Final Report

Evaluation of the Tower Hamlets LinkAge Plus Pilot

July 2008

Acknowledgements

Contents

1. Introduction

This is the final report of the evaluation of the Tower Hamlets LinkAge Plus pilot programme. It covers the period July 2006 to June 2008 and builds on previous interim reports and data collected in the final stages of the evaluation, to assess the impact of the pilot, the extent to which it met its original aims, the challenges encountered and lessons learned.

1.1 Aims of LinkAge Plus

Coordinated by the Department for Work and Pensions (DWP), the LinkAge Plus pilot is part of the wider public policy reform agenda. At the heart of LinkAge Plus is a vision of a strategic, whole systems approach to older people, which puts older people at the centre of policy-making and service delivery. The aim of LinkAge Plus is to develop and deliver services which are accessible, relevant and tailored as far as possible to individual needs. Eight partnership pilots, working across a range of urban and rural areas, including the London Borough of Tower Hamlets, developed locally relevant services building on these LinkAge Plus principles. The national pilot commenced in the summer and early autumn of 2006 and will run until summer 2008. The pilot in the London Borough of Tower Hamlets commenced in July 2006[1] and concluded at the end of June 2008.

The overall aim of the LinkAge Plus pilot in Tower Hamlets is the provision of a single access gateway to services for people over the age of 50 through voluntary sector based networks and network centres. Initially the programme was delivered through four LinkAge Plus projects, each covering two of the eight Local Area Partnerships (LAPs) in the borough, but in May 2007 one of these split into two projects. The five LinkAge Plus projects are:

- Age Concern
- Neighbours in Poplar
- Sonali Gardens
- Sundial Centre
- Toynbee Hall.

The stated aims of the Tower Hamlets LinkAge Plus pilot[2] were: "to deliver a pilot that:

 a) Fully integrates the services it provides for older people;

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[1] The initial five months of the programme involved finalisation of service level agreements, recruitment of staff and establishment of steering groups and thus activities under LinkAge Plus did not start until towards the end of 2006.
[2] LinkAge Plus Memorandum of Understanding between DWP and London Borough of Tower Hamlets, July 2006

b) Is designed to meets the specific needs of its local area;

c) Conforms to the following agreed principles:

- **Work with others:** Older people will be involved in the design and development of the service, as well as the delivery, where applicable;

- **Provide flexible pro-active services:** Services will reflect the diversity of older people, their needs and aspirations, different environments and anticipate changing requirements (e.g. over time);

- **Provide accessible services:** Pilots will be easy to access in terms of location, opening times, transport etc;

- **Promote well-being and independence:** Services will be preventative in approach and go beyond health and social care;

- **Promote a respectful service:** Service will be respectful of its customers and avoid duplication wherever possible."

In addition to a national evaluation of the LinkAge Plus pilot, a local evaluation was commissioned to assess the effectiveness of the pilot programme in Tower Hamlets.

1.2 Aims of the evaluation

The study assessed the impact of the Tower Hamlets LinkAge Plus project and explored issues around partnership working, governance and user satisfaction, as well as challenges encountered by each of the five LinkAge Plus projects and their partner organisations. As specified in the client's brief, the evaluation had four principal aims:

1. *"Evaluate the impact of the project in the short, medium and longer term [and] ... to advise on a mechanism for continuous evaluation that is relevant to the intended outcomes of the project*

2. *Be involved in action learning, identifying and sharing lessons with other LinkAge Plus pilots and with the Department of Work and Pensions to ensure rapid and effective dissemination*

3. *Participate in the national evaluation programme*

4. *Advise from the outset, including at the project design stage, on appropriate ways of measuring project outcomes and outputs, and assist in the design of data collection mechanisms in the four centres."*

The Brief also specified that the following assessments be undertaken:

- *The experience of partnership working, in particular the partnership between the voluntary and community sector and public agencies*

- *Whether governance arrangements can be used to bring about shifts in the use of resources*
- *The impact of the LinkAge Plus project on the quality of life for older people using the resource centres*
- *User satisfaction with the four network centres*
- *The extent of user involvement in the delivery of LinkAge Plus funded services*
- *Whether good practice can be identified which should be disseminated*
- *Whether any lessons have been learnt which should be disseminated.*

1.3   Methodology

This evaluation was based on the principles of action research which include collaboration between researchers and practitioners in the collection and analysis of data. Staff in the LinkAge Plus projects were involved in the development of research instruments and data collection. Over the duration of this pilot a number of different data collection methods were used, including:

- Semi-structured interviews and/or focus groups with LinkAge Plus Co-ordinators and Outreach Workers in each of the Network areas;
- Observation of activities and informal discussions with staff, volunteers and service users;
- Semi-structured telephone interviews with members of staff or volunteers in voluntary and community organisations (VCOs) with whom lead organisations in the LinkAge Plus network areas had collaborative relationships at the time of interview;
- Semi-structured telephone and/or face-to-face interviews with members of staff in public sector partner organisations;
- User feedback questionnaires;
- Focus groups and semi-structured interviews with service users; and
- Programme monitoring and reporting data.

The initial stage of the evaluation incorporated visits to each of the LinkAge Plus projects to introduce the research team to project managers and set out the purpose and structure of the study. We also collected data on the purpose and structure of the organisations acting as LinkAge Plus coordinating projects, the reasons for their involvement in LinkAge Plus, the stage of development of their LinkAge Plus project, performance indicators and monitoring data and networking activities. During the early visits, we asked the projects to consider what questions they would like to see asked of users during the evaluation. Meetings were followed up by telephone and email discussions.

The evaluation activity for the period February to June 2007 included liaison with the client and the Department for Work and Pensions (DWP), attendance

at conferences, and participation in national and local LinkAge Plus meetings. In addition, two workshops were held with LinkAge Plus staff in order to reflect on the programme monitoring processes and the emerging findings contained in the second interim report. We also developed and tested two data collection forms in liaison with LinkAge Plus staff: a LinkAge Plus referral form and a LinkAge Plus user feedback questionnaire. Visits to the LinkAge Plus projects, to observe activities and engage in informal discussions with staff, volunteers and service users also continued during this period.

In the third stage of the evaluation, from July to December 2007, we deepened our analysis of the different approaches taken by the five LinkAge Plus projects in the provision of services in their areas and we also explored the perspectives of public sector partners on the development and implementation of LinkAge Plus services in the Tower Hamlets. In addition we captured the perspectives of service users through qualitative interviews, analysed referrals made by LinkAge Plus staff, and analysed the output data for the first twelve months of the pilot.

The final stage of the evaluation included: participation in two workshops to consider the implications of the evaluation findings for the future direction of the programme; further visits to each of the LinkAge Plus projects to explore the learning and legacy of the pilot with staff and volunteers; attendance at meetings; further semi-structured interviews with VCO partners; and discussions with service users.

These different findings from the evaluation are drawn together in this final report to provide an overall assessment of the impact of the LinkAge Plus pilot in Tower Hamlets, and to identify the key issues that would need to be taken into consideration in the mainstreaming of the LinkAge approach that has been developed[3].

Given that this is primarily a qualitative study, we do not attribute numbers to those holding any particular point of view, except where we are analysing monitoring data. In the case of more in-depth responses that have been coded and analysed using qualitative techniques our analysis is illustrative of the dominant themes arising from the data. We have attempted to reflect the range of views and perspectives of participants in our research findings. We are presenting the findings anonymously: quotations are presented throughout this report in italics, attributed to the type of respondent, such as network co-ordinator or VCO partner. We also illustrate some points with longer case study examples.

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[3] For a more detailed discussion of the work of each individual LinkAge Plus project, see the Third Interim Evaluation Report (to December 2007) produced in January 2008.

2. Analysis and discussion of reported outputs

In this chapter we present an analysis of the output data reported by the five LinkAge Plus projects between October 2006 and June 2008[4] and data provided by DWP up to March 2008 comparing the performance of London Borough of Tower Hamlets against its targets, with additional discussion based on findings from the interim reports. The analysis of quantitative data provides an overview of aggregate activity for LinkAge Plus Tower Hamlets, and comparisons between the agreed output targets and actual performance. The data presented in this chapter include:

- Events and attendance
- Outreach activities
- Referrals
- Profile of service users.

2.1 Events/surgeries and attendance

2.1.1 Events, support services and attendance

One of the key objectives of the LinkAge Plus approach was to increase the availability of social activities and support services for older people in the borough. Figure 1 shows the change in the overall number of surgeries/events from the beginning of the programme to June 2008[5]. It can be seen that there was a steady rise in events and surgeries/support services up to June 2007 and a steep rise in attendances over the same period. While both events and attendance were variable between June 2007 and April 2008, the number of attendances continued to be above 3,000 in later months and appeared to be rising again towards the end of the pilot.

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[4] Note that between October 2006 and January 2007 the data related to four network areas: Toynbee Hall data are included from February 2007 onwards.
[5] From November 2007, the monitoring statistics were broken up into ongoing activities, one-off events and support services: the data above show aggregates of these categories. Note that the support services shown here are on premises only: there are also support services delivered in other organisations and through outreach.

Figure 1: Change in number of events/surgeries and attendances, Oct 06 to Jun 08
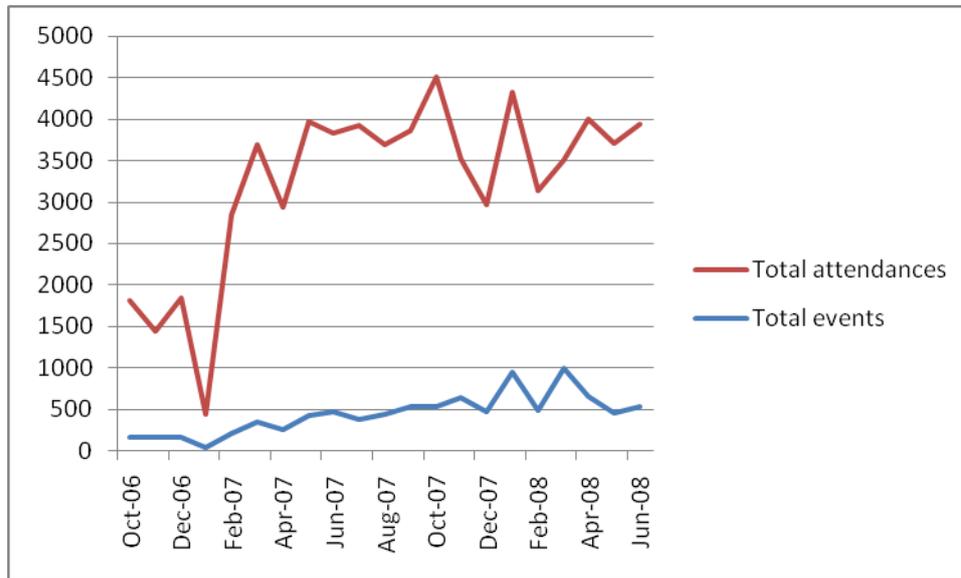
While the number of events and surgeries was substantially above target between June and October 2007, the monthly output has been variable and sometimes slightly below target between December 2007 and March 2008 (Figure 2)[6].

Figure 2: Events/surgeries (actual against targets), October 2006 – March 2008
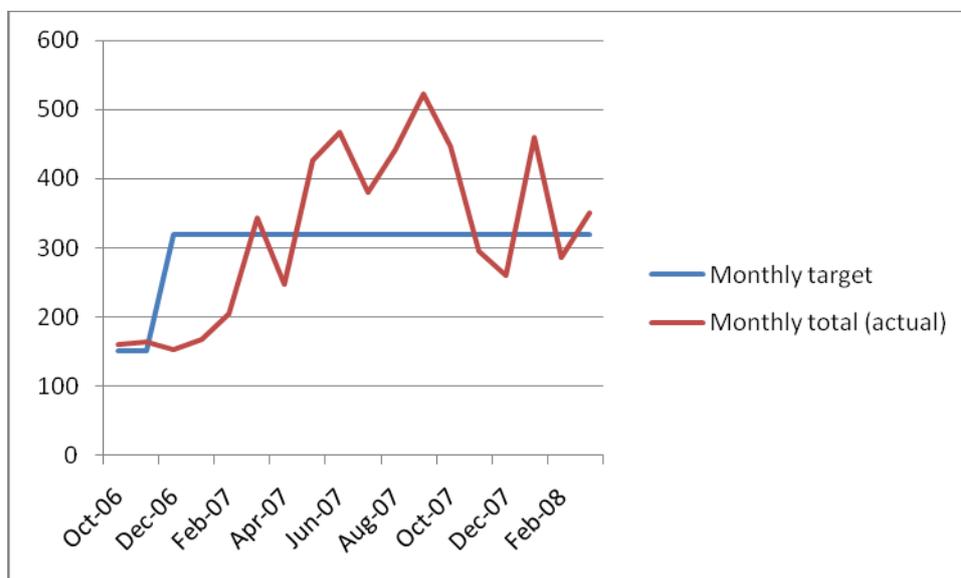
The picture is somewhat different when considering the monthly numbers of attendees at events and surgeries (Figure 3). It can be seen that the actual

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[6] This may relate to the change in categories discussed earlier: if support services on the premises are included in the data, this would bring the total events and surgeries back above the targets for the period.

attendance has been mainly above target throughout the programme to March 2008, apart from a dip in December 2007.

