

## **EAC FirstStop Local Partners Programme 2013-16**

### **Background**

#### **FirstStop advice service**

FirstStop is a free independent information and advice service for older people, their families and carers. It covers housing and related care and finance and is provided through a dedicated telephone line and website. The FirstStop service enables older people, their families and carers to make informed choices and to access local services which can help them to repair and adapt their homes, support them to move to more appropriate accommodation and access care and support including financial support.

FirstStop is run by charity Elderly Accommodation Counsel (EAC) with funding from the Department for Communities and Local Government (DCLG).

### **Policy Context**

This is a pivotal time for information and advice delivery.

The Care Act 2014 and the associated Guidance places new duties on local authorities to ensure that integrated information and advice services spanning social care, housing and related finance are available to all. In addition there is growing pressure on the NHS and Social Care to move towards prevention and away from crisis interventions, delivering integrated services which are better able to respond to needs and particularly the health and social care needs of older people.

There is evidence about the adverse impacts of poor housing on health, particularly from the Building Research Establishment<sup>1</sup> while other studies highlight the impact of good standard, well designed or adapted housing on individuals' health, well-being and resulting need for NHS or social care services. It is now widely recognised that there is value in enabling older people to make well informed decisions about their housing and care in later life. By thinking ahead and taking such decisions in a timely manner people will be better able to manage their finances, accommodation and care as they age, thereby helping to ensure that they can continue to live independently and well for longer.

#### **First Stop national service**

FirstStop is a voluntary partnership of national and local organisations, led by EAC, and dedicated to providing comprehensive information and advice about housing, care and support, plus related financial matters to older people.

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<sup>1</sup> <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

EAC's strategic national partners are Care & Repair England, Age UK, Foundations and Independent Age. They support the development of FirstStop's DCLG-funded local partners' programme and contribute to the delivery of the national FirstStop Advice service. Age UK and Foundations also support the delivery of local housing and care options advice services by their members and brand partners, and the integration of these services into the FirstStop Advice network. The FirstStop Advice service is delivered via a website, a national advice line, a network of local FirstStop partners delivering casework/advice services and, increasingly, peer support services. Customer volumes include 4 million website users annually; 18,000 national Advice Line clients; and 20,000 local clients.

### **FirstStop local partner pilots**

Since 2011 FirstStop has piloted partnerships with local authorities, housing associations and charities, including home improvement agencies (HIAs) and local Age UKs, in order to offer local advocacy and advice on housing and care options. FirstStop local partners offer in-depth casework to older people to help them make informed choices about their housing options and related care and finance, and to realise those choices. FirstStop aims to demonstrate that the combined national and local partner model offers a comprehensive range of services from light-touch information (e.g. via website), individually tailored advice (e.g. via e-mail or 'phone) and in-depth advocacy and practical support (via local partner caseworkers). This combination means that older people, their family and carers are helped in the most cost-effective way, determined by their own level of need and the personal and social resources they have. The most vulnerable (often those at highest risk and with few alternative options for support) will receive intensive support, whilst those more able to access services and support for themselves receive the information they require to do this.

Between April 2011 and December 2012, FirstStop worked with 25 funded local partners, in 7 cases on a match-funded basis. Each local partner delivered a mix of in-depth casework and lighter-touch one-off advice, totalling 3707 cases. The impact and effectiveness of FirstStop was independently evaluated by the Cambridge Centre for Housing and Planning Research (CCHPR).<sup>2</sup> A range of benefits were identified including positive outcomes for older people themselves as well as better use being made of public resources.

The Government subsequently decided to build on the success of FirstStop local partnerships, with DCLG making grants available via FirstStop in 2013 to provide start up support for 15 new local FirstStop services. Over 90 organisations submitted funding applications and grants were awarded to fifteen successful organisations including local Age UKs, home improvement agencies and local authorities located across England (see Appendix 1). Each partner was required to employ a dedicated full-time housing and care options adviser and work with FirstStop in the delivery and monitoring of advice on housing options and related care and finance. The funding period ran from

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<sup>2</sup> <http://www.firststopcareadvice.org.uk/resources/independent-evaluation/>

October 2013 to March 2015. The maximum grant available was £48,000, with 12 of the 15 partners being offered this amount. The lowest grant was £43,000.

Based on the positive evaluation by CCHPR and the success of the 2013-15 local partners' programme DCLG agreed to provide further funding to extend the FirstStop local partners' programme from April 2015 until March 2016. The additional funding was to be made available to local partners from the 2013-15 programme that had been able to successfully establish their housing options service and were seen as having reasonable prospects for securing funding from a variety of sources to sustain their service. In addition it was agreed to provide grant funding for a small number of new local partners who were able to demonstrate that they had a longer term vision for provision of their housing and care options advice service, and could show that DCLG funding would help stimulate local innovation, build local capacity and enable them to pioneer new models of integrated working operating across housing, social care and health.

The maximum grant for the 2015-16 local partners' programme was £30,000. Local partnerships were developed with 19 agencies, with 12 running for a full year, all but one of these continuing from the 13-15 programme, and a further 7 joining the programme during the year (see Appendix 2).

