

Evaluation of the FirstStop Local Partnerships

1) Introduction

This report details the findings of an evaluation conducted by the University of Cambridge of the local projects of the FirstStop information and advice service for older people. The evaluation explored how the FirstStop service has developed over the first year in which both a national telephone and web-based information service has been operating alongside a number of local information and advice projects. This report focuses on the evaluation of the local information and advice projects developed as part of the FirstStop initiative.

The first section explains how the FirstStop service operates and outlines the evaluation methodology. The second section briefly describes the different local information and advice projects set up by FirstStop in conjunction with different local agencies. Section three considers the successes of the local projects and discusses the challenges they faced. The fourth section of this report explores the benefits generated by the local information and advice services and assesses the value for money to the public purse of the projects. The final section draws conclusions and discusses ways forward for the national/local FirstStop partnership.

FirstStop

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

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

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

The need for information and advice

Recent policy and practice has focused on how best to prevent older people from living in unsuitable housing which does not meet their needs and how to prevent older people making unwanted moves into residential care, particularly at times of crisis, which is often very costly to both individuals and public finances. There has been a recognised need for the provision of information and advice to assist older people in planning ahead and coping with changing housing and care needs. It has also been recognised that older people face problems that cut across housing, health, finance, care and their general rights.

The national/local interface of the FirstStop initiative

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

The evaluation

The Cambridge Centre for Housing and Planning Research at the University of Cambridge undertook an independent evaluation of the FirstStop service between November 2009 and June 2011.

The evaluation 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 evaluation of the training programme; interviews with local exemplar project managers; five local exemplar project case studies which included interviews with case workers; analysis of detailed client information from the local exemplar project case studies and a value for money analysis of the local and national services. The five local project case studies were Oxfordshire; Somerset West; Nottinghamshire; Newcastle and Warwickshire.

2) The local exemplar projects

The local projects were set up during the past year and so many were still in their early stages of development during the evaluation. It is also still an early stage in the development of the wider FirstStop network which ties national and local agencies together in a system which allows clients to be referred seamlessly to the appropriate information and advice provider. This section gives an overview of the different pilot local projects established in conjunction with FirstStop.

Care & Repair Leeds

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

Newham Home Improvement Agency

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

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

Age Concern Kingston upon Thames

Age Concern Kingston upon Thames FirstStop Housing Choices Development project was established in 2010 to promote and develop the delivery or expansion of local housing options advice services in Kingston upon Thames, South West London and Surrey Borders. The project aims to raise awareness of older people and professionals that work with them of how to support choice around housing issues. The pilot is trying to influence local and regional housing strategies to ensure they recognise the importance of housing choices for older people. It is working with the other London FirstStop project in Newham to identify and address issues and obstacles specific to the capital. This exemplar is also not an advice service for individual older people but a strategic project focused on development work.

Newcastle Better Life in Later Life

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

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

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

Nottinghamshire County Council

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

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

Age UK Oxfordshire

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

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

Sefton Pensioners Advocacy Project (SPAC)

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

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

Somerset West Care and Repair

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

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

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

Worcestershire Care & Repair

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

East Sussex

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

Warwickshire

This project is not funded by FirstStop. It is an information and advice service for older people branded as FirstStop Warwickshire to raise the profile of FirstStop locally and make people aware of the national FirstStop resources. It is a DCLG funded service run by the County Council. FirstStop provides training and support.

3) Successes

This section of the report discusses the many successful aspects identified in the evaluation of the local projects and the development of the national/local model of information and advice provision being established by FirstStop.

The pilots have been successful at meeting funder targets. The case work numbers have been achieved. There was clear evidence of demand for the services.

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

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

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

Through the face to face casework the local pilots have empowered older people to make informed decisions, have given them full knowledge of all the options available and have supported them in appraising these options effectively. The case work service has received positive feedback from clients:

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

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

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

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

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

“There are cases where people have been on the waiting list for two or three years and want a bungalow, but when I looked there are none at all in the area. They just think if they are on the list, they will get a bungalow. No one has told them that there are none.... Without the project they [the clients] would have just sat there. Eventually some would have ended up in a care home or reliant on social services. (Interview with case worker)

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

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

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

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

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

One benefit of the national/local FirstStop model was the way in which the local case workers were able to use the national FirstStop resources in their local work, e.g. being able to use the FirstStop website and telephone FirstStop advisors for advice. Many clients have complex needs and information is required on a range of issues from housing, to care, to benefits and finance. Being able to draw on up to date and detailed information from the national FirstStop service was very useful to the local case workers. This bank of information would be very difficult and expensive to replicate in local areas.