Figure 3: Events and surgeries: attendees (actual against targets), Oct 2006 – March 2008
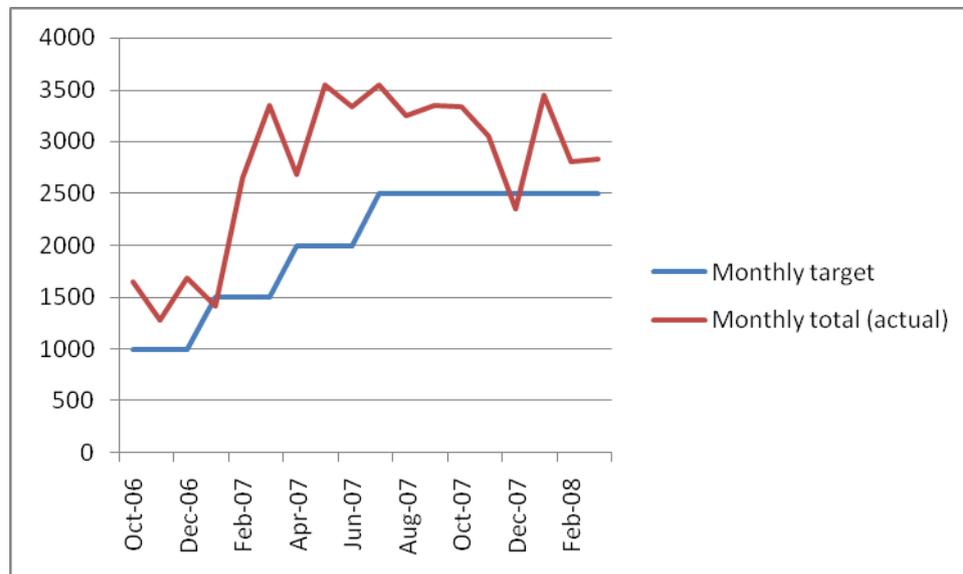
From November 2007, the categories of events were divided between on-premises (at the network centres) and off-premises (at partner organisations). On average, approximately 70% of events took place on the premises of LinkAge Plus projects; and 80% of attendees took part in activities provided on-premises.

2.1.2 Support services, volunteering and employment opportunities

The third interim report in January 2008 noted that there was an increase in events and attendance relating to health care, health promotion, housing, benefits advice, volunteering, leisure and advocacy, whereas the numbers of surgeries and attendance at others such as social care and employment advice have not increased significantly. From October 2007 the categories were revised following an earlier workshop to discuss outputs that might more realistically reflect activities and have more meaning for staff. The new categories for regular events included:

- Non-physical leisure and social activities
- Physical and health promotion activities
- Learning and personal development activities
- Inter-generational activities
- IT
- Other activities.

In addition, there were one-off events such as celebrations, trips and talks. Support services included housing and benefits advice, advocacy, befriending and employment advice.

The data from November 2007 show that the sessions attended by most people were 'non-physical leisure and social activities' and 'physical and health promotion activities'. The majority of support services provided between November 2007 and April 2008 related to social care (low level practical support) and advocacy. Befriending was also an important service.

The number of volunteers providing regular support and the hours they worked was also collated from November 2007. The monthly average number of volunteers between November 2007 and May 2008 was 102, with the monthly average hours worked being 422. The main area of work for volunteer was planning activities (20% of volunteers). Leading a club/activity (17%), supporting an event/trip (15%), catering (13%) and buddying new users (12%) were also important activities.

Specific targets for the LinkAge Plus pilot related to: health promotion sessions, employment and volunteering opportunities for older people. The number of volunteering opportunities for older people rose substantially from July 2007 and was significantly higher than the targets by March 2008 (Figure 4).

Figure 4: Volunteering opportunities (actual against targets) Oct 06 – Mar 08
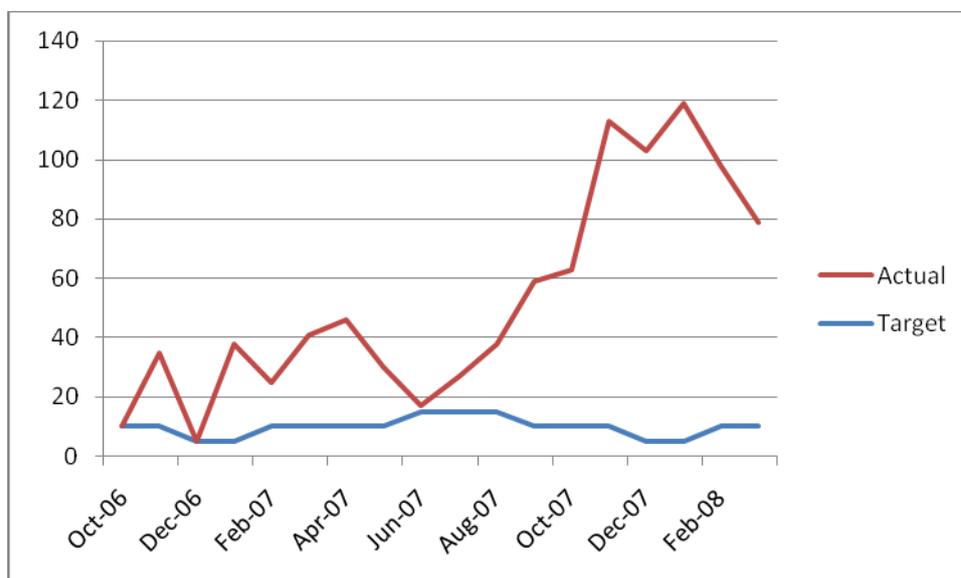
The number of health promotion sessions up to March 2008 exceeded the targets for the period (Figure 5).

Figure 5: Health promotion sessions (actual against targets) Oct 06 – Mar 08
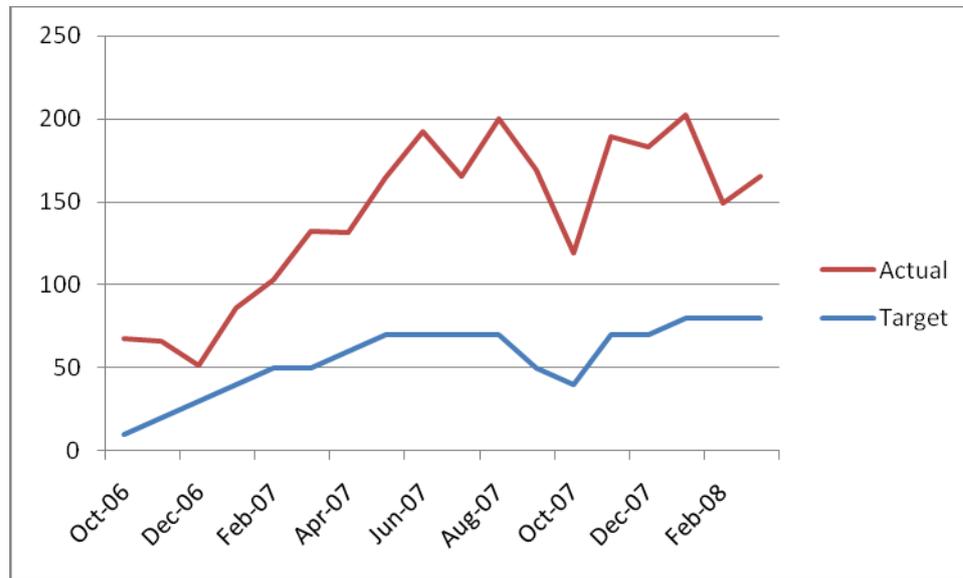
The performance in relation to employment opportunities for older people was more variable, but from January to March 2008 the number of opportunities was above target.

2.1.3 Discussion: Organisation of activities

The monitoring data show that LinkAge Plus has been very successful at increasing the number of activities available to older people in the borough and in bringing them in to services, particularly health care and health promotion, but also for advice surgeries. While it has been more challenging to link service users into paid employment, the provision of volunteering opportunities has risen significantly since the start of the programme.

Most LinkAge Plus projects, particularly the smaller organisations, rely on the input of volunteers. Volunteering appears to have taken place primarily on an informal basis, although there are structured attempts within some organisations to provide more formal supervision for volunteers and to utilise the skills of users to support others: for example day care centre users. Overall the feedback from service users suggested that the most frequent form of volunteering is based on people choosing to volunteer when they want to and also what activities they want to undertake.

It was noted in earlier interim reports that the LinkAge Plus projects took different approaches to the organisation of activities from the outset. This was to some extent based on the starting point of the organisation hosting the LinkAge Plus project and its existing networks. Some projects focused on provision at their premises, others provided sessions on the premises of other organisations and concentrated on developing networks. For example, Age Concern Tower Hamlets tended to draw heavily on their relationships with providers of sheltered housing, Neighbours in Poplar and The Sundial Centre

on their VCS as well as public service provider networks. Projects such as Sonali Gardens, which had few activities on the premises at the start of LinkAge Plus, concentrated on developing sessions in the centre, as well as expanding networks with other organisations. Towards the end of the pilot there was more emphasis in all the projects on working through networks with other third sector organisations.

The projects have drawn on existing statutory services (mobile clinics/advice etc.) and have been building stronger links with particular services, thus leading to greater utilisation of public services such as health care, pensions, housing and benefits advice through bringing them closer to where people live. They have also been able to draw on the enthusiasm and work of smaller groups and organisations to expand provision for older people in a wider range of locations.

2.2   Outreach activities

2.2.1 Outreach contacts

It was noted in earlier reports that a distinctive feature of LinkAge Plus, which has differentiated it from much previous provision, has been its use of outreach to establish contact with isolated individuals and bring them into services. Figure 6 shows that there was a steady rise in the total number of outreach contacts from March 2007 to September 2007[7], after which there was a slight drop followed by a more variable pattern. At June 2008, the number of monthly contacts was 858, representing an increase of nearly 85% from May 2007. The Sundial Centre and Neighbours in Poplar had the highest number of outreach contacts during the pilot.

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[7] Note that data were only available for all five network areas from May 2007, but outreach continued to rise from this date.

Figure 6: Changes in outreach contacts overall Nov 06 to June 08
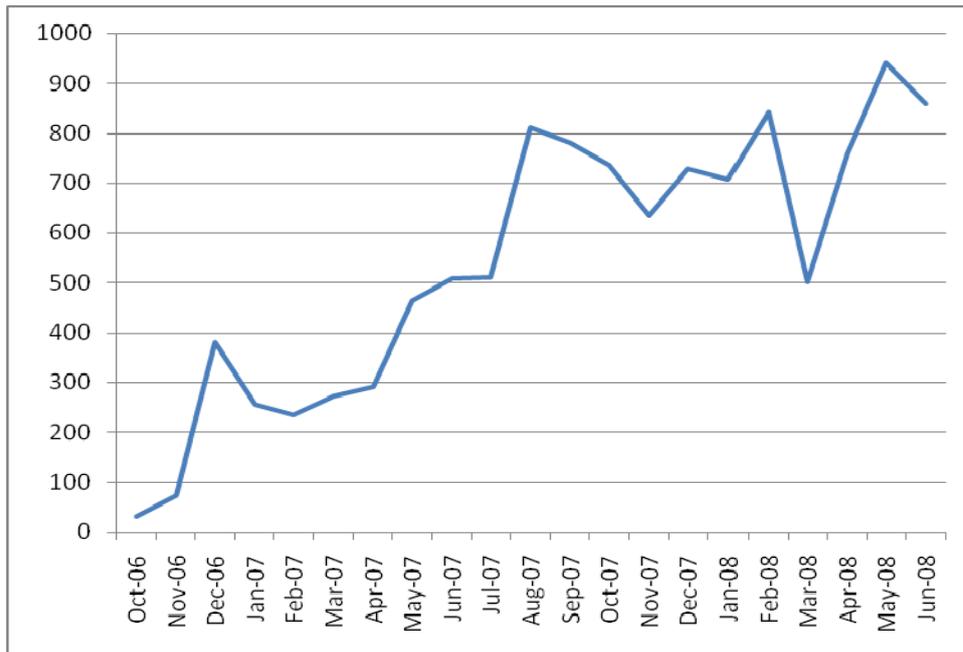
Figure 7 shows that since April 2007 the number of outreach contacts has been significantly above the targets for each month, even taking into account the fall in numbers for March 2008.