### **The 2013-16 local partners programme – expectations and outcome**

A clear set of output targets for all local partners was stipulated by the Department for Communities and Local Government (DCLG) together with an expectation that the programme would deliver a number of wider outcomes for older people. In particular DCLG was interested in evaluating the model of service delivery with a national service delivered by FirstStop and a complementary local service able to offer face to face advice including a casework service, together providing effective advice which also offered value for money. Alongside this DCLG has a particular interest in the numbers of older people supported to downsize and the number of older people made aware of specialist independent financial advice services though no target was set for these areas.

EAC FirstStop also identified a number of outcomes for older people as part of this programme.

- i) Older people will be enabled to retain their independence in later life through making informed decisions about their accommodation and care arrangements.
- ii) Older people will be enabled to maintain good health and avoid accommodation-related acute health problems (e.g. falls); will be enabled to delay or avoid unnecessary care home admission; will be enabled to avoid unnecessary delay in returning home after a period of hospitalisation
- iii) Older people who wish to do so will be supported to downsize to more suitable accommodation

iv) Older people who wish to do so will be enabled to release equity safely and financially efficiently through down-sizing or through equity-release products.

iv) More effective use will be made of the supply of family-sized accommodation through supporting older people who wish to do so to move to more appropriately sized accommodation

v) Older people will have access to expert advice and services to adapt and repair their homes, improving their safety and quality of life, which will also contribute to the maintenance of the housing stock and to the local economy through increased expenditure on building work.

vi) Older people will have access to information about local services and networks which will enable them to remain independent and active in their local community

vii) Increased awareness and understanding about housing and care options in later life and the training of older people to provide peer-to-peer information will encourage active citizenship and enable greater self reliance.

These outcomes, and those of DCLG, helped to determine the monitoring expectations for the programme,

### **Monitoring, Outputs and Outcomes – the learning**

Under the terms of their contract with EAC, each local partner was required to deliver an agreed number of outputs at each level of service, with the aggregate total to meet the targets specified by DCLG in their contract with EAC. (A definition of the three levels of service provision is provided in Appendix 3). The table below sets out the DCLG targets for each phase of the programme and the aggregate outputs achieved by local partners.

	<b>2013-15 programme</b>		<b>2015-16 programme</b>	
	DCLG target	Actual	DCLG target	Actual
<b>Level 1</b>	8080	23203	8080	17749
<b>Level 2</b>	800	6686	800	5600
<b>Level 3</b>	1120	2687	1120	2018
<b>Total outputs</b>	10,000	35,576	10,000	25,367

The Level 1 and Level 2 targets were substantially exceeded in both phases. A significant reason for this was that the delivery of these outputs was supported by other information and advice staff or caseworkers within the local partner agencies. The delivery of the Level 3 outputs on the other hand required a greater degree of expertise and detailed knowledge of housing and related care and finance options and were as a result primarily delivered by the housing and care options adviser. These targets too were comfortably exceeded. These outputs clearly illustrate that there is a high level of demand for information and advice about housing options and related care and finance from older people and their families. For example during the 2015-16 local

partners' programme almost two thirds (62%) of Level 3 enquiries were made by older people themselves or by a family member or other advocate.

The need to meet the required outputs was made clear to all local partners at the beginning of the programme. This requirement may have meant that to an extent the first phase of the programme was output driven, with less emphasis on innovating and developing new models of delivering housing and care options advice. During the first phase all fifteen local partners met all three target levels. By contrast when the second phase of the local partners programme was launched there was a greater focus on delivering outcomes for people with more complex needs in order to demonstrate the fit with statutory outcomes frameworks and deliver value for money, as well as adapting and developing local service responses. Reflecting a more flexible approach to the targets, only nine of the fifteen local partners met their targets across all three levels of service. Local factors such as staff changes also had an impact on meeting targets on some localities. Nonetheless the overall targets set by DCLG were again comfortably exceeded.

However, a number of local partners identified a tension between being able to meet the needs of people with more complex housing circumstances (through the Level 3 case work service) whilst at the same time being able to meet the other required outputs, particularly the Level 1 output targets which were focused on the delivery of general advice about housing and care options. This was particularly the case in agencies where delivery of all three levels of outputs was the primary responsibility of the housing options adviser, although the expectation in the local partners' programme was that advisers would be supported by colleagues in the delivery of Level 1 and Level 2 outputs, as was the case with many of the local partners.

The monitoring framework for Level 3 cases was designed to capture a range of data including basic demographic data, the reasons people contacted their local housing and care options advice service and the outcomes achieved. In addition advisers were asked to identify what the outcome for service users might have been without the intervention of the adviser. This information was specifically required to inform the independent evaluation of the first phase of the local partners programme carried out by CCHPR but was retained for the second phase, when a further field to capture data about key local partner agencies was also added.

### **Analysis of monitoring data – key findings and learning**

Over the two phases of the local partners' programme basic demographic data remained largely consistent. For example during the first phase just over half (51%) of service users were aged 75 or over and this percentage remained the same in the second phase. Similarly the percentages of service users identified as having a long term health condition or disability remained similar across both phases (80% and 81%) as did the breakdown by ethnic origin (90% white in both phases) and gender (60% women in both phases).