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

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

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

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

CCHPR and FirstStop have worked with slightly different methods and definitions, but achieve similar findings. CCHPR compared call volumes in 2010/11 with 2009/10. Across all the districts where a partnership was active, these increase from 378 in 2009/10 to 1,179 in

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

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

4) Challenges

This section considers the challenges encountered in developing the local pilot projects and the national/local model of information and advice provision.

A significant challenge was developing the national/local interface of the service. Some of the local projects took much longer than expected to establish, mainly as a result of administrative and bureaucratic challenges in host agencies. They required more management than was expected.

The main problem with the development of the national/local service model was that it did not generate the expected level of referrals between the local and national services. Despite thousands of leaflets being distributed by the local pilots and awareness raising activities being carried out, there was a lack of referrals to the FirstStop national helpline and website. There was a proportional increase but not a significant numerical increase in calls/web hits from the local pilot areas since promotion started.

One challenge described by the case workers was the need for 'marketing' skills. Whilst they were all experienced housing options case workers, few had any experience of promoting a service or brand. It required continuous promotion to get the FirstStop brand recognised locally, but case workers had to balance this against their capacity to deliver face to face case work so they tended to step back from promotion when case numbers increased for fear of too much demand. This meant less time and resources for promoting the national FirstStop helpline and website, which may have reduced the potential benefits of the 'triage' model of information provision by directing those with level 1 needs to the national service.

Many of the case workers found this promotional work a challenge and had not anticipated the time or resources that would be required, particularly in continually needing to explain who and what FirstStop was to people. Many of the case workers said that promoting FirstStop was difficult as the nature of the service was brand was not immediately evident from the name, unlike Age Concern or Help the Aged which they said both older people and sector professionals were already familiar with. Some of the local projects chose to be branded as FirstStop but others avoided the brand and used a local name and telephone number as they felt it would be better received by the local older population. This may have not impacted upon the number of people aware of or using the face to face local information service, but is unlikely to have promoted the national FirstStop service very effectively. In one pilot there was a tension between the commitment to promote the FirstStop brand and the reality of being part of the Age Concern brand. Calls and referrals came from and to the Age Concern helpline, rather than FirstStop.

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

FirstStop uses the CRM system to collect and store information about service users. The local pilot projects also collected information about their service users. The aim was for a seamless service, where a customer could re-contact the national or local service and any advisor would be able to see their case history. However, data sharing of client information between the local and national has been very difficult and this has been time consuming. The local pilots did not have access to the same system as the national service advisors and did not always collect the same information.

Achieving the strategic aims was challenging in some areas, even where the case work service was successful. This was partly due to local political sensibilities. One challenge faced by the pilots was that it seems to take a long time to encourage other professionals to use and access new information and advice resources. Many of the pilots described a lack of interest from local authority staff in particular, saying that they were fearful of job cuts and not very interested in new services or resources. Where staff had existing knowledge and experience of the sector in the local area it was easier as they already had access to appropriate networks and contacts. In the Newcastle pilot where a consultant was employed to work on awareness raising, she could focus all her time and resources on doing this and was recruited because of her experience and skill in this field. One pilot began with a regional strategic approach but this failed as a result of lack of interest from regional professionals. However, the project managed to change its focus and adapt to a more successful project dealing with complex cases of older people, many with mental health needs.

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

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

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

5) Benefits and value for money

This section considers the broad benefits generated by the local projects before assessing their value for money to the public purse using case studies to exemplify this analysis. In order to calculate value for money the projects need to demonstrate not only outputs, e.g. number of clients who used the service, but also to demonstrate outcomes for these clients e.g. received home adaptations which maintained independent living. An assessment has to be made about the extent to which the outcome followed from the activity of the local project and then analysis has to be made of the value of these outcomes.

