

**Cambridge** Centre  
for Housing &  
Planning Research

# **FirstStop Evaluation**

## **Phase 1 Report**

**June 2010**



**UNIVERSITY OF  
CAMBRIDGE**

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## **Introduction**

FirstStop is an initiative intended to explore ways and means of expanding the accessibility and reach of good quality information and advice (I&A) for older people, their families and carers around housing and care issues that is funded partly by Communities and Local Government (CLG) and the Big Lottery Fund (BLF).

The Cambridge Centre for Housing and Planning Research is undertaking a research project evaluating the FirstStop service. Phase 1 of the evaluation began at the end of November 2009. A summary report of the findings from Phase 1 was published in April 2010, this source document reports on the research findings in more detail. It is a snapshot of the FirstStop initiative at a point in time. Since the first reporting period the initiative has developed and things have moved on. The research team are working closely with FirstStop, issues that were identified as needing action through Phase 1 have since been developed and will be further explored through Phase 2.

## **Evaluation aims and objectives**

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

## **Methodology**

The evaluation, which started in November 2009, included a literature and policy review; interviews with participating organisations and stakeholders; interviews with front line staff; a postal survey of 300 customers; telephone interviews with ten randomly sampled customers; review of the local partnership plans; analysis of the training programme; and an analysis of the data, actions and costs of the service.

Phase 2 of the evaluation began in June 2010. It will explore the development of the local partnerships further and produce a detailed value for money assessment of the initiative. The evaluation is scheduled to continue until the end of March 2011.

See Appendix 1 for full details of the methodology for Phase 1. For the interview schedules used see Appendix 6.

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## **FirstStop**

FirstStop is an initiative intended to explore ways and means of expanding the accessibility and reach of good quality information and advice (I&A) for older people, their families and carers around housing and care issues. Its value framework is about empowering older people to make informed decisions in the full knowledge of the options available to them and with support to appraise these options for themselves. It is led by four national organisations, three charitable and one commercial. It has been described as a 'one stop shop'.

It is an innovative attempt to provide a centralised I&A service for older people and their families and carers. It was piloted for a year with the aid of grant funding from the Big Lottery Fund's (BLF) Advice Plus programme and a cash injection from its commercial partner (NHFA Ltd, a financial services provider specialising in older people). In January 2009 FirstStop received substantial additional funding from Communities and Local Government (CLG) which will support it during 2009-10 and potentially in 2010-11. In June 2009 further CLG funding enabled FirstStop to support a number of local I&A 'exemplar' housing options services for older people.

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

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

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

### **Core Services**

FirstStop's core services involve:

- a) information – within a postcode radius, collecting details of all specialist housing provision, housing support services, home improvement agencies, handyman services, telecare services, day centres, care services and care homes
- b) web site development – an accessible web site providing a library of written material covering all aspects of housing, support and care, finance and entitlements to benefits, grants etc.
- c) advice – guidance and support via a telephone service staffed by specialists in all aspects of the above.

CLG's investment in FirstStop is linked to its investment in Home Improvement Agencies (HIA) and Foundations, their national body, helping to fund an expansion of HIA handyman services. There is now a CLG officer working with 19 local authorities which received funding to enhance their handyman services in 2009-10. CLG expects FirstStop to work closely with these enhanced services, promoting them on their website and helping older people to access them.

The enhancement that is being funded by CLG involves helping to enable the initial pilot in London and the South East to be gradually rolled out nationally over three years. At the same time FirstStop has offered to focus strongly on key CLG priorities including the use of equity release to fund home improvements and adaptations and care/support services, and encouraging downsizing through promotion of specialist housing options.

### **FirstStop Partners 2009**

FirstStop Advice was launched by four national organisations - Age Concern and Help the Aged, Counsel and Care, Elderly Accommodation Counsel (EAC) and NHFA Limited.

Counsel and Care for the Elderly is a national charity which gives advice and information to older people, their relatives and carers on community care, care homes and housing with care.

Elderly Accommodation Counsel (EAC) is a national charity and a Company Limited by Guarantee specialising in providing information and advice on Housing and Care Choices and issues for older people throughout the UK.

Help the Aged is an international charity and Company Limited by Guarantee whose mission is to secure and uphold the rights of disadvantaged older people in the UK and overseas. Help the Aged operates Seniorline, a telephone advice and information service available throughout the UK for older people, their relatives and friends.

NHFA Limited is a member of the HSBC Group. NHFA's care fees advisory service provides financial and care advice on the many complex financial and legislative issues older people or their families face when considering paying for care. Advice is given to all regardless of means through a telephone helpline, by post and over the internet.

### **How the national service is provided**

Initial enquiries are dealt with by four front line staff who provide information and advice by telephone and email, send written information and keep a detailed record of all enquiries so that callers do not have to repeat the details of their situation if they call again or need advice from a specialist advisor. Complex enquiries are dealt with by the specialist partner agencies. The technology enables the front line staff to instantly transfer callers to specialists who are based in physically different offices. Most of the written information provided to customers, such as factsheets and guides on different topics, are provided by the partner organisations. They are stored electronically and are printed to order to post to customers, or are emailed. More than 70 different information and advice guides are available to cover the range of issues about which older people want information and advice.

## Background

See Burgess, G. (2010) 'Housing an ageing population – the value of information and advice.' *Housing, Care and Support*. Volume 13, 1, February: 19-27.

### An ageing population

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

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

### The pressures of ageing

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

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

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

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

### Information and advice

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

- Advice on moving - often round a crisis, e.g. bereavement or a fall.
- Advice on staying at home - and being able to deal with disrepair, adaptations, benefits and finances.

- To know their options - should I move or should I stay at home, what are the implications?
- General housing issues - housing rights, housing benefit and income issues (Oldman, 2003).

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

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

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

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

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

### **Problems with provision**

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

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

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

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

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

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

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

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

**New information and advice initiative: FirstStop**

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

## Findings: strengths

### Customer volumes

The data analysis showed that the average number of telephone and email enquiries and the average number of website visits increased over the year (Figure 1). For the detailed data analysis see Appendix 2.

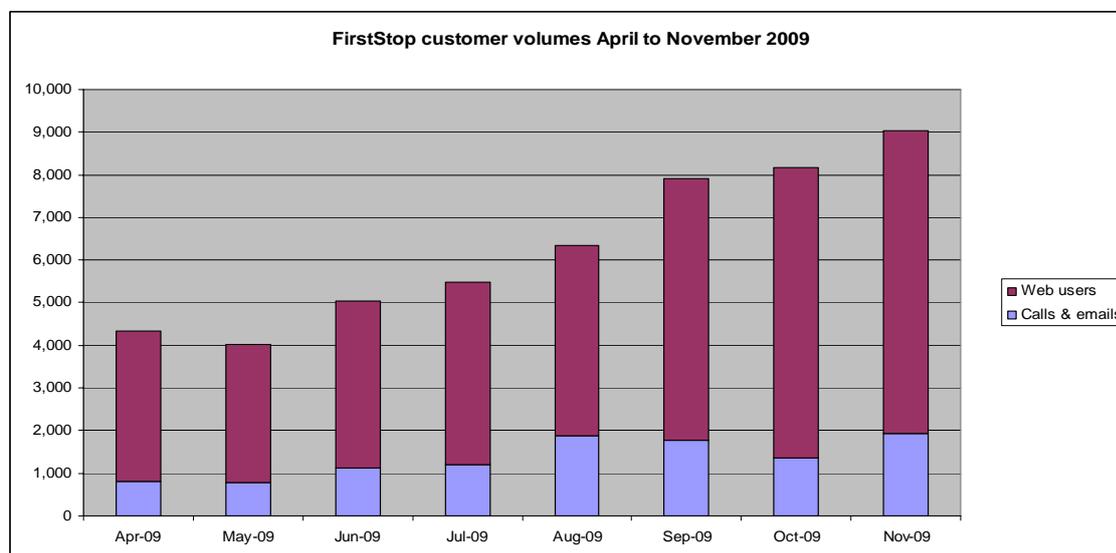


Figure 1: Average number of telephone calls, emails and web users April to November 2009.

The data analysis shows for 2009:

- The average number of customers per week is 1,345
- The average number of website visits per week is 1,059
- The average number of calls and e-mails per week is 287
- The average number of housing-related telephone advice per week is 181
- The average number of website downloads of housing materials per month is 1,111
- The average number of website entries via housing pages per month is 928
- The majority of customers only contact FirstStop once. Repeat enquiries only account for 28% of total enquiries.
- The majority of enquiries came from people in London and the South East.
- More than half of all enquiries are related to accommodation issues. The majority of these are enquiries for information and advice about sheltered housing.
- The majority of customers contacted FirstStop through the telephone service.
- Where information is available about where the customer found out about FirstStop or was referred to them by another organisation, it showed that most are referred by another advice agency or found FirstStop using the internet.

All customer enquiries are recorded in FirstStop's database. Analysis of the data found that customers contacted FirstStop for information and advice about a broad range of issues, as shown in Figure 2. Many customers contacted FirstStop concerned that an elderly parent was struggling to manage and needed to leave their home; many were unaware of the range of the alternative options available, such as home adaptations or care at home, that might enable their parent to remain in their own home.

Reason for contacting FirstStop	Proportion of customers
Sheltered housing	33%
Other issues	26%

Care funding	15%
Housing general	12%
Community care	4%
Care homes	3%
Housing and care	3%
Housing for dementia	2%
Extra care housing	2%

Figure 2: Reason for contacting FirstStop.

The analysis of the FirstStop data shows that some CLG targets are likely to be met but others will not be reached, although the trend is still upwards:

- The CLG target is 50,000 customers in 2009-10. The estimated annual number for 2009-10 will be 73,206, *exceeding* the 50,000 target.
- The CLG target is 10,000 website downloads of housing related documents in 2009-10. The estimated annual number for 2009-10 will be 13,315, *exceeding* the 10,000 target.
- The CLG target is 20,000 websites users in 2009-10 seeking housing advice. Based on the number of website entries via the housing pages, the estimated annual number for 2009-10 will be 8,402; *not reaching* the 20,000 target.
- The CLG target is 12,000 customers receiving housing related telephone advice in 2009-10. The estimated annual number for 2009-10 will be 9,696, *not reaching* the 12,000 target.

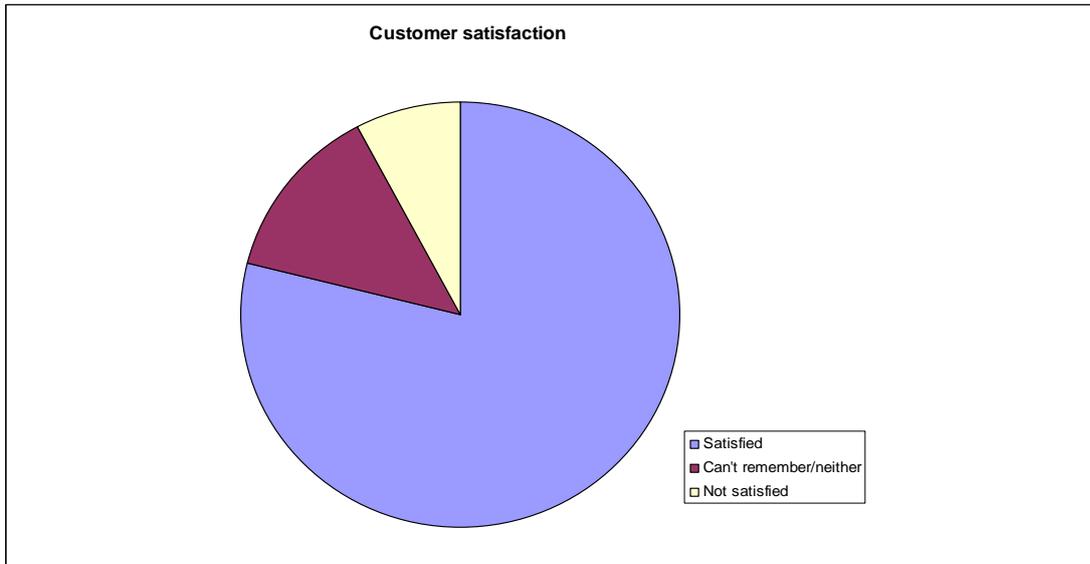
The postal survey of FirstStop customers found that the most common way survey respondents found out about FirstStop was through searching the internet with 32 percent accessing the service this way. However, almost just as important at 21 percent (particularly for FirstStop's publicity and marketing strategy), was the customer finding out about FirstStop by reading about it in a newspaper or magazine. The majority of respondents had not contacted any other organisation before contacting FirstStop. The majority of survey respondents were seeking residential care home advice.

The national telephone number and website are in place and have been publicised in all regions. The Customer Relations Management System (CRMS) is in place. The materials, such as factsheets and information guides, are available and scripts have been developed for referral procedures between Level 1 and Level 2 staff. The distinction made by FirstStop between Level 1 and Level 2 enquiries will shortly be removed. Many of the enquiries were being dealt with by staff in the call centre who were spending time with callers and resolving their problems themselves, rather than transferring the caller on to a FirstStop partner. The distinction is therefore no longer felt to be helpful in data analysis.

The FirstStop team have developed their promotion of the service over the year. Meetings have been held throughout 2009 with a number of different organisations, including local Age Concerns, local authorities, county councils and Home Improvement Agencies. Presentations have been made at conferences to raise the profile of the organisation. More than 50 000 materials have been distributed during 2009, including flyers, posters, factsheets, guides and newsletters. There have been articles about FirstStop in the press and media. Customer satisfaction surveys have been developed and will soon begin to be distributed.

### Customer feedback

The majority of FirstStop customers who responded to the postal survey reported a very positive experience (Figure 3). For the detailed results of the postal survey see Appendix 3 and for the survey used see Appendix 4.



*Figure 3: Customer satisfaction*

The postal survey was sent to a random sample of 300 customers who had contacted FirstStop by telephone, email or letter over a six week period between September and November 2009. The survey found:

- Most customers, 76 percent, said it was very easy to get in touch with FirstStop and 75 percent said they felt they were given enough time to explain their query.
- The majority, 82 percent, said the advisor had listened and understood what was wanted. Most, 76 percent, said the advisor was well informed.

A very high proportion, 90 percent, of those who were sent written information after their enquiry said the information was easy to understand. Most customers, 79 percent, said they would recommend Firststop to others. The few customers who reported being dissatisfied all appeared to be unhappy for reasons independent of the service provided by FirstStop, for example, they had been found ineligible for continuing care by their local authority.

### **Case study FirstStop customer**

Telephone interviews were conducted with a sample of FirstStop customers who responded to the postal survey. In one example, the interviewee contacted FirstStop on behalf of her mother and her aunt who shared a house. The interviewee was concerned about her mother's mobility and wished to move her to the ground floor of the house. Her mother died before this could take place and her aunt collapsed on the same day. Her aunt has since fallen and broken her hip and is currently in hospital. The interviewee is now trying to find a care home for her aunt. She contacted FirstStop for assistance and found the service invaluable:

"I knew nothing about what to do. FirstStop sent me leaflets which also have useful phone numbers on the back. I got information about care homes and about financial assessments. The financial side of things is a nightmare, the FirstStop leaflet lays out all the costings. I've called them twice and both times the information came really quickly. They made me aware of what roads were open to me. They really have time for you and didn't rush me and they listened and answered any point that needed to be expanded upon. They were just brilliant

and I can't think of anything better."

See Appendix 5 for short case studies of the FirstStop clients who were randomly sampled for in depth telephone interviews. For the interview schedule used see Appendix 6.

The interviews with FirstStop clients showed it was not just an older person in the sample who called FirstStop, but seven out of the ten cases were spouses, children and other relatives. In one case the service was being used by a housing options case worker who uses the service to find more information when advising clients. The interviews showed that people contact FirstStop for information and advice about a wide range of inter-related and complex issues. These included Continuing Care, funding residential care, power of attorney, home adaptations and how to challenge social service department decisions.

Mrs C's experience reflects the emotional impacts that these types of decisions can have, and demonstrate the need for a sympathetic advice service that can be followed up with written information for client's to digest in their own time:

"I was very raw, every time I started to speak to someone about it I would start to cry, which is not like me, so I was not communicating very well and I was not taking things in."

She also described how difficult it was to know who to ask for information and advice:

"I was just going around in circles. I had contact with two social workers, a senior social worker, Age Concern, CAB, a carers' support service in [local area] and colleagues (who could only give anecdotal advice rather than the reality and who kept saying everything would be alright). I needed to know it would be alright."

There was mixed feedback from the interviewees about the FirstStop service. Five out of the ten interviewed found the service invaluable. For example, Mrs C said that the information was good quality, the advisor was understanding and she felt much stronger after receiving advice from FirstStop:

"CAB were not helpful, to have to make a further appointment when you are exhausted and getting ill from all the worry was not helpful. Without FirstStop I don't think I would have got the quality of advice. Every aspect I asked I got a clear answer. It was very impressive to get all the advice from one person, it took away being passed from pillar to post and was very reassuring. The tone of the person on the phone was business like but very sympathetic. She fully understood the minefield I was in and took me through every aspect. She also gave me her name so if I needed to call back I could ask for her. It was nice to be reassured I was doing the right thing. On the money side she worked through everything with me, benefits, pension, house, she did a calculation and told me I didn't have to worry. I needed someone cold blooded to work it out and she gave me the courage to stick up for myself with social services. I needed proper advice rather than advice from well intentioned people. I came off the phone feeling stronger."

Ms D is a housing options worker whose role is to offer a complete service to older and disabled people to help them find suitable accommodation. She finds FirstStop a very useful resource to support the local service that she offers as the website can provide her and her colleagues with more information than they can easily find themselves and about a wider geographic area than she covers. She said that:

“Firststop have a lot more information on their website than I can find doing an internet search myself. I cover four boroughs and although I live in one borough I don’t know the services of the other areas very well. FirstStop is good for all this kind of information. The main reason for contacting FirstStop is they come up with a lot more properties and places than I can.”

One interviewee had reservations about the FirstStop service. Mrs E was disappointed with the help she received from FirstStop and found CAB more helpful:

“We went to FirstStop first but they were not helpful. I just wanted to know if we were getting all the financial help we could get and were we paying the right fees and about some tax he seemed to be paying. I also wanted to know about the bond which wouldn’t be accessible until June/July 2010. I was told that is just what happens; fees go up between residential and nursing care homes. It was not a satisfactory response and left me very disappointed.”