The reasons people contacted the local housing and care options service also remained largely consistent across the two phases. 37% wanted to move to somewhere more appropriate, whilst about 10%-12% were enquiries regarding repairs or affordable warmth. Although the figure for enquiries about adaptations dropped during the second phase (27% to 18%) it is difficult to identify any particular reason for this. Data regarding the outcomes achieved for service users also remained broadly consistent across the two phases, with repairs, home safety and affordable warmth being recorded as the outcome in roughly a fifth of cases and adaptations in about a quarter of cases. About one third of service users were supported to move, of whom about two thirds moved into the social rented sector, the majority (70%) into specialist housing for older people.

With regard to moves, there is anecdotal evidence from local partners indicating a shortage of suitable affordable alternative accommodation in the right locations for older people who wish to move. There is a clear preference for accommodation in the social housing sector which is related to affordability and security. 38% of older people receiving a casework service already live in the rented sector (25% in the social rented sector and 13% in the private rented sector). Just over half (53%) are owners, but are typically likely to be on low incomes with relatively low equity making a move to other accommodation in the owner occupied sector difficult. This is particularly so with regard to leasehold schemes which tend to have higher values relative to the values of the homes owned by older people using local partners' casework services.

Whilst these figures represent the outcomes delivered across all local partners there are considerable variations between local partners. In general where a housing and care options advice service is delivered by a home improvement agency a higher proportion of outcomes will relate to repairs, home safety and security and adaptations, whereas typically for Age UKs a higher proportion of outcomes related to moving. However as a result of their experience in delivering housing and care options advice a number of local partners have begun to adopt a more holistic approach to the delivery of advice. This was particularly the case with HIAs, with an increasing focus on considering a range of options, including moving rather than simply focusing on building related solutions. One example of this is the development of healthy homes assessments tools considering a range of issues such as mobility, access and affordable warmth.

These developments are reflected in HIA specifications which increasingly specify advice about housing options as an integral element of the service to be provided by the HIA. For example, the specification for Suffolk HIA delivered by Orbit East includes the delivery of 'advice and support to realise a range of alternative housing options based on the needs of the customer, including buying and selling and re-housing through letting arrangements'. In Lancashire one of the objectives to be achieved by HIAs in Lancashire is the provision of comprehensive advice and information to support individuals in identifying their options for alternative housing

A full breakdown of the data collected for Level 3 cases across both phases of the local partners programme is in Appendix 4.

### **Views of those who used the service**

All service users who received a casework service were asked to complete a brief feedback form. Over the course of the local partners' programme 1221 forms were returned representing a 24% sample of people who have received a casework service. The responses provide evidence of a person-centred service delivered by skilled caseworkers who were able to respond to individual needs, and enabling people to sustain their independence. For example, 99% agreed with the statement that the advice provided focused on them and on their needs and 95% agreed with the statement that they felt more confident about making the right decisions about their housing and care options. A full breakdown of responses is provided in Appendix 5.

Further evidence comes from a follow-up survey of a sample of service users carried out in the autumn of 2015 (see Appendix 6). The aim of the survey was to find out about the longer term impact of the information and advice each service user had received. Accordingly the sample was drawn from service users whose cases had been closed at least three months before the date of the survey. Twelve local partners took part in the survey, with 79 survey forms returned. 39% of respondents stated they had a better sense of wellbeing, 48% said they felt more independent and better able to cope and 52% said they felt safer and more secure as a result of the information and advice they had received. This demonstrates the extent to which the information and advice provided by FirstStop local partners supports the delivery of the outcomes set down in the Adult Social Care Outcomes Framework.

Monitoring is an inevitable aspect of funding programmes. Many local partners commented on the length of time taken to input monitoring data and the lack of integration with monitoring frameworks already in place, mainly Charity Log for local Age UK partners and Foundations' Case Manager for Home Improvement Agencies. Some initial discussions took place regarding the possibility of adapting these systems to capture the data required by FirstStop, but these were not pursued, largely on account of the cost relative to the small number of local agencies involved in the programme. Furthermore the monitoring requirements were not finalised until after the start of the programme leaving little time to consider how the requirements might be integrated within existing monitoring arrangements. With any future programmes it would be useful to define the monitoring requirements and consider monitoring frameworks at an earlier stage, particularly with regard to minimising additional monitoring requirements for programme participants.

### **The FirstStop model and the local partners' programme**

From EAC's perspective the local partnerships' programme was a way of both developing and testing FirstStop's local partnership model. This is based on integrating three levels of service, a web-based information directory including accommodation and services, a national telephone advice service and a local casework service, maximising reach, delivering high volumes of service

delivery and value for money. For local partners, the local partners' programme offered them an opportunity to obtain specific funding to develop a local housing options service which was integrated with their own local services. From a local perspective the FirstStop model tended to have less significance and participation in the local partners programme was primarily seen as a way to secure funding for a local service, although a number (for example, City of York) already highlighted the availability of FirstStop advice in information about housing for older people.

