

**Department for Work and Pensions**

**Research Report No 572**

# **LinkAge Plus national evaluation: End of project report**

**Howard Davis and Katrina Ritters**

A report of research carried out by the Local Government Centre,  
Warwick Business School, on behalf of the Department for Work and Pensions

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First Published 2009.

ISBN        978 1 84712 516 3

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# Acknowledgements

The LinkAge Plus National Evaluation Team comprises – Howard Davis (who is leading the evaluation), Katrina Ritters, Ian Blair, Anne Green, Clare Batty, John Hilton (the Local Government Centre, Warwick Business School), Peter Watt (Birmingham University) and Guy Daly (Coventry University). Irene Chinnock provides the team's project support.

We would like to thank Department for Work and Pensions (DWP) officers for their help and co-operation and in particular Hugh Pullinger, John Coxon, Brian Keating, Tony Martin, Maureen Moroney, Simon Palmer and Maxine Willitts. Thanks are also due to all in the pilot areas and the local evaluation teams who have also helped us in our work.

Thanks are also due to the project staff and local evaluation teams who have undertaken the work and research for the LinkAge Plus pilots and above all to the older people who have helped in the design, delivery and evaluation of the pilots and actively used, developed and shaped the services provided.

The eight LinkAge Plus pilots and their evaluators were:

- Devon – Peninsula Medical School;
- Gateshead – Peter Fletcher Associates;
- Gloucestershire – Institute of Local Government Studies, University of Birmingham;
- Lancaster – Lancaster University;
- Leeds – Institute of Health Sciences and Public Health Research, University of Leeds;
- Nottinghamshire – In-house and Nottingham Trent University;
- Salford – Manchester Business School, University of Manchester;
- Tower Hamlets – Aston Business School, Aston University.

In addition, piloting of a 'Streamlined Assessment' process took place in two London boroughs – Greenwich and Islington. This concerned the handling of applications for Attendance Allowance made alongside an application for local authority social care services.

This report draws, in part, on interview and other material provided by team members, LinkAge Plus pilots, local evaluators and the DWP. Their contributions are gratefully acknowledged.

This report forms part of the output of that national evaluation programme. Other papers include:

- Davis, H. and Ritters, K. (2007). *LinkAge Plus National Evaluation Team Interim findings – September 2007*. [www.dwp.gov.uk/asd/asd5/WP42interim.pdf](http://www.dwp.gov.uk/asd/asd5/WP42interim.pdf)
- Hilton, J. (2008). *Streamlining the assessment of Attendance Allowance applications with social care assessment: an evaluation of two London pilots*. DWP Research Report No. 534. [www.dwp.gov.uk/asd/asd5/rports2007-2008/rrep534.pdf](http://www.dwp.gov.uk/asd/asd5/rports2007-2008/rrep534.pdf)
- Ritters, K. and Davis, H. (2008). *Access to information and services for older people – the joined-up approach*. DWP Working Paper No. 53. [www.dwp.gov.uk/asd/asd5/WP53.pdf](http://www.dwp.gov.uk/asd/asd5/WP53.pdf)
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- Willis, M. and Dalziel, R. (2009). *LinkAge Plus: Capacity building – enabling and empowering older people as independent and active citizens*. Research Report No. 571. London: DWP.

These papers can be viewed at: [www.dwp.gov.uk/resourcecentre/research\\_analysis\\_stats.asp](http://www.dwp.gov.uk/resourcecentre/research_analysis_stats.asp).



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# Summary

## Introduction

LinkAge Plus aimed to test the limits of holistic working between central and local government and the voluntary and community sector to improve outcomes for older people, improving their quality of life and wellbeing. Its aim was to bring together the various forms of mutual help, services and support for older people at local level in a way that adds value, building on the aims and objectives of partner organisations.

The programme started and finished with older people themselves, involving them through local older people's groups and forums to help shape, design and deliver provision. It ended with a range of services and activities in places convenient to older people, sometimes involving them in delivery itself, either as volunteers or as part of the paid workforce through LinkAge Plus employment-related work.