Three out of the ten did not remember contacting FirstStop and where they had received information by post assumed that it had come from Age Concern.

### Customer outcomes

The survey asked after receiving information and advice what it was the customer did next. Fifty eight respondents answered this question as shown in Figure 4. The majority answered ‘other’, rather than ticking the options available. Responses varied from taking out a power of attorney, to contacting nursing homes or residential care homes, finding out about continuing care or going to CAB. Some had not acted on the information they received so far but were gathering information for future reference.

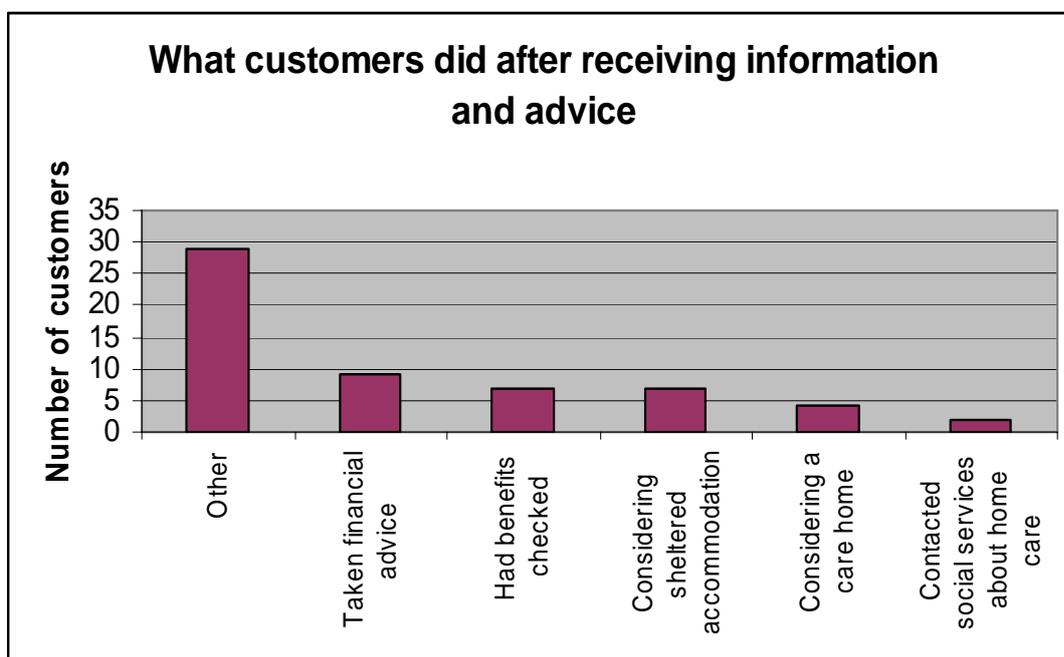


Figure 4: Next steps

### Local partnerships

FirstStop is developing partnerships with local authorities and agencies working in the field of housing and care advice and related services for older people. So far nine local information and advice services have been seed-funded by FirstStop with a further three receiving substantial in-kind support. Through these varied national-local partnerships FirstStop is testing different models of delivering joined-up services to local populations. It is

investing particularly in building close working arrangements with the expanding network of Home Improvement Agencies and Handyperson services. FirstStop's national network of information and advice exemplar projects will enable service providers to share good practice.

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

Once the pilots were selected, action plans were agreed for each local partner. Care & Repair act as the central contact for the nine pilots and will be delivering training and facilitating networking between the different local partners. The local partners will be considered in depth in the second phase of the evaluation as most were still in the preparatory stages during the first phase of the evaluation.

The national FirstStop partners see the local partners as a vital extension of the national service. They are essential both to contributing to the quality of the national data for the web-based information and also to local promotion of FirstStop and of their own services. They will be able to provide Level 3 services to customers.

### **Case study local partnership**

The FirstStop local partnership in Somerset provides an example. It is expanding local housing options information and advice delivery, particularly through provision of one to one housing options advice. Somerset West will become a housing options resource for other Somerset Home Improvement Agencies and similar local services and professionals who work with older people.

It will broaden the knowledge base about older people's housing options available in Somerset and is working with FirstStop national to help compile an online directory of local home support services. It is developing an adapted/accessible housing needs register, initially to pilot in Somerset West and then to develop across the county. The service is working with the County and District Authorities to develop a strategic approach to the provision of housing related advice and information across the County. The local partnership is also contributing to the delivery of the FirstStop national service through local promotion of its availability.

See Appendix 7 for further short case studies of a sample of the local partner exemplar projects.

### **Training programme**

FirstStop is providing training to:

- Individuals whose work is primarily related to housing and advice for older people
- People who in a paid or voluntary capacity come into regular contact with older people
- Community activists and networkers

Training is delivered in partnership with Care & Repair England, and includes:

- Face to face group sessions
- Distribution of self-training packages
- Bespoke support to local exemplars, including induction into techniques for cascading learning to other agencies and community groups
- Awareness raising training for older people who are involved in their neighbourhoods and communities.

The feedback from 92 training participants showed that the majority, 98 percent, rated the training as excellent or good.

“When clients ask about housing options I will have the First Stop website to fall back on to find out what the individual needs. I am now more aware of choices available. Thank you.” (FirstStop training participant)

“With my new knowledge of housing advice for older people I will be able to help and advise and direct people to make their choices better.” (FirstStop training participant)

“I already had thoughts about making decisions about my housing for later in life; doing it while I had the ability and energy. This has added weight and information to my decision making process.” (FirstStop training participant)

See Appendix 8 for full analysis of the training programme feedback data.

### **Costs**

The nature of the service means that there have been considerable set up costs. The costs of running the service are mainly related to staffing, communications and ensuring up to date information. Unit costs therefore decline rapidly as usage increases. The preliminary analysis shows that FirstStop was rapidly able to increase customer volumes and deliver the service at a lower unit cost. The research suggests that with continued funding the marginal cost of dealing with more customers is relatively low.

### **Benefits**

The potential benefits of FirstStop were explored qualitatively in Phase 1. As part of the scoping exercise for Phase 1 of the evaluation, national partner organisations of FirstStop and stakeholders were interviewed. They felt that the service was needed as it has been very unclear where older people can access the information and advice they need. As the literature review established, many information and advice services for older people have been patchy and short-lived.

The national partners described how a key benefit of FirstStop is providing information and advice through a ‘one stop shop’, to prevent older people having to telephone many different organisations to find the information they need. The partners believe that FirstStop makes a positive difference to older people, their families or carers by providing the right information at the right time and therefore improves outcomes for older people.

“The main benefit has to be that more older people (and their family, friends, carers) get timely access to the information and advice that they need at a point when they are considering their future housing situation and so informed decisions are taken, rather than older people simply finding themselves in a crisis and out of control of their living situation”. (FirstStop national partner)

### **Financial savings**

While it is too early to quantify outcomes, there is evidence that FirstStop can contribute to financial savings for individuals and public budgets, for example, through reducing

expenditure on care homes. Health sector savings may be achieved, for example, through housing improvements and fall prevention and through improving older people's mental health, as they feel empowered and maintain their independence.

"If people stay put because of the advice they get and their homes are safer or warmer, if heating is put in, then it improves life expectancy and reduces care costs and hospital admission costs. When people do want to move, it frees up under-occupied housing for larger households. The main benefit is wellbeing and control over their lives and they can stay where they want to be." (FirstStop national partner)

A detailed value for money assessment will be an output of Phase 2 of the evaluation.

## **Findings: challenges**

### **Public awareness of FirstStop and the brand**

One challenge is that the name of FirstStop itself is unknown and does not immediately convey what the service does. The research suggests that public awareness of FirstStop is currently limited. Even some customers who had used the service were confused. For example, the survey and interviews suggested that, possibly because the literature that is sent to customers is branded by a different organisation, some people said they had never heard of FirstStop, even though they were on the mailing list. Out of the ten survey respondents who were interviewed about their experience of using FirstStop, two were positive that the information they had received came from Age Concern rather than FirstStop and had little or no recollection of contacting FirstStop. There is therefore scope to further raise the public profile of the initiative and FirstStop are currently developing this.

### **Monitoring**

There is currently a lack of sufficient detail in the customer data that are collected to measure progress against certain aims, such as targeting minority/hard to measure groups. FirstStop had not yet conducted any monitoring so there was a lack of feedback for the whole client group over the full operating period. However, the research team conducted a postal survey and telephone interviews to explore customer feedback and will be working with FirstStop to develop monitoring through Phase 2 when customer views and service user outcomes will be analysed in more depth.

### **The network model**

There were some issues with communication within the FirstStop partner network that are being resolved as a new team structure is put in place. For example, front line staff based in the call centre felt that communication with the partners was sometimes problematic; this has been resolved by establishing front line staff in the EAC office. Interviews with national partners also suggest that the need to preserve the integrity and service levels of individual organisations is an issue that can be problematic.

### **The telephone service**

Feedback from interviews with front line staff suggest that some callers are frustrated to have to speak to more than one person when they know which organisation they need to talk to, although many callers needed signposting to the most appropriate organisation.

Interviews suggest that the capacity to deal with more enquiries by telephone advisors is unclear and will be further explored through Phase 2 of the evaluation:

It really depends on the caller and their problem. Some calls last less than a minute whereas some can last up to half an hour. (Interview front line staff)

We have taken around 30 calls each on some days in the past but it would depend on the nature of the call as the complexity of the issue determines the length of the call and so impacts on the number of calls we are able to take in a day. I would say maybe 40 in a day. (Interview front line staff)

### **The website**

Keeping the website up to date is a potential issue as information changes regularly. An exploration of the site by members of the research team to search for different types of information showed that some information is out of date, such as links to external sites and contact details of accommodation providers. Interviews with front line staff suggest that some callers find navigation of the website difficult and have to be talked through the site by

the telephone advisor. These issues have been raised with FirstStop and mechanisms to resolve them are being developed.

### **External factors**

The securing of continued funding has, for good reason, occupied much of FirstStop management's time, perhaps leaving less than would be ideal for involvement in the evaluation. The short timetable for reporting in Phase 1 also created a time pressure.

### **Local partnerships**

The pace of setting up the partnerships has been slower than the partners and FirstStop would have liked, often because it has taken longer than anticipated for local partners to recruit staff, particularly in local authorities where bureaucracy is burdensome and there is less flexibility to react as quickly as some of the non-statutory local partners. The need for the local partners to demonstrate results very quickly was felt to be the greatest pressure by the partners. Phase 2 will assess how they are meeting their goals.

### **Meeting certain goals**

It is possible that there will be challenges for FirstStop in meeting some of its stated goals.

#### *Up to date information*

The FirstStop concept and business plan states that the service will collate and make available information "within a postcode radius, collecting details of all specialist housing provision, housing support services, home improvement agencies, handyperson services, telecare services, day centres, care services and care homes." However, there are challenges both in collating so much information and in keeping it up to date. The more localised the information, the harder it will be to ensure it is always up to date.

#### *Targeting specific groups*

The FirstStop concept and business plan states that the service will be "targeting hard-to-reach and minority groups", placing an "emphasis on specific client groups – people at risk of requiring costly public services, hard to reach people, minorities, downsizers, potential Individual Budget holders, and people who might be able by releasing property equity to meet their own care and support costs".

However, it was not possible to assess whether this is being achieved through analysis of the data the research team had access to and will be explored in Phase 2.

91% of respondents to our survey were White British which suggests that use of the service by minority groups is low.

#### *Supporting equity release*

The FirstStop concept and business plan states that the service will support the "use of equity release to fund home improvements and adaptations and care/support services and encouraging downsizing through promotion of specialist housing options".

The FirstStop concept and business plan states that it was hoped that FirstStop would achieve:

- Amongst customers looking primarily for housing advice, experience suggests that half may consider downsizing, with around 10% of these going on to achieve it (5% overall).
- Our cautious modelling estimates that across all FirstStop customers, 0.36% will purchase a financial product, split equally between equity release and care insurance products.

To set these figures in context, by 2011-12:

- FirstStop could add around 2% to the 20,000 – 25,000 older people currently buying equity release mortgages each year.
- FirstStop could deliver 9,375 downsizers, an increase of 5,055 on the 4,320 EAC estimates it achieves at present.
- Numbers of high risk or excluded older people who have been proactively identified and offered advice and early intervention services, through intensive working with local providers.

However, the current market conditions and fall in house prices are likely to have made equity release a relatively unattractive prospect for most people. Again, detailed analysis of these goals was not possible with the data the research team had access to and more data will be needed to explore these issues in the next stage of the evaluation.

### **Mixed funding model/commercial development opportunities**

The FirstStop aim was to develop a mixed funding model. However, this has not yet been developed and FirstStop is very reliant on central government funding at this stage. The interviews found that the views of partner organisations are divided on how to take this forward; some are not very comfortable with the idea of developing the commercial opportunities of FirstStop if this meant selling products to customers. The current sole commercial partner has seen little direct benefit of being part of the network in terms of developing its own business. Developing the commercial potential of the FirstStop initiative will be explored through Phase 2 of the evaluation.

## **Findings: suggestions for future development**

### **The FirstStop brand**

There is a need to further develop and strengthen the FirstStop brand. Increased publicity and promotion is required if FirstStop is to become brand known to the general public. It may be beneficial to include a FirstStop branded letter/note with literature sent to clients to remind people that they contacted FirstStop.

There is a need to develop the verbal communication about FirstStop, its aims, how it works and what it can offer. Interviews with local partners suggested that whilst the literature describing FirstStop was relatively clear, some partners said that colleagues who had listened to presentations about FirstStop were very confused.

Developing the use of case studies on the web, in promotional literature and in verbal presentations may help to show how FirstStop can help local authorities.

### **The website**

Developing an A-Z on the website may help to improve site navigation.

Updating of information on the web site is crucial and will be addressed in the next phase of the evaluation.

### **Telephone service**

More training and improved internal communication would help support the less experienced telephone advisors.

### **Monitoring**

There is a need to develop feedback mechanisms for monitoring and this should be done in discussion with the evaluation team.

### **Local partnerships**

Using case studies or developing a 'standard' pro forma/model for case work and strategic partnerships may help to explain more clearly to potential local partners what FirstStop can offer.

### **Mixed funding model/commercial development opportunities**

Interviews with partners and stakeholders did raise suggestions for developing the mixed funding model. Suggestions included:

- Charging professionals, perhaps through a membership fee, who use FirstStop I&A and who charge their own clients.
- Levying a fee for referrals to a service provider that charges clients, for example, for home improvements or insurance.
- Selling advertising space and developing sponsorship through the website and publications.
- Charging local authorities for providing a local service.

The research team will be working closely with FirstStop through Phase 2 to evaluate the initiative and to assist in its development.

## Appendices

### Appendix 1: methodology

#### Literature and policy review

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

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

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

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

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

#### Analysis of FirstStop in house data

##### Source of data

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

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

##### Measurement used in estimating the annual output

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

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

5. Estimate annual = Quarter 1 + Quarter 2 + Quarter 3 + Quarter 4

### **Client survey**

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

The survey was piloted in Phase 1 with a sample of 300 clients and follow up telephone interviews were conducted with a sample of 10 clients.

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

The survey and follow up telephone interviews enabled us to:

- Evaluate the outcomes for older people and their representatives of all aspects of the FirstStop service, particularly in terms of how it empowers older people to make informed decisions, gives them full knowledge of all the options available and supports them in appraising these options.
- Contribute to developing monitoring systems including internal client follow up procedures and creating a statistical base for identifying trends over time
- Strengthen the evidence for I&A as a 'product' capable of changing older people's lives in ways they judge are for the better.

The survey enabled us to build on the analysis of FirstStop's own in house data.

### **Local partnerships**

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

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

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

### **Action research**

Feedback on FirstStop's customer satisfaction survey was provided.

## Appendix 2: client data analysis

This analysis is based on FirstStop data from 5th January to 30th November 2009.