Figure 7: Outreach contacts (actual against targets), October 2006 – March 2008
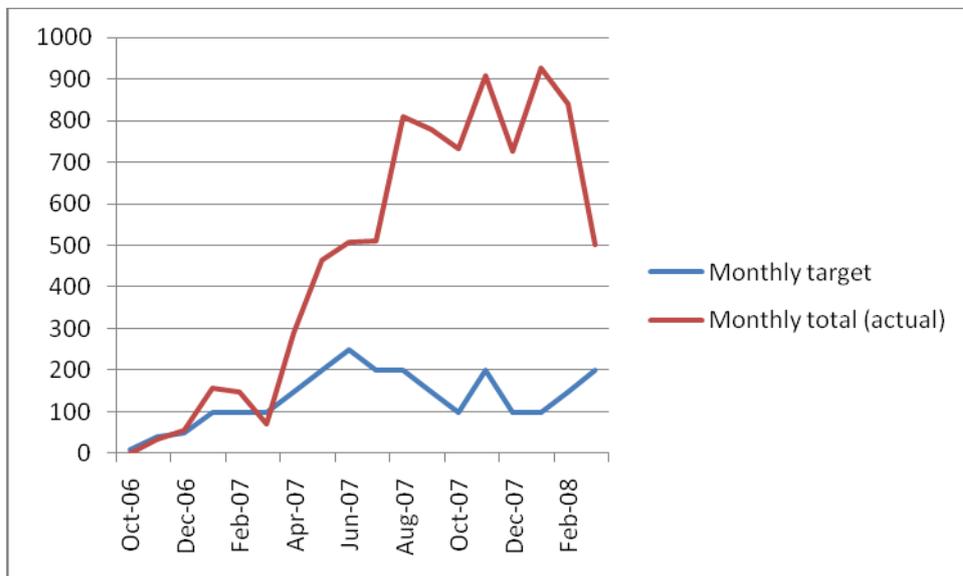
2.2.2 Discussion: Role of outreach workers

As the earlier interim reports demonstrated, Outreach Workers fulfil a complex range of duties which include:

- the organisation of activities in partnership with public agencies or other VCOs;
- securing and sharing resources to fund new activities, either directly or in collaboration with other agencies;
- identifying existing service provision; and
- connecting these services with LinkAge Plus activity, both at the level of their LinkAge Plus project and individual clients.

Bringing isolated older adults into contact with services or other people is considered to be one of the core roles of outreach workers in all projects. Being able to draw on existing networks with other organisations is of significant benefit for outreach workers because it directly supports them in developing new activities and filling gaps in service provision. Nonetheless, it was clear that both public sector and LinkAge Plus staff felt that there was a need to further develop their services to reach older people in the borough who are more isolated. While word of mouth is important in locating and accessing individuals, it would appear that both public agencies and LinkAge Plus staff have to work more effectively together to identify such potential beneficiaries.

Changes in levels of outreach activity over the duration of the pilot also suggest that Outreach Workers responded to different demands and opportunities at different stages of the pilot. While reaching isolated older people might have taken up much time at the beginning, working with other third sector providers in developing and delivering services through them is likely to have been a significant demand towards the end of the pilot.

2.3   Referrals

2.3.1 Referrals to other services

Making referrals to other specialist services is also an important component of the LinkAge Plus approach. It can be seen that there was a steady rise in referrals from the start of the programme to May 2008, with the monthly number being above 300 by June 2008 (Figure 8). The percentage increase in referrals from May 2007[8] was more than 240%.

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[8] This is the first month when data were available from all five network areas. Note also that some data were missing between October 2007 and April 2008 and had the full data been provided during these months it might have reflected a steadier increase than is show here.

Figure 8: Change in referrals, October 2006 – June 2008
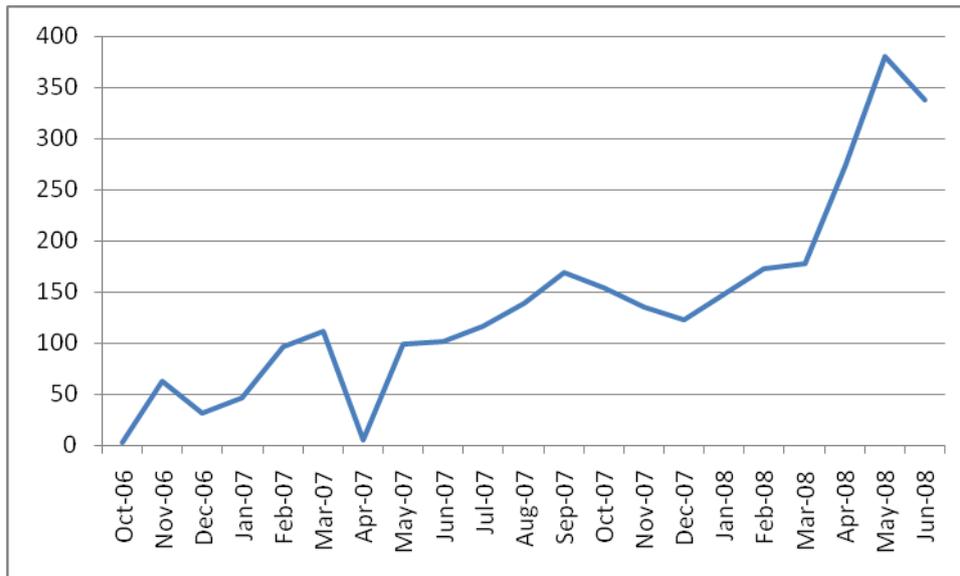
While the data for referrals are patchy for some months, it appears that the largest numbers of referrals to other services were made by the Sundial Centre, Sonali Gardens and Neighbours in Poplar.

When looking at how the Tower Hamlets pilot has performed against the target for referrals (Figure 9), it can be seen that while the total outputs were below target in April 2007, they picked up from June 2007 and have continued to be above target to March 2008.

Figure 9: Referrals (actual against targets), October 2006 – March 2008
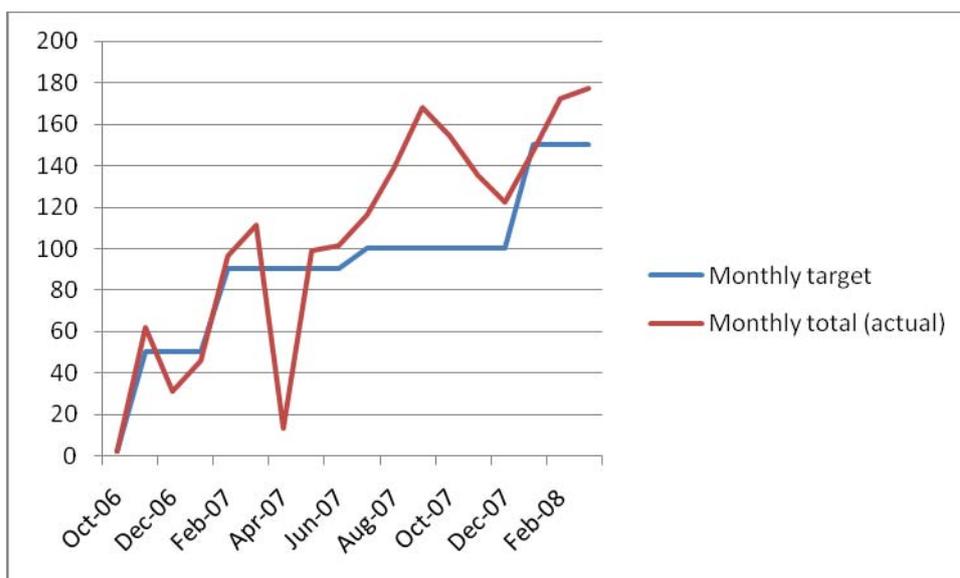
2.3.2 Discussion: Assessment and joint referrals

A Single Assessment Process (SAP) was introduced in order to simplify the referral process and reduce the number of forms that service users or agencies needed to complete to assess need. SAP assessments only started to be used from May 2007 and have generally been below target throughout the LinkAge Plus pilot. Earlier stages of the evaluation identified that the SAP had not been as effective as envisaged, primarily because there was a lack of clarity on where to send the forms, there appeared to be limited feedback from public services once a referral had been made and in some cases statutory agencies had been using their own referral forms in addition to the SAP form, resulting in duplication and confusion.

Although it appeared that progress was being made with implementing the SAP in the later stages of the pilot, the number of assessments coming through is still low. It is therefore important to continue training of LinkAge Plus Outreach Workers and to explore the reasons for low usage, in order to consider how these might most effectively be addressed in future. Further procedures also need to be put into place to ensure that LinkAge Plus project staff are able to get feedback on the progress of individuals who have been referred to services.

Earlier reports identifed problems in getting referrals from statutory providers to LinkAge Plus activities. This related in part to limited awareness amongst public sector staff about the role of LinkAge Plus. Some public service providers themselves suggested that they could do more to help integrate the support available from LinkAge Plus staff into mainstream services for older people, but perceptions of LinkAge Plus as transitory due to its pilot stage led to some hesitation in engagement amongst public sector staff. With the continuation of the programme, however, it is likely that some of these barriers will be overcome.

2.4   Service users

2.4.1 Increase in LinkAge Plus service users

It can be seen from the data overall that while there was a rapid increase in the numbers of service users from the start of the programme to August 2007, there was a slight decrease between December 2007 and April 2008 (Figure 10). Nonetheless, the number of service users at June 2008 represented an increase of 124% since February 2007[9].

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[9] This is the date at which numbers of service users were provided for all five LINKAGE PLUS projects.

Figure 10: Changes in service users overall Oct 06 to June 08
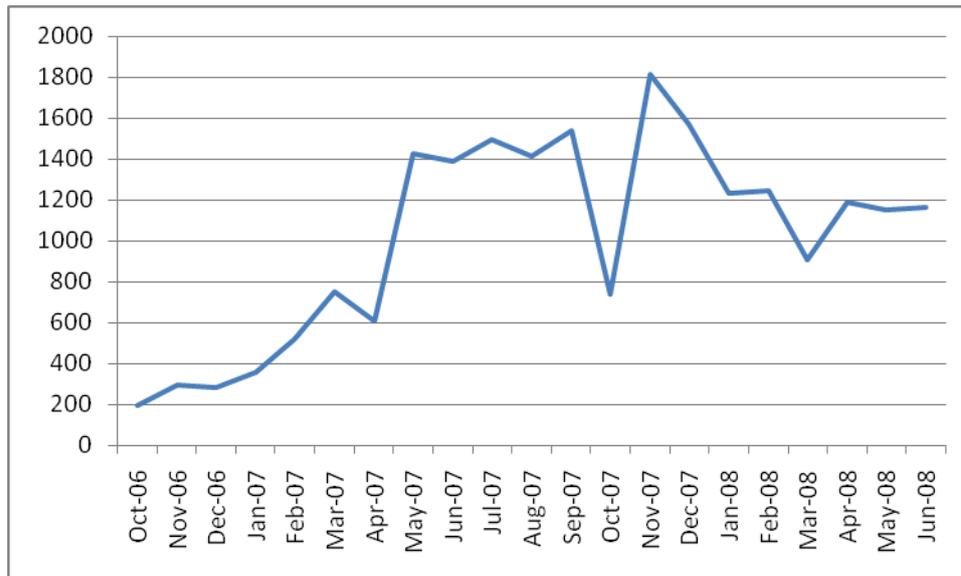
Looking at how the Tower Hamlet pilot has performed against the targets set for the number of users (Figure 11), it can be seen that the total network users continues to be above target, with numbers rising significantly between April and December 2007.