#### FirstStop's offer to local partners

The FirstStop offer<sup>3</sup> for local partners includes a number of elements, but the extent to which these were utilised by local partners varied. Advisers who were new or less experienced valued the availability of the national advice team for support until they developed their own local knowledge. There is, however, little evidence of ongoing demand for support from the national advisers in more complex cases, with most experienced local advisers relying on their own skills and knowledge supported by other expert local resources. What the national advice team may be able to offer is support for local partners for particular periods of time, for example when local posts are vacant. This was explored on a number of occasions during the local partners' programme and could offer a response to some concerns expressed by local partners that a service relying on a single post holder is vulnerable during extended periods when the post may be vacant.

Almost all local advisers made extensive use of the accommodation directory, and the associated housing options reports, though less use was made of EAC's services directory. The accommodation directory is an extremely useful resource and avoids the need for local advice services to build up their own database of specialist accommodation for older people. It also enables local advisers to provide advice to people wishing to move to another locality. Some local partners also use the Housing Options for Older People (HOOP)<sup>4</sup> tool to provide a systematic framework for discussions with service users. A web-based local HOOP is being piloted in a small number of localities with local partners. This has considerable potential and could act as an electronic triage tool, providing relevant local information and enabling users to be directed to the FirstStop national advice service or a local housing options adviser (where one exists) for a casework service. This could also enable local partners to include this in any 'value for money' offer around housing and care related information and advice services for local commissioners.

Most local partners received a relatively small number of referrals from the national service and made very few referrals to the national service. Similarly little use was made of information and support available from EAC's other national partners. This includes both the Society of Later Life Advisers (SOLLA)<sup>5</sup> and Independent Age,<sup>6</sup> national partners who might be expected to

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<sup>3</sup> <http://www.firststopcareadvice.org.uk/abt/partners/>

<sup>4</sup> <http://hoop.eac.org.uk/>

<sup>5</sup> <http://societyoflaterlifeadvisers.co.uk/>

<sup>6</sup> <http://www.independentage.org/>

support the delivery of the 'care and related financial advice' elements of the FirstStop offer.

As part of the local partners' programme two conferences were organised for FirstStop's local partners, one in July 2014 and the other in November 2015. These were valued by local partners, particularly with regard to the range of external speakers and the opportunity for networking. The local partners' programme also included a blog. The aim of this was to facilitate the development of good practise and to provide a means of circulating relevant information and monitoring updates. Whilst some local advisers made regular use of the blog it is clear that the majority did not, with most commenting on the pressure of work coupled with a general sense of information overload. There is limited evidence about the extent to which networking opportunities provided by the conferences and the blog were used by local partners to share practise, although two local partners with a similar model of service delivery integrating Silverlinks and housing options advice are currently exploring a benchmarking proposal for 2016.

#### External evaluation

The external evaluations of the local partners' programme, carried out by CCHPR and KHC Consultancy Ltd, have been valued by local partners, particularly in demonstrating the way in which housing options advice services support the delivery of statutory outcomes and can deliver cost savings. Local partners have also valued the opportunities provided by the national conferences to engage with the researchers/consultants. Evidence from the evaluations has been used to raise the profile of local services and to support local negotiations with commissioners, particularly with regard to the most recent evaluation as this included evidence from in-depth interviews with a sample of service users.

As has been noted above the extent to which local partners made use of the various elements of FirstStop's offer to local partners varies. Moreover many elements of the offer are freely available to all users of FirstStop's resources. Other elements, notably programme management support, including the conferences and the evidence produced by the evaluations, have been directly linked to the availability of funding from DCLG which came to an end in March 2016. It is likely that local partners who participated in the local partners' programme would be happy to continue in a partnership arrangement with FirstStop but it may be necessary to review the mutual offer and expectations, particularly if it is intended to increase the number of local partners.

Whilst for EAC increasing the number of local partners is a key element of promoting the FirstStop model, the mutual offer for local partners needs to be well defined. It is unlikely that local partners would participate in monitoring unless they are already collecting the required data and whilst welcoming the association with FirstStop, the brand is currently not sufficiently well known to significantly enhance a local partner's profile. It is however possible that the further development of local HOOPs may provide a distinctive offer which is not available elsewhere. One issue in particular that may need to be clarified

is whether local FirstStop partners should deliver a casework service rather than simply provide advice on housing and care options. A related issue is whether this requires a dedicated member of staff (rather than a generic case worker or adviser with a specific responsibility for the provision of housing and care options advice) and/or a minimum number of hours per week to meet FirstStop's local partner expectations.

### **Issues from local delivery of housing and care options advice**

The value of a specialist housing options role has emerged clearly from the local partners' programme and was recognised by all local FirstStop partners. Whilst other professional staff such as social workers and health staff may be involved in housing issues they are unlikely to have a sufficient degree of knowledge and expertise in housing issues.

Having a dedicated specialist housing options advice post enabled the development of local skills, knowledge and experience in order to provide an effective casework service for older people with more complex needs, a point highlighted by all FirstStop's local partners. In order to sustain and develop this focus promotional work and one off housing advice needs to be integrated into other generic roles (for example, caseworkers in HIAs and information and advice staff within local Age UKs). A number of local advisers commented on the difficulty of both promoting the service and providing a casework service.

