

Cambridge Centre
for Housing &
Planning Research

FirstStop Evaluation

**Report on progress of the
funded local partners 2013/14**

July 2014

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1) Introduction

FirstStop

FirstStop aims to help older people make informed decisions about their housing and support, maintain independent living in later life and avoid health problems and unplanned care home admissions. It was launched in 2008 as a joint initiative by four national organisations in response to a report by the Office of Fair Trading (OFT) into how well the care homes market served older people, and which recommended the establishment of “*a central information source or one-stop-shop for people to get information about care for older people*”.

After a short pilot, the Big Lottery Fund offered seed funding for three years from 2008, and DCLG subsequently provided Section 70 funding to enable the project to be rolled out nationally; to expand its remit to include housing, support, care and related financial issues; and to recruit a number of local delivery partners. Following dissolution of its national founding partnership in 2010, EAC was recognised by DCLG as the lead organisation to carry FirstStop forward.

FirstStop now comprises a network of local and national service delivery partners led by the charity EAC, bringing together different skills, specialisms and ways of operating, but accessible to the public via one phone number and one website. Its service spans the housing and care divide, offering in depth specialist understanding of all aspects of housing, support and care for older people, along with information on financial and legal issues.

Evaluation of FirstStop

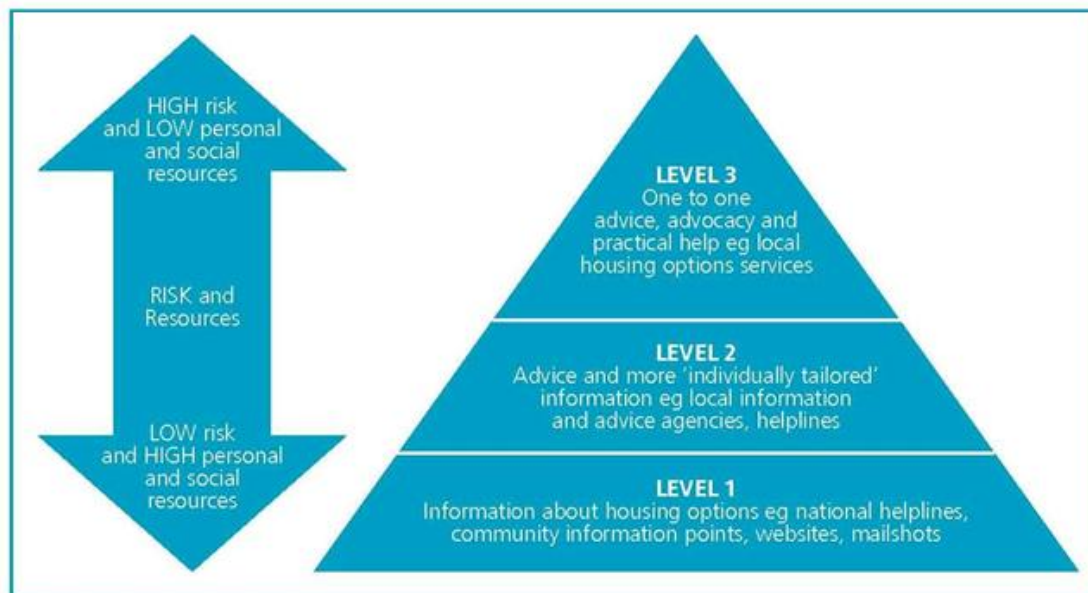
The Cambridge Centre for Housing and Planning Research at the University of Cambridge has been undertaking an independent evaluation of the FirstStop service since November 2009.

Previous reports from the evaluation can be found at:

<http://www.cchpr.landecon.cam.ac.uk/Projects/Start-Year/2010/FirstStop2010>

2) Model of local service delivery

FirstStop specified to the local partners that the model of provision should be based on a three level analysis of service user need/assistance, set out in the diagram below.



Level 1 - Information

This will usually be delivered on a 1: many basis to a local group or at a local event. Information may also be provided on a 1:1 basis by e-mail, letter or phone call. As well as providing older people with general information about their housing and care options, awareness would be raised concerning the availability of the FirstStop website and telephone helpline and the local advice service.