Figure 11: Monthly total of network users (actual against targets), Oct 06 – Mar 08
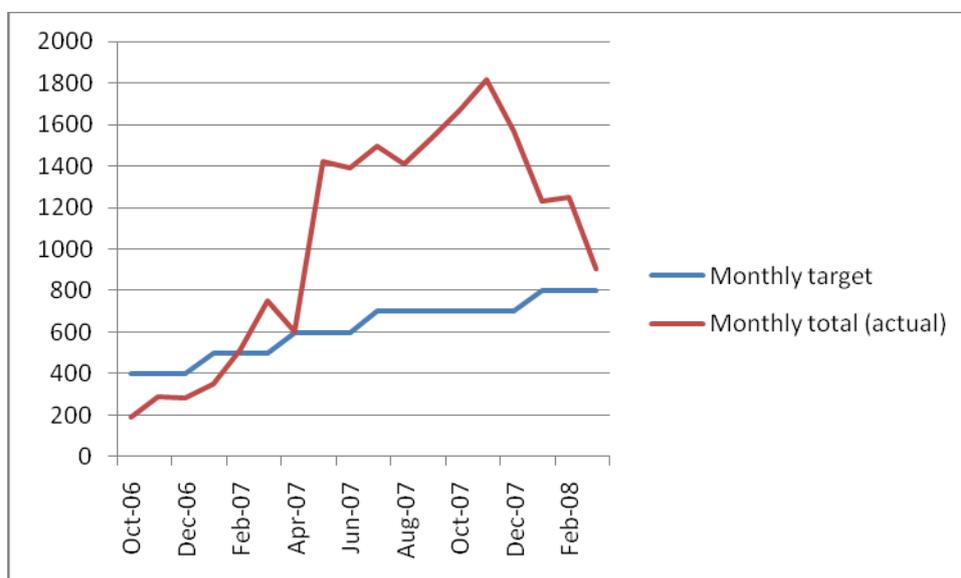
2.4.2 Profile of service users

Figure 12 shows the age range of service users in all the pilot areas. As can be seen, there was an increase in the proportion of service users in the younger age groups between October 2006 and June 2008.

Figure 12: Age range of service users* Oct 06 to June 08
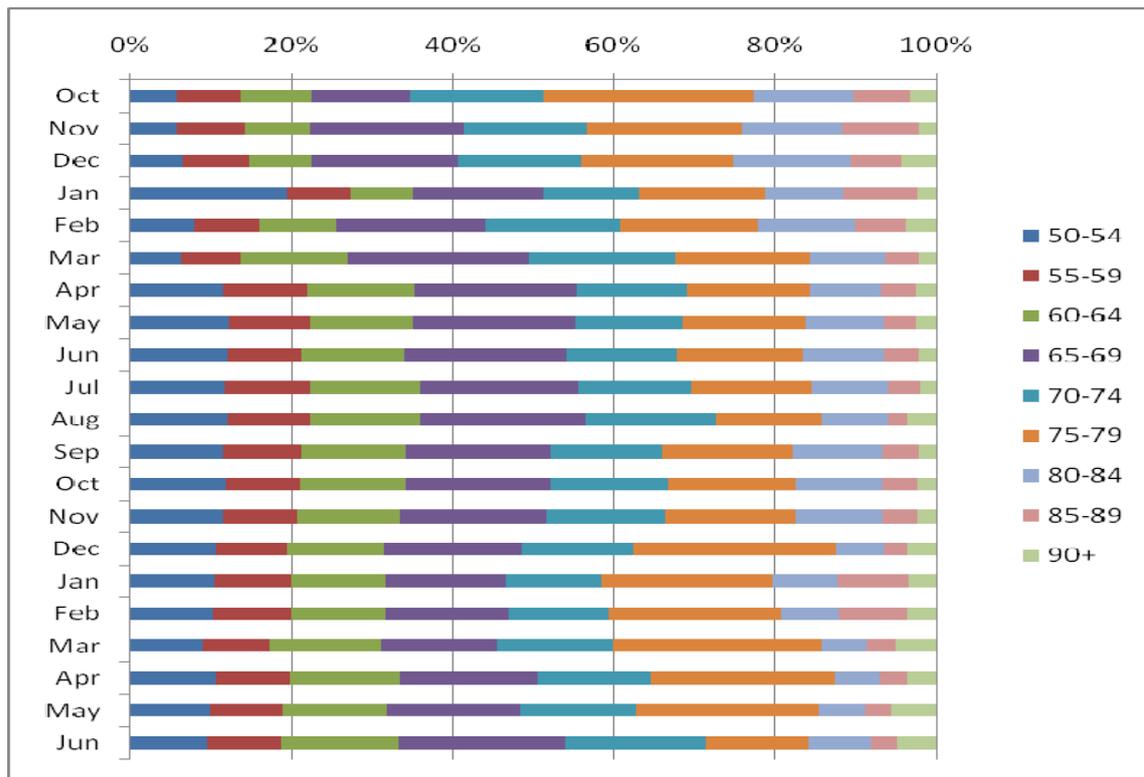
*Excludes age not known

The majority of service users at all the centres were White British, with a significant proportion from the Bangladeshi and Caribbean communities (Figure 13). Again, participation varied each month, but it can be seen that the numbers of Bangladeshi service users in particular increased from January 2007, the proportion of African and Black 'other' increased from September 2007 and there was a more mixed ethnic profile towards the end of the LinkAge Plus pilot.

Figure 13: Ethnicity of service users Oct 06 to June 08*
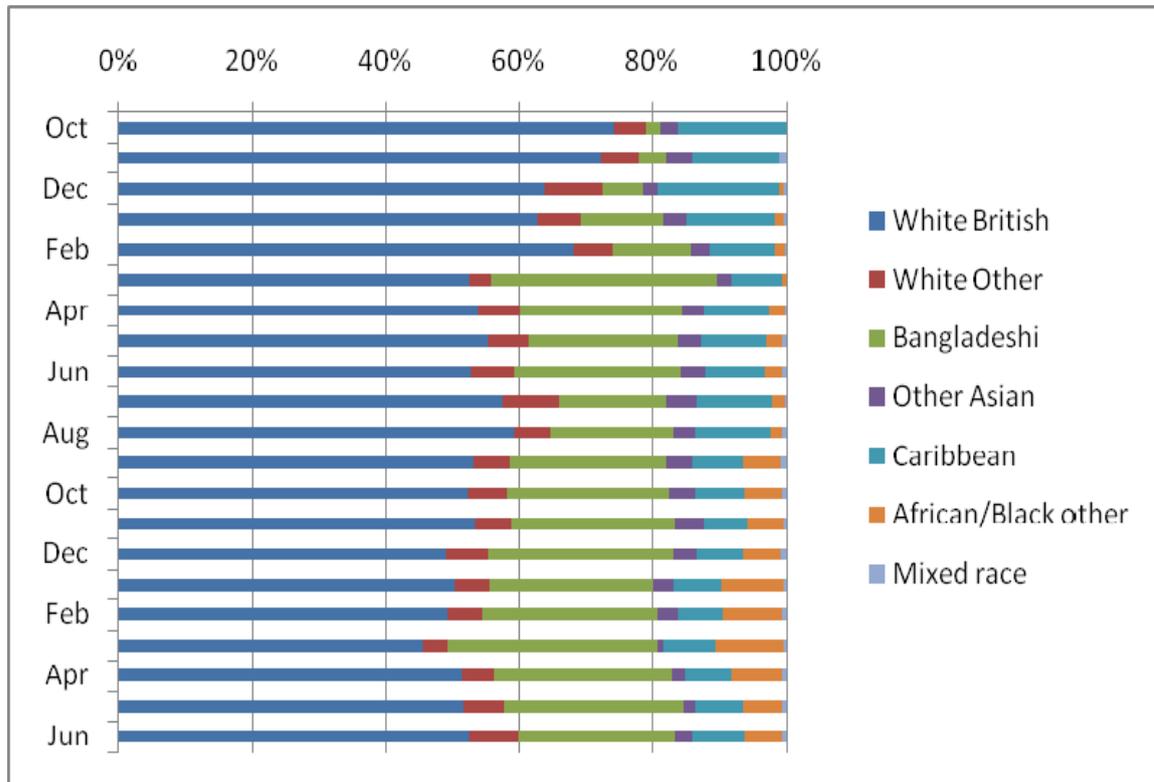
*Excludes ethnicity not known/prefer not to say

At the start of LinkAge Plus, male service users comprised less than 20% of all service users (Figure 14). Although the numbers attending have been variable since the start of the pilot, in some months the proportion of male service users has risen to more than 30%.

Figure 14: gender of service users Oct 06 to June08
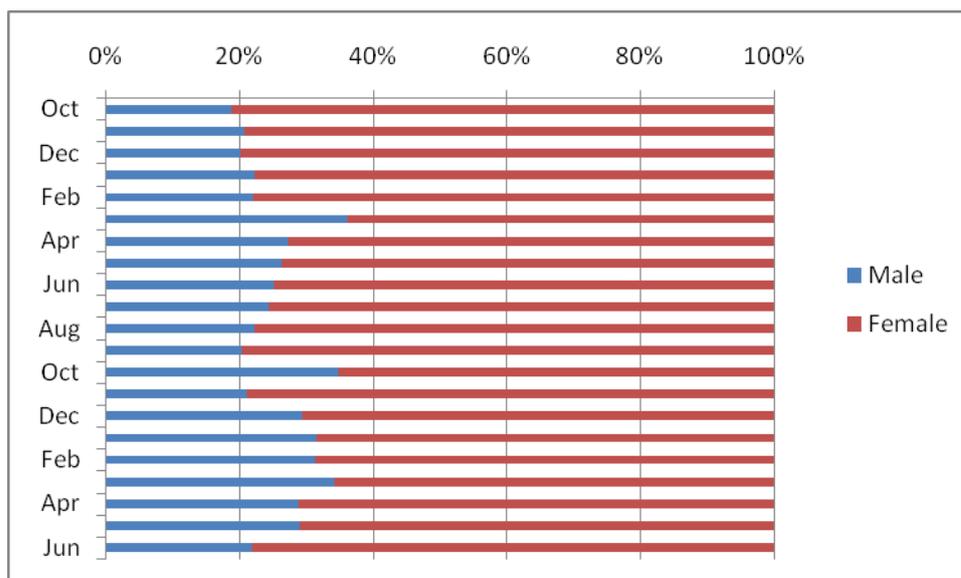
2.4.3 Discussion: Increasing the diversity of service users

The monitoring data show an increase in both the total number and also the diversity of service users since the start of LinkAge Plus. By June 2008, more than 50% of service users were aged under 70, whereas in the early stages the majority of service users were 70 or over. Nearly four-fifths of service users were white at the start of the programme. Towards the end of the programme, this group comprised around half of service users, with the remainder coming from different ethnic groups: particularly those of Bangladeshi origin, but also those from black communities. One of the issues at the start of the programme was that nearly all service users were women: with specific initiatives to attract more male users to services in each of the network areas, the proportion of men at times has risen to more than 30% of all service users.

The breadth of choice available in the increased range of services, as well as the increase in locations where these take place has attracted more service users to the network centres and satellite venues. In the third interim report, many service users noted that service levels had improved in terms of the range and frequency of activities that they were able to access. Improvements to the service also related strongly to the work of outreach staff, whom it was noted had become 'the face of LinkAge Plus'. Through outreach and networking, as well as transport provision, older people are thus receiving greater support in accessing services. Feedback from service users also shows that word of mouth is by far the most important way of communicating the LinkAge Plus service to potential new users

It was noted in earlier reports that while outreach staff have started to access potential service users who have been distanced from services, there is still much work to be done, both by LinkAge Plus staff and those in other agencies to reach and engage older people in the borough who are most isolated.

3.   Reflections on key issues that have arisen during the pilot

In this section we present data collected between January and June 2008, through interviews with LinkAge Plus staff, service users, and third sector partner organisations, and two workshops held with LinkAge Plus staff. The purpose of the interviews was to reflect on the successes and challenges of the pilot and to identify lessons that have been learned. The workshops were designed to reflect on the findings from earlier reports and to decide on the future direction of the LinkAge Plus programme. By drawing the findings from these interviews and workshops together we are able to identify a number of issues that have arisen during the pilot of LinkAge Plus in Tower Hamlets. These are:
- Start-up time and duration of pilot
- Branding and publicity
- Co-ordination and development of capacity (including supporting flexible and varied approaches)
- Developing the outreach and befriending service.