It is also important that effective triaging of enquiries is carried out to ensure the adviser's role is focused on those service uses with more complex needs. One option may be for the specialist housing options adviser to provide a second tier casework service rather than taking referrals directly. Alternatively greater use could be made of FirstStop's national advice service, with callers being directed to the national advice line and only those needing a casework service referred back to the local specialist housing options adviser. This may also be seen by potential commissioners as making effective use of limited resources and enabling housing options advice to be more widely extended, particularly as access to FirstStop's national advice team is by a freephone telephone number.

Local housing options advice services need to be part of a local referral network with clear referral arrangements based on the distinctive service offered by a housing options specialist. In Wigan, for example, the housing options service developed a referral arrangement with Wigan and Leigh Homes with older applicants for social housing being referred to the service for an assessment of their housing options. Housing options advisers may also be involved in assessments for extra care housing based on their understanding of older peoples' housing needs. Referral arrangements rather than open-access or signposting arrangements can help consolidate the role and raise the profile of the local housing options service.

### **The distinct role of a housing and care options adviser**

A number of local partners have recognised the value of developing a multi-skilled role partly in response to the growing recognition of the need to avoid

unnecessary onward referrals wherever possible. There may be other aspects to this as well with the post holder providing support, advice and training for generic casework colleagues. It may also be easier to attract funding for a role which is seen as both specialist and multi-disciplinary thereby bringing added value both to the core role and the work of colleagues.

There are a number of potential elements to such a role:

i) Trusted Assessor – where this role is agreed with commissioners it can enable a more comprehensive service to be delivered without the need for onward referrals for minor aids and equipment. It also provides a seamless service for older people. For example, the adviser employed by Age UK West Cumbria was a Trusted Assessor which meant she could offer a holistic assessment to every client which in turn meant clients not having to be seen by numerous different agencies.

ii) Clear understanding of relevant welfare benefits, especially with regard to Attendance Allowance, in order to maximise the incomes of older service users. Linked to this is knowledge of sources of charitable funding to meet the cost of essential work for which no other funding can be identified. One example is ‘deep cleans’ to enable an older person to be discharged into a safe home environment from hospital, mentioned by one local partner. Another example may be the purchase of white goods or meeting costs incurred to enable a successful move to more appropriate accommodation.

iii) The ability to conduct home hazards assessments or healthy home assessments, particularly in the context of developing partnerships with health services to both facilitate hospital discharge and reduce the risk of unnecessary admissions for example as a result of falls. This may also be linked to an understanding of services and support to identify and respond to fuel poverty and inadequate heating. A number of local partners offer such assessments including Preston Care and Repair.

iv) Comprehensive knowledge of local housing providers including the private rented sector, and effective links with key individuals, especially in local authority lettings services. The ability to enable voids to be filled quickly, especially with regard to units deemed hard to let, can be marketed as part of the ‘offer’, and a number of local partners have been able to secure rapid rehousing based on local knowledge and links with local landlords including housing associations and private landlords. Age UK Nottingham’s housing and care options adviser developed referral arrangements with a number of local landlords and as a result was able to arrange timely offers of alternative accommodation on a number of occasions.

v) Advocacy, particularly with regard to inappropriate banding for social housing (but not general support with bidding as this doesn’t add value, can be time-consuming and where appropriate could be delivered by volunteers/non-specialist staff). There is also a strong case for local partner agencies to lobby local authorities to make the case for application systems which are accessible to older people and in particular older people without

access to a computer or who lack the skills and confidence to navigate web-based lettings systems.

### **Working with volunteers**

Some local partners have been successful in integrating the role of volunteers into their housing options service. Volunteers may include social work students and other volunteers with relevant skills and expertise. Care & Repair's Silverlinks programme<sup>7</sup> provides a particularly useful model for working with volunteers in providing peer to peer support, and a number of local FirstStop partners are now working with Silverlinks. The Silverlinks programme offers an opportunity to make best use of limited staff resources enabling the experienced housing options adviser to focus on those with more complex needs. In addition volunteers can provide the emotional support which is often an essential element in enabling older people to reach a decision about their future housing.

However it is not easy to find and retain volunteers to deliver 1:1 support and advice, as this can be a demanding role, particularly for agencies which do not have a well-developed infrastructure for recruiting, supporting and developing volunteers. A number of local partners noted that it was easier to recruit volunteers for less intensive roles such as supporting the provision of general information and advice.

Volunteering is one way in which older people may be involved in housing and care options advice services. Another way is through the involvement of older people in designing and shaping the service, linked to the current policy focus on personalisation. This does not appear to be actively pursued at present in these services but there may be scope to consider how service users can be more actively engaged in service development. There may also be scope for more active involvement with carers' groups and older people's forums to explore ways in which older people can themselves help develop and focus information and advice services.