There are a number of outcomes of the case work for clients. These include:

- Signposting to information or services.
- Information and advice provided.
- Support in decision making.
- Benefits checks.
- Changes to more appropriate care packages.
- Supported to move to more appropriate accommodation.
- Supported to stay in their current home e.g. adaptations

Case study

The following case study is an example of how the services have been able to assist people to move to more suitable accommodation, giving them a better quality of life:

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

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

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

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

Benefits to the client

The evaluation identified a number of benefits to clients of using the local housing options and information and advice services established through the local pilot projects.

Clients were assisted to access services they may otherwise not have been aware of. For example, clients that were referred to befriending services not only reduced their feelings of isolation but also improved their health and wellbeing; they would not necessarily have known the service existed prior to contacting the case worker. Similarly many clients have benefitted from information the case workers sourced on their behalf from a variety of agencies such as social services, advocacy services and occupational therapists.

Some clients called the case worker to find out information for the future; they were forward planning rather than responding to a crisis situation. In so doing they were given help and advice on what their options would be in the future and what type of housing/care would be available to them within their area.

Others called the case worker because they were in a crisis situation and needed information and advice quickly. This was most likely to happen during a hospital admission, resulting from, for example, a fall. Either the client or a relative of the client needed to find out about moving to more suitable accommodation such as into sheltered housing or into a care home quickly as their current accommodation was no longer suitable for their needs.

There is evidence of positive client outcomes whether the older person was supported to move or supported to stay in their current home. These include older people having better knowledge of options, being informed to make appropriate choices, reduced anxiety and improved quality of life.

In some cases people were supported to downsize, freeing up larger family sized housing in areas where there is a shortage of family housing. Similarly, some social rented properties were brought back into circulation as people moved into sheltered accommodation or into care homes, freeing up properties for people on waiting lists.

All case workers offered their clients a benefits check, which in a substantial number of cases resulted in the client becoming financially better off. This was because many people were not claiming benefits they were entitled to, such as Disability Living Allowance. The case workers also offered debt management and help with budgeting. Where outside financial advice was needed the case workers signposted clients to professional, reputable financial advisors, reducing their risk of being exposed to fraudulent or exploitative companies. Other financial advice was offered, including introducing clients to direct payments, leading to greater client choice.

Benefits to the public purse

Case workers often helped clients requiring assistance with completing long housing application forms, freeing up the time it would have taken a social worker or local authority/housing association personnel. Case workers also helped clients bid for properties saving housing officers time as well as liaising directly with GPs on behalf of client/landlord to supply evidence regarding medical points. Similarly, visiting clients in their own homes and identifying the suitability of minor adaptations freed up the time of occupational therapists.

In cases where the client may have needed advice on a number of issues, such as benefit claims and moving on to more suitable accommodation the case worker provided a holistic service rather than the client being referred on to a number of different agencies for advice, thus saving time and intervention from a variety of agencies.

A main saving was brought about by early interventions by the case work team; in many cases clients were either helped to move or had home adaptations fitted which reduced their risk of a fall, preventing a costly hospital admission.

Where social rented properties were brought back into circulation, through either the client moving into sheltered housing or a care home or indeed by downsizing, families who might otherwise have been overcrowded or on the waiting list for a long period of time were housed.

Financial savings

The evaluation also identified a number of potential financial savings to the public purse than arose from the interventions made by the local housing options and information and advice services established through the local pilot projects.

In terms of general value for money the analysis of the savings made by the local case work interventions showed that the services do not need many 'intense' Level 3 cases to cover the costs of the service. The research identified a number of benefits and potential savings to the public purse. The savings to the public purse may be realised over a number of years, for example, where someone is assisted to remain living independently in their own home rather than make a premature move to a residential home.

Prevention of falls generates potentially considerable savings. Many of the vulnerable older people using the case work services had a history of recurrent falls as a result of inappropriate accommodation. The cost of a serious fall with necessary follow up care is around £30 000. Preventing falls by adapting homes or assisting people to move to more suitable accommodation has potentially very significant savings.