Level 2 – Advice

One-to-one, single contact/intervention or provision of information and advice. These lighter-touch cases would be delivered primarily over the phone or at an advice surgery. They may also be delivered by letter or e-mail. They will typically involve some discussion of personal situation and tailored information provision about the enquirer's housing and care options.

Level 3 – Casework

Individually tailored in-depth casework involving 1:1 advice, advocacy and practical assistance to enable the person, as far is practical, to achieve their chosen housing and care outcome. Likely to involve two or more interactions and working in partnership with other agencies to achieve the desired outcome.

Relationship to the FirstStop national service

There is an expectation that partnership projects will make referrals to FirstStop Advice and that conversely, FirstStop Advice will refer people who need one to one assistance to local partners.

The local partners 2013/14

In 2013/14 FirstStop funded housing options services within these organisations:

1. Age UK West Cumbria
2. Age UK Hillingdon
3. Age UK Wigan Borough
4. Age UK Nottingham & Nottinghamshire
5. Age UK Isle of Wight
6. Age UK Norfolk
7. Middlesbrough Staying Put Agency
8. Age UK Horsham District
9. Revival HIA (Staffordshire Housing Association)
10. Age UK Hythe and Lyminge
11. Age UK Salisbury District
12. Orbit East Care & Repair (Suffolk - HIA & Handyperson project)
13. City of York Council, Housing Services
14. Age UK Northumberland
15. Spire Homes Care and Repair

Recruitment of partners

The local partners for 2013/14 were selected through an open competitive bidding process, but with previous recipients of DCLG FirstStop funding excluded. Selection of the local partners was based on their proposed vision and track record, on their ability to provide a fully independent and impartial advice about all housing and care options, not duplicating other local services and their willingness to work in partnership with FirstStop and with other local partners. There was an expectation that a grant award would fund a named full time (or equivalent) housing and care options advisor. Local partners would be committed to following the proposed model of service delivery and to securing the outcomes outlined in the next section.

3) Monitoring outcomes

The local partners are required to monitor the cases, outputs and outcomes of the services. In the monitoring framework agreed between EAC First Stop with DCLG there is light touch system focused on output targets with local targets at Level 1, 2 and 3. EAC FirstStop set out a number of outcomes for older people as part of this programme as follows:

1. Older people will be enabled to retain their independence in later life through making informed decisions about their accommodation and care arrangements.
2. Older people will be enabled to maintain good health and avoid accommodation-related acute health problems (e.g. falls); will be enabled to delay or avoid unnecessary care home admission; will be enabled to avoid unnecessary delay in returning home after a period of hospitalisation.
3. Older people who wish to do so will be supported to downsize to more suitable accommodation.
4. Older people who wish to do so will be enabled to release equity safely and financially efficiently through down-sizing or through equity-release products.
5. More effective use will be made of the supply of family-sized accommodation through supporting older people who wish to do so to move to more appropriately sized accommodation.
6. Older people will have access to expert advice and services to adapt and repair their homes, improving their safety and quality of life, which will also contribute to the maintenance of the housing stock and to the local economy through increased expenditure on building work.
7. Older people will have access to information about local services and networks which will enable them to remain independent and active in their local community.
8. Increased awareness and understanding about housing and care options in later life and the training of older people to provide peer-to-peer information will encourage active citizenship and enable greater self reliance.

Data is collected by the local partners to assess how older people have been helped to achieve these outcomes in order to evaluate the benefits of the programme.

4) Previous evaluation research

The evaluation has already identified a number of outcomes of the casework for clients. These include:

- Signposting to information or services.
- Information and advice provided.
- Support in decision making.
- Advocacy support.
- Benefits checks and income maximisation.
- Changes to more appropriate care packages.
- Supported to move to more appropriate accommodation.
- Supported to stay in their current home e.g. adaptations (Burgess et al, 2011¹).

The research also identified a number of benefits to the individuals who used the services:

- Feeling more confident in making decisions, feeling more informed and more able to choose between different options.
- Clients were supported to stay in or move to the accommodation of their choice, empowering them to live in the housing that they felt suited them best and giving them wider choices.
- Prevention of housing related health problems e.g. falls and unplanned and unwanted moves into care homes.
- Some clients were financially better off through receiving financial advice and/or benefits checks.
- Reduced anxiety.
- Improved well being and quality of life (Burgess et al, 2011).