### **Extending the service – examples of innovation**

During the local partners' programme the nature of the casework service was shaped by the skills and experience of the individual adviser. It also depended on how the service interacted with other services provided by the local partner and other agencies. In order to develop a distinct and specialist service it is important that housing options services provide more than support for people applying for social housing, although there is a clear need to provide advocacy support for people whose circumstances would otherwise not be afforded sufficient priority, as noted above. For HIAs it is also important to ensure that the housing options service is clearly distinguished from a generic casework role, based on a holistic assessment of the needs of the customer rather than simply facilitating the administration of disabled facilities grants.

In some localities, for example in Warwickshire, the advice was coupled with practical support particularly focused on people who wanted to move. Other

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<sup>7</sup> <http://careandrepair-england.org.uk/silverlinks/>

local partners decided they were unable to offer this level of service because it would have impacted too much on limited adviser time. In York the adviser provided a case coordination service based on her recognised expertise in older people's housing issues working with colleagues in both housing and adult social care to identify housing solutions for older people with complex needs including older homeless people. FirstStop's funding has encouraged a flexible approach to housing for older people and has helped initiate changes which might otherwise not have happened such as the proposed development of a respite bed for people being discharged from hospital;

### **The housing and care options offer**

Local FirstStop partners deliver advice on housing options and related care and finance. However, there is no agreed definition of the term 'housing options'. The term is often associated with the provision of a service to support local housing authorities' housing list and lettings schemes rather than the provision of comprehensive advice based on a comprehensive understanding of the older person's housing and care needs and their social connections. As a result some local partners used slightly different terms to describe their advisers. In York the post holder was described as the 'older persons' housing specialist' as it was felt this might facilitate joint work with Adult Social Care. In Staffordshire Revival's post was designated 'housing options coordinator' to reflect the fact that the role involved working with many different housing providers and other agencies.

There are a number of possible elements which should be considered as part of a housing and care options advice service:

#### i) Brokerage

An understanding of the role needs to be based in part on the brokerage role played by effective housing options advisers. The role of the housing options adviser is to broker in so far as this is possible the accommodation solution (together with any other associated community services or support) which will enable the service users to continue to live safely and well in the home of their choice and which best meets their own assessment of their current and future needs. Another example of a specialist housing brokerage service is provided by the Housing and Support Alliance.<sup>8</sup>

Effective housing brokerage requires a comprehensive knowledge of the range of housing providers in the locality. This will include effective links with registered social landlords who will accept direct applications, almshouse providers and private sector landlords. A number of local FirstStop partners have been able to access alternative housing, often at short notice for service users including both social housing (e.g. Age UK Notts) and private sector options (e.g. Age UK Isle of Wight) based on good contacts and local knowledge. A further dimension to this is knowledge of local trusts and charities which may be able to meet essential costs to ensure a successful outcome to casework. For example the housing and care options adviser on the Isle of Wight was able to access charitable funds to meet the cost of a deposit and the first month's rent to facilitate a move which would otherwise

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<sup>8</sup> <http://www.housingandsupport.org.uk/site/hasa/templates/general.aspx?pageid=394&cc=gb>

not have happened. In another case the same adviser was also able to make successful applications to two local trusts to meet the cost for a boiler replacement, enabling the service user to stay put and having an immediate and positive impact on her health and wellbeing.

#### ii) Housing plus

An understanding of housing options also needs to encompass services outside the home which enable people to maintain social connections and reduce the potential impact of loneliness and isolation. This 'housing plus' aspect involves working with other agencies and brokering enhanced community connections. In West Cumbria the local FirstStop partner, Age UK West Cumbria, is the lead partner for Cumbria's Neighbourhood care Independence Project and on the Isle of Wight another local FirstStop partner, Age UK Isle of Wight, has a significant role in the My Life A Good Life Programme as well as being involved in the establishment of Isle Help, a community interest company.

#### iii) Inclusive services

A further aspect to developing services based around the needs of service users is to consider how housing options advice services can effectively meet the needs of self-funders and older people who have had little or no previous engagement with statutory services. Spire Homes HIA noted there is a clear gap in services for self-funders who do not qualify for statutory services for and who may miss out on advice and support for adaptations, handyperson services, befriending schemes etc which could have an impact on their health and wellbeing. This is particularly the case for people who might benefit from advice and support at an early stage to avoid potentially costlier interventions at a later date.

#### iv) Good housing, good health

There is a clear relationship between the provision of advice on housing and related care and finance options and the priorities for health commissioners, as described in C&RE's report, Off the Radar<sup>9</sup> as well as Making the Case<sup>10</sup>, published jointly by C&RE, EAC, Foundations, Age UK and Independent Age. There are two key aspects to this. The first is working with GPs to provide advice and support to older patients whose housing has an impact on their health and therefore attendances at GP surgeries. This may be linked to the development of social prescribing. The second is working with CCGs and hospitals to help prevent delays for people being discharged from hospital (Delayed Transfers of Care, DTOC) where the patient's home circumstances may be a significant factor in the delay.