3.1 Start-up time and duration of pilot

The findings show that the lead organisations of the LinkAge Plus projects required a significant amount of time to recruit staff and adjust their organisational processes to accommodate a substantial new service. Although the lead organisations in the five network areas drew on existing paid and unpaid staff to cover the roles of Network Co-ordinator and Outreach Workers in order to speed up the development stage, recruitment and induction of the full staffing complement took between 6 – 9 months. Therefore, despite best efforts, the LinkAge Plus pilot became only fully operational in April 2007. This pilot programme benefited from a commitment of public agencies to secure its continuation as a mainstream service, hence avoiding the loss of core staff during the final stage that is common for many short-term initiatives. Despite this advantage, performance data on the fully operational pilot that could be included in this evaluation cover only 13 months, April 2007 – May 2008. Therefore pilot programmes such as this would require more than a 2 year time frame to generate reliable performance data on the impact of new services.

Public service providers were slow to respond to this new initiative. There were problems in tracking progress of referrals made by Outreach Workers to public service providers, and a further issue was the lack of referrals of isolated older people from health practitioners to Outreach Workers. While Outreach Workers were able to develop effective working relationships with individual health practitioners and through persistence were able to encourage referrals from some health providers, overall there was limited progress in engaging health practitioners, especially GPs during the pilot phase:

"What's not working is perhaps not having as many referrals as we would like but, as I say, that will probably be changing when the PCT gets involved." (Network Co-ordinator)

The findings from this evaluation suggest that public sector staff may be reluctant to change practices in response to new initiatives which are likely to have a short duration. However, the decision by the Primary Care Trust and the local authority to jointly mainstream the LinkAge Plus model of service provision creates a long term future for LinkAge Plus which is likely to help in bringing about changes in joint working between front line staff in health and other public services for older people:

"With the new phase of funding, because LinkAge will be funded by the PCT, I found out a couple of weeks ago that with the GPs, for example, we are actually embedded in their guidelines and their practice is that we are one of the people that they contact and they refer clients onto because we are now mainstream for three years. So therefore, I see us branching out more to the isolated and vulnerable people because we are not a pilot anymore. We actually are mainstream. I think that does make a huge difference in the way people actually perceive us." (Network Co-ordinator)

"Up to this point it's only been a pilot project. Who's going to take that very seriously? Pilots come, pilots go. Public sector workers think, 'we're not going to change the way we work because that crowd have got some funding from the Government to do things in a different way.' But now that it's been mainstreamed, they're going to have to sit up and say, 'whether we like that or not, LinkAge Plus, that's here to stay and we've got to make ourselves work with them.'" (Network Co-ordinator)

3.2   Branding and publicity

Raising the profile of LinkAge Plus and making older people aware of its services was a key task throughout the pilot. The LinkAge Plus projects branded their activities collectively as LinkAge Plus and also promoted some events jointly, but as the pilot had no communications strategy each project pursued its own way of promoting the service. Although service user interviews suggested that word of mouth was the most important way in which they found out about new services, the distribution of leaflets and the production of newsletters were the main communications channels used. Outreach Workers found that it was important to place information, and also to make personal contact with older people, in places where they are likely to go:

"One of the key problems people are facing in this area is social isolation, they are socially excluded from communities or any events. So when we advertise any events we advertise in surgeries, centres, we do door-to-door leafleting. We leaflet libraries, most places where people are likely to hang around." (Outreach Worker)

Making public sector service providers aware of the pilot and also raising awareness amongst other third sector providers was a key challenge for LinkAge Plus Network Co-ordinators and Outreach Workers. The findings of this evaluation suggest that LinkAge Plus gives smaller providers credibility with larger third sector and public sector organisations, and where LinkAge Plus staff have been working with other providers they were able to instil a user-focused ethos of service provision:

"LinkAge has given us a stamp of respectability." (Network Co-ordinator)

"From an outsider's view I think that LinkAge has raised the profile of all the centres. So before people may not have known what Sundial does but now older people can't help but know about it. And maybe the fact that it's branded maybe helps people realise how much is available across the borough because they see that there are five LinkAge centres." (Volunteer)

Nonetheless, respondents felt that the user–led focus and ethos of LinkAge Plus will need to be continually promoted, particularly as the programme becomes a mainstream service:

"Publicity has been a major issue for the whole of LinkAge and not just the area that we cover. It's throughout and I know that one of the things we've always discussed is to put articles in the paper and stuff but it's never materialised. We've also got a web page but that's only just recently started up. So publicity is a key issue, and one that will need to be addressed with the next phase of LinkAge funding." (Outreach Worker)

3.3 Co-ordination and development of capacity

3.3.1 Development of collaborative approaches

By bringing five key third sector providers of older people's services in Tower Hamlets together in the LinkAge Plus network, staff and volunteers were able to co-ordinate their work more effectively, thus reducing overlap and competition. In addition, working together has led to joint learning, sharing of expertise and organisational capacity which was used to organise joint events and to better utilise existing services and facilities of other agencies.

There was a strong collaborative spirit amongst the third sector organisations leading the five LinkAge Plus projects, which can in part be attributed to each of them having equal status within the pilot. Regardless of their size and level of professionalism, each TSO received equal amounts of funding for administrative, co-ordination and outreach tasks, and had the same say on the LinkAge Plus Steering Group which provided direction for the pilot. Hence each provider could feel that they were making an important contribution, which reflected their particular strengths and circumstances. By being able to draw on these strengths and values, individual providers further benefited from LinkAge Plus because the resources offered by the pilot enabled their organisation to develop their capacity to provide the services they stood for.

3.3.2 Working with the LAPs

The co-ordination of work with the Local Area Partnerships (LAPs) lacked consistency across the borough, with some LAPs engaging rather late in the programme. While it is considered of benefit that during the pilot's duration each LinkAge Plus project became closely linked to the strategic and operation planning processes for their LAP areas, when looking across the borough there were concerns that in future the development of eight separate LinkAge Plus 'action plans' might lead to a fragmentation of the LinkAge Plus approach, and also to loss of independence:

"There is a tendency to become very local and that is a problem. There have been a number of cases where I've noticed the LAP officers taking over initiatives that were run quite happily by a local organisation – suddenly convening the meeting, setting the agenda, being the chair, rushing around…. So something that started as a voluntary sector initiative is suddenly being led by local politicians through their officers. … That kind of worries me if that were to happen to LinkAge as well. "(Officer of Third Sector Organisation)

"I'm getting this email from the LAP Manager saying: 'We really need to meet up with you about LinkAge because nothing's happening.' I was like, 'what do you mean?' and he said, 'I can't see any activity.' So I said: 'Well, just because you can't see it doesn't mean it's not happening." (Officer of Third Sector Organisation)

3.3.3 Building capacity

The development of the capacity of small third sector groups and organisations to provide services, raise funding and connect with the LinkAge Plus network is one of the significant achievements of the pilot. Smaller groups have been found to be close to local communities, often drawing on local volunteers to provide activities, yet at the same time are in need of both technical advice and funding to provide a reliable and good quality service:

"We wouldn't be where we are today and we wouldn't have the group that we have today without LinkAge Plus. They gave us the knowledge how to start it up. They helped us to start it up, financially and physically." (Volunteer Worker)

While organisational development support is much appreciated by volunteers and users amongst smaller groups, lack of seed-corn funding to help with the provision of social activities was identified repeatedly as a shortcoming in the design of the LinkAge Plus pilot:

"We could do with more funding for activities." (Volunteer Worker)

"You need to be able to offer groups something, and money is what they all need. Money to run classes." (Network Co-ordinator)

In addition, LinkAge Plus has also been of substantial benefit to larger third sector providers, in particular housing associations. Outreach Workers were able to support housing providers to utilise their facilities and resources more effectively, which created benefits for both parties: LinkAge Plus increased the service provision for older people without increasing the costs or administrative demands placed on the programme, while housing providers were able to improve the quality of life for their tenants without substantial additional investment:

"The Outreach Workers have made a real difference to my scheme, definitely. The residents wouldn't do nothing, I mean nothing. I would try my hardest to do meals or bingo and they were never interested. But since the Outreach Worker has been coming over once a week, having outside people coming in, makes them want to join in, because they see me everyday." (Resident Scheme Manager)

3.3.4 Diverse approaches to service delivery

The continuation of LinkAge Plus as a mainstream service raises questions about the future function of the organisations which are hosting the LinkAge Plus projects. The lead organisations in the projects have taken very different approaches towards providing services and organising their outreach work. Some, for example, have administered funding on behalf of smaller organisations, or have 'commissioned' services by match funding the costs of social activities; others have focused on providing technical advice and support to help smaller groups to incorporate themselves into organisations that can independently secure and administer funding for activities. Furthermore, while towards the end of this pilot all LinkAge Plus projects had developed a range of services provided through other organisations, the emphasis given to the provision of services on their own premises varies significantly.

Experience so far suggests that each LinkAge Plus project provides an important gateway to a wide range of services, but does this according to its particular strengths, relationships with partner agencies and needs of stakeholders. Maintaining and further developing the gateway function of LinkAge Plus projects to mainstream services of public agencies, while providing for a diversity of approaches is likely to be one of the challenges for the next stage of the LinkAge Plus programme.

3.4 Developing the outreach and befriending service

The role of the LinkAge Plus Outreach Worker evolved over the duration of the pilot. Some host organisations already had paid and unpaid outreach staff prior to LinkAge Plus and could build on this service, while others had to develop outreach as a new service. Each LinkAge Plus project took a very different approach towards befriending and outreach which reflected their particular strengths and values. For some Outreach Workers the stages between making contact, befriending and referring isolated older people to

other services, or drawing them into social activities was a seamless process which was determined largely by the older person's needs and aspirations. Some projects drew a clear distinction between befriending and outreach activity.

In addition, this pilot has developed the role of the Outreach Worker beyond reaching and befriending older people. LinkAge Plus Outreach Workers support the provision of services at the premises of other agencies, such as registered social landlords, and support smaller TSOs, by providing advice on resources and policy, participating in organisation of activities and by helping them to make contact with service users. There can also be considerable overlap between the roles of the Network Co-ordinator and Outreach Worker, particularly with regard to the development of capacity amongst smaller TSOs and supporting larger third sector providers to utilise their facilities and resources more effectively.

Outreach is a complex and demanding service and some respondents felt that its future development as a mainstream service may require the introduction of common training modules which ensure that the core skills are applied and also regularly developed:
"It's a very difficult job and the Outreach Workers have done very well, using their skills and connections very well. But I think in future we might need to introduce some professional development or skills training to assist them and bring in more consistency." (Network Co-ordinator)

Retaining the flexibility of outreach support which is tailored to local needs and, at the same time, creating greater consistency in approach is likely to be one of the key challenges in the early stages of the mainstreaming of LinkAge Plus.

4. Impact assessment of LinkAge Plus

In this section we develop a number of perspectives on the overall impact of the LinkAge Plus pilot and discuss the extent to which the LinkAge Plus pilot has achieved its stated objectives.

Over the past two years this formative evaluation has generated a substantial amount of qualitative and quantitative data which show that the pilot has made a significant impact on the way in which services respond to needs of older people in Tower Hamlets. These programme impacts are wide ranging and are drawn together in this section under three broad headings:

- User engagement and empowerment
- Provision of services
- Partnerships and collaboration

In addition, the programme pursued a number of objectives which gave the pilot its strategic direction. These objectives build on the principles developed through the Best Value review of 'Older People as Citizens' which was completed in 2006, and which aim to treat older people in a holistic way, rather than seeing their needs from a narrow health and social care perspective. The LinkAge Plus pilot was intended to develop a model of service provision which transcends institutional and sectoral boundaries and which gives older people access to and control over the services that are available. We first discuss the overall impact of the LinkAge Plus pilot before analysing the extent to which the pilot has achieved its stated objectives.

4.1 User engagement and empowerment

4.1.1 Involvement of service users in project planning and delivery

This evaluation has shown that LinkAge Plus has created substantial additional opportunities for the engagement of older people in the planning, design and delivery of services. While the formal consultation of service users through feedback questionnaires and service users groups was practised prior to LinkAge Plus by some host organisations of the Network Centres, the LinkAge Plus approach has consolidated user consultation on the quality and range of services as good practice across all LinkAge Plus projects. Outreach Workers have been found to play a pivotal role in obtaining and disseminating user feedback on services, and also in ensuring that providers which draw on LinkAge Plus resources collect and respond to feedback they receive. Given that the user feedback collected through this evaluation was predominantly positive it can be assumed that LinkAge Plus services are responding to, and in some cases, may exceed user expectations.