The principles on which the LinkAge Plus approach was based were:

- involvement of older people in the design, development and where applicable the delivery and evaluation of pilot activity;
- partnership working – pilots are generally based around the local authority, but design and delivery is through a range of organisations;
- joining up services – providing benefits both for organisations and for service users;
- developing a 'whole person' approach, going beyond adult social care and health to promote wellbeing and independence, and reflecting the diversity of the area;
- preventative approach – a focus on providing a 'little bit of help' to enable older people to remain independent for longer;
- diversity – developing services and access channels that meet the individual needs and aspirations of older people;

- avoiding duplication – using streamlined and single access channels wherever possible to make it easier for people to access relevant services;
- evaluative approach – with a view to providing a proof of concept and offer learning for pilots and others during the course of the projects;
- respect for the individual needs and preferences of older people;
- a shift in the perception of ageing from one of dependency and decline into one of active citizenship, participation and independence. Underpinning this is a move towards earlier intervention to make communities safer and more supportive, provide earlier and more appropriate support and care to enable older people to remain independent for longer, reduce social isolation and exclusion, maximise income and the ability to work, and encourage healthier more active living.

Through LinkAge Plus, adult social care and Primary Care Trust (PCT) services, The Pension Service, Jobcentre Plus, voluntary and community sector services and partners outside of what might have traditionally been thought of as 'older people's services', such as Fire and Rescue and Trading Standards, have been working together to develop services to enhance wellbeing in ways that might have been envisaged by *Opportunity Age* (Her Majesty's Government (HMG), 2005).

Around £10 million was invested by the Department for Work and Pensions (DWP) in LinkAge Plus over a two-year period in eight pilot areas. Each pilot area spent the money in different ways and there were over a hundred individual initiatives across the eight areas. A good proportion of this was spent in the voluntary and community sector and to enhance existing local authority activity. Pilots were given discretion, within a set of principles agreed with the DWP, over the specific nature of the activities they were to fund. This meant that there was a range of activities and no single LinkAge Plus 'model', but all projects were designed to put older people more at the centre of service delivery and policy making, to widen access, improve information, and strengthen partnership working. There was a clear focus on joining up services and developing a single point of access where possible. Taken together, these activities can be said to represent a 'LinkAge Plus approach'.

## Business case for the LinkAge Plus approach

There is growing evidence that the right interventions at the right time can yield financial benefits to the taxpayer as well as benefits to older people. Short-term investments can lead to a better quality of life and prevent the need for more costly interventions later in life. The LinkAge Plus pilots have shown how working in partnership, involving older people and delivering services that aim to give a 'little bit of help' with daily living, can make a difference to the quality of life for older people in a cost effective way.

Benefits from the LinkAge Plus approach fall into three main areas: Firstly, there are benefits to both taxpayers and older people from an holistic approach to service delivery, in which the voluntary and statutory sectors work together to improve access, remove duplication and overlap and share resources. Secondly, the LinkAge Plus approach has facilitated key services to help maintain independence and improve the wellbeing of older people, in a cost effective manner. Thirdly, the pilots have demonstrated that information and access to services can be improved through partnership working and through a range of innovative approaches to outreach trialled by the pilots.

The research report on the business case for LinkAge Plus, published simultaneously with this report, provides further analysis and practical examples of these benefits and also details the way in which an investment in LinkAge Plus-type services could deliver benefits to participants and the taxpayer. Naturally many of the benefits that have undoubtedly been in evidence in the LinkAge Plus pilots are difficult to quantify. However, there are areas where sufficient evidence exists to construct detailed costs and benefits, and we have used these to build an illustrative example in order to highlight the potential benefits that adopting a LinkAge Plus approach can bring. In particular the business case uses data from a number of pilots as well as wider evaluation evidence to detail the way in which a two-year investment in holistic service delivery and the services facilitated could deliver benefits to the individual and the taxpayer over the following five years.

The key findings are:

- an holistic approach to service delivery requires some up-front investment over the two-year pilot period but quickly begins to deliver net savings, breaking even in the first year after the investment period;
- the net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested. This is likely to be higher over a longer period;
- LinkAge Plus can facilitate services that are cost effective in their own right, including fire and crime prevention, and reduced falls associated with balance classes and home adaptations;
- combining the costs and benefits of these services in LinkAge Plus areas with the holistic approach to service delivery increases the net present value to £2.65 per £1 invested;
- in addition to taxpayer savings there are benefits to older people monetised at £1.40 per £1 invested.