### Summary

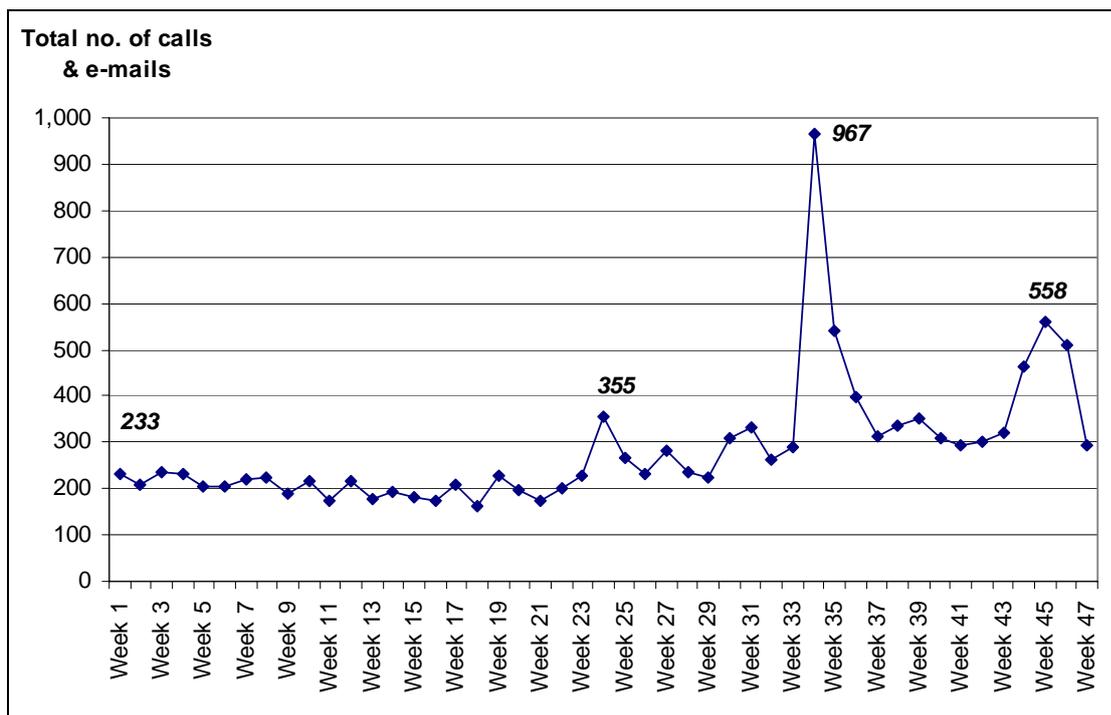
The data analysis shows a positive picture of the service developing over the year, with a steady increase in customer volumes:

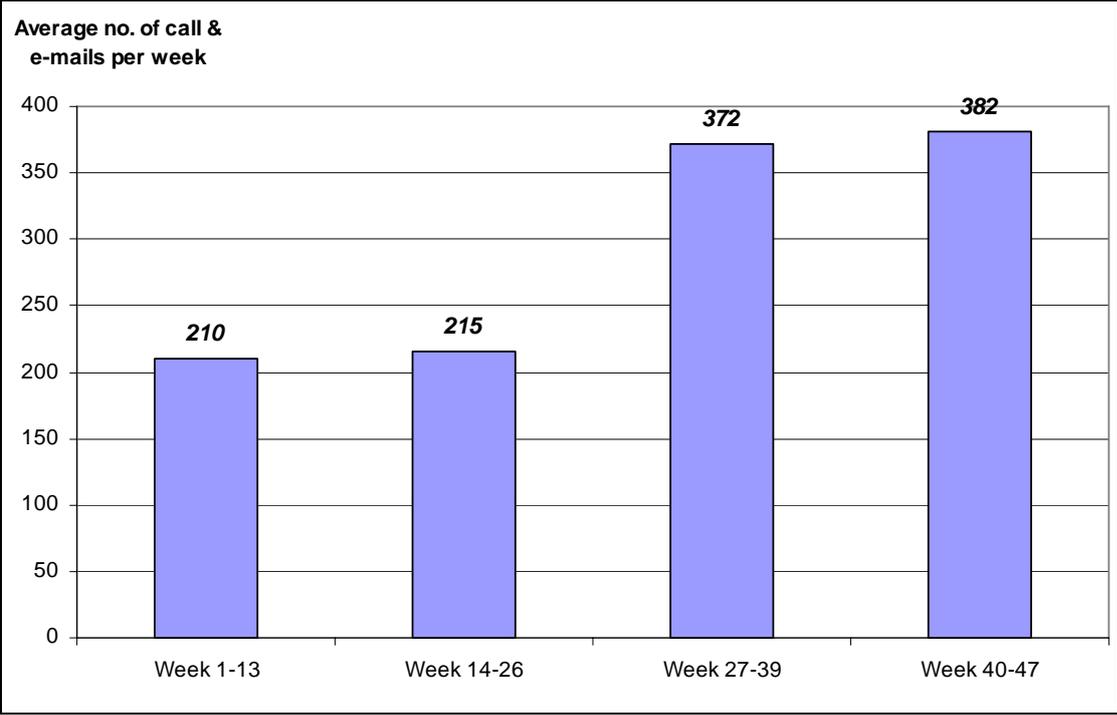
- The average number of telephone and email enquiries has increased over the year.
- The average number of website visits per week has increased over the year.
- The total number of customers has increased over the year.
- The average number of website downloads of housing materials has varied over the year but was higher in the final three months to November.
- The number of customers accessing housing-related telephone advice has increased over the year. These enquiries account for an average of 63% of all enquiries.
- The average number of website entries via housing pages has increased over the year and was considerably higher October to November than in previous months.

### Total calls and e-mails

- Total no. of calls & e-mails (47 weeks) = 13,418
- Average no. of calls & e-mails per week = 285

The average number of telephone and email enquiries has increased over the year.

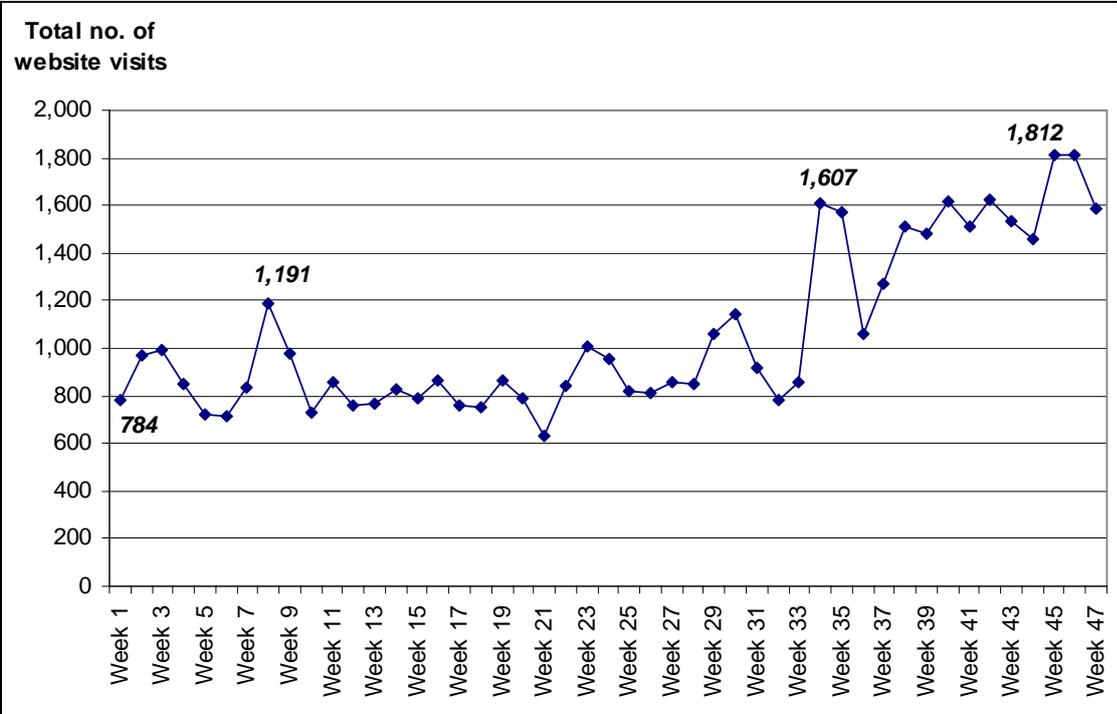


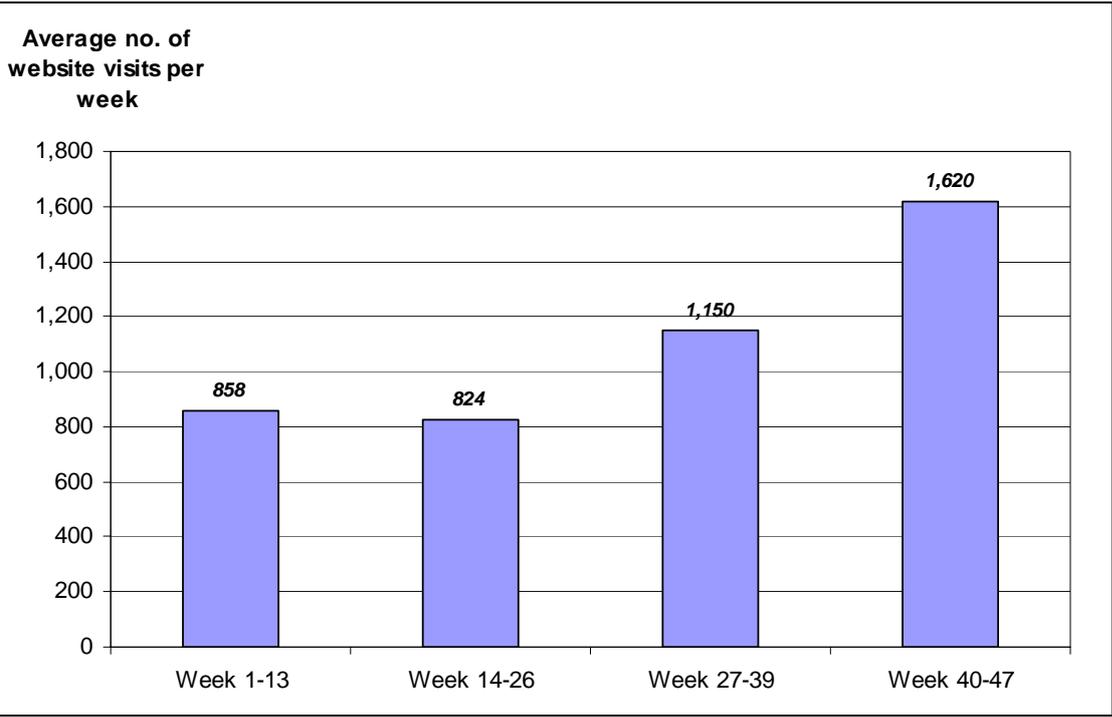


**Total website visits**

- Total no. of website visits (47 weeks) = 49,776
- Average no. of website visits per week = 1,059

The average number of website visits per week has increased over the year.

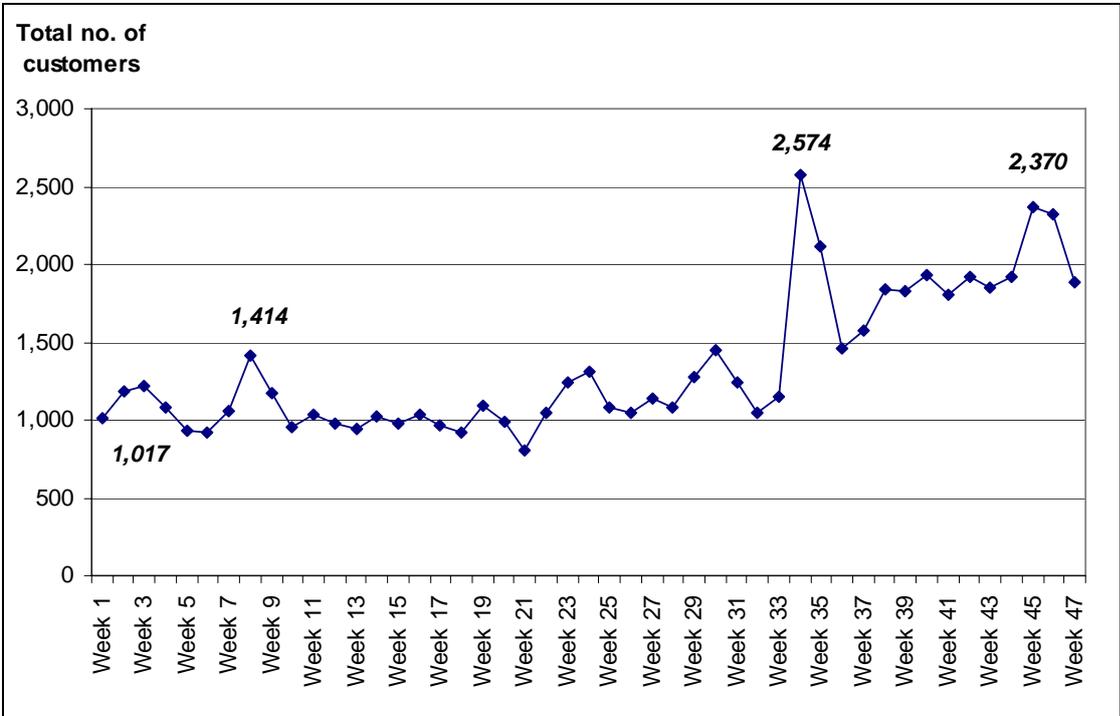


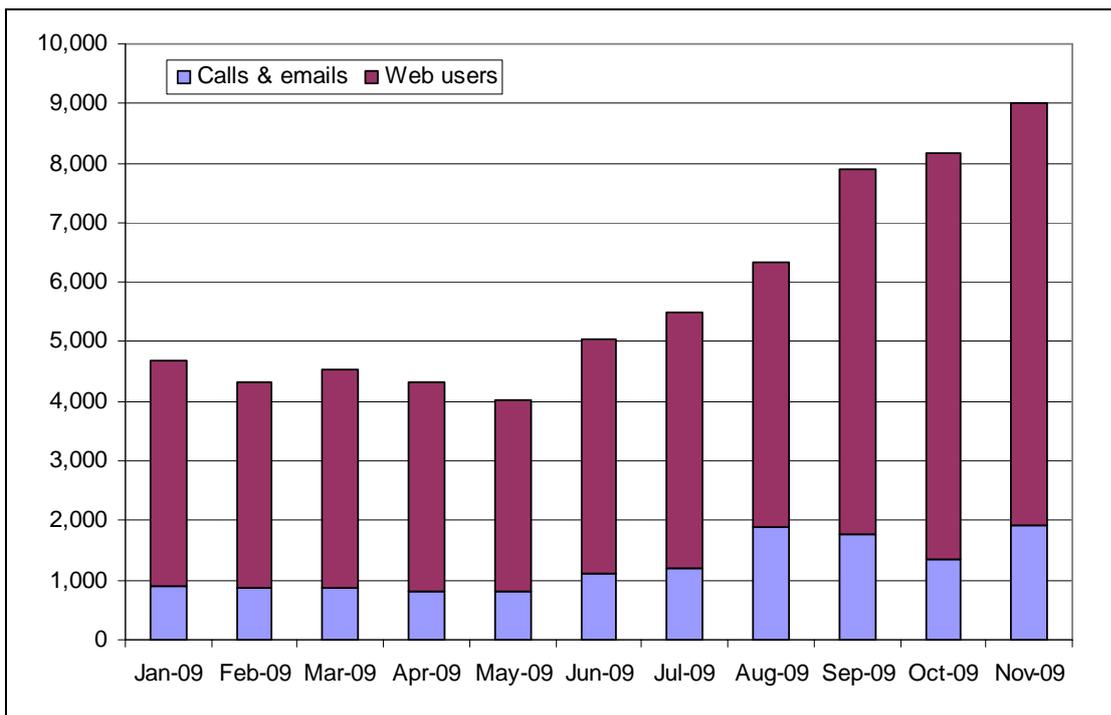
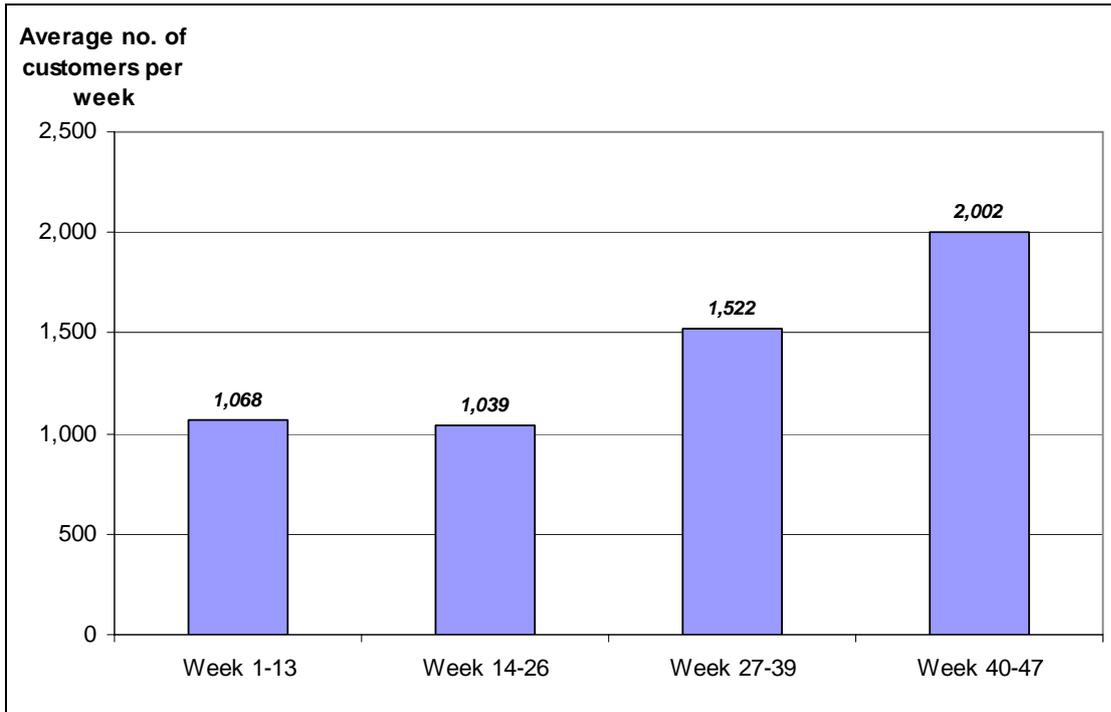


**Total customers (total calls and e-mails and total website visits)**

- Total no. of customers (47 weeks) = 63,194
- Average no. of customers per week = 1,345

The total number of customers has increased over the year.