¹ <http://www.cchpr.landecon.cam.ac.uk/Projects/Start-Year/2010/FirstStop-Evaluation-2010>

5) Aim of this research

Aim

This report explores the progress of the local housing options services which are currently funded by FirstStop. It analyses their successes and challenges to date. The next phase of the research will look at a sample of the client cases to analyse the potential savings to the public purse of the housing options casework. It will draw on information collected through the interviews to inform assumptions about costs and benefits.

Methodology

In depth telephone interviews were conducted with the caseworkers delivering the housing options services within each organisation. The quotes from the caseworkers in the research findings section of the report have been anonymised.

6) Key findings

i) The FirstStop model

There has been an improvement in the operation of the national/local networked FirstStop model. A significant challenge in previous phases of the evaluation with former local partners was developing the national/local interface of the service. Some of the local projects took much longer than expected to establish, mainly as a result of administrative and bureaucratic challenges in host agencies. They required more management than was expected. The local projects have a clearer focus this time and are more similar in terms of aims, services provided and structure. This has been helped by having a caseworker post being fully funded through FirstStop, rather than part funded, which had created some tensions in previous projects around both branding and monitoring. The current partners have a clearer idea of the goal of the project and use more similar approaches and deal with more similar issues.

Relationships with the national FirstStop team are very positive and the local partners are clear about their goals and requirements. Although still very small in number, there are more referrals from the national service to the local services.

Monitoring outputs and outcomes by partners had previously been considered by some as time consuming. As a result there was a substantial simplification of reporting requirements during the second half of the previous funding period. The monitoring system was further streamlined for the new local partners to ensure ease and consistency in reporting and they reported that monitoring was now relatively straightforward. However, a minority of caseworkers were still finding the monitoring time consuming.

“There is a lot to it. The quarterly reporting is huge. Collating all the information is onerous and time consuming. But I will get help soon to free up time for the level 3s”.

In the current group of local projects, less promotional work has been required to get the projects up and running and to generate referrals to the service than previously, mainly because the organisations in which the caseworkers are located are already established providers of services to older people and most have their own referral systems.

“The numbers are not difficult. We are an established organisation so it easy to get leads as we already have good relationships and people are aware of [organisation] and it is a good route in. It would be harder if it was from scratch”.

One challenge described by the previous caseworkers was the need for ‘marketing’ skills. Whilst they were all experienced housing options caseworkers, few had any experience of promoting a service. It required continuous promotion to get referrals to the service and to raise awareness of the FirstStop name locally, but case workers had to balance this against their capacity to deliver face to face case work. Some of the previous local projects chose to include the FirstStop name and logo but others did not and used a local name and telephone number as they felt it would be better received by the local older population. This may have not impacted upon the number of people aware of or using the face to face local information

service, but is unlikely to have promoted the national FirstStop service very effectively. However, the promotion of the national FirstStop service is now consistent across the local partners in the current group of projects and they are all including the FirstStop logo on publicity materials, promoting FirstStop when giving talks, signposting to the website and to the national advice line.

“The first thing I do when I give a presentation is to tell people I am FirstStop funded and give them the number and encourage use of the website. Also people call me who live out of the area so I refer them to FirstStop. Also for cases where it is about continuing care funding which is time intensive I refer them to FirstStop”.

“On my leaflets I have the FirstStop and EAC logo and number. Also at events I mention the partnership. When I go to do person centred assessments I give the client a pack with literature FirstStop has provided.

The value of the resources provided by FirstStop to caseworkers and clients is very clear. One benefit of the national/local FirstStop model is the way in which the local case workers are able to use the national FirstStop resources in their local work, e.g. being able to use the FirstStop website and telephone FirstStop advisors for advice. Many clients have complex needs and information is required on a range of issues from housing, to care, to benefits and finance. Being able to draw on up to date and detailed information from the national FirstStop service is very useful to the local case workers. This bank of information would be very difficult and expensive to replicate in local areas. The support of the national programme manager was also described as a great help and useful resource.

“It is one of the most useful resources as you get all you need in one place. And the team of advisors and [FirstStop programme manager] are a fantastic resource”.