Freeing up social worker and occupational therapist time generates financial savings. Many of the older people with complex needs did not fall easily within the remit of social workers and OTs but had been on their books for a long time with no resolution to their problems. The FirstStop taking over the case freed up time of professionals who were unable to help, with potential financial savings (average cost of OT/social worker case work £147 per hr).

Prevention of hospital admissions also has potentially significant savings. Many of the vulnerable older people using the intense face to face case work services had a history of repeat hospital admissions as a result of living in unsuitable housing, with all the knock on effects on their health, anxiety levels and wellbeing. Being assisted to adapt their current home or to move to more suitable housing has potentially significant financial savings through preventing hospital admissions.

Preventing premature moves to care homes saves potentially large amounts. Some of the older people using the services were already close to crisis points and social workers would have had little option but to recommend residential care which is very expensive. But the assistance the local FirstStop case workers were able to offer enabled clients to either remain at home or to move to sheltered accommodation, which costs the public purse far less. Local authority residential care for older people has £1,017 care package costs per permanent resident week whereas local authority sheltered housing has relatively much lower £312 comprehensive package costs.

Challenges of proving value for money

There are a number of challenges in proving the cost savings of the local projects. One is the relatively short time frame of the projects, to identify savings 'hard' outcomes are needed which may not be achieved during the evaluation time frame, particularly with time consuming cases where clients are assisted to move home.

There was a lack of sufficient monitoring information from some of the local projects. For example, there are potential savings to be achieved through downsizing, but to calculate this it requires information about property size. Data collection can be simple but it has to be built in from the start of any project with the purpose of VFM analysis in mind.

There is intuitively a value to and potential benefits and savings from early preventative work but this is very hard to monitor and quantify as it would require people to be tracked over long periods of time. The value of crisis management is easier to measure and quantify.

VFM analysis of the FirstStop local projects

Methods

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

1. Newcastle
2. Oxfordshire
3. West Somerset
4. Nottingham
5. Warwickshire

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

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

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

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

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

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

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

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

There are a range of potential benefits to the public purse that arise as a result of the case work intervention, as identified above. The ones that it is possible to place a value on have been identified as relating to the prevention of falls, the prevention of more intensive care packages being required, the prevention of falls, the saving of occupational therapist and social worker time and preventing the need for DFGs. There remain many immeasurable outputs of the case work that were identified during the research that should be considered alongside the quantitative output in financial terms as discussed above.

For the examples below, the cost of the service is given for however long each local project had been operating for at the time of the evaluation. The savings generated by the intervention received by each client during the operating period are given for one year to allow comparison between projects.

Data sources for monetary values

Moved to sheltered housing

One outcome of the case work was that some clients moved into sheltered housing. This has a cost to the public purse.

The cost to a local authority of providing sheltered housing over one year is £8476.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Average rent and service charge paid for sheltered housing by occupants 2009 is £4148.56.

- Based on averages from Dataspring.
- Assumed older people paid an average rent towards the sheltered housing. Some will get HB but some were owner occupiers so made assumption that cancels each other out.

Overall cost to a local authority of providing sheltered housing over one year is £4327.44.

- Cost of providing SH minus income in rent.

Moved to residential care

One outcome of the case work was that some clients moved into residential care. This has a cost to the public purse.

The cost to a local authority of providing residential care for older people is £25 168 per year.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Adaptations

One outcome of the case work was that clients had home adaptations. This has been given a cost to the public purse of zero as in all cases where information is available the adaptation was paid for by the client or their family.

Increased care needed

Without the case work intervention one alternative outcome was that some clients would have required a more intensive care package. This would have a cost to the public purse.

Assumed increase from a median care package to a high cost care package (£677-£223=£454 per week).

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Hospital admission

Without the case work intervention one alternative outcome was that some clients would have made a hospital admission as a result of their housing and care problems sometime in the year period. This would have a cost to the public purse.

Assumed one additional hospital admission over a one year period £298.

- Based on Hospital Episode Statistics 2009-10.

Fall

Without the case work intervention one alternative outcome was that some clients would have fallen at least once during the following year. This would have a cost to the public purse.

Assumed one fall in a one year period £2108.