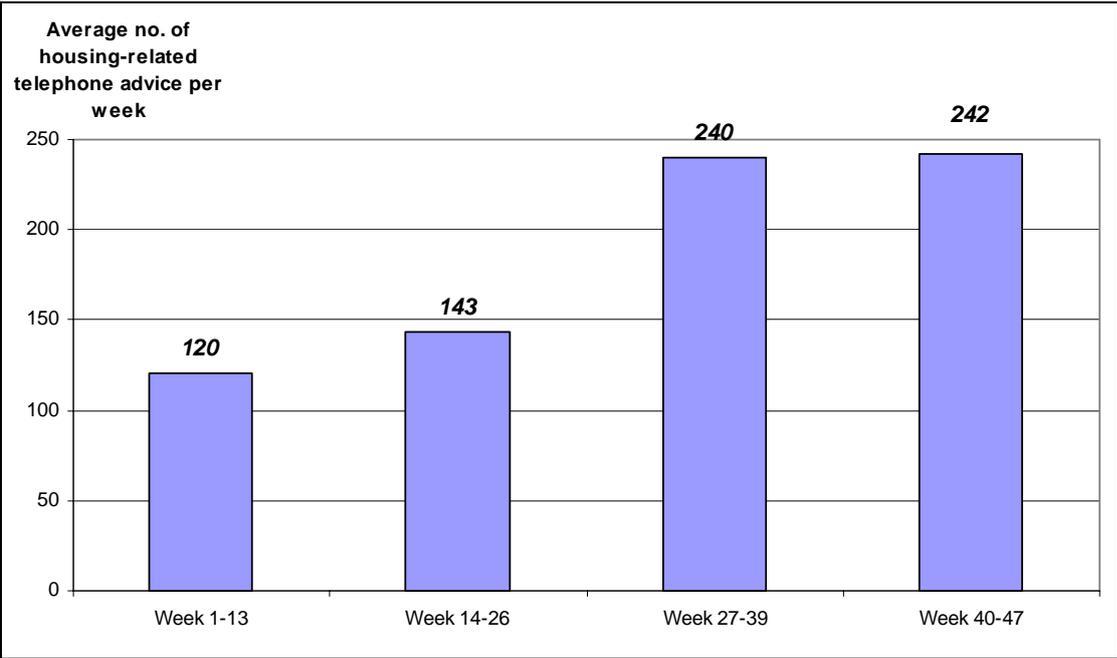
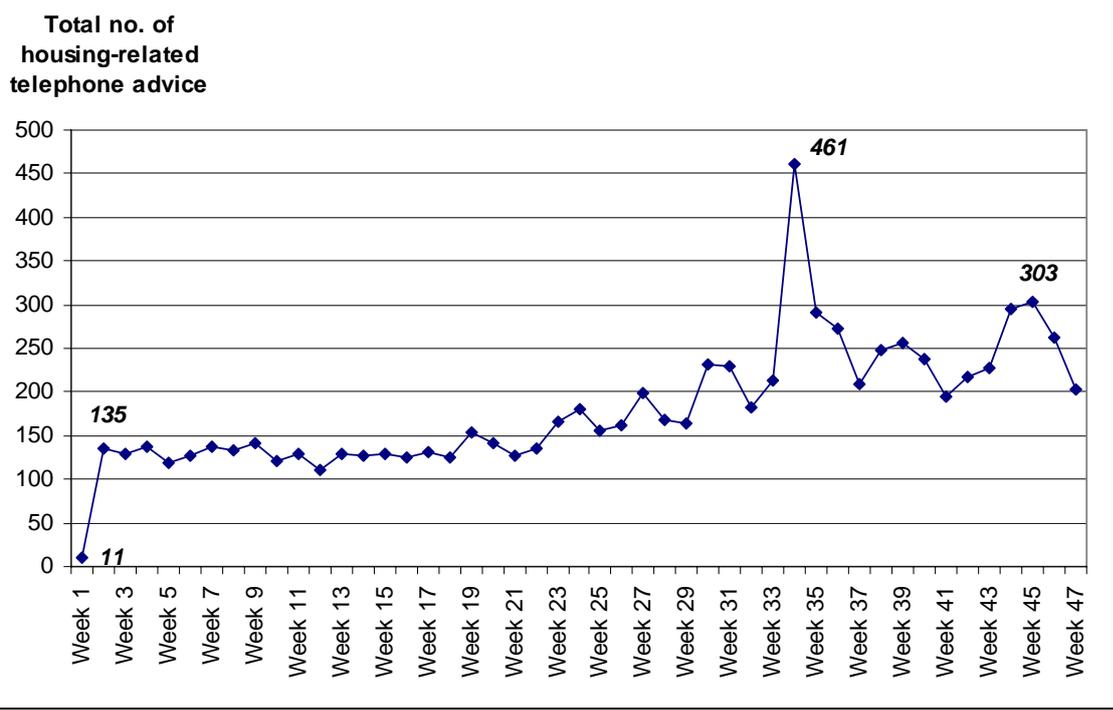




**Total number of customers accessing housing-related telephone advice**

- Total no. of housing-related telephone advice (47 weeks) = 8,484
- Average no. of housing-related telephone advice per week = 181

The number of customers accessing housing-related telephone advice has increased over the year. These enquiries account for an average of 63 percent of all enquiries.



	Housing-related telephone advice	Total no. of calls	% of total calls
Week 1-12	1,560	2,736	57%
Week 13-24	1,860	2,798	66%
Week 24-36	3,125	4,833	65%
Week 37-47	1,939	3,054	63%
<b>Week 1-47</b>	<b>8,484</b>	<b>13,421</b>	<b>63%</b>

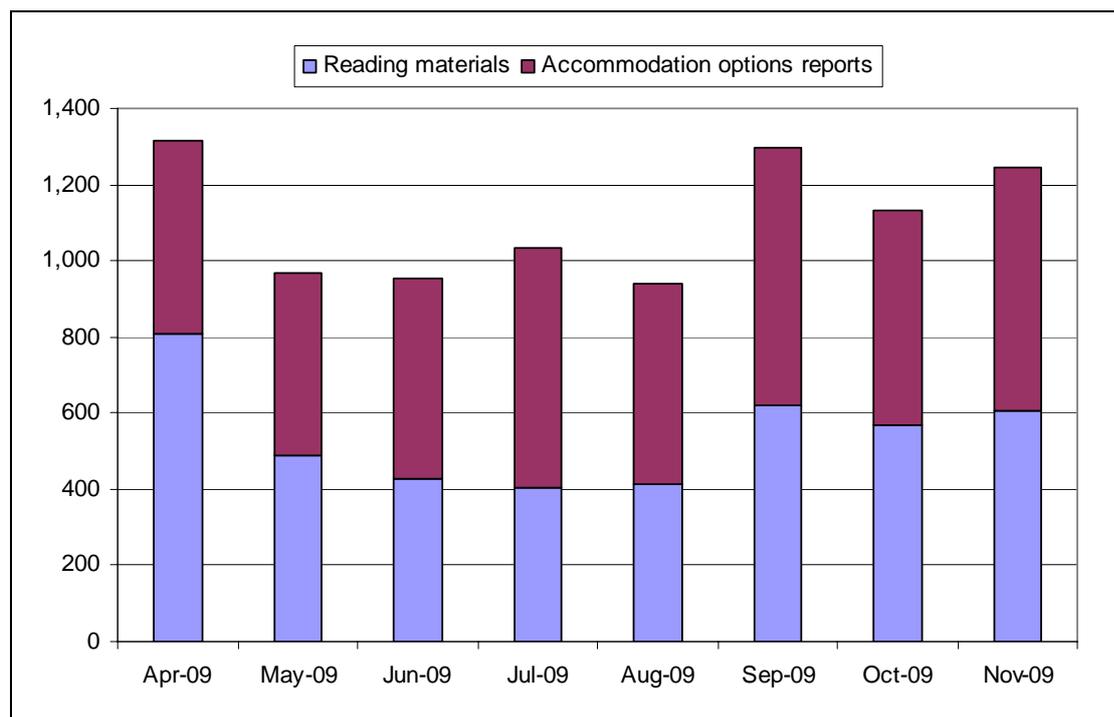
The number of customers accessing housing-related telephone advice has increased over the year. These enquiries account for an average of 63 percent of all enquiries.

**Total number of website downloads of housing materials per month**

- Total no. of website downloads of housing materials (April – November 2009, 8 months) = 8,887
- Average no. of website downloads of housing materials per month = 1,111

The average number of website downloads of housing materials has varied over the year but was higher in the final three months to November.

	Reading materials	Accommodation options reports	Totals
Apr-09	810	507	1,317
May-09	488	482	970
Jun-09	428	525	953
Jul-09	406	626	1,032
Aug-09	415	527	942
Sep-09	621	677	1,298
Oct-09	568	564	1,132
Nov-09	608	638	1,246
<b>Total</b>	<b>4,344</b>	<b>4,543</b>	<b>8,887</b>

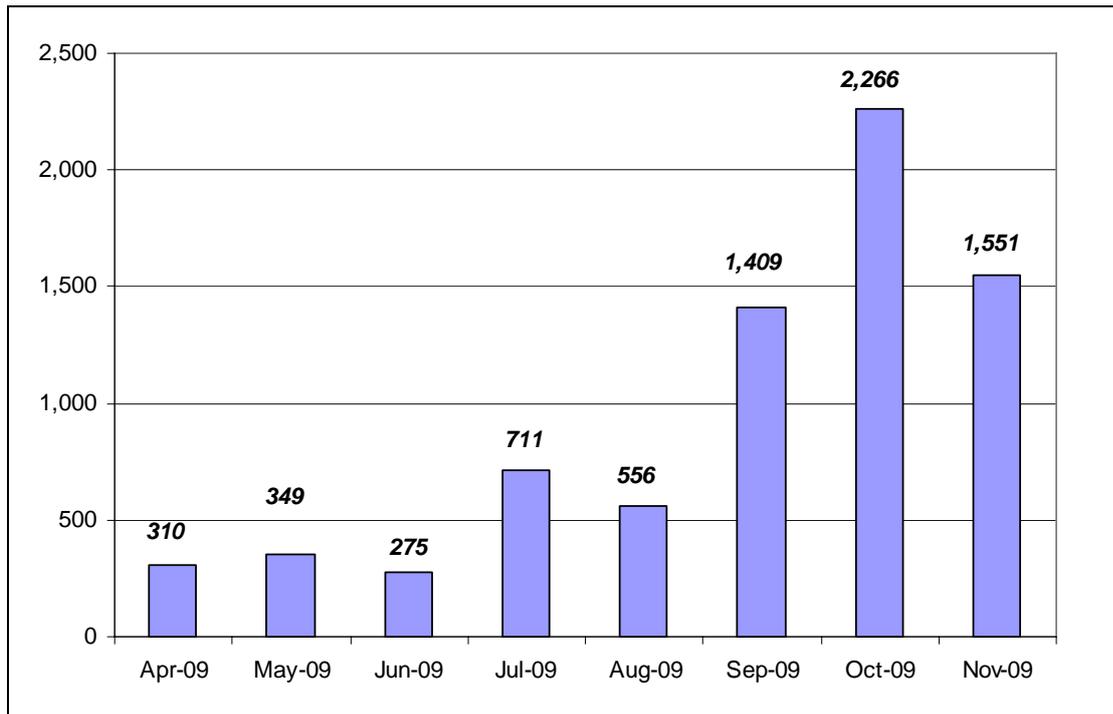


**Total number of website entries via the housing pages per month**

- Total no. of website entries via housing pages (April – November 2009, 8 months) = 7,427
- Average no. of website entries via housing pages per month = 928

The average number of website entries via housing pages has increased over the year and was considerably higher October to November than in previous months.

<b>No. of website entries via housing pages</b>	
Apr-09	310
May-09	349
Jun-09	275
Jul-09	711
Aug-09	556
Sep-09	1,409
Oct-09	2,266
Nov-09	1,551
<b>Total</b>	<b>7,427</b>



The analysis below is based on FirstStop data from July to November 2009.

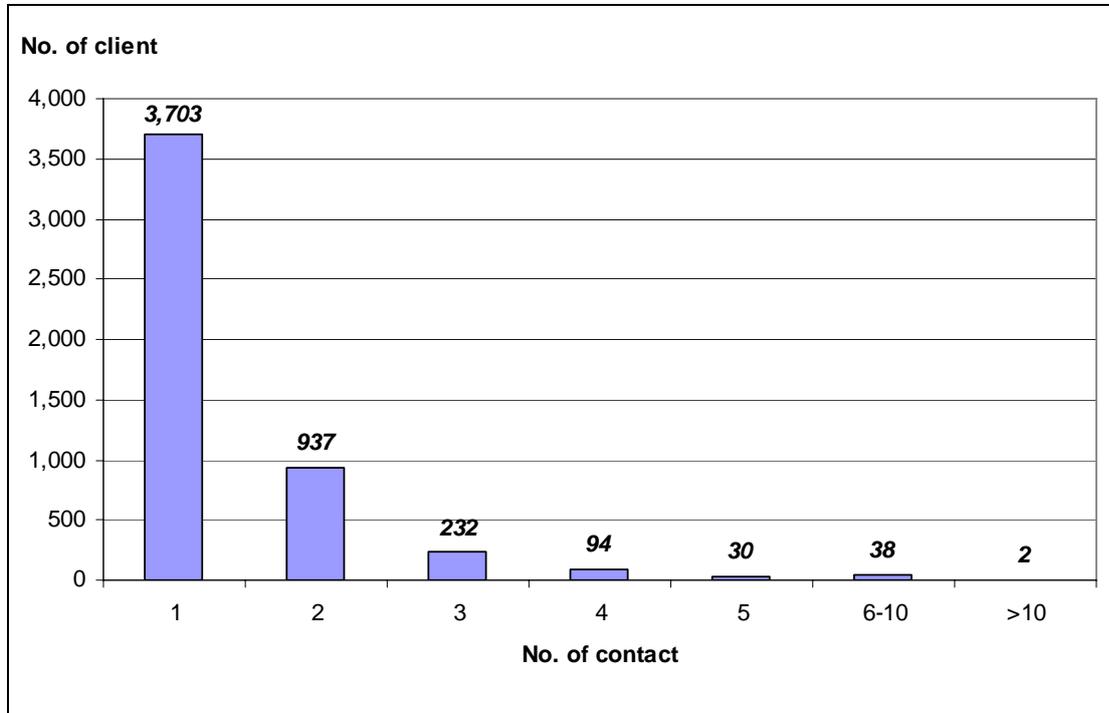
#### **Number of repeat customers**

- Total number of clients = 5,036
- Total number of contacts = 7,080

The majority of customers only contact FirstStop once. Repeat enquiries only account for 28 percent of total enquiries.

<b>No of contacts</b>	<b>No. of client</b>
1	3,703
2	937
3	232
4	94
5	30
6	19
7	10

8	7
9	2
11	1
12	1
<b>Total</b>	<b>5,036</b>



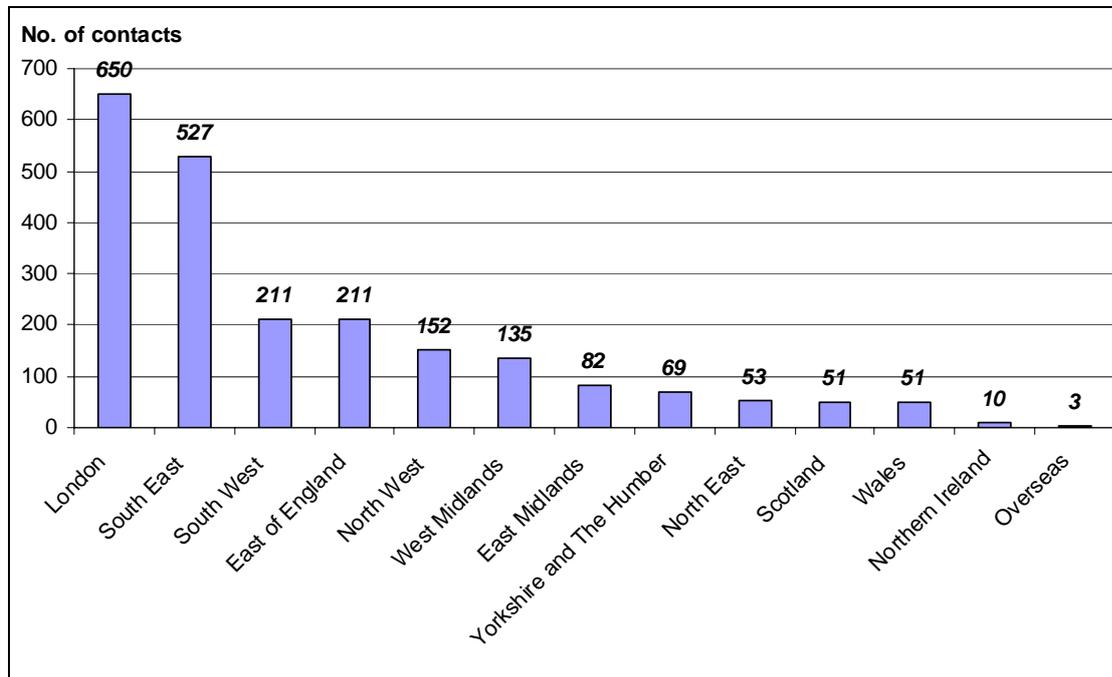
No of contacts	% of total
1	74%
2	19%
3	5%
4	2%
5	1%
6-10	1%
>10	0%

**Where the customers are from**

- 2,205 contacts (31 percent of total contacts) had postcode details

The greatest majority of enquiries came from people in London and the South East.

	<b>No. of contacts</b>
South East	527
Inner London	416
Outer London	234
East of England	211
South West	211
North West	152
West Midlands	135
East Midlands	82
Yorkshire and The Humber	69
North East	53
Scotland	51
Wales	51
Northern Ireland	10
Canada	2
Spain	1
<b>Total</b>	<b>2,205</b>



	<b>% of total</b>
London	29%
South East	24%
South West	10%

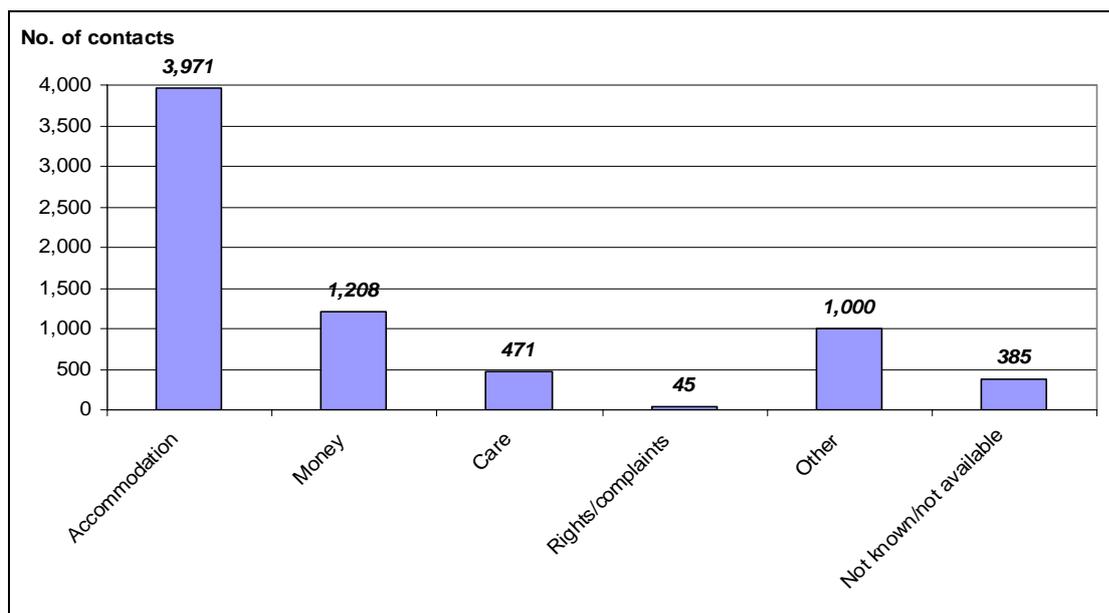
East of England	10%
North West	7%
West Midlands	6%
East Midlands	4%
Yorkshire and The Humber	3%
North East	2%
Scotland	2%
Wales	2%
Northern Ireland	0%
Overseas	0%

### Issue of enquiry

More than half of all enquiries are related to accommodation issues. The majority of these are enquiries for information and advice about sheltered housing.