“The reports are really useful. When I first talk to people they don’t know what is in the area but it is good to give them something tangible so they haven’t just had a chat but you have something to show them. They like that. Straight away people feel something has been done”.

ii) Process issues

Although the local projects are more similar this time, the focus of their work and the outcomes do vary and appear to depend to a degree on the wider organisation in which they are located. For example, caseworkers in a local project that has or has previously had an adaptations team, or which is located within a Home Improvement Agency (HIA), reported that most of the level 3 support they were providing to clients was to help them stay put, rather than to move. This is probably because the local reputation of the wider organisation filters people with certain issues to the FirstStop funded housing options service.

“We are a HIA so this is the bulk of the work. Working for a HIA most leads come from occupational therapists (OTs) so people have disabilities and medical needs. Mostly it is level access showers, then stairlifts, then ramps. We do get the odd through floor lift and even extensions. It is not many moving.”

In terms of the additionality generated by the FirstStop funded casework post, although a number of the organisations were already providing a similar service before the FirstStop funding, caseworkers said that the funding has enabled them to deal with more cases in more depth and there is no guarantee that the housing options work would have been carried out without the FirstStop funding. They are now able to provide a focused and comprehensive service including casework support in contrast to what may previously have been at best generic housing advice. The FirstStop funded dedicated housing and care options advisor is also able to support wider change in their organisation as other colleagues become both more aware that there are housing options for older people and acquire increased knowledge about what these may be.

“Before we had [X] who was doing housing advice as she is funded by the council. I do the same work but we have increased capacity”.

“It wasn’t advertised but we had housing issues within the general information and advice service”.

“The extent and range is new. We provided some advice in the past but not in depth. Now we can give more in depth information and help and to more people. We can spend more time with people on level 3”.

“It is not new per se as this has always happened. Information and advice at [organisation] had the ability, information and contacts to refer to wherever and have always had that connection. But what is new is the intensity, focus and one to one support”.

“In the past we would have just referred to a number. Now it is a more personal service”.

“It is something we were already doing. But housing options and care homes was the missing piece so now we can offer a full service”.

Only in one case was the provision of housing options advice a new service:

“We were not offering housing options so it is completely new. They have five caseworkers dealing with DFGs but I am much broader”.

The local partners now have good networks, often because they are embedded within existing organisations and referrals are coming from a wider range of sources.

“[Organisation] has an advice line and housing and care comes to me”.

“The agency has been going for 21 years; we have reputation in the town so get repeat customers. Referrals come from word of mouth, we have lots of literature,

social workers, district nurses, in hospital we get referrals, the assistive technology person refers and we also get emails”.

In previous phases of the evaluation caseworkers reported feeling isolated and lacking in support, but in the current round of projects caseworkers were more embedded in a wider organisation which enabled them to work with colleagues, to refer to other teams within the organisation and gave them access to some support from volunteers.

“I refer to the I&A team, especially if I see a lot of money involved. I do a lot of signposting work to the I&A team, CAB, and the council has a debt advice service. For savings we have information and factsheets on things like appointees and power of attorney”.

“I always look to see if something is missing and see the triggers. I work in the same office so I refer to benefits team. We have another team who do adaptations, repairs and improvements etc”.

“Getting cases in is going very well, we get referrals from everywhere. We are part of the council so I sit on the same floor as social work, nurses etc and so have great ties in”.

A further positive change appears to be in the wider reception of housing options services and FirstStop. The first groups of local partners had described the difficulties of engaging with other service providers and professionals such as occupational therapists and social workers, but in the current round most caseworkers had good external relationships. Housing options services were welcomed by other service providers and professionals. This makes it easier for case workers who often have to work across different agencies and departments to resolve client issues. It has also reduced the time caseworkers have to spend on awareness raising with other professionals about housing options to get them on board. The housing options services are supporting people who in some cases would not be picked up by the system, as they do not fall clearly under the remit of other services, such as social services.

“At first it was difficult to engage social service and the major housing provider was not cooperative. But now this has passed and we have a working system”.

“We have good partnership working in the borough and they are all proactive.....Services have been cut and with the personalisation agenda, now semi professionals and the voluntary sector are picking up what professionals used to do. Soon the local authority homeless service will be only a phone line.... It is great that all services are talking and are not territorial anymore”.