- Based on Hospital Episode Statistics 2009-10.

OT/SW time

Without the case work intervention one alternative outcome was that some clients would have required further assistance from OTs or social workers. This would have a cost to the public purse.

Assumed without intervention a further three hours of OT/SW time would be required at £147 per hour.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Moved anyway

Some clients would have moved anyway but additional benefits were accrued through the intervention.

DFG saving

Without the case work intervention one alternative outcome was that some clients would have required a DFG. This would have a cost to the public purse.

- Based on actual reported costs.

A) Somerset West

Nature of the problem

- Older people thinking about their housing options
- Can no longer manage at home
- Mostly vulnerable e.g. illness and disability

Nature of the intervention

- Caseworker within HIA
- Gets cases referred from social workers/OTs which are too complex/difficult/time consuming/fall outside their clear remit
- Case worker helps old people to move or have home adaptations

What was being spent on advice etc anyway?

- This was a new service, only one in county
- OTs/SWs attended after crises e.g. falls, but outside remit to provide level of help needed

Cost of new scheme

- Cost of case work service £60 000 eighteen months

Outputs

- Outputs:
 - 16 in depth cases with outcomes eighteen months
 - 163 other cases
 - Total clients 179

Outcomes

- Outcomes which can be given a monetary value = Main outcomes were moved to sheltered housing – in some cases preventing falls, hospital admissions, saved OT/SW time, reducing care at home needs.

Actual and alternative outcomes by client

	Actual Outcome	Alternative outcome without intervention			
1	Moved to SH	Increased care needed	Hospital admission	Fall	OT/SW time
2	Moved to SH				OT/SW time
3	Moved within PRS		Hospital admission	Fall	OT/SW time
4	Moved to SH	Increased care needed	Hospital admission	Fall	OT/SW time
5	Moving to SH	Increased care needed			OT/SW time
6	Adaptation			Fall	OT/SW time
7	Adaptation				
8	Moving to tenure unknown			Fall	
9	Moving to SH			Fall	OT/SW time
10	Moving to extra care	Increased care needed	Hospital admission	Fall	OT/SW time
11	Moving to tenure unknown			Fall	
12	Moved to extra care	Increased care needed	Hospital admission	Fall	OT/SW time
13	Moving to SH			Fall	OT/SW time
14	Moving to SH				OT/SW time
15	Adaptation	Increased care needed		Fall	OT/SW time
16	Moving to SH				OT/SW time

Direct financial cost effectiveness analysis

- Outputs = 179 clients eighteen months
- Unit cost per client = £335

Value to public purse

1) What did it cost the public purse to fund the case work service outcomes?

With intervention by case worker: outcomes by client

	Main outcome 1	Cost to LA of outcome 1 per yr	Average rent and service charge paid 2009	Overall cost to LA
1	Moved to SH	8476	4148.56	4327.44
2	Moved to SH	8476	4148.56	
3	Moved within PRS			
4	Moved to SH	8476	4148.56	4327.44
5	Moving to SH	8476	4148.56	4327.44
6	Adaptation	0		0
7	Adaptation	0		0
8	Moving to tenure unknown	0		0
9	Moving to SH	8476	4148.56	4327.44
10	Moving to extra care	21840	4148.56	17691.44
11	Moving to tenure unknown			
12	Moved to extra care	21840	4148.56	17691.44
13	Moving to SH	8476	4148.56	4327.44
14	Moving to SH	8476	4148.56	4327.44
15	Adaptation	0		0
16	Moving to SH	8476	4148.56	4327.44
				65674.96

Cost of outcomes with intervention to public purse:

Cost to LA of outcome per yr providing sheltered housing

- Based on Unit Costs of Health and Social Care 2010

Average rent and service charge paid 2009

- Based on averages from Dataspring
- Assumed old people paid average rent towards the sheltered housing. Some will get HB but some were owner occupiers so made assumption that cancels each other out.

Overall cost to LA

- Cost of providing SH minus income in rent

Totaled for all cases £65 674.96 = cost to public purse of the outcomes with intervention

£371 per unit (client) (65 675/179 = 371)

2) What would it have cost the public purse over that year without the case work service?