In some areas local partners have been able to develop effective links with the increasingly widespread role variously called a GP navigator or a primary care navigator. In Warwickshire Age UK Warwickshire's housing and care options advisers work closely with Age UK Warwickshire's GP navigator service. In West Cumbria the housing options adviser has developed effective

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<sup>9</sup> <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Off-the-Radar-2016-Final.pdf>

<sup>10</sup> <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Making-the-Case-final.pdf>

links with GP navigators based in surgeries in one district and also provides advice sessions at the local hospital. Both Care & Repair Worcestershire and Care & Repair Leeds focused their housing options work on developing links with local health services, and this was also an important element in the housing options service provided by Age UK Norfolk.

However, whilst staff in health services have been able to develop a better understanding of the importance of housing as a result, local partners have been unable to secure any funding from CCGs for their housing options services. Funding tends to be focused on short-term (6 week) reablement services rather than tackling the underlying issues. Factors include funding pressures (common to all statutory services), and the difficulty in identifying and developing relationships with key staff.

#### v) More than just repairs

Housing options advice has clear relevance to the work of HIAs and is increasingly being integrated into their work. This includes carrying out comprehensive assessments of current and future housing needs in the context of applications for disabled facilities grants to ascertain the most appropriate way to meeting housing needs. It may also include using specialist local knowledge to source additional or alternative funding where other funding is either not available or is insufficient. However the experience of the local partners' programme indicates that in order to successfully sustain the delivery of effective and comprehensive housing options advice it is necessary to avoid it simply being an adjunct to the role of caseworker. In such circumstances, whilst aspects of the service could be sustained, the distinctive expertise and specialist knowledge is likely to be dissipated. (This point is equally relevant to sustaining the distinctive housing options advice role within generic information and advice services provided by local Age UKs.)

#### **Critical success factors**

There are a number of different factors which can affect the success of local housing and care options advice services.

Staffing: One of the key factors underlying the success of the local partners' programme was the high degree of personal commitment and motivation demonstrated by advisers, linked with strong inter-personal and negotiating skills. It was significant that during the course of the programme there was very little staff turnover and it is clear from feedback from service users that in many cases advisers 'went the extra mile' to ensure a successful outcome. (See Appendices 5 and 6). This front-line commitment was supported by an organisational commitment to the delivery of the service, with advisers well supported by their managers.

Successful services do not necessarily require a full-time post holder. A reduction in hours will have inevitable implications for caseload and networking opportunities, but may be a more realistic approach given current financial constraints. During the 2013-15 programme, FirstStop local partners were required to employ a full-time dedicated post holder, but a more flexible

approach was adopted during the 2015-16 programme and in a number of localities part-time roles were funded. In particular this has enabled the administrative elements of the service to be delegated to other staff members, as, for example, with Age UK Norfolk.

Size of agency: Linked to the staffing factors noted above is the size of the managing agency. Smaller agencies, particularly those operating in a single district, are less likely to survive than those which operate across a larger area and which can link the housing options advice service with other services to develop a more comprehensive service offer.

Service integration: A housing options advice service needs to be integrated within other elements of the local partner's overall service offer. For HIAs this integration may be driven by service specifications incorporating the requirement to provide housing options advice, for example Suffolk Care & Repair. In other localities the housing options service has been integrated into prevention/early intervention services, for example in Nottingham. Other local partners have focused on linking the service with health priorities. As has already been noted this may involve services which divert 'frequent fliers' away from GP surgeries (for example through social prescribing) or which facilitate hospital discharge. Integrating housing options provision with other services may raise the service's profile and locate such services within a network of essential local services, although this does not necessarily ensure such services will be funded. In Staffordshire, Revival's successful housing options scheme was not specified as part of the new HIA contract; in Norfolk Age UK's successful pilots with local CCGs have not resulted in any funding for their housing options service.

Funding period: The development of new services takes time, particularly where local networks need to be established and developed. In this respect the additional 12 months funding from April 2015 was essential to provide time to consolidate the work of local partners. It is likely that the legacy of the local partners' programme would have been far more limited if funding had been limited to the initial 18 months. Feedback from those local partners who joined the local partners' programme during 2015-16 confirms that a shorter funding period significantly limited the possibilities of consolidating the profile for the housing options service and securing further funding.

Digital technology: The integration of IT into the role of caseworkers can enable a more efficient service to be delivered. A distinctive feature of the local partners' services was the provision of a home visiting service, especially as services are increasingly only available on an office basis or on-line. In such circumstances, and particularly in rural areas, it is important that such visits are used effectively and the ability to access on-line resources such as EAC's accommodation directories and to make on-line applications can improve service efficiency. However, it should be noted that it is precisely those rural areas where home visits can be time-consuming which are often least well served by internet access.

## **Other considerations**

### Adding value

A number of local partners have explored ways to add value by developing associated initiatives based at least in part on the experience gained through the delivery of housing options advice. These included:

- i) developing services in response to hoarding. Some local partners, notably Orbit, were able to secure funding for hoarding initiatives.
- ii) the provision of practical support for people moving home. This may involve arranging and providing support for viewing visits and practical support with moving home. This can however be time-consuming and whilst some local partners actively pursued this others decided not to because of the resource implications.
- iii) other practical support services. In York the older persons housing specialist worked with a local charity called SASH – Safe and Sound Homes to develop a service providing support with painting and decorating working in partnership with a local charity working with young offenders. Although only able to help a small number of people each year the initiative was successful in attracting publicity and raised the profile of the housing options advice service in York.