In cases where service provision relies largely on volunteers, older adults appeared to be very much in control of the services that are being provided.

The findings from this evaluation show that there is a substantial demand for a diverse range of social activities, and that older people are very willing to help and make them happen. Volunteers have been found to provide core services, such as reception cover, helping to organise and deliver activities and providing outreach services. Other voluntary support ranges from accompanying others on trips, to organising special events and making grant applications.

> **Case study example: Volunteers contributing to funding and governance of services**
>
> *S.AGE is an independently constituted user led charity which was established with support from the staff of one of the Network Centres. The involvement of users in the design and improvement of services has been a core value of the Network Centre, and S.AGE enables users to work independently from, but for the benefit of the Network Centre overall. S.AGE leads the users forum of the Network Centre and is represented on the LINKAGE PLUS Steering Group. In addition to making a substantial contribution towards the governance of services provision, S.AGE raises significant amounts of funding from charitable sources to help pay for special events, such as trips, events and performances. Its members are ambassadors for the centre, drawing in new users through their informal networks and providing feedback to paid staff through formal and informal channels on the way in which older people respond to the services that are available.*

4.1.2 Access to information

Access to timely and relevant information is highly valued by older people because it gives them choice and empowers them to make decisions which address their needs. As the LinkAge Plus staff kept each other informed and co-ordinated their activities, they created a borough-wide information and resource network that older people could tap into. Class tutors and session leaders, advice workers, health visitors and many other providers of services were linked to the LinkAge Plus network, thus facilitating the dissemination of information. While LinkAge Plus services were promoted in newspapers, local newsletters, leaflets and the LinkAge Plus website, word of mouth proved to be one of the most important ways of providing information to older people. Simply through participating in LinkAge Plus activities in one location, older people were able to find out about LinkAge Plus developments elsewhere in the borough. This evaluation identified a number of examples which suggest that by taking part in LinkAge Plus branded activities, older people felt able to access any LinkAge Plus activity or service, because if was seen to be 'for them'. Thus LinkAge Plus has grown the network of older people who are connected through a wide range of services and activities in the borough.

4.1.3 Role of outreach workers in engaging service users

Having Outreach Workers from particular ethnic communities has also helped in engaging isolated older people from those communities. In addition,

providing information in informal ways has been found to be an important route through which members of diverse communities can be engaged. Making contact with informal groups, dropping in on their meetings to find out about their needs, and providing information and advice, such as translating printed material, advising on how to obtain referrals and identifying the services for which users are eligible, were all important to support the engagement of older people from minority ethnic communities. Arranging informal coffee mornings has also been found effective in drawing in members of different ethnic communities to share their concerns with others and hear presentations of health care and benefits advice workers. However, the findings from this evaluation suggest there remains scope to reach and engage groups and individuals from different ethnic communities in order to draw them into the LinkAge Plus network.

Case study example: Provision for specific groups

An outreach worker in one of the LinkAge Plus projects runs a Bengali elders women's group on a Thursday at a venue based in a large estate near the network centre. The group has been going since mid-2007. Activities include exercise and creative activities, for example tile painting. Sometimes the group cooks a communal lunch or sometimes snacks are brought in. Around six women come regularly and others also come in from time to time (sometimes it is difficult to commit to regular attendance because of family and other commitments). There are eighteen older women on the register, with twelve younger daughters-in-law supporting the women. Sometimes children also attend. Practitioners from public sector partners also sometimes attend the drop-in to give talks on issues such as dental health. The group has made a big difference to older women in the area. They can get together, have a chat and a laugh, as well as developing skills and knowledge. The outreach worker took the women out recently to a women-only Eid party, which they really enjoyed. The party included dancing, so also gave an opportunity for exercise. There were diverse communities at the Eid party, including Chinese, Somali, white English and Bengali. There were some children there, so the party was also intergenerational. The different communities showed one another different dance forms, such as line dancing, belly dancing and hand movements in dance.

4.1.4 Bringing together service users from diverse communities

LinkAge Plus has also made significant progress in bringing white and other ethnic user groups together. The organisation of joint cultural events and concerts between LinkAge Plus projects has made an important start in breaking down ethnic and cultural divides. At the same time, LinkAge Plus has increased the range of culturally sensitive services, which respect differences and allow older people to practise their social and cultural activities in ways which reflect their values and beliefs. The findings so far suggest that striking a balance between integration and respecting difference is likely to be one of the key challenges for LinkAge Plus in the future.

Case study example: Bringing together different communities

The evaluators observed a concert that had been jointly organised by two of the LinkAge Plus projects and Spitalfields Festival. The project worked with older people who had specific needs, including those in the early stages of dementia and those with mobility problems and the creative work was designed to facilitate their participation. The Festival had been running a series of workshops with groups in each centre separately and this concert was the culmination of that series, with both groups coming together to share their music. This allowed both user groups to maintain their individuality and to take ownership of the project in their own environment. The groups then chose to come together in a safe environment, which allowed interaction and dialogue to blossom. The group from the visiting centre was primarily white, whereas the group from the host centre was primarily Bengali. Each group had been learning a song in the workshops which reflected the ethnicity of the two groups - a Bengali song and a Scottish song. At the joint session, the groups sang their songs to each other and then both groups sang them at the same time – the two worked in conjunction with each other. The groups had also made up their own songs, which they sang to each other. The musicians from Spitalfields were a mixture of white and Asian musicians so the music they produced was a fusion of both cultures which felt very appropriate as it reflected the ethnic make-up of the two groups and the fact they were coming together and working together for the concert. The concert was very interactive. One of the members of the group in the host centre was a very good singer so she performed for everyone; another danced for the group. During some songs people got up to dance and some of the musicians and outreach workers from the centres encouraged the more shy people to dance and they danced with them. The concert was a fun and positive way to bring people together and inspire people creatively. It was able to break down barriers through music, rather than the spoken word, as this was a language that everyone understood. Service users commented on what the event had meant to them personally: "The English and Hindi song was really good. It was fun and we all enjoyed it". "I love music and dancing is something I love. It reminded me of India and my family on celebration days".

4.1.5 Reaching isolated older people

Identifying and reaching isolated older people is one of the most important and yet challenging tasks for LinkAge Plus staff. The approach taken by LinkAge Plus Outreach Workers relied largely on the network they themselves, or the organisation they worked for, had been able to establish, particularly as public sector providers initially made few referrals of isolated older people to LinkAge Plus. Despite its slow start, Outreach Workers have made over 10,000 outreach contacts over the duration of the pilot, drawing significant numbers of isolated older people into social activities, and connecting them with statutory service providers. Outreach has become a critically important part of the LinkAge Plus programme, and demands a wide range of skills and expertise. These include befriending, needs assessment, referral to public sector providers, advocacy, service navigation and encouraging participation in social activity.

Outreach: Befriending isolated older people

"I've got one lady that's been calling the doctor quite a lot because she is in a state of depression. Her family has just moved away and she's thinking 'oh, what's going to happen to me?'. Somebody told me about her and I've been round quite a few times, about twice a week to, you know, gradually draw her out, stop her phoning the doctors, stop her calling the emergency services. She just feels alone and isolated all of a sudden. So I'm hoping in another couple of weeks she'll come out on of my shopping trips and starts to take part other activities here at the centre." (Outreach Worker)

Outreach: Navigating Service Provision

"I started working with one woman last year. I just met at the resource centre, she came to me because she was looking for volunteering opportunities. But it turned out that she didn't have anywhere to live, she was sharing a room with four or five other people. We went through [our organisation's] advice and guidance system and I went everywhere with her, because she just didn't trust anyone. She got eventually re-housed because I phoned [a voluntary organisation dealing with homelessness] and made sure she had a case worker, and I was liaising with the case worker, and I had to chase it up because it all took quite a while. And then she didn't have any pension, housing benefit. She wasn't in any system. She was 61 but she had never applied for anything." (Outreach Worker)

4.1.6 Engaging with small groups

In addition to supporting individuals, LinkAge Plus outreach also provides support for small groups and organisations providing services for older people. By engaging with small groups and developing their capacity LinkAge Plus has tapped into an important resource which has the capacity to rapidly grow the network through which LinkAge Plus services are provided. By building on existing initiatives LinkAge Plus has been able to increase the number of locations from which services are provided, and at the same time contribute to service design through technical advice and funding. In addition, public sector providers benefit from a growing number of points to reach older people which are located in local communities. Furthermore, such groups provide important bases for Outreach Workers from which to identify isolated older people, and in which isolated older people might be encouraged to participate. Hence LinkAge Plus has created important synergies between the Network Centre as a social hub, resource centre and centre of expertise and with other organisations dispersed across small communities.

4.2   Provision of services

4.2.1 Responding to local need

The output data show that LinkAge Plus brought about a step change in the level and range of services provided for older people, although this did not primarily result from substantial financial investments in such activities. Almost all of the funding for LinkAge Plus had been invested in staff, who then worked with others to utilise existing resources more effectively and to secure additional funding to generate increases in service provision and support for older people.

The findings show that each LinkAge Plus project was able to build on its particular strengths and draw on public and third sector organisations to improve its range of services and support available. Therefore some projects could use LinkAge Plus resources to develop their work with volunteers and increase their outreach and befriending services, while others were able to use their staff, existing structures and processes to provide very substantial increases in the range of social activities and support services available at their premises. Thus LinkAge Plus has enabled key third sector providers of older people's services to build on their strengths and to develop approaches which responded to the opportunities and needs of the localities covered by the LinkAge Plus projects. This has increased choice for older people and also improved access to support services, particularly at the Network Centres and bases in partner organisations. In many cases these have become important gateways to a wide range of services and opportunities for older people, with benefits including:

- Service navigation
- Social activities
- Educational opportunities
- Advocacy
- Benefits advice
- Financial, employment and legal advice
- Health services and health promotion
- Volunteering opportunities

4.2.2 Developing new services and building capacity

LinkAge Plus also enabled the lead organisations to draw on their extensive networks with other third sector providers to develop new and additional services in a wide range of locations across the borough, in particular by engaging with and supporting small TSOs and self-help groups. In some instances LinkAge Plus Outreach Workers were able to provide seed-corn funding to small groups which allowed the continuation of existing classes. In other cases LinkAge Plus Outreach Workers helped with the establishment of new services, by providing guidance on sources of tutors, equipment and funding.

LinkAge Plus fulfils an important capacity-building function for third sector groups and small organisations, and by doing so multiplies the resources and services that are available to older people. Dozens of small self-help groups of older people benefited from the technical advice, guidance and practical support provided by LinkAge Plus Outreach Workers, thus developing capacity at the grass roots of communities of older people to help themselves, and others. Furthermore, the capacity of many groups is simply built by connecting them with the LinkAge Plus network which then enables them to access information and resources. Older men in particular have been found to need support to develop their social networks because they tend to attend fewer of the social activities provided.

Example of a service: The Geezers' Club

One LinkAge Plus project had been working with a small group of older men for some time prior to LinkAge Plus, supporting them with the organisation of events and advice. This support which was provided over several years and over time the Geezer's Club attracted a growing number of older men who joined to participate in a growing range of social activities, including a history club, outings as well as health and fitness activities. With the support of the Outreach Workers the group members constituted themselves as a registered charity and secured £5,000 from Awards for All. The Outreach Workers continue to provide technical support, for example on activity classes, and make connections with networks. The model of a developing male self-help group is now being promoted to groups of older men in different ethnic communities, and it is expected that similar groups and organisations will be formed in other parts of the Borough with support from the LinkAge Plus Outreach Workers.

4.2.3 Increasing use of existing services

LinkAge Plus has also led to a better utilisation of existing facilities and services amongst large third sector providers. Many sheltered housing schemes in Tower Hamlets have the facilities for classes and group activity, but few have the resources and capacity to utilise their facilities effectively. LinkAge Plus Outreach Workers provided the expertise to identify appropriate classes and activities, and supported housing providers to engage statutory services and tutors to run classes and other activities. Because LinkAge Plus Outreach Workers operated as facilitators rather than providers of new and additional services, they were able to increase the capacity of staff working in sheltered schemes to provide better services for older people.

LinkAge Plus has also increased the use of existing public sector services, through providing greater access to service users. There were a number of instances where mobile clinics, health, benefits and housing advice could be provided more efficiently at the Network Centres because of the large numbers of users that are in attendance. LinkAge Plus staff have established themselves as an important gateway for statutory providers to gain access to large numbers of smaller groups and organisations, as well as isolated individuals, thus supporting front line staff in providing their services more effectively.   Another example where LinkAge Plus has led to a better

utilisation of existing public services is the local authority transport. By booking transport for growing numbers of users during off-peak periods and timetabling activities at the Network Centres accordingly more people can access services. Public sports and leisure facilities were also used more effectively for the benefit of older people because LinkAge Plus Outreach Workers co-ordinated amongst themselves programmes including swimming, sauna and fitness classes at off-peak times, thus maximising the numbers of older people that could attend these classes.