“The reception from local authorities has been very good positive as we are seen as somewhere else that can help people who are struggling and help keep them independent”.

“Referrals are a wide variety. We get self referrals from promotions and by phone. We have drop in services. We have access to the council main foyer and sit and chat, libraries, leisure centres, a lot from social work team, hospital team, OTs, sensory team. Age UK. Salvation Army, homelessness services”.

As found previously in the evaluation, health services are still in some cases difficult to engage with.

“Health are resistant. They are very entrenched in what they do. They should be evolving. The population is ageing and we need to deal with it or the cost to government and the NHS will be millions on broken hips etc. And depression we could stop. Getting into hospitals is also the same. Since mid October I have been trying to book an appointment with the person who deals with patient discharge but it has never happened as they have no time. It may be down to individuals but it is short sighted.....Mostly it is getting into statutory bodies who don't want to break the mould”.

iii) Service delivery

As in previous phases of the evaluation, there is clear evidence of demand for the services.

“We are inundated by people needing housing assistance. Older people don't know where to start or where to go. They need a personal touch”.

“It is the only independent advice service in the county and sheer numbers prove need”.

The pilots have been successful at meeting targets for client numbers. Although the partners have so far reached the level 1 targets, these were described as the most difficult to achieve.

“I struggle to meet the number 1s they are very high. There are only so many talks you can do”.

“It is more challenging to hit the level 1s target. I have spoken to another partner and their target was 65 this month and mine was 110. I do a lot of promotion. But you get 15 to 20 people maximum at an event so hitting 110 is hard”.

“Government cut backs have reduced the events like coffee mornings so it is harder to do that work”.

The services are attracting a varied mix of older people with a range of presenting issues from planning ahead for future needs to already experiencing crises. The previous experience of housing options amongst the caseworkers varies meaning that for some it has been a learning curve but others have many years of working in housing and/or information and advice related services for older people.

“I am lucky because my previous role was housing support so I have come across most things”.

“I had minimal knowledge....but the project is not long enough, I am getting more confident on knowledge and I will get there, but by then the project will be finished”.

One of the main challenges faced by caseworkers is time. There is demand for the services and the level 3 cases in particular are time intensive and because they often take a long time to resolve, as time passes the open case load increases cumulatively.

“There is not enough time. I am looking at getting volunteers as only one of me is not enough. I would like volunteers to pass round the level 1s so to get people going out to give presentations so I can concentrate on case work”.

“The level 3 case work is more complex than I thought. I thought I'd be helping people with age related issues to make decisions before a crisis. But they actually have very high level needs and cases are very complex”.

“There is too much emphasis on quantity rather than quality. This does not reflect the complex cases, the hours put in, or that you visited one person three times with an OT, then to complete application and then to view property. The level 3 targets each month do not take account of all the other work”.

A key challenge, as in previous phases of the evaluation, is the lack of housing supply to enable older people who want or need to move to do so.

“It seems that most people want to move. But it is frustrating for owner occupiers in their own houses as you would think there would be more available. Many would rather rent than buy. But Housing Associations (HAs) all have massive waiting lists. [Private developer] are doing a new development but I think it will be to buy not rent and will be expensive, as it is in the same street where houses sell for a million pounds. People are costed out of the market”.

“The lack of available suitable housing is a challenge. You can help people to make an informed choice about their available options but what is available is limited. The welfare reforms have changed supply and demand. There is a lack specialist older peoples housing. They only now give a 1 bed to a 1 bed applicant, people will not get a 2 bed”.

“They will ask for a bungalow. I had a case of a man who wants to move but he says “All I want is a bungalow”. But I explained there is very high demand. I asked if he would consider a ground floor flat and he said no way”.

This does however vary geographically as it is easier to find options to enable people to move in low demand areas where there is more supply.

“Homeowners think they can't be housed with the local authority but their sheltered stock has a lot of voids which they want to fill”.

For people wishing to stay put a challenge can be accessing resources to fund measures such as adaptations.

“People apply for DFGs but it is difficult when they have to wait a long time or the council has spent the budget. And contribution figures for DFGs can be high and people are not willing to use their capital. People think it is the first time they have ever asked for help and they can’t get it”.