The costs and benefits embody a large number of assumptions from pilot data and wider evaluation literature that are set out in more detail in the main body of the report. Nevertheless, many of the assumptions made are conservative, and the illustrative example omits a large number of benefits that are not quantifiable, which we nevertheless believe are likely to be strongly positive based on the experience and evidence discussed in the text.

## Improved information and access

LinkAge Plus has helped local authorities and their partners develop a range of implementation strategies to reduce the likelihood of older people facing a 'wrong door' when trying to access services. Older people in pilot areas are benefiting from services reaching out to them to improve their access and understanding about what is available. At the same time, LinkAge Plus has worked to involve older people in the design, development and delivery of services through local groups and forums, and in some instances in formal scrutiny reviews for local councils.

A wide range of approaches were developed by LinkAge Plus helping to join up services, widen access and improve information and choice for older people. Pilot organisations and their partners say that it is improving their ability to target areas of greatest need, but it can also increase the pressure on services. Some of the LinkAge Plus pilots were able to quickly change criteria for service provision, but this could have implications for older people having confidence in being able to access services. The real test will come in later years, as the wider impact of greater access begins to be felt. Access to a wide range of services has been made easier and more accessible as a result of the LinkAge Plus pilot work. Pilots have adopted a variety of approaches, helping to develop and strengthen understanding and support between statutory and voluntary and community sector agencies working in community settings. Pilots have worked to establish single or multiple access gateways to a range of services going beyond the initial enquiry or contact. Contact centres have benefited from improved scripting and practical help for callers needing additional support, with better links to partner organisations. Specialist advice services on housing, employment and volunteering have been developed by LinkAge Plus pilots, and video conferencing and mobile information points have been trialled.

LinkAge Plus pilots have helped older people access specialist services to improve the quality of their accommodation and to gain advice about moving house or adapting their current home. Services range from Salford's Housing Options advice service, to gardening and handyperson services, the fitting of small aids and adaptations, such as grab rails, visits from crime prevention officers and the fitting of smoke alarms.

Although pensioner poverty has decreased in recent years, over one in five pensioners in Britain still live below the poverty line. Ethnic minority pensioners are more likely to be in low income households than white pensioners, and women's income in retirement remains significantly less than men's. A key aspect of LinkAge Plus has, therefore, been to encourage the take-up of the welfare benefits to which older people are entitled. For example, Gloucestershire's Village Agents have been responsible for accessing more than £6,000 per week in extra benefit claims and Nottinghamshire's First Contact is responsible for an additional £1,200 per week in additional benefits.

In Lancaster, a volunteer and employment bureau is offering help to those over 50s wanting to get back into work, extend their working lives, or simply to develop skills in a supportive environment. Men and women in more or less equal numbers said that they had benefited from help with form filling, producing CVs, and in building links for networking (Lancaster University, 2008, p42).

## Reducing social isolation

A key feature of the LinkAge Plus pilots is the way in which they have engaged older people in activities that help them to develop and sustain social networks, are enjoyable and/or educational and/or involve physical exercise, and help improve the experience of growing older. These include initiatives designed to improve physical and mental health, education and lifelong learning, leisure, employment, welfare entitlements, social benefits and access to transport.

Outreach has been a particular benefit of LinkAge Plus, particularly when linked to a vibrant programme of activities at neighbourhood centres (whose activities have also been supported through LinkAge Plus). Although people are never forced to join in, LinkAge Plus outreach has demonstrated the significant and sometimes life changing benefits that can arise, for example, in Tower Hamlets in drawing older people from black and minority ethnic (BME) communities into a wider social network.

In addition to those projects focusing on outreach and opportunities for socialisation, a number of other projects have been developed with the aim of promoting older people's mental health. These include Devon's deep outreach work, Link Up Gateshead, Gloucestershire's Village Agents' work in combating social isolation, Leeds' Social Isolation Pack, Nottinghamshire's Activity Friends, Nottinghamshire's community outreach work, and Tower Hamlets' outreach work.

## Inverting the triangle of care

LinkAge Plus supports the vision in *All Our Tomorrows* (Association of Directors of Social Services (ADSS) and Local Government Association (LGA), 2003), in inverting the traditional triangle of care in which resources are concentrated on those with greatest acute needs. This vision argues for resources to be focused on prevention and universalism, older people as citizens, and extending the objectives behind preventative strategies beyond promoting choice and independence to a more complete sense of empowerment.