In addition to a better utilisation of public sector services, LinkAge Plus has also been found to begin to draw on private sector resources in order to help older people gain access to health and fitness facilities, as the case study example below illustrates.

Example of a service: Gaining access to private fitness facilities

There are very few community facilities available to the Somali community, and a Somali women's group tried to find facilities for health and fitness activities in their neighbourhood. Rather than establishing a new project, the LinkAge Plus Outreach Worker made contact with the local fitness centre, catering for office workers, to negotiate access for Somali women across the borough at a reduced rate of £2 per session in off-peak hours. Initially the women were reluctant to get involved, feeling that attending an up market fitness centre was not for them, both because of their age and gender. A few weeks into the project, however, a waiting list had to be initiated by the LinkAge Plus Outreach Worker because demand exceeded the number of places that were available. Users reported that they feel 'liberated', more confident and also in better health, and that they would use the fitness centre more often if they could.

4.3   Partnerships and collaboration

The relationship between the local authority and third sector providers has been broadened and deepened through the LinkAge Plus programme. The collaborative approach taken by the London Borough of Tower Hamlets encouraged third sector providers to take different approaches towards enhancing service provision, which resulted in a diverse range of approaches which appear to be highly responsive to local need.

Through developing a collaborative approach to service delivery, LinkAge Plus also reduced competition for resources between the key providers of older people's services in the borough and increased partnership working between these organisations.   These partnerships have been greatly strengthened during the lifetime of the pilot. The partners worked together in shaping the future configuration of LinkAge Plus and the collaboration will continue to be developed in the next phase of the programme.

In addition, competition between these key providers and smaller groups and organisations was also reduced by LinkAge Plus staff providing capacity building support and connecting small and often isolated groups to the

LinkAge Plus network. The LinkAge Plus projects acted as intermediaries for funding for small groups which cannot administer public sector funding themselves, or as commissioners of services, such as activity classes which were provided by smaller groups in return for funding. Thus, instead of smaller groups competing with large third sector providers for public sector funding, they were enabled to provide more services while developing their organisational capacity to support themselves.

Furthermore, partnerships amongst TSOs have improved through LinkAge Plus. The co-ordination role of the LinkAge Plus projects has created an infrastructure for smaller TSOs which allows them to find out about the most recent developments in the Borough, where to search for funding or other resources, how to access technical support and care. Thus the LinkAge Plus projects have become an important infrastructure in the part of the local third sector which provides services for older people, providing capacity building support while, at the same time, co-ordinating service provision and developing links with public sector agencies.

By breaking the borough-wide pilot down into smaller areas which are coterminous with the Local Area Partnerships, LinkAge Plus has become integrated in the policy and strategic planning processes which engage all key public service providers. LinkAge Plus has become a regular agenda item on LAP meetings, and in a number of cases a senior officer of the LAP attends the local LinkAge Plus Steering Group. Joint action plans are being developed and the partners support Outreach Workers in identifying premises or projects that could be drawn into the programme, and making contacts with statutory providers through which older people can be engaged.

Partnerships between public sector agencies have also been strengthened substantially through LinkAge Plus, the most significant example of which is the joint commissioning between the London Borough of Tower Hamlets and the Tower Hamlets Primary Care Trust to mainstream the LinkAge Plus pilot. The two partners have worked closely together with the five organisations leading the LinkAge Plus projects in considering the future configuration of the programme.

One of the areas where the LinkAge Plus programme appears to have had limited impact is on referrals of isolated older people from statutory providers to LinkAge Plus Outreach Workers. However, it is likely that this issue will be tackled jointly by the PCT and the local authority now that the LinkAge Plus service has been mainstreamed.

4.4 The extent to which the programme has met its specified objectives

Following the Best Value Review of older people's services, the London Borough of Tower Hamlets began to develop a cross-cutting approach towards supporting older people. This approach underpinned the LinkAge Plus pilot, which aimed to reach out to older people as citizens and

individuals, through a wide range of services extending beyond health and social care. The funding and other support provided through the pilot was intended to enable third sector and public sector organisations to develop a model of service provision which puts the service user at the centre of the service development and delivery process. These aims were broken down into a number of core objectives for the LinkAge Plus pilot, as set out in the Memorandum of Agreement between the local authority and the five LinkAge Plus lead organisations:

- **Work with others:** Older adults will be involved in the design and development of the service, as well as their delivery, where applicable.
- **Provide flexible pro-active services:** Services will reflect the diversity of older adults, their needs and aspirations, different environments and anticipate changing requirements.
- **Provide accessible services:** Older adults know how they can access services and their experience is of 'no wrong door' where meeting their needs is concerned.
- **Promote well-being and independence:** Preventative services are provided which go beyond health and social care.
- **Promote a respectful service:** Service will be respectful of their users and avoid duplication wherever possible.

The extent to which the LinkAge Plus programme has met these objectives is discussed below.

Work with others
The findings from this evaluation show that the LinkAge Plus approach in Tower Hamlets was very effective in bringing about increased collaboration amongst the key stakeholders in the service development and delivery process, which includes public and third sector providers, and the older people themselves.

This evaluation found that service users have a wide range of opportunities to influence decisions over the provision of services. Older people are involved in decision making processes through formal user feedback questionnaires and user representation on committees. In addition, substantial feedback is collected informally by Outreach Workers and volunteers who support service provision. The findings also suggest that third sector partners emulate this practice where they benefit from LinkAge Plus support in the provision of services at their premises or in their groups.

Volunteering is a dominant feature of the LinkAge Plus pilot. Older people are encouraged to take control of some of the services they use by participating in committees and fulfilling a range of volunteering roles in the LinkAge Plus projects, particularly in the network centres. In addition, LinkAge Plus provides important organisational capacity building support to small self-help groups, to enable the volunteers which run such groups to access resources and provide more or better services for their stakeholders.

One of the most significant contributions of the LinkAge Plus pilot in Tower Hamlets has been the strengthening of a borough-wide third sector infrastructure of expertise, information and resources that can be utilised by both public and third sector providers. There may be a need to assess where gaps remain in service provision, for example in relation to specific ethnic groups, including new arrivals in the borough, and also to other groups on the margins of the community. Nonetheless, this evaluation shows that the LinkAge Plus model of service provision has the capacity to increase collaboration in service provision between organisations providing services in the third as well as the public sector.

Provide flexible pro-active services
One of the distinctive features of the LinkAge Plus pilot in Tower Hamlets is that it embraces different approaches towards the provision of services and the involvement of users. The five LinkAge Plus projects were enabled to build on their particular expertise and strengths in the development and provision of LinkAge Plus services. Hence the services that were provided through LinkAge Plus reflected the needs of key stakeholders, including service users, informal self-help groups, and service providers in the public as well as third sectors.

This pilot demonstrates that it is possible to develop effective and responsive services for older people, and that the resources which older people themselves offer can be harnessed in the process. Volunteers have been found to make a critically important contribution towards services which reflect their own needs and interests. What appears to be at the core of the provision of services which are flexible and reflect users' needs at Network Centres and in other locations, however, is the balance between providing paid staff who deal with administrative requirements and provide technical expertise, and volunteers who contribute to and influence service delivery.

The befriending and outreach service developed by LinkAge Plus is perhaps one of the most important outcomes with regard to the provision of flexible and pro-active services. LinkAge Plus Outreach Workers not only provide a bridge between isolated older people and statutory services as well as social activities, they are also responsive to the specific circumstances of isolated individuals. While much of current statutory care provision is tailored to the specific needs of individuals, LinkAge Plus Outreach Workers fill an important gap by having the flexibility to connect different types of statutory and voluntary services in ways which respond to the specific needs of individual older people.

Provide accessible services
The findings from this evaluation suggest that LinkAge Plus has developed into a 'brand' which identifies services that are perceived by older people as 'being for them'. Once connected to the LinkAge Plus network, service users appear to be confident in accessing a number of facilities and services; they hear about new events or social activities while attending LinkAge Plus activities, they meet people who might take them to different venues, and the Outreach Workers themselves might introduce them to new groups and

activities. Thus LinkAge Plus opens up a wide range of opportunities across the borough.

While the Network Centres have become important hubs for social activities and resources, the support of smaller groups and organisations has made an important contribution towards the provision of accessible services in neighbourhoods. Operating in the fine grain of local communities, small groups and organisations draw on the support of local volunteers to cater for older people who live in the close vicinity. By developing the capacity of such groups to secure funding, engage tutors, obtain equipment and develop contacts, opportunities for access to services has increased substantially.

Nonetheless, there is still further work that needs to be done to engage more isolated older people and to continue to improve access to services closer to where people live. Even having to travel for small distances can deter some older people from participating and public transport networks may not be convenient for accessing some services.

Promote well-being and independence
LinkAge Plus is promoting well-being and independence in every way. Older people are actively engaged in the design, planning and delivery of services, giving them tangible influence over the services that are provided for them through the LinkAge Plus projects. By being part of the LinkAge Plus network, older people have access to a substantial flow of information, and can develop their own personal networks, leading to greater choice and independence over the services, activities and groups with which they engage.

In addition, the majority of services provided and co-ordinated by LinkAge Plus encourage social, health promotion and healthy living activities, thus promoting well being and independence. These include:

- Advice provided at the Network Centres and other centres, such as pension, benefits, financial, legal and housing advice;
- Befriending and outreach services provided by LinkAge Plus.

Promote a respectful service
The way in which LinkAge Plus was designed and implemented encouraged a collaborative approach in which all participants could share their learning. Having third sector providers to lead the five LinkAge Plus projects and the collaborative approach taken towards the delivery of LinkAge Plus, appear to have improved co-ordination amongst third sector providers and reduced duplication and competition. Frequent informal as well as structured communication between Outreach Workers from the different Network Centres, as well as regular strategic discussions on the direction of the pilot will have contributed to the effective co-ordination of LinkAge Plus activity.

LinkAge Plus has created a range of services which are user-centred and take into account the needs of different groups, such as separate activities for men and women and culturally-specific activities. There have also been

several attempts at mixing users from different ethnic backgrounds at cultural events. In addition, Outreach Workers have become increasingly sensitive to the need to provide activities in locations that reflect the preferences of different groups of users. One of the most significant contributions towards the provision of services which respect different needs, values and beliefs is the support provided to small groups. Here LinkAge Plus enables volunteers to maintain and develop services which can meet very specific needs.

5. Future priorities

5.1 Arrangements for mainstreaming the service

Based on the performance of the LinkAge Plus programme during the pilot stage, the London Borough of Tower Hamlets and the Tower Hamlets Primary Care Trust have jointly agreed to mainstream the ongoing funding for the programme with an annual budget of £648,000. The mainstreaming and joint commissioning of the LinkAge Plus service results in the withdrawal of the Department of Work and Pensions as a funder and key strategic stakeholder in the programme, and leads to a number of changes, in particular in relation to the contractual and governance arrangements.

With regard to future contractual arrangements, the delivery of LinkAge Plus as a mainstream funded service will be contracted by the Borough Council with one of the third sector organisations currently hosting the Network Centres. While the contract holder will be accountable for the delivery of agreed outputs, there is consensus amongst the funders and providers that all five third sector providers need to be able to continue to deliver LinkAge Plus according to their particular strengths and local circumstances. Each of the current Network Centres will therefore continue to be a local hub of LinkAge Plus services and resources, and a base from which local Outreach Workers will be deployed.

To provide strategic direction and coherence to the LinkAge Plus programme two changes will be made. The first is to appoint one Programme Co-ordinator and a Deputy Programme Co-ordinator who will work across the borough to make strategic links and ensure that LinkAge Plus is included in the planning and operational priorities of the key public agencies in the borough. This is intended to facilitate a more structured and strategic integration of the LinkAge Plus programme with mainstream service provision. In addition, a Partnership Board will be established to guide and control the LinkAge Plus programme. The LinkAge Plus Partnership Board will comprise one representative each from the five third sector lead organisations, the Local Strategic Partnership, the Tower Hamlets Primary care Trust and the London Borough of Tower Hamlets. Arrangements for the representation of older people as service users will be decided by the LinkAge Plus Partnership Board once established.