One challenge often raised is the difficulty some older people face in trying to move when they do not have access to the internet.

“It is difficult because it is all online and this is a nightmare for the more vulnerable. We bridge the gap and do online applications”.

Some caseworkers were accessing the internet when making home visits to clients and were able to find the relevant information there and then, but others had to return to their office and source information which some found frustrating.

“Sometimes you have someone who wants to move but to move you need to look at a computer. All information is online and they have no way of doing it and are stuck. You need an ipad with 3G really. They have mobility issues. If I did this again I would recommend you need a tablet. Then you could look at the information there and then and resolve issues quickly. At the moment it is like the 1970s or 80s as I have to go back to the office, look information up, print it and stick it in the post”.

Certain types of cases can be particularly challenging, such as older people wishing to return to the UK after living abroad.

“I had two clients return from Spain in bad health and the Euro has crashed but they are not entitled to anything. One lady can’t sell her home for half what she bought it for. She can’t apply for housing here as they say she has assets, but she doesn’t as she cannot sell the house. It is very sad”.

iv) Client outcomes

The potential savings to the public purse of the current round of local housing options services will be analysed further in the next phase of the evaluation. As found in previous stages of the evaluation, through the face to face casework the local projects have empowered older people to make informed decisions, have given them full knowledge of all the options available and have supported them in appraising these options effectively. The case work service has received positive feedback from clients.

“I coordinated a move last week. It is hard when they have no one else. I had a lady come out of hospital and helped her move to a bungalow; she was a home owner but had a stroke and there were safeguarding issues. I saw her 24 hours after discharge. She was nervous and anxious. I liaised with the council. I’m old school and prefer

face to face as you get more out of it and it increases your network. The council is very supportive. I coordinated the removals, gave her quotes. I made the final visit today, she has a warden and it is very communal. She is over the moon”.

“It has been well received. There is definitely a need for this type of service. I feel that housing, social services and statutory services are a minefield for older people and those working in it. Older people often don’t speak up and it is hard to access information. Housing is a lottery and we have to try and maximise their potential for winning”.

“Also the clientele, it is difficult to build up trust with statutory bodies which are so entrenched in the system but also with older people. It is hard to get them to recognise they need help and that help is out there. They are the generation who manage and cope. They need to realise they don’t just have to manage. I say just have a look, there are things you could try, you are entitled to benefits then all of a sudden they say “you’re great”.....I have never done this particular role before and the response I’m getting is, “thank god you’re here”, “so glad someone can help”, “I don’t know where to start”. Without it people would live in hardship, suffer unnecessarily and the NHS would take the brunt in the end”.

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

“I see my role as empowering older people to take control of their lives and future. Information and advice gives them the opportunity to rethink and I can help them to decide. It gives them the opportunity to move to more sustainable accommodation where and when suits them. It gives them options”.

“I had one case that broke my heart. It was a referral to a lady that wanted to move. When I got there it was colder inside than outside. We sat in our coats, hats and scarves. She has mobility issues and is disabled. I asked if there was a problem with the heating but she said it works fine but I can’t afford it. I am trying to arrange to move her from a three bed to a smaller property, it should free up some money to pay for the heating”.

In addition to support directly related to housing and care, caseworkers are able to combat loneliness and isolation.

“It saves them distress and depression. I provide practical help but it also alleviates emotional distress. The home visits also serve as friendly visits and I find loneliness and isolation that I can alleviate. Doing the housing options means I also identify

other things that people need. I can signpost to help at home or a visiting service. Without going into their homes and talking to them they would be isolated. They would make rash decisions and lose a lot of money, go into hospital with stress and illness, or have no adaptations and fall. This is common. I have a good relationship with OTs and am getting fast responses. It is a great project”.

Without the housing options support received, caseworkers said that at best people would have struggled on and endured a lower quality of life and wellbeing, but at worst would have experienced health problems, hospitalisation, or entry into residential care.

“My first complex case was a baptism of fire but at the end he calmly filled in the evaluation form and said “I wouldn’t have been here if you hadn’t helped me, it was too much”, he had already made a couple of suicide attempts. Some would have hit crisis and gone to hospital, some to care homes. The lady from Spain when I met her, her only option was respite care. She had the Queen’s medal for community work and for a home to be her only choice was dreadful. With the information she had previously been given she would have gone into a care home”.