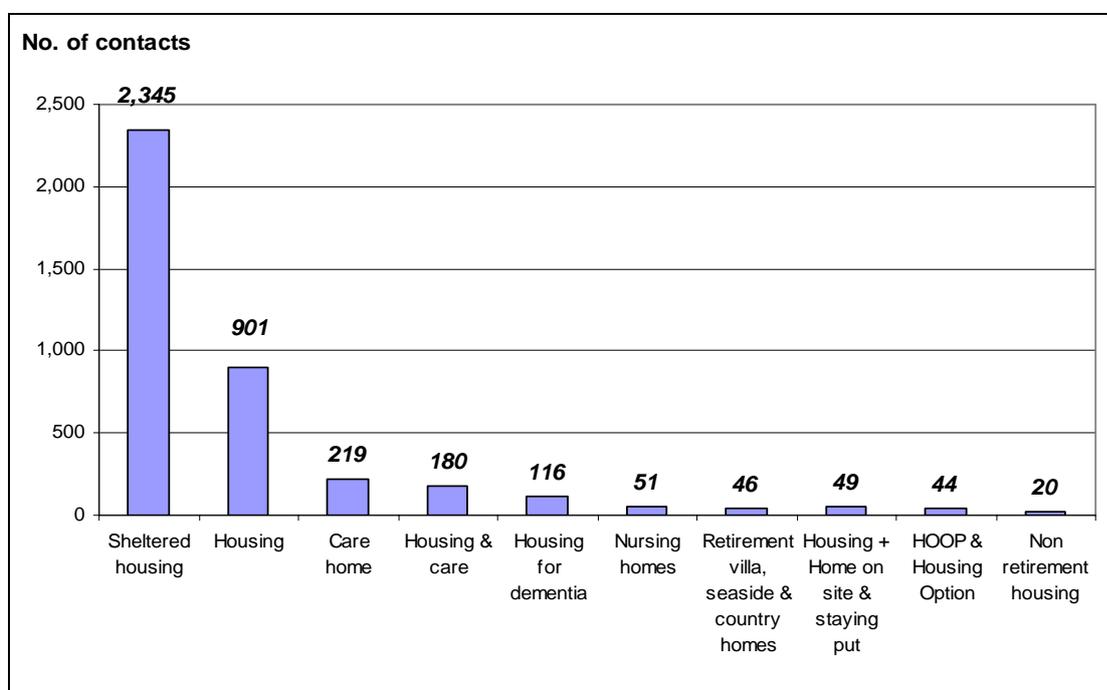
Presenting issue	No. of contacts
<b>Not known/not available</b>	
not known	257
not available	25
FYY	103
	<b>385</b>
<b>Money</b>	
Benefits	85
Finance	56
Care funding	891
Funding adaptation	14
Funding care	130
Funding repairs	32
	<b>1,208</b>
<b>Care</b>	
Community care	265
Domiciliary care	13
Extra Care	107
Health	24
RCH	62
	<b>471</b>
<b>Rights &amp; complaints</b>	
Legal	31
Rights & complaints	14
	<b>45</b>
<b>Accommodation</b>	
Care home	219
HOOP (Housing Option for Older People) pack	2
Houseproud	1
Housing	901
Housing & care	180
Housing (SHR & SHS)	801
Housing + Home on site	19
Housing for dementia	116
Non retirement housing	20

Nursing homes	51
Options	41
Retirement villa	45
Seaside & Country homes	1
Sheltered housing for part-ownership	28
Sheltered housing for rent	1,001
Sheltered housing for sale	515
Staying put	30
	<b>3,971</b>
<b>Other</b>	
Bury	1
Glasgow	2
Holidays, travel	3
Information pack	11
Other	880
Oxford	1
Personal, family & relationships	9
Respite	26
Returning from abroad	67
	<b>1,000</b>
<b>Total</b>	<b>7,080</b>



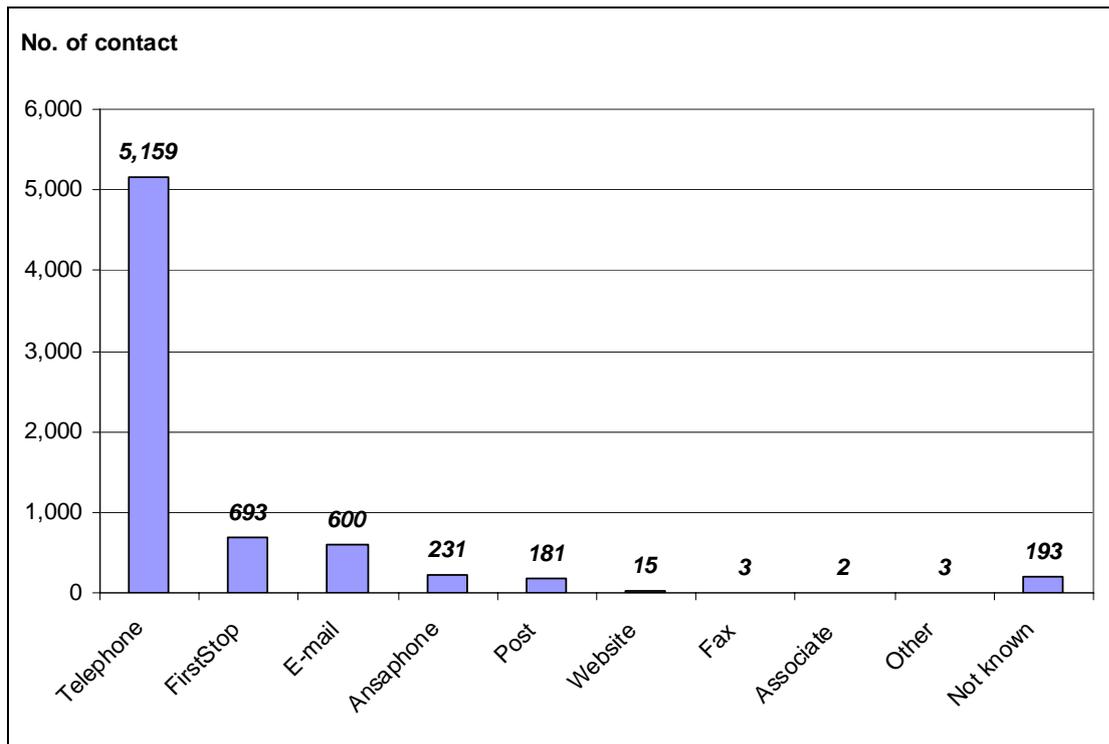
	<b>% of total</b>
Accommodation	56%
Money	17%
Care	7%
Rights/complaints	1%
Other	14%
Not known/not available	5%
<b>Total</b>	<b>7,080</b>

<b>Accommodation</b>	<b>No. of contacts</b>
Sheltered housing (SHR, SHS & SHP)	2,345
Housing	901
Care home	219
Housing & care	180
Housing for dementia	116
Nursing homes	51
Retirement villa, seaside & country homes	46
Housing, Home on site & staying put, Houseproud (run by Home Improvement Trust)	50
HOOP & Housing Option	43
Non retirement housing	20
<b>Total</b>	<b>3,971</b>



### **Enquiry route**

The majority of customers contacted FirstStop through the telephone service.



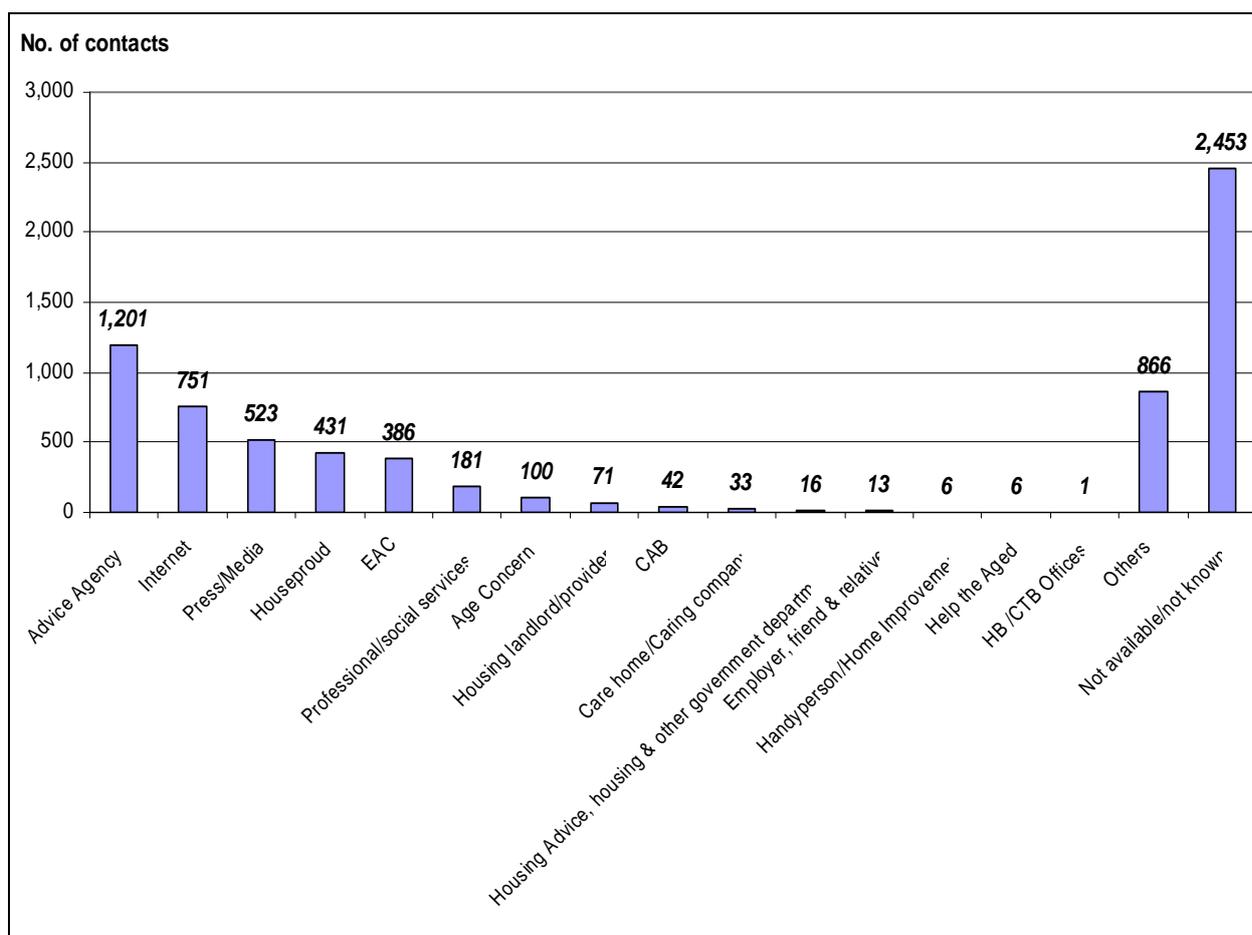
Enquiry route	% of total
Telephone	73%
FirstStop	10%
E-mail	8%
Ansaphone	3%
Post	3%
Website	0%
Fax	0%
Associate	0%
Other	0%
Not known	3%
<b>Total</b>	<b>7,080</b>

### Route of referral

Where information is available about where the customer found out about FirstStop or was referred to them by another organisation, it showed that most are referred by another advice agency or found FirstStop using the internet.

Referred by	No. of contacts	% of total
Advice Agency	1,201	17%
Internet	751	11%
Press/Media	523	7%
Houseproud	431	6%
EAC	386	5%
Professional/social services	181	3%
Age Concern	100	1%
Housing landlord/provider	71	1%

CAB	42	1%
Care home/Caring company	33	0%
Housing Advice, housing & other government department	16	0%
Employer, friend & relative	13	0%
Handyperson/Home Improvement	6	0%
Help the Aged	6	0%
HB /CTB Offices	1	0%
Others	866	12%
Not available/not known	2,453	35%
<b>Total</b>	<b>7,080</b>	



### FirstStop progress against funder targets

The analysis of the FirstStop data shows that some CLG targets are likely to be met but others will not be reached:

- The CLG target is 50,000 customers in 2009-10. The estimated annual number for 2009-10 will be 73,206, *exceeding* the 50,000 target.
- The CLG target is 10,000 website downloads of housing related documents in 2009-10. The estimated annual number for 2009-10 will be 13,315, *exceeding* the 10,000 target.

- The CLG target is 20,000 website users in 2009-10 seeking housing advice. Based on the number of website entries via the housing pages, the estimated annual number for 2009-10 will be 8,402; *not reaching* the 20,000 target.
- The CLG target is 12,000 customers in 2009-10. The estimated annual number for 2009-10 will be 9,696, *not reaching* the 12,000 target.

FirstStop progress report up to 30<sup>th</sup> November 2009 using annualised equivalents.

**Outcome 1: Older people making good decisions about housing, care & finance**

*Outputs relating to Outcome 1*

<b>Targets</b>	<b>Actual outputs</b>
> 50,000 customers in 2009-10	<p>1. Quarter 1: Telephone calls &amp; e-mails – 2,736 Website – 11,151 Total – 13,887</p> <p>2. Quarter 2: Telephone calls &amp; e-mails – 2,795 Website – 10,713 Total – 13,508</p> <p>3. Quarter 3: Telephone calls &amp; e-mails – 4,833 Website – 14,952 Total – 19,785</p> <p>4. Quarter 4: Telephone calls &amp; e-mails – Week 40-47: 3,054 (Q4 equivalent – 4,966) Website – Week 40-47: 12,960 (Q4 equivalent – 21,060) Total – Week 40-47: 16,014 (Q4 equivalent – 26,026)</p> <p>5. Whole year Telephone calls &amp; e-mails – 47 weeks: 13,418 (annualised equivalent – 15,330) Website – 47 weeks: 49,776 (annualised equivalent – 57,876) Total – 47 weeks: 63,194 (annualised equivalent – <b>73,206</b>)</p> <p><b><i>The estimated annual number for 2009-10 will be 73,206, exceeding the 50,000 target.</i></b></p>
> 20,000 website users in 2009-10 seeking housing advice	<p>Measured by no. of website entries via housing pages</p> <p>1. Quarter 1 (Jan-Mar) – not available (based on Q2, Q1 equivalent: 934)</p> <p>2. Quarter 2 (Apr-Jun) – 934</p> <p>3. Quarter 3 (Jul-Sep) – 2,676</p>

	<p>4. Quarter 4 (Oct-Nov) – 3,817 (Q4 equivalent: 5,726)</p> <p>5. Whole year Apr-Nov: 7,427 (annualised equivalent – 8,402)</p> <p><b>Based on number of website entries via housing pages, the estimated annual number for 2009-10 will be 8,402; not reaching the 20,000 target.</b></p>
> 10,000 websites downloads of housing related documents in 2009-10	<p>1. Quarter 1 (Jan-Mar) – not available (based on Q2, Q1 equivalent: 3,239)</p> <p>2. Quarter 2 (Apr-Jun) – 3,239</p> <p>3. Quarter 3 (Jul-Sep) – 3,271</p> <p>4. Quarter 4 (Oct-Nov) – 2,378 (Q4 equivalent: 3,566)</p> <p>5. Whole year Apr-Nov: 8,887 (annualised equivalent – 13,315)</p> <p><b>The estimated annual number for 2009-10 will be 13,315, exceeding the 10,000 target.</b></p>

## Outcome 2: Older people receiving housing related telephone advice

### Outputs relating to Outcome 2

Targets	Actual outputs
> 12,000 customers in 2009-10	<p>1. Quarter 1 – 1,560</p> <p>2. Quarter 2 – 1,860</p> <p>3. Quarter 3 – 3,125</p> <p>4. Quarter 4 Week 40-47: 1,939 (Q4 equivalent – 3,151)</p> <p>5. Whole year 47 weeks: 8,484 (annualised equivalent – 9,696)</p> <p><b>The estimated annual number for 2009-10 will be 9,696, not reaching the 12,000 target.</b></p>

## Appendix 3: client survey results

A survey was sent to 300 customers who had been in contact with FirstStop within the last X months. Sixty surveys were completed (20%) and returned, although a few were only completed partially.

Overall, the responses were very positive about the service provided.

The survey requested that the information provided should either be completed by the FirstStop customer or someone on behalf of the customer. In a number of cases, particularly in the monitoring section, the person completed the form for themselves, rather than the customer, for example when asked their age they would say 42 rather than give the age of the parent/relative that the enquiry related to. The monitoring section is therefore not as complete as other sections of the survey.

### 1. Contacting FirstStop

The first question related to who actually contacted FirstStop, the customer themselves or somebody else. Fifty one respondents said they contacted FirstStop themselves and seven said someone else did on their behalf. Of those who said someone contacted FirstStop on behalf of someone else and who gave further information, two were daughters who made the enquiry, one was a mother of a disabled daughter, one said someone did but did not specify who and the other did not know.

Respondents were asked how they found out about FirstStop. Sixty one responses were received for this question as a few respondents ticked more than one answer.