5.2   Key learning from this evaluation

Based on the findings from the evaluation, a number of priorities can be identified which could inform the future development of a LinkAge Plus service in Tower Hamlets. These are discussed below under the following headings (in no particular order of priority):

- Targeted service and capacity development
- Development of the outreach role
- Further integration of ethnic groups
- Support for volunteering
- Involvement of service users and self-help groups
- Communications

5.2.1 Targeted service and capacity development

One of the strengths of the LinkAge Plus approach chosen in Tower Hamlets is that the LinkAge Plus projects were able to draw on their existing networks, expertise and resources to develop services and structures which reflect local needs and aspirations. While LinkAge Plus staff in each of the projects were able to be responsive to local circumstances, the approach taken was also inherently opportunistic. This may be the nature of short lived pilot schemes which have to demonstrate impacts quickly. As LinkAge Plus services will lose their pilot status, and with this some of their independence from the influence of local policy, there are likely to be challenges for all stakeholders in balancing the development of a strategic approach towards utilising the LinkAge Plus resources with safeguarding the flexibility and diversity of approaches used during the pilot stage.

The future development of LinkAge Plus gives the opportunity not only to build on existing expertise and networks, but also address the more difficult problems of under-provision and exclusion through a strategic, longer term and more targeted approach. Events, support sessions and social activities in a growing range of locations will need to be based on the analysis of current gaps in local service provision, as will be befriending, low level practical support and advocacy. In addition, provision of capacity development for small self-help groups and small third sector organisations needs to continue, in order to expand the locations from which older people can access services, and to maintain a diverse range of provision tailored towards older people's needs and aspirations.

5.2.2 Development of the outreach role

The key benefit of outreach services developed through LinkAge Plus is that they encompass a wide range of responses which can be provided seamlessly and according to need or circumstances. This includes befriending and referral, drawing isolated older adults into social activities, providing practical support, liaising with a range of statutory and third sector providers, developing organisations and organisational capacity and assisting larger providers to develop activities and services at their premises. It would seem

important to ensure that the outreach function continues to reflect the diversity of local need across the LAPs. The skills required to provide such a wide range of support would need to be analysed and drawn together in job descriptions and specifications.

LinkAge Plus has provided a substantial opportunity for both third sector and public sector organisations to develop a model of outreach that is in tune with the local needs of older people, and the capabilities of the organisations and individuals providing outreach services. It has also shown that this model can work. Nonetheless, this evaluation suggests that front line public sector providers would benefit from better understanding of the work of LinkAge Plus staff. The development of a joint programme of training and personal development for paid and unpaid staff in LinkAge Plus projects and statutory organisations providing outreach services would thus appear to be an important part of the future development of the LinkAge Plus service model. However, such a professional development programme would need to be based on a clear and agreed model of outreach and befriending work which includes the range of approaches practised during the pilot, and which supports joint working between front line public service and LinkAge Plus staff. While this may in future require a separation of roles into outreach and befriending of individuals on the one hand, and capacity building and network development on the other, the advantages of a 'seamless' outreach support service would be safeguarded if the learning derived from the outreach work done through the LinkAge Plus pilot were to be carried forward into mainstream provision.

5.2.3 Reflecting diversity

The statistics for the LinkAge Plus pilot show that over time there was an increase in the range of users of existing services, and that new services were also developed which were culturally and gender-sensitive. However, the demographic profile of Tower Hamlets suggests that users from some ethnic communities, for example some groups of new arrivals, may still be under-represented and therefore more might be done in future to reach and support a wider range of older people in the borough. This might involve a number of steps, including continuing to employ Outreach Workers from a range of ethnic backgrounds, focusing on identifying isolated older people from communities that are currently under-represented and providing capacity development support for user-led groups from specific communities.

In addition, it might be worth considering the extent to which other interests are currently represented within LinkAge Plus provision. An example might be working closely with organisations representing lesbian, gay bisexual and transgender (LGBT) older people to ensure that their needs are met through the service.

5.2.4 Support for volunteering

Volunteering provides an important way for older people both to contribute to the delivery of services and exercise some control over service provision. The

mainstreaming of LinkAge Plus should build on the progress made in engaging older people in project activities, in order to expand the influence and contributions made by older volunteers to outreach, befriending, advocacy, fund raising, event organisation and social activities. Mapping and capturing the work that is done by the self-help groups in the borough would be an important step in identifying the scale of volunteering, but also the potential support needs of older volunteers. There may be benefit in developing a LinkAge Plus code of practice to ensure consistency in supporting, training and developing older volunteers, particularly for service providers which largely depend on paid staff but involve volunteers in some of their work.

5.2.5 Involvement of service users and self-help groups

LinkAge Plus instilled an ethos of service user involvement in decision making which embraced both formal and informal methods of participation and consultation. As the LinkAge Plus service develops, it is important that this approach is maintained, in order to create services which respond to a range of needs. Consideration might be given as to whether the development of the mainstreamed LinkAge Plus service might incorporate specification of principles such as user engagement.

The LinkAge Plus pilot has shown that the support of smaller groups and organisations is likely to contribute to the development of a web of small service providers which are catering for specific user groups. This should be further enhanced through the LinkAge Plus service, which may help to ensure that different communities are able to influence service provision.

5.2.6 Communication

While word of mouth and the use of informal personal networks has been found to be an effective way of promoting services, there is still a need to continue to reach out to isolated older people who may not have access to such networks.

There is also a need to ensure that a consistent message about the aims and ethos of LinkAge Plus is given to partner agencies, to promote the LinkAge Plus identity, develop common understanding of the benefits of this approach and of the roles of staff working across the LinkAge Plus projects. This would seem to be particularly important in relation to partnership work with staff in public sector agencies, such as social workers and others involved in the Single Assessment Process, where further co-operation between sectors is needed to develop a consistent and streamlined referral process that works to the greater benefit of service users.

The changes in the structure of LinkAge Plus as a mainstream service provide an opportunity for the development of a communications strategy which is disseminated through all participants in the LinkAge Plus network, and which promulgates core messages about well being, access to services, activities and capacity building. Consideration may need to be given in this strategy to

specific mechanisms to target harder-to-reach groups, in order to further increase awareness and access to services.

6. Conclusions

This final report of the evaluation of the LinkAge Plus has drawn together the key findings of earlier interim reports, performance data and data collected through interviews, observations and workshops with users and providers of LinkAge Plus services. The findings show that the LinkAge Plus pilot in Tower Hamlets has led to a substantial increase in the number and range of services that are provided for and accessed by older people, as well as the number of organisations and groups contributing towards service provision. LinkAge Plus has led to an improved utilisation of public services and harnessed the enthusiasm and skills of older people to improve service provision and to help each other. Not only has the LinkAge Plus pilot in Tower Hamlets exceeded the large majority of its output targets, the pilot developed an effective model of providing services for older people, based on networks and collaboration between third sector and public sector organisations. It is this approach which is likely to have been critical to the success of the LinkAge Plus pilot.

As the LinkAge Plus model of working is mainstreamed, and thus adapted for the longer term provision of services for older people, both public and third sector organisations will have to tackle the challenges inherent in balancing the need for flexibility with the need for greater consistency. It would seem essential that LinkAge Plus in Tower Hamlets continues to nurture diversity in its approach to reaching out to and providing services for older people. This would involve a continued focus on support for smaller groups and organisations, and a resolute emphasis on supporting older people to contribute to service delivery and development to ensure that services reflect their needs and aspirations. Building on the supportive and collaborative working relationships that were developed during the pilot between public and third sector organisations, is likely to be a key task for all partners in the future development of LinkAge Plus in Tower Hamlets.

Appendix: Data collection tools

LinkAge Plus Service User Feedback Form

Date when the form was completed: _____
Network Location:
Sundial   Toynbee   Sonali   Appian Court   NIPS
Service User Gender   Male   Female
Service User Ethnicity:………………………………………………………………
Service   User Age:……………………………………………………………………..

1. What was the reason for your contact with [*LinkAge Plus/name of service*] today? *Tick all that are relevant*

   ☐ Social or leisure activities (e.g. drop-in, coffee morning, bingo)

   ☐ Healthy living activities (e.g. fitness class, swimming)

   ☐ Health promotion (e.g. falls clinic, diabetes advice)

   ☐ Training and learning activities (e.g. IT classes)

   ☐ Inter-generational activities

   ☐ Information or advice (e.g. on benefits, debt, legal advice)

   ☐ to talk to a worker

   ☐ visited by outreach worker

   ☐ Other   (specify)

   _____.

2. How did you find out about the service(s)?

   ☐ Leaflet

   ☐ Local newspaper

   ☐ Through a friend/family member

   ☐ Visit by outreach worker

    □   Referral from another agency

    □   Other   (specify)

_____

3. What did you think of the service?

Very good	Good	Fair	Poor	Very poor

4. Were you referred to any other services (e.g. social care, health, leisure or learning opportunities)?

    □   Yes
    □   No

If yes – which services?

_____

5. Have you used any LinkAge Plus services before this visit? (either through a visit or through the outreach worker)

    □   Yes
    □   No

If Yes, which service(s)?

6. How long have you been using these services? _____

7. What do you like most about [*LinkAge Plus/name of service*]?

8. What do you like least?

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9. How would you improve LinkAge Plus services and activities?

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10. Do you feel better informed about services and activities locally since your contact with [*LinkAge Plus/name of service*]?
   - ☐ Yes
   - ☐ No

11. Do you take part in decisions about the services [*LinkAge Plus/name of service*] provides?
   - ☐ Yes
   - ☐ No

If yes: which ones? If no, would you want to?

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12. Do you feel that you are treated fairly and with respect by project staff?
   - ☐ Yes
   - ☐ No

13. Would you feel able to complain or raise any concerns if you

needed to?

    ☐   Yes
    ☐   No

14. Would you be willing to talk to one of the study team some more about your views on LinkAge Plus? *(we could arrange to meet you at a time and venue suitable for you. The interview would take around 30 minutes and all information you give will be confidential)*

    ☐   Yes
    ☐   No

(if Yes – please give your name and a way in which we can contact you, e.g. by telephone or through the centre)

Do you have any other comments?

Thank you

Capturing Outcomes from Referrals

Use this form when collecting information from clients about referrals that were some time ago.

Date when form was completed: _____
Network Centre:

☐ Sundial
☐ Sonali Gardens
☐ Appian Court
☐ Neighbours in Poplar

Previous referrals

Date referral was made _____

1. Reason for referral

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2. Referral made to

☐ Social care
☐ Health
☐ Housing
☐ DWP
☐ Benefit Advice
    ☐ Housing
    ☐ Pension
    ☐ Disability Living Allowance
    ☐ Attendance Allowance
    ☐ Carers Allowance
    ☐ Other (specify) _____
☐ Fire Service
☐ Emergency Service
☐ Police
☐ Community Safety
☐ Transport (specify) _____
☐ Leisure/social activities (specify) _____
☐ Learning/education provider

Cont.

☐ Employment
    ☐ Advice
    ☐ Work placement/job
☐ Volunteering
    ☐ Advice
    ☐ Volunteer placement

☐ Advocacy (specify) _____
☐ Gardening
☐ Care and repair
☐ Other (specify) _____

3. **Did the referral lead to further action by service you were referred to?**
    ☐ Yes
    ☐ No

4. **What was the result of the referral?**

5. **How has this result helped you?**

Further Referrals:

7. **Are there currently other services you would want to use/be referred to?**
    ☐ Yes
    ☐ No

Which ones?

- ☐ Social care
- ☐ Health
- ☐ Housing
- ☐ DWP
- ☐ Benefit Advice
    - ☐ Housing
    - ☐ Pension
    - ☐ Disability Living Allowance
    - ☐ Attendance Allowance
    - ☐ Carers Allowance
    - ☐ Other (Specify)_____
- ☐ Fire Service
- ☐ Emergency Service
- ☐ Police
- ☐ Community Safety
- ☐ Transport (specify) _____
- ☐ Leisure/social activities (specify)_____
- ☐ Learning/education provider
- ☐ Employment
    - ☐ Advice
    - ☐ Work placement/job
- ☐ Volunteering
    - ☐ Advice
    - ☐ Volunteer placement

- ☐ Advocacy (specify) _____
- ☐ Gardening
- ☐ Care and repair
- ☐ Other (specify) _____

Reason for needing further referrals:

- ☐ Previous referral did not result in desired outcome
- ☐ New needs have emerged. Describe need in box below