“A lot of the people I go and see don’t know where to go and would not have got the help they needed and would have suffered. They are so thankful for the service. The personal touch of going to see them in their home makes a difference. They might go to the local authority but it takes so long”.

“People would have been left, then small things turn into big things down the line”.

“Some would have struggled along. Some would have had a crisis leading to hospitalisation. Some get lost and are not picked up by the system”.

Through the strategic development work the local pilots have raised the profile of FirstStop amongst sector professionals and older people, making them aware of the telephone helpline and the resources available on the website. The partners have found it easier to engage with professionals from different services and are playing a role in joining up disjointed parts of the housing, health and social care system to achieve outcomes which would not otherwise have been achieved.

There is a range of case types, with both support to stay put and to move. People who are supported to move are most commonly downsizing which frees up larger properties, and if moving into the social sector will be likely to move to a one bedroom property.

“People don’t think they can have local authority housing but it is about managing expectations, they can have independent living but it will be one bedroom”.

People who are supported to downsize often release equity which they use towards their housing costs in their new accommodation. No caseworkers have had clients for whom using an equity release product is seen as a viable solution but several caseworkers have clients who have encountered problems with existing equity release products.

“I have had people come in as they have had so much trouble over equity release. They have taken it out and regret it and don't know what to do. They wanted adaptations. It shows the detrimental impact of having no advice. For some the interest is now so high....I give it as an option but say only use it as a last resort”.

“I have come across several people that have already taken out plans and are trying to raise money for adaptations but can't or don't want to take more equity out. No one has come and asked about them as an answer to their problems”.

Support to stay put is often related to the provision of adaptations, repairs and heating improvements in order to maintain independent living for longer.

“We do garden gates, fences, doors, window locks, small electrics, joinery, boiler repairs, replace boilers, do full central heating....Major DFGs can be up to £30,000 but most are stairlifts around £1700 or showers around £3500. We do grab rails, banister rails etc under £1000”.

Caseworkers can also support people to maximise their income, particularly through benefits checks, which can have a significant impact on their income and ability to support independent living e.g. by being able to afford gardeners or cleaning support, and to improve their quality of life e.g. through being able to afford transport and heating.

“It can be quite significant. A lady was referred to me for minor issue, they had downsized to a private bungalow that needed rails in garden. I asked about benefits. They got nothing. Now they get the higher rate Attendance Allowance at £79.15 each a week, Pension Credit at £92 a week, and full Council Tax benefit at £130 a month.”

“Many have never heard of Attendance Allowance. They think they have savings so they don't qualify”.

7) Conclusions

The research suggests that the development of the networked national/local FirstStop model has seen much improvement. Services were able to start operating more quickly and there was less confusion about the nature of the project or about the data collection for monitoring purposes. The local partners are more similar in terms of the type of service provision, and having a fully funded caseworker post appears to have reduced the tension caused for previous local partners in having a part funded post. The FirstStop logo, telephone line and website is being promoted and used consistently.

Most of the organisations in which the caseworkers are based were already providing some form of housing related information and advice, but the new posts have enabled them to increase capacity and to deal with cases in much more depth. The local partners now have good networks, often because they are embedded within existing organisations and referrals are coming from a wider range of sources.

There is clear evidence of demand for the services and caseworkers are dealing with a range of clients and presenting issues. Most caseworkers did report the challenge of coping with the demand for the service, particularly the time intensive level 3 cases, and the wider work around monitoring and promotion.

A key challenge, as in previous phases of the evaluation, is the lack of housing supply to enable older people who want or need to move to do so.

The local projects have empowered older people to make informed decisions, have given them full knowledge of all the options available and have supported them in appraising these options effectively. The case work service has received positive feedback from clients and a range of positive outcomes have been achieved, including continued independent living, higher incomes, reduced isolation, access to housing equity and a better quality of life. Without the support, people would have struggled on and endured a lower quality of life and wellbeing, and many of the people who were level 3 cases would have experienced health problems, hospital discharge or entry into residential care.

8) Contacts

For more information about the evaluation please contact:

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