### Delivery of advice on care and housing-related financial advice

Local partners are described as providing advice on housing and care options and related financial advice. Some housing options advisers include the provision of benefits advice as part of their role, whilst others refer to benefits specialists within their organisations. Most local partners have not however developed a clear remit with regard to the provision of advice on paying for care or equity release. Although one of FirstStop's national partners is SOLLA there were very few referrals to independent financial advisers or to Beacon Continuing HealthCare, another FirstStop partner. During 2015-16 there were only 13 referrals to an independent financial adviser out of almost 8,000 Level 2 and Level 3 cases. Some local partners involved with a Foundations' pilot scheme with StepChange had developed successful referral arrangements for service users with debt problems and in other cases local partners such as Age UK Nottingham were able to make use of financial advice and information services provided by their own organisation.

There are a number of reasons for the focus on income maximisation rather than broader financial issues. Care funding is complex (and frequently changing) and most housing options do not have sufficient training or expertise to include this in their core role. This was reflected in a skills audit carried out in 2014 which indicated that advisers lacked comprehensive knowledge of care funding issues. A further factor may be the reluctance to promote this as an aspect of the service given the regulatory requirements with regard to the provision of financial advice.

Although the FirstStop model envisages onward referrals to FirstStop's partners for advice on specialist topics such as care funding or equity release, monitoring data also shows that there was relatively little demand from service users for specialist financial advice. Some advisers commented on service users' reluctance to consider equity release, in part because of previous poor

experiences with it and in other cases because of insufficient equity. During 2015-16 housing related finance was given as a reason for contacting the housing options advice service in 8% of Level 3 cases, with care-related issues in only 1% of cases. With regard to outcomes, income maximisation was given as an outcome in 352 (19%) cases, with only 8 people enabled to access home equity and 3 being referred to an Independent Financial Adviser of cases. In terms of accommodation moves to a care home accounted for less than 5% of moves.

Given an overall policy focus spelt out in the Care Act 2014 on preventative services which enable older people to continue to live independently, safely and well at home it may be that the focus for FirstStop should be on the delivery of housing options advice, based on acknowledged expertise, with advice on care and other related finance (other than welfare benefits advice) being delivered by key partners with relevant expertise based on clear and mutual referral arrangements.

### **Conclusion**

The external evaluations of the information, advice and casework services provided by local FirstStop partners, as well as the feedback from service users, demonstrate the impact and relevance of housing and care options advice, both in terms of the Care Act 2014 with a focus on prevention and in terms of the integration agenda, linking health, housing and social care services to enable older people to continue to live independently, safely and well at home.

The Care Act's focus on preventative services is helping shape the emergence of wellbeing services being offered on an all-age basis and with a broad remit. In some areas home improvement agency services are being commissioned as part of this wider range of services and this may also be the case for other housing related care, support and advice services commissioned to meet the needs of particular groups of any age rather than providing an age-based service. The challenge is to secure the role of housing options advice services within this broader commissioning agenda. Where commissioners recognise the key role of housing in enabling people to continue to live independently and well the development of service specifications for preventative services may provide scope for the inclusion of housing and care options advice services. This has been the case, for example, in Nottingham where an early intervention service includes the provision of housing options advice together with funding for a designated part-time role.

With regard to the integration of health and social care, housing and care options advice services have a distinctive role to play in supporting hospital discharge and brokering long-term housing solutions for people whose current home no longer meets their needs. The external evaluations of local FirstStop services have clearly identified the ways in which such services can deliver cost savings and can also support the delivery of statutory outcomes. The ongoing challenge for local FirstStop partners is to understand and engage

with commissioning processes within CCGs in order that the importance of such services is recognised and reflected in commissioning plans.

Measured by the delivery out the output targets the local partners' programme has been very successful. What has been less easy to secure in a challenging financial situation is contracts and funding to ensure that local housing options advice services can be sustained. However, whilst it may be difficult to ensure the continuation of a full-time specialist housing and care options adviser, in a number of localities a housing and care options advice service will continue to be delivered. For example, local FirstStop partners in Wigan, West Cumbria and Nottingham will continue to have a full-time post holder who will deliver housing and care options advice and coordinate the work of Silverlinks volunteers. Funding for these posts will be met in part through C&RE's Silverlinks programme and partly through local funding. In Nottingham additional funding comes from Nottingham's early intervention service and in West Cumbria through Cumbria County Council's Neighbourhood Independence Project. In Suffolk Orbit East will continue to deliver housing and care options advice as part of Suffolk County Council's HIA contract. Such services will continue to meet the needs of older people seeking comprehensive and expert local advice on housing options to enable them to continue to live independently, safely and well.

### **List of Appendices**

Appendix 1	Local partners 2013-15 programme
Appendix 2	Local partners 2015-16 programme
Appendix 3	Definition of levels of service
Appendix 4a	Level 3 outcomes 2013-15
Appendix 4b	Level 3 outcomes 2015-16
Appendix 5	Service user feedback 2013-16
Appendix 6	Service user follow-up survey 2015-16

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