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	Total
Prevention of homelessness	*	*															*	*				4
Support to move	*	*			*				*		*	*	*	*	*	*	*	*	*	*	*	15
Income maximisation	*			*			*								*					*	*	5
Supporting people with chronic health problems to remain independent		*	*	*	*		*				*	*	*	*	*	*	*	*	*	*	*	16
Support to stay put			*	*						*												3
De-cluttering			*				*			*												3
Support on discharge from hospital				*							*										*	3
Adaptations/repairs				*		*	*	*														4
Receipt of DFGs				*			*															2
Overall Outcome	1	1	2	1	1	2	2	1	3	3	3	1	1	2	1	2	1	1	1	1	1	

Appendix 3: Referral

Referral by	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	Total
Housing Department	*																					1
Self		*			*			*	*			*		*		*						7
Community centre/ handyvan			*																			1
Royal British Legion				*																		1
Unclear						*																1
Social workers/ Services							*			*											*	3
Stroke Information											*											1
WRVS													*									1
Handypersons																	*					1
Housing Association															*							1
Police																		*				1
Daughter																			*			1
Occupational Therapist																				*		1
Overall Outcome	1	1	2	1	1	2	2	1	3	3	3	1	1	2	1	2	1	1	1	1	1	

Appendix 4: Tenure

Tenure	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	Total	Original	Final	Change
Original Tenure:																									
Private rented	*	*										*					*		*		*	6	6	1	-5
Owner Occupation			*	*	*	*	*	*	*	*		*				*		*				11	11	7	-4
Social Housing											*			*	*					*		4	4	8	4
Final tenure:																									
Sheltered housing	*	*			*																	3	0	3	3
Owner Occupation			*	*		*	*	*	*	*												7			
Social Housing												*	*	*	*		*	*	*	*		8			
Private rented																*						1			
Care Home											*											1	0	1	1
Extra Care																					*	1	0	1	1
Overall Outcome	1	1	2	1	1	2	2	1	3	3	3	1	1	2	1	2	1	1	1	1	1				

Appendix 5: Agencies involved in casework

Agencies involved	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	Total
Council housing department	*	*																				2
Housing Association	*	*									*	*	*	*				*				7
Debt management casework		*																				1
Age UK Hardship fund		*																				1
NHS Fund Employees Trust		*																				1
Cleaning Company			*																			1
Community Care Grant/ DWP / Pension Service			*				*											*				3
Council				*	*		*		*			*	*		*		*		*		*	10
OT				*			*															2
Gas Engineers						*																1
Careline						*																1
Warm Front							*															1
Fire Brigade							*															1
Handypersons								*														1
Royal British Legion								*														1
Cosy Homes Team								*														1
Estate Agents									*							*		*				3
Social workers										*	*										*	3
Stroke Information											*											1
Care Home											*											1
Movers																*						1
Local Charity																	*					1
Overall Outcome	1	1	2	1	1	2	2	1	3	3	3	1	1	2	1	2	1	1	1	1	1	