Assumed that without intervention:

- Within the one year assumed they would all have remained in their current home without the new case work service.
- Those who had a history of recent falls would have fallen once in the year.
- Those who had a history of hospital admissions through poor housing would have been admitted once in the year.
- Those receiving care at home would have need to increase it over that year.
- Those referred by OTs/SWs would have had three one hour visits over the year.

Without intervention: likely outcomes by client

	Alternative outcome	Cost	Alternative outcome	Cost	Alternative outcome	Cost	Alternative outcome	Cost	
1	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
2							OT/SW time	442.5	
3			Hospital admission	298	Fall	2108	OT/SW time	442.5	
4	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
5	Increased care needed	23608					OT/SW time	442.5	
6					Fall	2108	OT/SW time	442.5	
7									
8					Fall	2108			
9					Fall	2108	OT/SW time	442.5	
10	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
11					Fall	2108			
12	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
13					Fall	2108	OT/SW time	442.5	
14							OT/SW time	442.5	
15	Increased care needed	23608			Fall	2108	OT/SW time	442.5	
16							OT/SW time	442.5	
		141648		1490		23188		5752.5	172078.5

Cost of the alternatives without intervention:

From typology from detailed case notes.

- Increased care needed - based on Unit Costs of Health and Social Care 2010
- Hospital admission – based on Hospital Episode Statistics
- Falls - based on Hospital Episode Statistics
- OT/SW time 3hrs - based on Unit Costs of Health and Social Care 2010

Totaled for all cases £172 078.5

£961 per unit (client) (172 079/179)

Saving to public purse

Cost of alternative outcomes without intervention - cost of outcomes with intervention = £172 078.5 - £65 674.96 = £106 403.54

Minus the cost of the service

£106 403.54 - £60 000 = £46 403.54

£46 403.54 = saving to public purse over one year

Savings to households

The evaluation did not really look at this but estimate at £2600 per person over one year through benefits checks (average increase in benefits after check is £50 per week)

£46 403 = annual saving to public purse

B) Nottinghamshire

Nature of the problem

- Older people thinking about their housing options.
- Clients with different levels of need.

Nature of the intervention

- Two caseworkers within voluntary organisations commissioned by the County Council.
- Caseworkers provide signposting, information, advice and support in moving/making adaptations to existing home.

What was being spent on advice etc anyway

- This was a new scheme.

Cost of new scheme

- Cost of case work service £40 000 one year

Outputs

- Outputs:
 - 33 in depth cases in 10 months
 - 198 other cases
 - 231 total clients

Outcomes

- Outcomes which can be given a monetary value = Main outcomes were moved to sheltered housing or residential care – in some cases preventing falls, hospital admissions, saving OT/SW time, reducing care at home needs, preventing need for DFGs.

Actual and alternative outcomes by client

Actual Outcome	Alternative outcome without intervention					
Moved to SH		Hospital admission		OT/SW time 3hrs		
Moved to SH				OT/SW time		
Moved to SH				OT/SW time		Moved anyway
Adaptation		Hospital admission	Fall	OT/SW time		
Moved to SH		Hospital admission	Fall	OT/SW time		
Adaptation		Hospital admission	Fall	OT/SW time		
Adaptation		Hospital admission	Fall			
Moved to care home	Increased care needed	Hospital admission	Fall	OT/SW time		Moved anyway
Moved to care home	Increased care needed			OT/SW time		Moved anyway
Moved within SH			Fall	OT/SW time	DFG saving	
Moved within SocH		Hospital admission	Fall			

Direct financial cost effectiveness analysis

- Outputs = 231 cases in 10 months
- Unit cost per client = £144

Value to public purse

1) What did it cost the public purse to fund the case work service outcomes?

With intervention by case worker: outcomes by client

With intervention	Main outcome 1	Cost to LA of outcome 1 per yr	Average rent and service charge paid 2009	Overall cost to LA
	Moved to SH	8476	4148.56	4327.44
	Moved to SH	8476	4148.56	4327.44
	Moved to SH	8476	4148.56	4327.44
	Adaptation	0		0
	Moved to SH	8476	4148.56	4327.44
	Adaptation	0		0
	Adaptation	0		0
	Moved to care home	25168		25168
	Moved to care home	25168		25168
	Moved within SH	0		0
	Moved within SoCH	0		0
				67645.76

Cost of outcomes with intervention to public purse:

Totaled for all cases £67 646 = cost to public purse of the outcomes with intervention.