The most common way people found out about FirstStop was through searching the internet with 33% accessing the service this way, as shown in chart 1. However, almost just as important at 28% (particularly regarding FirstStop's publicity and marketing strategy), was the customer finding out about FirstStop by reading about it in a newspaper or magazine. Various others were stated by respondents who found FirstStop another way most notably through:

- Age concern
- Care Centre
- Community Psychiatric Nurse
- Pension provider

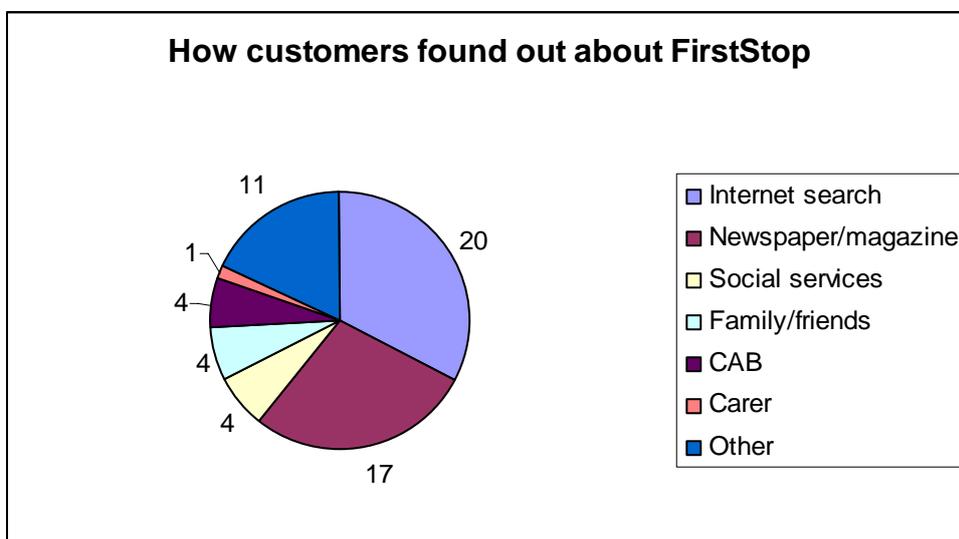


Chart 1: Accessing FirstStop

The survey went on to ask if the customer had contacted any other organisations before contacting FirstStop, to find out where people had initially tried to find information and advice. The majority of FirstStop respondents had not been to any other organisation before contacting FirstStop. Of those who had, seven had been to Citizen's Advice, five had contacted Age Concern, three had contacted their benefits office and three had contacted their housing office. One person had contacted their local council, care homes and searched on government websites. It was not clear from the survey questions whether these organisations had referred the customers on to FirstStop or whether the customers had found out about FirstStop in another way.

## 2. Reasons for and accessibility of contacting FirstStop

FirstStop offers information and advice about care, housing, finance and rights. The survey asked why customers had made contact with FirstStop in order to ascertain the type of information and advice most often requested. Chart 2 shows that the majority of FirstStop customers were seeking residential care home advice. Respondents could tick more than one answer.

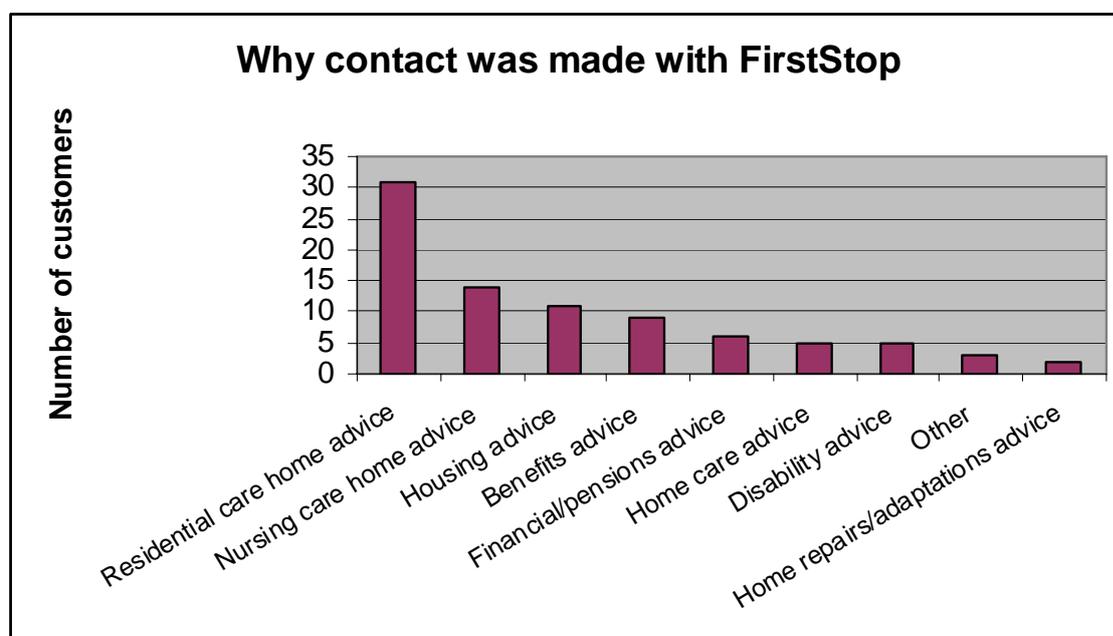


Chart 2: Reason for contacting FirstStop

Whilst FirstStop has a comprehensive website the vast majority of customers made contact via the telephone helpline (61%). Twenty four percent made contact via the FirstStop website and 15 percent emailed, although it is likely that some people who emailed would have obtained the email address via the website.

The survey then asked how easy it was to get in touch with FirstStop. The vast majority of customers (76 percent) said it was very easy to get in touch with FirstStop and 21 percent said it was quite easy. One customer said it was quite difficult and explained that they kept getting the answer machine whilst another did not know/could not remember.

Sixty six percent of customers had contacted FirstStop just once over the past three months and 21 percent had been in touch twice, showing that the majority of queries were sorted out quickly. Seven percent had been in contact three or four times. Four percent had not been in

direct contact with FirstStop but had found out the information they needed via the internet and two percent did not know/could not remember.

### **3. FirstStop advisors**

Fifty three out of 60 respondents who completed the survey answered if they felt they had been given enough time to explain their query. Of the respondents who answered 79 percent said they felt they were given enough time to explain their query. Eleven percent indicated they did not feel they were given enough time to explain their query. Three respondents were not sure or could not remember and two respondents did not speak to anyone directly as they found what they needed via the FirstStop website.

Forty nine out of sixty respondents answered the question about whether the advisor listened and understood the question the customer was asking. An overwhelming majority of 84 percent said the advisor had listened and understood what was wanted, whilst 10 percent said that the advisor had not understood and six percent were not sure or could not remember.

Fifty respondents answered the question about whether the person they spoke to seemed well informed. Again the vast majority, 78 percent, said the advisor had seemed well informed. Ten percent said the advisor had been partly well informed and eight percent said no, the advisor had not been well informed. One customer who had accessed FirstStop via the website added that it did not sort out his query and he contacted his local NHS for NHS residential care home advice. Four respondents said they were not sure or could not remember.

As stated above part of what FirstStop offers is a seamless service, so one phone call is all that is required from a customer and helpline staff can transfer calls to a specialist advisor if necessary. The survey asked if customers had been transferred to a specialist advisor. Forty six respondents answered this question and of these 72 percent said they were not transferred whilst 17 percent said they were transferred. Eleven percent said they were not sure or could not remember.

Of the 17 percent who said they were transferred, 11 customers in total, one said they were transferred immediately, six were called back and four said they were not sure or could not remember.

The next question asked those who were called back if this was by appointment or not. Six customers were called back without an appointment, two were called back with an appointment and three respondents were not sure or could not remember. One respondent who had been called back without an appointment explained that this was fine as the advisor had called back to explain something.

### **4. FirstStop information and literature**

Fifty eight respondents answered whether FirstStop had sent them any written information. Seventy two percent said they had been sent information. Nineteen percent said they had not been sent anything and three percent said they were not sure or could not remember. Of the remainder, one said they received a thank you for registering by email, one said they were told to look at the website and one was still waiting for written information two and a half weeks after being told they would be sent some.

Forty five respondents answered if the information they had been sent had been easy to understand. Of these, 91 percent said the information was easy to understand, seven percent said it had been partly easy to understand and one said they were unsure or could not remember. None of the customers reported that the information was not easy to understand.

## 5. Customer satisfaction

Fifty four respondents answered whether they were satisfied with the quality of information provided. More people answered this question than had answered if they had been sent written information so it is assumed that some people answered generally if they were satisfied, perhaps with the information they were given by telephone. Chart 3 shows that the vast majority of customers were satisfied with the quality of information they received. Eighty percent said they were very satisfied or satisfied with the information. Seven percent were neither satisfied nor unsatisfied whilst nine percent were unsatisfied. Four percent were not sure or could not remember. One person added they were disappointed with the information provided.

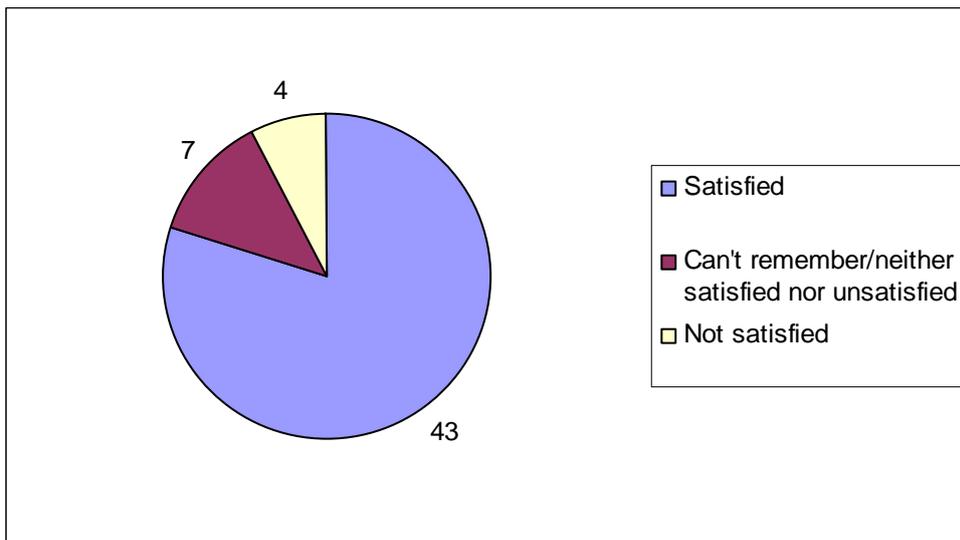


Chart 3: Customer satisfaction

The survey asked after receiving information and advice what it was the customer did next. Fifty eight respondents answered this question as shown in Chart 4. The majority answered 'other', rather than ticking the options available. Responses varied from taking out a power of attorney, to contacting nursing homes or residential care homes, finding out about continuing care or going to CAB. Some had not acted on the information they received so far but were gathering information for future reference.

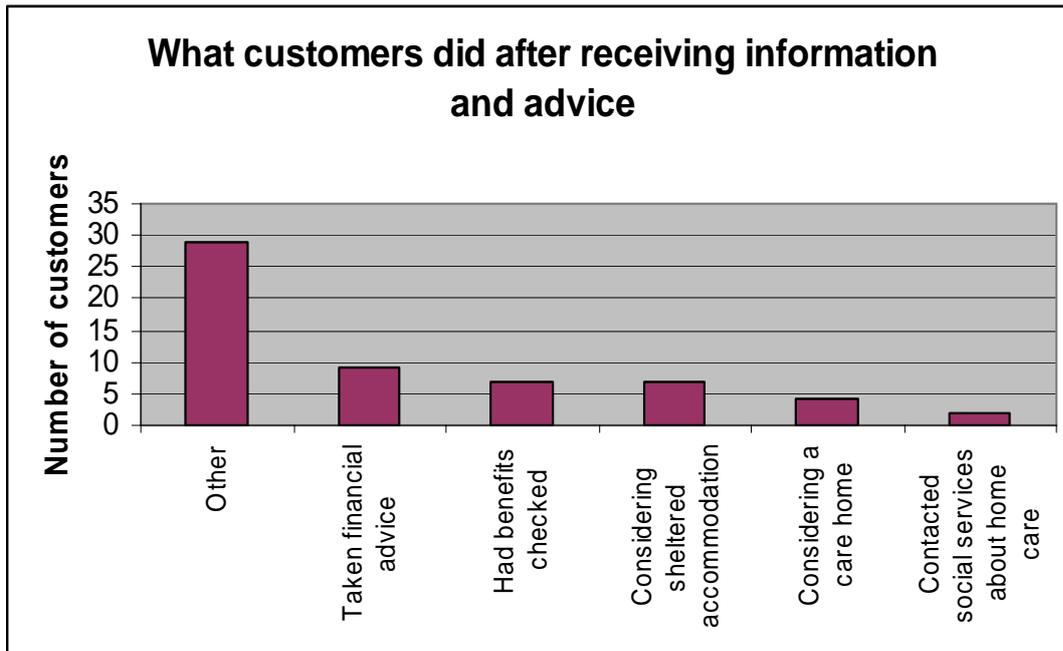


Chart 4: Next steps

Fifty nine respondents answered the final question as to whether they would recommend FirstStop to others. Eighty one percent of people said they would recommend Firststop, eleven percent said they did not know and nine percent said they would not recommend FirstStop. Of these two gave further comments, one said that advisors should be fully trained before going on the help line and another said that nobody followed up their query.

Further comments were also received by those who would recommend FirstStop to others. These include:

- It would help to simplify the difference between residential care and nursing care;
- Someone who had received conflicting information from their housing and benefits office praised FirstStop for clarifying the issue for them;
- The advisors were extremely helpful and knowledgeable

**6. Summary:**

There was overwhelming support for the services FirstStop offer, about the person on the end of the helpline, to the clear information being sent out in the post, to having issues raised resolved. It should be noted that in a few cases where people were dissatisfied with the service it was possibly because the outcome did not match the customer’s expectations. For example, someone had applied for continuing care but it had been turned down. The comments received were generally negative from this customer; however the outcome was determined by external sources and not by FirstStop.

## Appendix 4: FirstStop client survey

The Cambridge Centre for Housing and Planning Research at the University of Cambridge is undertaking an evaluation of the FirstStop advice and information service for older people, their families and carers.

We are contacting you as you, or someone on your behalf, has contacted FirstStop for information and advice in the past three months. As a FirstStop client we are interested in your opinions of the service and we would be very grateful if you could take a few minutes to complete the questions below.

At the end of the questionnaire we ask for your contact details (which will not be passed to anyone else) in order for a member of the research team to telephone you (or a friend/relative/carer) to discuss your experience of FirstStop in more detail. The people who give their name, address and telephone number will be entered into a prize draw for a cash prize of **£50.00**.

Please return the questionnaire in the pre-paid envelope provided.

### 1) Did you contact FirstStop directly or did someone contact them on your behalf?

Yes, contacted directly  No, someone else contacted them

If so who? Relative, carer, other (please specify):

.....

### 2) How did you find out about FirstStop? Please tick

Internet search  From social services

From a family member or friends  From a carer

From somewhere else, please specify:

.....

### 3) Did you contact any other organisations before contacting FirstStop? Please tick

The benefits office  The housing office

Citizens Advice Bureaux  Care and Repair

Another organisation (please specify):

.....

### 4) Why did you contact FirstStop, was it for information or advice about? (You may tick more than one answer)

Housing advice  Benefits advice

\_\_\_\_\_

Financial/pensions advice	<input type="checkbox"/>	Home care advice	<input type="checkbox"/>
Residential care home advice	<input type="checkbox"/>	Nursing care home advice	<input type="checkbox"/>
Disability advice	<input type="checkbox"/>	Home repair/adaptations advice	<input type="checkbox"/>
Other (please specify):			

.....

**5) How did you (or the person on your behalf) get in touch with FirstStop?**

Via the website	<input type="checkbox"/>	Via the telephone helpline	<input type="checkbox"/>
Via email	<input type="checkbox"/>		
Some other way (please specify):			

.....

**6) How easy was it for you (or the person on your behalf) to get in touch with FirstStop?**

Very easy	<input type="checkbox"/>	Quite easy	<input type="checkbox"/>
Quite difficult	<input type="checkbox"/>	Very difficult	<input type="checkbox"/>
Not sure/can't remember	<input type="checkbox"/>		

**7) How many times have you (or the person contacting FirstStop for you) been in touch with FirstStop in the last 3 months?**

Once	<input type="checkbox"/>	Twice	<input type="checkbox"/>
Three or four times	<input type="checkbox"/>	Five or six times	<input type="checkbox"/>
More than six times	<input type="checkbox"/>	Not sure/can't remember	<input type="checkbox"/>

**8) When you contacted FirstStop do you feel you were given enough time to explain your query?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Not sure/can't remember	<input type="checkbox"/>		

**9) Did the advisor listen to you and understand what you wanted?**

Yes  No   
Not sure/can't remember

**10) Did the person you spoke to seem well informed?**

Yes  No   
Partly  Not sure/can't remember

**11) Were you transferred to a specialist advisor?**

Yes  No   
Not sure/can't remember

**12) If you were transferred to a specialist advisor was the call transferred immediately or did someone have to call you back?**

Transferred immediately  Called back   
Not sure/can't remember

**13) If you were called back was the telephone call back arranged at the time of your query or did they call you back without stating a time?**

Called back by appointment  Called back without appointment   
Not sure/can't remember

**14) Were you sent any written information from FirstStop?**

Yes  No   
Not sure/can't remember

**15) Was the information easy to understand?**

Yes  No   
Partly  Not sure/can't remember

**16) How satisfied were you with the quality of information given?**

Very satisfied	<input type="checkbox"/>	Satisfied	<input type="checkbox"/>
Unsatisfied	<input type="checkbox"/>	Very unsatisfied	<input type="checkbox"/>
Neither satisfied nor unsatisfied	<input type="checkbox"/>	Not sure/can't remember	<input type="checkbox"/>

**17) After receiving information and advice what did you do next?**

I have taken financial advice	<input type="checkbox"/>	I had my benefits checked/sorted out	<input type="checkbox"/>
I'm considering moving to sheltered accommodation	<input type="checkbox"/>	I'm considering moving to a care home	<input type="checkbox"/>
I'm having adaptations/repairs to my own home	<input type="checkbox"/>	I have been in contact with social services to arrange home care	<input type="checkbox"/>
Other (please specify)			

.....  
**18) Would you recommend FirstStop to other people?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>		

**Do you have any other comments you would like to make?**

.....

**Monitoring information**

To help us understand more about the people who access FirstStop and the services it offers we would be grateful if you could complete the following questions. If you are completing this questionnaire on behalf of someone else please give their details.

**Please say who completed this survey**

I did as a FirstStop customer	<input type="checkbox"/>	A friend on my behalf	<input type="checkbox"/>
A relative on my behalf	<input type="checkbox"/>	A carer on my behalf	<input type="checkbox"/>
Other (please specify)			

.....

**Are you:**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

**Do you live:**

Alone  With a partner

With a carer  With a relative

Other (please specify):

.....

**Which age range do you fall within?**

45-54  55-64

65-74  75-84

85 or over  Other (please specify)

**Do you consider yourself to have a disability?**

Yes  No

**How would you describe your ethnic origin?**

White: British  White: Irish

White: Other  Mixed: White and Black Caribbean

Mixed: White and Black African  Mixed: White and Asian

Mixed: Other  Asian/Asian British: Indian

Asian/Asian British: Pakistani  Asian/Asian British: Bangladeshi

Asian/Asian British: Other  Black/Black British: Caribbean

Black/Black British: African  Black/Black British: Other

Chinese  Other

Not known

**Many thanks for taking the time to fill in the questionnaire.**



**UNIVERSITY OF  
CAMBRIDGE**

If you would like to be entered into the £50.00 prize draw and do not mind being contacted by a member of the research team to ask you a few more questions please give your details below.