£293 per unit (client) ($67\,646/231 = £293$)

2) What would it have cost the public purse over that year without the case work service?

Assumed that without intervention:

- Within the one year assumed they would all have remained in their current home without the new case work service.
- Those who had a history of recent falls would have fallen once in the year.
- Those who had a history of hospital admissions through poor housing would have been admitted once in the year.
- Those receiving care at home would have need to increase it over that year.
- Those referred by OTs/SWs would have had three one hour visits over the year.

Without intervention: likely outcomes by client

Alt.	Cost	Alt. outcome	Cost	Alt. outcome	Cost	Alt. outcome	Cost	Alt. outcome	Cost	Alt. outcome	Cost	
		Hospital admission	298			OT/SW time	442.5					
						OT/SW time	442.5					
						OT/SW time	442.5			Moved anyway	4327.44	
		Hospital admission	298	Fall	2108	OT/SW time	442.5					
		Hospital admission	298	Fall	2108	OT/SW time	442.5					
		Hospital admission	298	Fall	2108	OT/SW time	442.5					
		Hospital admission	298	Fall	2108							
Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5			Moved anyway	25168	
Increased care needed	23608					OT/SW time	442.5			Moved anyway	25168	
				Fall	2108	OT/SW time	442.5	DFG saving	4000			
		Hospital admission	298	Fall	2108		442.5					
	47216		2086		14756		4425		4000		54663.44	127146.4

Totalled for all cases £127 146

£550 unit (client) (127 146/231)

Saving to public purse

Cost of alternative outcomes without intervention - cost of outcomes with intervention = £ 59 500

Minus the cost of the service
£ 26 167.68

£26 168 = annual saving to public purse

C) Oxfordshire

The Oxfordshire project delivered the benefits as discussed in the previous chapter. However, the nature of the service meant that the case work was less intensive than in the two projects above and there were no outcomes that could be attached a monetary value.

Nature of the problem

- Older people thinking about their housing options.
- Clients with different levels of need.

Nature of the intervention

- Caseworkers within Age Concern Oxfordshire
- Caseworkers provide signposting, information and advice to clients rather than intensive face to face case work.

What was being spent on advice etc anyway

- This was a new scheme but Age Concern Oxfordshire had their own existing local helpline.

Cost of new scheme

- Cost of case work service £40 000 one year

Outputs

64 total clients in one year

Outcomes

- Outcomes were varied but included the provision of information and advice, small home adaptations and increase in income for client through benefits checks.

Direct financial cost effectiveness analysis

- Outputs = 64 cases in one year.
- Unit cost per client = £625

D) Newcastle

The Newcastle pilot was a strategic project around housing options for older people, for example, to raise awareness of housing options and services amongst older people and local agencies. The Newcastle case work service was not funded by FirstStop project.

What was being spent on advice etc anyway

- This was a new project.

Cost of new scheme

- Cost of service £40 000

Outputs

- Outputs:
 - 265 people attended courses and events
 - 69 older people undertook housing options training via workshops
 - 2,500 leaflets and brochures distributed
 - 19 people provided with advice and information about options and 62 cases through the case work service (not funded by FirstStop)

Limitations to VFM analysis

The VFM analysis is necessarily relatively simplistic and limited in scope for a number of reasons. However, any potential savings have been calculated very conservatively so the actual figures are likely to be under rather than over estimates.

The time frame of operation of the local projects was relatively short which meant that most of the local projects had not yet generated concrete outcomes for their clients at the time of analysis. Without a definite outcome, no financial savings can be identified. Many of the projects had ongoing cases that would eventually lead to outcomes that would generate benefits and savings.

In analysing the information provided by the projects it was difficult to distinguish between the different types of client service provided – between in depth case work, advice but more than information, simple information and signposting only. The in depth case work leads to the type of outcomes that can more easily be given a monetary value, but it was not possible

to financially value the benefits of the less intensive services. There are also many other benefits which it was not possible to monetarise, such as improved wellbeing, reduced anxiety and improved quality of life.