Name:

.....

Address:

.....

.....

Telephone number:

.....

Cambridge Centre for Housing and Planning Research  
Department of Land Economy  
19 Silver Street  
Cambridge CB3 9EP  
landecon-cchpr-admin@lists.cam.ac.uk  
www.cchpr.landecon.cam.ac.uk

Please call Dr Gemma Burgess on 01223 764547 if you have any queries about this questionnaire. We would be very grateful if you could return it in the pre-paid envelope by the 31<sup>st</sup> of December. Many thanks.

## Appendix 5: client case studies

### **Mr A: elderly male with wife in a care home**

Mr A's is 91 years old. His wife is in a care home and he is considering the possibility that in the future he may also need to enter one. He called FirstStop (although his recollection of doing so is vague) as he wanted general information about care homes such as the services they offer, facilities, cost, funding etc. He was very concerned as they he and his wife are currently funding her care home place themselves but the cost is so high that Mr A is worried that she may not be able to stay there. Mr A said that the cost is "£1000 a week which is far more than the average person can afford".

Mr A and his wife applied for continuing care but were turned down. They have requested a reassessment as they believe that the assessment was flawed and was not done by the guidelines.

Mr A assumed that he had called Age Concern and said that they had sent him very useful information on continuing care. Mr A said that he feels a bit more confident now he has had the information, but that it will be a 50/50 chance whether the decision is changed about his wife's eligibility for continuing care.

### **Miss B: found FirstStop invaluable**

Miss B contacted FirstStop on behalf of her mother and her aunt who shared a house. She was concerned about her mother's mobility and wished to move her to the ground floor of the house. Her mother died before this could take place and her aunt collapsed on the same day. Her aunt has since fallen and broken her hip and is currently in hospital. Miss B is now trying to find a care home for her aunt.

She originally contacted Age Concern in Jan/Feb 09 and Age Concern put her through to FirstStop. Miss B was sent information from both. She felt Age Concern could not really help her and thinks they may have been a bit overloaded at the time. This call was about finding out about options for re-housing her aunt. Miss B said that she found FirstStop more helpful than Age Concern:

"I thought FirstStop would be like Age Concern but they really talked about my problem and sent me the information straight away. I've called them twice and both times the information came really quickly."

She contacted FirstStop for assistance and found the service invaluable:

"I knew nothing about what to do. FirstStop sent me leaflets which also have useful phone numbers on the back. I got information about care homes and about financial assessments. The financial side of things is a nightmare, the FirstStop leaflet lays out all the costings. I've called them twice and both times the information came really quickly. They made me aware of what roads were open to me. They really have time for you and didn't rush me and they listened and answered any point that needed to be expanded upon. They were just brilliant and I can't think of anything better."

### **Mrs C: had no support from social services**

Mrs C was struggling to find a solution for her elderly parents, both who were unwell and could not cope at home. Her father had become violent after a stroke and her mother had limited mobility, putting at risk of harm from her husband. However, social services assessed each parent individually rather than as a couple and said that they were fine to cope together at home, as the individual assessments did not take account of the violence. Mrs C wanted

information about how to complain about the social workers and about how to fund residential care for her parents.

“My elderly parents are both 84 and were deteriorating in health. They had a care package at home but both were in and out of hospital and were admitted to hospital on the same day in October 2009. While they were in hospital it became apparent they couldn’t manage.

My mother’s mobility isn’t good and even though she was discharged she was only at home for four days before going into a rehabilitation centre. My father is a stroke victim which has changed his personality, he gets angry and hits my mother and she can’t move quickly enough to get out of his way, so my mother was not safe with my dad. But both were assessed by different social workers and while they were in hospital the social workers decided it would be fine if they went back home together, they said they could manage.

So while mum was in the rehabilitation centre they wanted to discharge my dad back home, but I knew this wouldn’t work and I got him into a private care home. However, I was worried about the consequences regarding funding because the social workers assessment had said he could manage at home. What would happen when the money had run out and the home had been sold? I needed to get the social worker’s assessment overturned. I really feel the social services have let us down; they were looking at my parents individually and not the whole. Someone going in four hours a day could not work anymore, what would happen to mum when they weren’t there? Also a carer had stolen £100 out of my mum’s purse. In the end we persuaded my dad to go into a home and my mum has since joined him there. The staff are great, if dad starts to get angry they just take mum off to another area of the home until he has calmed down.”

Mrs C said that she needed professional advice and had to call FirstStop as she had no support from social services. She said:

“I contacted FirstStop because I needed to know about the financial side of things and also how to complain about dad’s social worker. Social services were just not listening to me. Mentally both parents are reasonably good so I didn’t want the next ten years worrying about finances and doing the right thing. I needed someone to give me the right advice. In the end it turned out well but prior to that I had had no support from social services, I needed professional advice. The main reason was I needed financial advice, so benefits, pension and information about the sale of their house. I needed to have this knowledge to help me make the right decisions in a crisis and I needed to make sure the decisions I made could be maintained.”

Mrs C’s experience reflects the emotional impacts that these types of decisions can have, and demonstrate the need for a sympathetic advice service that can be followed up with written information for client’s to digest in their own time:

“I was very raw, every time I started to speak to someone about it I would start to cry, which is not like me, so I was not communicating very well and I was not taking things in.”

She also described how difficult it was to know who to ask for information and advice:

“I was just going around in circles. I had contact with two social workers, a senior social worker, Age Concern, CAB, a carers’ support service in [local area] and

colleagues (who could only give anecdotal advice rather than the reality and who kept saying everything would be alright). I needed to know it would be alright.”

Mrs C found FirstStop an invaluable service. She said that the information was good quality, the advisor was understanding and she felt much stronger after receiving advice from FirstStop:

“CAB were not helpful, to have to make a further appointment when you are exhausted and getting ill from all the worry was not helpful. Without FirstStop I don’t think I would have got the quality of advice.

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

Mrs C found that the service was provided efficiently and was very easy to access:

“They were just excellent, I got through straight away, so they are easy to access and they have all this knowledge at their fingertips, so there was not waiting and no tension and they knew everything. It was easy.”

#### **Ms D: housing options worker**

Ms D is a housing options worker whose role is to offer a complete service to older and disabled people to help them find suitable accommodation. She finds FirstStop a very useful resource to support the local service that she offers as the website can provide her and her colleagues with more information than they can easily find themselves and about a wider geographic area than she covers. She said that:

“Firststop have a lot more information on their website than I can find doing an internet search myself. I cover four boroughs and although I live in one borough I don’t know the services of the other areas very well. FirstStop is good for all this kind of information. The main reason for contacting FirstStop is they come up with a lot more properties and places than I can.”

Ms D only had praise for the service:

“They are brilliant, absolutely brilliant. And they came back to me after an email I sent, they called me really quickly, I can’t fault them at all.”

#### **Mrs E: power of attorney for her father**

Mrs E wanted information about funding the cost of her father’s move from residential care to a nursing home:

“I had PoA for my father who was already in a residential care home but he was about to move into a nursing home. The residential home wanted to move him quite quickly; he has dementia setting in and is incontinent. My sister and I wanted to know what help we could get with funding. Nursing care is almost double the cost of

residential care. I wanted to know if we were receiving all the help we could for him. The home said he needed to move but we had the money from the sale of the house etc tied up in a bond from Saga. We were not sure how we would be able to pay the jump in fees, from about £370 to £780 per week. His pension, interest from the bond and attendance allowance just about covered the weekly fee so we needed to know how we would finance the increased fee.”

Mrs E was disappointed with the help she received from FirstStop and found CAB more helpful:

“We went to FirstStop first but they were not helpful. I just wanted to know if we were getting all the financial help we could get and were we paying the right fees and about some tax he seemed to be paying. I also wanted to know about the bond which wouldn’t be accessible until June/July 2010. I was told that is just what happens; fees go up between residential and nursing care homes. It was not a satisfactory response and left me very disappointed.”

#### **Ms F: concerned about her sister**

Ms F was concerned about her sister who lives in a Housing Association flat but has poor health which limits her mobility and Ms F thought her sister might be better in a ground floor flat. However, she did not want to broach the possibility of moving with her sister directly and wanted more information first. She said:

“I felt that my sister should be moved to a ground floor flat or bungalow, but I also did not want to interfere. I didn’t want to contact the housing association directly and I also wanted to ask for advice anonymously, so it was really a fact finding exercise.”

Contacting FirstStop gave Ms F the confidence to approach her sister’s HA:

“They were pretty good, they were curtailed a bit as they couldn’t get in touch with the HA directly. But they reassured me that I could get in touch anonymously and they sent me a list of HAs in the area that I could get in touch with to see if they could offer alternative accommodation. I didn’t follow this up, I left that with the HA. It gave me the go ahead to call the HA. He gave me as much info as he could but it was not much help, but it was nice to have someone to talk to but I held back a bit as I thought he was a bit too young. Overall FirstStop was a good first step and sounding board.”

#### **Ms G: financial advice for her mother in a care home**

Ms G wanted financial advice about the options for her mother who is currently in a care home:

“We needed financial advice because her capital was not earning enough interest to pay the care home fees, because of the financial crisis.”

The FirstStop network of partners was useful as she was able to meet with a representative from one partner, the NHFA, who was able to help:

“I rang them once I had looked on the internet and they were extremely helpful on the helpline and they put me in touch straight away with the financial people. They put me on to NFA and I met with a chap, who was really an advisor selling annuity options and it was useful to talk to him.”

#### **Mr H: paying for grandmother’s care home**

Mr H contacted FirstStop about his grandmother. Whilst his family had always intended to care for her at home, a health crisis made this impossible and she needed to go to a nursing home:

“My grandmother became ill and this caused lots of problems. We had always intended to care for her at home and would never had considered a care home. She went into hospital with an infection and whilst there a stomach ulcer burst so she was in bed for six weeks. The nurses at the hospital said they had done all they could and she needed to go into a nursing home. Because she had been bed ridden she couldn’t walk unaided and also had become incontinent.”

It was very important for Mr H’s family to find advice on how to cope with this sudden crisis as the emotional and physical burden of caring for their relative was taking its burden on the family, reflecting to stress many people are under when they have to make such difficult decisions and need support:

“We cared for her for two weeks, my mother who is in her 60s was looking after her round the clock and I helped, stayed over night etc. It was exhausting; she needed two people to get her out of bed etc. We didn’t want her to go into care but if we had carried on I think my mother would have had a breakdown, it would have torn the family apart. We were thinking about homecare when she went into hospital. She had two or three falls prior to going into hospital, it was a terrible worry.”

Mr H said that his family did not know how to find a care home place or how to fund it and were worried about having to sell his grandmother’s house:

“My grandmother has savings and owned her own home so we really wanted to know if we could save selling the house. She and my grandfather worked hard all their lives and they had savings and the house which she would like to have left to the family. I really didn’t know where we stood on this.”

Mr H found the advice from FirstStop very useful in dealing with the complications and frustrations of funding care:

“I initially went to our local CAB and they put me on to FirstStop. We just didn’t now where to put her that would be suitable. FirstStop sent all the local information and also informed us about applying for a power of attorney – it was such a worry at the time and they helped with this. They also gave us advice about paying for care and told us the amount someone could have before being charged for care. At the moment we are having to pay for her care, we haven’t tried selling the house yet, but know the time will come when we do. It is so unfair, my grandparents saved all their lives and we are now being penalised, it would have been better if they had frittered their money away while they could.”

Mr H appreciated being able to talk to someone knowledgeable at length at FirstStop:

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

**Mr I**

Filled out the survey but in the interview was very confused.

**Mr J**

He is fairly sure he got all the information from Age Concern, not FirstStop.

## **Appendix 6: interview schedules**

### **Interview schedule for national stakeholders**

1. Who are you and what do you do?
2. What is your involvement with FirstStop?
3. At what level? (National and/or local)
4. How would you describe what FirstStop does?
5. Why was FirstStop necessary?
6. What does it add to what your organisation does or can achieve?
7. What do you think are or will be the main benefits of FirstStop?
8. What difference can the service make to older people, their families or carers?
9. Specifically, what financial savings do you think FirstStop can generate?
10. How do you see the service developing?
11. What are its main challenges?
12. How important will the local partnerships be?
13. What can they add?
14. Do you think there are any services FirstStop provides, or could provide, that could be charged for?
15. Are there ways that sponsorship or other funding opportunities could be developed?

### **Interview schedule for front line staff**

1. Who are you and what do you do?
2. Who are you employed by?
3. What is your contact with FirstStop?
4. What training have you received?
5. What is the usual procedure when dealing with an enquiry? Level 1 and level 2 – how do you transfer calls?
6. How are things going?
7. How do the data collection systems work?
  
8. How do people respond to the service when they contact you?
9. Any problems?
10. What would improve things?

### **Local Partner Interview Schedule**

1. Can you tell me your role and what part you play in the partnership?
  2. What will the funding provide?
  3. Why was this necessary?
  4. What stage are you at with the project?
  5. What will happen next?
  6. What do you hope it will achieve?
  7. Would any of this have been provided without the funding?
  8. How are you connected to FirstStop?
  9. How do you use the national FirstStop service/information/data/technology/web site?
  10. Is the connection to national FirstStop necessary or would the provision of funding have been enough?
  11. What contact do you have with the other local partners and what has this added to your project?
  12. What have been, or are, the main challenges?
- Any suggestions on what would improve the FirstStop local partner model?

## Appendix 7: local partner sample case studies

### North West

The local partnership pilot in the North West is the Sefton Pensioners Advocacy Project (SPAC), a pilot delivering additional advocacy support work “through expanding choice”. The pilot project is gathering information to feed into FirstStop national, developing strong local links with professionals and providers and increasing their awareness about FirstStop and providing advocacy to support older people.

The funding provides two part time posts for advocacy around housing options. One is concentrating on the awareness raising and one on the case work.

This service was necessary because whilst SPAC has a long record of successful advocacy, are independent and has specialised only in older people, there has been an increase in the number of clients with housing issues. There was a need to expand the service to deal with housing issues, particularly as it is an area in which there are many difficulties in enabling choice for older people and the process can be disempowering.

The project has reached the first stage targets without difficulty and without any problems in engaging local people. The awareness raising has had good feedback from professionals. Through the casework element the project has reached the target numbers which suggests that there is demand for the service. Many cases are short where older people just need a bit of support but some cases are longer, particularly when there are more options about whether to move or stay in their current accommodation to explore and follow through.

The project has also got involved with the action plans for the new Sefton Strategy for Older Citizens which is a partnership for older citizens. SPAC has been able to share information not only with FirstStop but also with local planners, the local authority etc, enabling the organisation to influence decisions.

There are other voluntary organisations providing similar services that SPAC is looking to build links with. The interviewee said:

“We are starting to work alongside one local service to capture the people who come through their doors, share their data and they could be a source of referrals to us.”

SPAC is also going to start working with different agencies, such as the HIA, which can be a potential referral route. The project plans to gather their information and build it into the picture of what is available in the local area. SPAC is also looking to expand outside of its current geographic boundary in the longer term. For example, initial enquiries have been made with an organisation in Lancashire to see how SPAC can develop its knowledge and service into a more rural area nearby as there are very different issues to the urban area.

It is hoped that the advocates will facilitate more choice for older people. The interviewee from SPAC hopes that over the next couple of years they can prove the role of the service. They want to be able to establish a single point of reference using the FirstStop database. The interviewee said that information was currently disparate and needed bringing together in one place:

“If there is enough information in one place then it can facilitate choice in its own right, then we would only need to be involved if people need further support. At the moment the information is in all sorts of different places and needs bringing together.”

Without the funding this service could not have been provided to this level of support. SPAC would not have had time to build this level of expertise in housing as the service has been generic before, now it can provide targeted support.

The SPAC team have looked at the national FirstStop web site and seen what is useful to their local work. All the team has been through the training manual and had the Care and Repair training. The team now hopes to feed into the national FirstStop database to provide local information:

“Next, now we know what they have got, we want to look at how we can feed into their database about what is available in Sefton. So their database lists local care home information but we could add where the vacancies are. Our own web site is in development but by mid April will link to FirstStop. So we can add information about accommodation in Sefton and make it current.”

The SPAC team refer people to the national FirstStop telephone line. This is important in meeting need for information, as the national service can provide general advice and then older people who need more support can come back to the local project for further assistance:

“The funding provides for advocates, but we couldn’t meet the need if everyone wanted to use them so FirstStop can be the national information provider and when people need more support they can come to us.”

They have distributed lots of leaflets to raise awareness about FirstStop. They have done awareness raising work with older people professionals and plan to next go to where older people are, in luncheon clubs, social groups etc.

The SPAC interviewee said that the connection to national FirstStop is important for two things. SPAC are able to share things with them, but also over the next two years the interviewee said that they need to show how good they and the other pilots can make the FirstStop service by connecting local and national services and hopefully encourage other local areas to join:

“It will show what it could look like if all local authorities were involved and fed into a national framework, show what savings and efficiencies it could make, show what a great resource it would be if more areas were involved. I hope it will also prove that advocacy works so I can show other local authorities and hopefully spread advocacy.”

The contact with the other local partners enabled the SPAC team to make links and since the meeting the team has been sharing ideas with the pilot project in the North East. This was felt to be a valuable part of the project:

“This will be a positive part of the pilot. It provides shared learning about FirstStop but also about what else everyone is doing.”

The main challenge was said to be the slow pace of progression of the projects by central government. The SPAC interviewee said that this was not too problematic as they are a flexible organisation and were able to back fill what had been spent in getting the project started:

“The problem is that central government is very slow (but wants quick results). But the voluntary sector has been doing this for a while so we just say give us a shout when you are ready. We know that we can deliver to their timescales.”

## **Somerset West**

Somerset West Care and Repair is delivering the service across two districts, one is rural and one is very rural. The pilot is part of a broader HIA service for older people, disabled and vulnerable people. It includes a handyman service and home adaptations.

The funding provides a housing options project. It funds a housing options case worker post which will provide training for older community activists and training for healthcare community professionals.

This was necessary because housing is an issue for older people in this area because it is so rural. The Interviewee explained:

“There are lots of people in hard to reach communities, and it gets harder as they age. For example, when they lose their driving licence or when the driver in a household dies. There are lots of cold properties; West Somerset has the highest fuel poverty in the area. There are a lot of properties that are hard to insulate. Lots of properties are off the gas grid and use solid fuel, chopping logs might be ok when you are a fit 60 year old, but is much harder when you are a frail 80 year old. There are lots of housing issues.”

The housing options case worker helps older people to consider their options and to move accommodation if and when they do so. Referral between the national FirstStop service and the local pilot is two-way:

“People can phone the centre and we might refer them to FirstStop national or they can be referred to us if they need more hand holding.”

The case worker assists older people with practical tasks. For example:

“A lady at the moment needs to move from a house to a flat as her house is being repossessed. It is very sad. The case worker is helping to change her utilities, packing, the handymen have taken stuff to the dump, to recycle and to charity shops, when she moves they will put her curtains up. We help with Choice Based Lettings; the automatic bidding often does not work for older people as they get into their head that they only want to go to one place so they don't look at other options and so they never get to move. The case worker helps them to look at others, to reconsider, takes them to look at places, bids on their behalf, finds out about things like sheltered accommodation and takes them to look at it.”

The project is strengthened because it is embedded in the HIA. The pilot can take advantage of the handymen, surveyors etc to support it and the team has a lot of local links already and can link the pilot to their other local current projects. For example:

“A hospital discharge project that makes sure people go home to suitable, warm properties. Some people cannot go home as the property is not suitable so we look at their options.”

The team will develop the practical case work in the near future. They will build a database of what is available in the two districts and then eventually roll this out across the whole district. They plan to develop the training. The interviewee said:

“We have already held one event for about 25 healthcare professionals and had some of their colleagues phoning to ask if there will be more. We are running one for older people in April.”

The strategic aims of the pilot are to get housing options for older people onto the agenda in the county, to get services to be more joined up and to get a central database for information. They have set targets in the project plan, such as the numbers trained, and will review them quarterly.

This project would not have been provided without the funding. The interviewee said that some of the case work may have been carried out but not in such an organised way and that the team would have had to refuse to help many people, but that assistance was also not available anywhere else:

“There are many people we would have had to refuse before. There is no one else to do it. We get referrals from the hospital and adult social care department. There are many cases that would not have been dealt with. We would have had to say sorry, we can't help. What would have happened to these people who would have got no help? Some would have had to go back to unsuitable housing. The question is what would have happened if we had done nothing?”

The FirstStop national website is used by all team members in the HIA. The team have been trying to raise awareness of FirstStop:

“We have put leaflets out everywhere, in the council housing advice, adult social care in all districts, doctors' surgeries, so people can self-help, with the national number. We might do a localised flyer to go inside.”

The connection to national FirstStop is useful as the pilot team refer people to the website if appropriate and can then direct their efforts towards the people who need more support:

“We tell people about the web site and say it has loads of information. This tends to be good for the children of elderly people but if it is older people we deal with it ourselves. It gives us the ability to give people as much information or as little as they need. For healthcare professionals we tell them it is a good resource.”

The main challenge was the speed at which the team had to set up and implement the pilot project and the need to demonstrate results immediately:

“What were the main challenges? Having to do it so quickly! It feels a bit like straight away it is 'where are your results?'. Aaaaaagh. We are lucky as we are small and independent so we can be quite reactive.”

### **East Midlands**

The adult social care and health department at Notts County Council is leading the delivery of the pilot project in the wider context of their HIA restructuring. They are remodelling the delivery of the practical services delivered by HIAs, such as handypersons and housing advice.

In March 2010 the pilot was not as yet delivering anything as they are still negotiating setting up the project. They initially discussed the possibility of hosting the funded post with two councils, but this has been replaced by hosts in the voluntary sector. The pilot will now be delivered through Community Volunteer Services (CVSs) which are infrastructure bodies in the third sector and represent the voice of voluntary agencies, acting as an infrastructural hub in the third sector. The post will be with one in the north of the county and one in the south. Both will host a housing option care worker. There will be two positions, one will be full time and one will be part time but the hope is that additional funding will be secured from the District and County Council to make this post also full time. In the south the council have added £10 000 a year to make it up to a full time post.

They are about to advertise when they have agreed the job description and objectives. Both host agencies have seconded staff temporarily onto the project to get it started whilst the post is being filled. Whilst they are waiting to appoint, the temporary post holders will map links with advisors, design leaflets so that the publicity material is ready to go when the post is filled.

The role of the case worker is not yet confirmed but the team are agreeing the job description in March 2010. They hope the case workers will work with medium need service users rather than high need and the role will have three components:

- 1) The first level will be about providing information, raising the profile of the service to professionals and service users and feeding up to the national FirstStop database.
- 2) Professional to professional to increase the knowledge of other workers such as community outreach advisors.
- 3) Professional to service user to intervene in incidents of Occupational Therapy referral for housing adaptations. When someone is referred for adaptations the case worker will go and talk through all of their options, including those outside of adaptations. Disability Facility Grants for housing adaptations are under pressure and have to be topped up by the council, but there are long waiting lists and adaptations are not always the best option so it will be better for users to have a range of choices. After discussion of their options some people won't take up the DFG but will have something more suitable and so indirectly it should reduce pressure on the DFG whilst improving the service.

There has been evolution in the council housing option team towards a strategic preventative approach but it is still early days and there are capacity problems. The pilot is intended to improve prevention of housing crises for older people:

“At the moment it is mainly firefighting, service users are often in crisis and homeless. We are planting the seeds but it will take months to come to fruition. We hope to prevent crises. The target audience of the service before has not been older people; they have not been seen as a key component of service users. Talking to residential home managers and managers of sheltered accommodation shows that a high proportion of people who come into them do so as a result of a crisis, such as a fall or self-neglect. The decision to move there is made with only a narrow range of choices because it is in a crisis situation.”

It is hoped that the project will improve the ability of users to make informed choices but will also increase capacity in the system.

The pilot project aims to be able to provide information to older people about housing that is not limited by administrative boundaries:

“At the moment the council housing option team is limited by district boundaries. But the post taps into FirstStop national so they will be able to look at housing availability in different areas and across boundaries. So if someone wants to move to be nearer to their children, the new post holder will be able to help whereas now the housing option team cannot help as it is outside of the district boundary. We will also be able to provide continuity of delivery if someone wants to move outside the district.”

This service would not have been provided without the funding and hopes to quickly demonstrate that it is a vital service:

“It is impossible to get funding for new, unproven, non-statutory initiatives so this funding gives us breathing space to gather evidence and prove its worth so we can argue for further funding and show the council that it can save money and divert people to better services, repositioning people in a home for life as required in the National Housing Strategy.”

The team recognise that measuring outputs of an advice and information service is not easy but are planning to monitor the project rigorously:

“How will we measure the project? Difficult question. It will have to be anecdotal, self-reporting and qualitative. We will make quantitative measurements such as number of service users, number of times we see a user, what the presenting issue was and if and how it changed, and outcomes. We hope to link with Nottingham Trent University who are keen to develop the research, monitoring and evaluation part of the pilot. We want to be rigorous in our measurement.”

One component of the case worker role will be to identify housing provision in the county and feed that back to the national FirstStop. They will receive training and will feedback with local knowledge. The project aims to assist the people who need more direct support than the national web and telephone service provides:

“It is very loose at the moment about how we will tap in. If there is a triangle of need with those most needy at the top, we think that FirstStop sees itself as dealing with the more competent older people by phone and web and we will be dealing with the more needy, people who need more support.”

The national FirstStop service will be a key resource for case workers and will be used to provide information to the target. The interviewee felt that the connection to the national service is important for more than practical reasons, but also to ensure that a more standardised service can be provided to older people in different areas and to enable knowledge-sharing between service providers:

“I believe in the national structure underpinning the service. It reduces the risk of people doing their own thing and not having continuity. It provides a more standardised service, across different areas but underpinned by the same information which can help people to move to different areas. It helps with standardisation and consistency. It is also a form of quality assurance for the case worker, they can respond to local need but because they are funded centrally the funders can put the core of the job description in so there is a standard across all areas which will raise the quality. It reduces the element of slippage as it is non-statutory and stops everyone doing their own thing differently; instead we can all learn from each other as we are doing something similar. If we were not linked and were not doing something similar we would not be able to learn from each other.”

The main challenges have been securing staff and funding. The team hoped that the host organisation for the case workers would be the District Council but their internal Human Resources was too slow.

The other challenge is the pressure to set up and implement the project rapidly and to have to demonstrate results so quickly:

“Either FirstStop or CLG were irresponsible in expecting us to do it in such a short time. You just cannot turn it around that fast. The threat of withdrawal if you don't do it fast

enough is problematic. It is politically driven and is a problem for the prevention agenda. They want to see something for nothing and if you want everyone to provide a cut price discount service it cannot also be a quality service. It takes time to plan, to build partnership working, to integrate services. You can't have fast and cheap and quality and good outcomes, you can't do it all. And the government also wants equal opportunities but even writing a job description that is equal opportunities takes time. They don't want you to take the time and they really don't care how you get there, they just want to tick a box and report a result."

To improve the FirstStop local partner model more time for preparation would have been useful and a clearer lead on what the links with FirstStop should be:

"We understand that they want it to be organic and responsive to local need but a project brief, less of a blank page, even just a hand out saying what outcomes they are hoping for would be helpful and useful to be able to share with the rest of the council."

### **North East**

The pilot project in the North East is part of the Quality of Life Partnership which comprises Age UK, the Elders Council of Newcastle (a local charity with 2,200 members) and Newcastle Healthy City. It has an Older Persons Strategic Board whose members include the Director of Adult Social Care and the Director General of Nexus (transport).

The funding is paying for a consultant and will cover:

- consultants' fees
- events and marketing
- travel and support
- office costs

The events will provide advice and information for older people, some will be aimed at front line staff and some will be aimed at older people themselves. For front line staff, the workshop will signpost them to the best options that are available. The training will provide advice and advocacy skills to assist frontline staff in helping older people to make the best choices. So far the events have proved popular:

"They are both fully booked and people still want to go so they will hold more. There is a big demand so will hold at least two more, probably in April or May."

The project was felt necessary because there is such high demand for advice for older people.

### **Yorks and Humber**

Care and Repair Leeds is hosting the FirstStop project for the Yorkshire and Humber region. They were already running a housing options service and the coordinator of that has taken on the role of regional coordinator for the FirstStop project.

The role will be to identify housing options services that exist in the region and stimulate them to focus more on housing options for older people. Housing options do not exist everywhere in the region so the coordinator will find out how many housing options services there are and what form they take. It is a large region, with 11 local authorities, 21 Home Improvement Agencies, some very large cities and a huge rural hinterland. Some local authorities call the service Housing Options but they deal specifically with homeless people, or with disabled people, and not specifically older people. The priority will be to identify two

or three local authorities that are responsive rather than try to tackle the whole region in the first instance.

The coordinator has written to 15 or 16 local authorities, with the aim of building up knowledge and contacts. The work involves identifying someone in the local authority who is interested and who will act as a champion in their area.

The coordinator has already discovered that there is a history of similar failed attempts at regional level. The interviewee said:

“People have tried to get a network going and it has failed. Foundations (the Home Improvement Agency coordinating body) fail to organise regional meetings in Yorkshire and Humber and stopped running training courses because no-one will come.”

The aims of the project are to:

1. Identify where housing options services exist and help promote their development for older people
2. Where there are none, to try to stimulate a debate in those areas about the importance of housing options services for older people
3. Develop networking
4. Promote FirstStop

Promotion of FirstStop is already underway:

“We already do this within Leeds, all our clients get a leaflet, and we will distribute them across the region wherever it is appropriate.”

The project would not have been provided without the funding, as the interviewee said:

“Our own housing options service consists of two full time workers and they are swamped.”

The project team uses the FirstStop national service for specific cases, particularly to provide information about services outside of the region:

“One way is if someone asked for information in other parts of the country that we don’t know about. If someone asks about Leeds, it is likely we will know because the housing options staff have built up local knowledge.”

The project team believe that the FirstStop connection is essential and want to build on it. The interviewee said that the information provided by FirstStop empowers older people and can provide assistance to people who do not need more direct assistance:

“FirstStop information empowers people to use it themselves. That’s what we want to draw on when promoting FirstStop to other agencies. It provides a service to those who don’t need our hand on service.”

The biggest challenge is dealing with such a large diverse region but the interviewee was pessimistic about what can be achieved:

“Part of the role is to develop a regional network but this is virtually impracticable. Another objective is to create an adaptive housing needs register for older people, to

pilot in Leeds – but again [the coordinator] has found out that previous attempts have failed. She will produce a report and action plan.”

The interviewee said that the FirstStop partner model could be improved by having a regular dialogue and not just leaflets but a more pro-active relationship.

The interviewee highlighted the need to expand this type of service:

“The whole area of work – advice on suitable housing – is so important, we need more of it. We are not dealing with the scale of the problem.”

## Appendix 8: training programme

Training is delivered by Care & Repair through face to face training, through shorter workshops, via web-based materials and via a cascade model of training and supporting local exemplar projects to deliver workshops/training locally. The overwhelming majority of training participants rated the training as excellent or good.

The training is aimed at four main groups.

- Individuals whose work is primarily related to housing and advice for older people
- People who in a paid or voluntary capacity come into regular contact with older people and
- Older community activists/ networkers
- Older people in general

The training was deemed necessary for a number of reasons.

- To increase local capacity amongst providers of related housing services to better enable them to offer some level of advice and information to older people about their housing options in later life, hence achieve the broader FirstStop objective.
- To raise awareness of the help that FirstStop can offer and to promote its availability amongst a wider audience
- To increase the understanding amongst people whose work/ volunteer role brings them into contact with older people who are facing housing difficulties/ choices so that they can be both a source of information and support, as well as being able to pass on information about FirstStop
- To raise awareness amongst older people of their housing and care choices in later life and to stimulate discussion and hopefully encourage more people to think and plan ahead

The Outcome target for the training programme is:

More older people access housing and related advice and information to enable them to live independently in their own homes, and/ or are enabled to make an informed choice about moving to alternative accommodation

The Output target is to reach 1,000 individuals. The programme is on course to reach the target successfully.

The training is funded via a FirstStop grant in addition to some income from the courses for paid staff. Because the priority was to reach as many people as possible to increase the skill base and to raise awareness of FirstStop, charges have been kept low (on a sliding scale of £35 to £190) to encourage attendance. It is expected that the training will generate £8,000.

### Training participants

The participants at the face to face training sessions have mainly been from local Care & Repair and Age Concerns.

#### Participants at five training sessions

Type of organisation	No.	% of total
Care & Repair	36	26%
Age Concern	29	21%
Staying Put	14	10%
Home Improvement Agency	14	10%

Council	11	8%
Housing Association	8	6%
Carers Centre	4	3%
Housing	3	2%
Homeaid	3	2%
Help & Care	3	2%
Quality of Life Partnership	3	2%
Home Solutions	2	1%
Stroke Services	2	1%
Careplus Agency	1	1%
Supporting People	1	1%
Jewish Care	1	1%
Advocacy Centre	1	1%
Family Trust	1	1%
Sense North	1	1%
Church	1	1%
<b>Total</b>	<b>139</b>	

### Training feedback results

Participants in the training programme were asked on the day to complete a feedback form. They were asked to rate different aspects of the training as:

- A = Excellent
- B = Good
- C = Satisfactory
- D = Poor
- E = Very Poor

The overwhelming majority of participants rated the training as excellent or good.

### The overall view of the day

Where	When	A	B	C	D	E	Total
Manchester	14th October	11	13				24
Birmingham	2nd November	12	6				18
London	12th November	17	17				34
Newcastle upon Tyne	16th November	11	4	1			16
Total		51	40	1			92
		55%	43%	1%			99%

### Overall organisation

Where	When	A	B	C	D	E	Total
Manchester	14th October	11	14				25
Birmingham	2nd November	13	6				19
London	12th November	18	15	1			34
Total		42	35	1			78
		54%	45%	1%			100%

### Delegates Pack

Where	When	A	B	C	D	E	Total
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Manchester	14th October	14	10	2			26
Birmingham	2nd November	9	9	1			19
London	12th November	18	14	1			33
Total		41	33	4			78
		53%	42%	5%			100%

### Suitability/accessibility of venue

Where	When	A	B	C	D	E	Total
Manchester	14th October	7	14	3	1		25
Birmingham	2nd November	8	8	3			19
London	12th November	12	20	1	1		34
Total		27	42	7	2		78
		35%	54%	9%	2%		100%

### Value for Money

Where	When	A	B	C	D	E	Total
Manchester	14th October	10	8	1			19
Birmingham	2nd November	8	10	1			19
London	12th November	17	16				33
Total		35	34	2			71
		49%	48%	3%			100%

### Refreshments

Where	When	A	B	C	D	E	Total
Manchester	14th October	11	9	3		2	25
Birmingham	2nd November	5	13	1			19
London	12th November	15	16	3			34
Total		31	38	7		2	78
		40%	49%	9%		2%	100%

### Style and pace of course e.g. mix of activities and presentations

Where	When	A	B	C	D	E	Total
Manchester	14th October	9	11	1			21
Birmingham	2nd November	11	8				19
London	12th November	18	15				33
Newcastle upon Tyne	16th November	5	5	2		1	13
Total		43	39	3		1	86
		50%	45%	3%		1%	99%

### Content with regard to developing your knowledge of the range of housing options for older people

Where	When	A	B	C	D	E	Total
Manchester	14th October	11	9	1			21
Birmingham	2nd November	11	8				19
London	12th November	19	13	1			33
Newcastle upon Tyne	16th November	6	6			1	13
Total		47	36	2		1	86
		55%	42%	2%		1%	100%

### Content with regard to your developing your skills and being better able to help older people to make housing decisions?

Where	When	A	B	C	D	E	Total
Manchester	14th October	9	10	2			21

Birmingham	2nd November	9	8	1			19
London	12th November	17	15	1			33
Newcastle upon Tyne	16th November	3	7	1			11
Total		38	40	5			84
		45%	48%	6%			99%

### Recommendation to other people

Where	When	Yes	No	No response	Total
Manchester	14th October	22		3	25
Birmingham	2nd November	18	1		19
London	12th November	31			31
Newcastle upon Tyne	16th November	14			14
Total		85	1	3	89
		96%	1%	3%	100%

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