One issue was that insufficient information was provided on the time spent on the different types of cases, so all costs have been weighed against the benefits of only a proportion of the total cases, which reduces the overall savings delivered by the projects. Phase 3 of the evaluation will focus on improving the evidence of inputs, outputs and outcomes of different types of cases so that costs and benefits can be identified more accurately.

One issue in analysing VFM was the lack of consistency in reporting and monitoring between the different exemplar projects. Information about clients was collected in different ways and in more or less depth by different projects so some information was unavailable. For example, there may be potential savings to be achieved through downsizing, but to calculate this requires information about property size. Data collection can be simple but it has to be built in from the start of any project with the purpose of VFM analysis in mind.

The cost of the service per client is a relatively crude measure of the value of the projects. Whilst the provision of case work was an important part of many of the projects, differing proportions of time was spent by staff on non case work activities such as strategic work, awareness raising and training. There was not enough information to calculate the balance of time spent between case work and other activities to cost them differently.

6) Conclusions and ways forward

The local projects established in this initial phase of the national/local model of information and advice provision being developed by FirstStop were all pilots and were a first attempt at creating such an integrated service. The pilots were all different and some were more successful and appropriate for the national/local model than others.

The projects providing the intense, face to face Level 3 support to clients had a high cost per client but had clear benefits to clients and potentially considerable savings to the public purse. They were clearly meeting a need not being met through other service provision. Subject to funding, this model of service provision would be attractive to develop in other areas and it requires relatively few successfully resolved cases to make sufficient savings to cover the cost of providing the service.

The local FirstStop projects are meeting need and there is clear evidence of demand for the local services. The national/local model has benefits to the local case workers as the national FirstStop resources provide information that would be difficult and prohibitively expensive to replicate at the local level.

The evidence suggests whilst in some ways the 'triage' model is working, directing those in need of Level 1 information and advice to the national FirstStop service and dealing with Level 2 and 3 cases through the local projects, the national/local interface is still being developed as the level of referrals between the national/local levels was not what was expected.

There is evidence of positive client outcomes whether the older person was supported to move or supported to stay in their current home. These include older people having better knowledge of options, being informed to make appropriate choices, reduced anxiety and improved quality of life.

The local projects also led to greater awareness of housing options for older people. The strategic work encouraged more joined-up working between organisations and professionals.

There VFM analysis shows that despite the relatively short time frame that the projects have had to become established and achieve outcomes for clients, there is evidence of benefits to the older people using the services, the local projects can cover their costs through savings achieved and in addition can deliver financial savings to the public purse. The savings to the public purse may be realised over a number of years, for example, where someone is assisted to remain living independently in their own home rather than make a premature move to a residential home.

One issue taking the development of the national/local model forward is that more data and monitoring of outcomes is required by the local partners to be able to evidence the benefits and costs and therefore do the projects justice in assessing their value for money to the public purse.

The future of the FirstStop service will be a combination of national and local provision. FirstStop will remain a free service with a national telephone helpline and website. New modes of interaction with the service will continue to be developed, such as the provision of information through the 'live chat' function on the website. There will be a focus on increasing the number of clients and reducing unit costs. A cross-subsidy model of provision will be developed where those who can afford it pay for specialised services which will help to fund the telephone and web service. It is expected that services will be commissioned by stakeholders such as local authorities and PCTs. The local partnerships will be developed in a range of different models linking national and local information and advice provision and face to face housing options case work. The local services will remain a vital part of the information and advice delivery model.

7) Evaluation publications

The report from Phase 1 of the evaluation can be found at:
<http://www.cchpr.landecon.cam.ac.uk/outputs/detail.asp?OutputID=242>

Further reports from Phase 2 of the evaluation can be found at:

- Report 1 - FirstStop Evaluation Summary Report
- Report 2 - FirstStop Evaluation National and Local Report
- Report 3 - FirstStop Evaluation Local Pilot Project Report
- Report 4 - FirstStop Evaluation Source Document

8) Contacts

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