Pilots have developed services that have filled the gap at the top of the inverted triangle of care in order to ensure that older people get a sure start to later life. This is very much in line with the Wanless Review's observation that older people stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation. The use of this approach has also been followed by the Department of Health (DH) in its Putting People First initiative for the transformation of Social Care (DH, 2008).

## Capacity building and partnership working

The LinkAge Plus pilots have built capacity in both the statutory and voluntary and community sectors in terms of strengthened partnerships, improved skills, knowledge and understanding, new techniques and processes and a more people-centred approach to the design and delivery of services. Improved partnership working was a particular benefit cited by those organisations involved in LinkAge Plus at local level. Much of this legacy will continue beyond the life of pilot funding, being absorbed into new ways of working, even where the specific pilot projects come to an end.

The LinkAge Plus pilots have adopted network development approaches to enable older people to create and experience new opportunities to socialise through involvement in social, training and leisure activities. Examples include services designed to address broader community and social wellbeing outcomes by creating and maintaining social capital.

## Sustainability

All LinkAge Plus pilots have secured ongoing funding for the majority of their pilot activities. For example, in Tower Hamlets a partnership of the local authority and PCT will provide joint funding of £1.1 million over two years to continue LinkAge Plus work. In Gloucestershire the work of Village Agents is being extended and expanded into new areas, following pilot activity. In Nottinghamshire, a large proportion of LinkAge Plus work will continue beyond pilot funding. In Salford, £0.92 million from Social Care Reform Grant is being used to sustain eight of the LinkAge Plus projects. In Devon the County Council have funded the Senior Council for Devon for the next three years.

That so many of the approaches and services developed under LinkAge Plus have secured ongoing funding is testimony to their success. Key to this has been the ability of pilots to work with the grain of local provision and national policy, often supplementing and enhancing existing areas of innovation and excellence.

## Conclusion

At the end of piloting the LinkAge Plus pilots have demonstrated a range of activities that can support the Opportunity Age vision and help older people grow older in strong and supportive communities in a cost effective way. The evidence shows that pilots have been able to demonstrate improved access, a more integrated approach to service provision and more relevant, tailored services that are popular with local people. Preventative services are likely to lead to improved quality of life and a reduction in the need for more costly interventions in the longer term. Partnership working has helped local services to be more 'joined up', particularly between the voluntary and community and statutory sectors, resulting in a reduction in duplication and overlap. Many of the benefits developed under LinkAge Plus will last beyond the life of the pilot programme.



LinkAge Plus is providing 'that little bit of help' (Joseph Rowntree Foundation, 2005) which enables older people to retain choice, control and dignity in their lives and is helping to deliver services that are contributing to the improvement of older people's quality of life and healthy life expectancy and active participation.

Other local authorities are building on the experience of LinkAge Plus pilots to develop similar solutions for their localities. For example, Lancashire County Council is investing £5 million in a Help Direct system for adult social care, Essex and Northamptonshire County Councils are exploring rural outreach approaches based on Gloucestershire's Village Agents. LinkAge Plus lessons have also informed the DH's £500 million Putting People First initiative aimed at the transformation of social care services.

Pilot authorities are finding that the LinkAge Plus approach of putting the needs of older people, as they themselves perceive them, at the forefront of provision is a good basis for improving services. Widening choice and improving access to 'low level' support is seen as '*adding years to life and life to years*' and is likely to have preventative benefits (Davis and Ritters, 2007).

The Appendix provides further detail for each of the eight pilot areas covering background, pilot activity, local evaluation findings and further information for Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets.



# 1 Introduction

The LinkAge Plus programme was built on the foundations of *Opportunity Age* (Her Majesty's Government (HMG), 2005) which aimed to develop a policy framework that supported the local delivery of a better quality of life and enhanced wellbeing for older people. The successfully ageing society that Opportunity Age envisaged was one that supported older people to live a healthy, active life, encouraged fairness in work, promoted independence in supportive communities, gave support and care where needed and promoted the independence and wellbeing, including the material wellbeing, of older people.

*Opportunity Age* was clearly about more than just LinkAge Plus, but the pilot programme gave the Government the opportunity to work with a number of demonstration projects in eight areas selected across a range of publicly available metrics. These included both urban and rural settings, differing populations (densities, deprivation, ethnicities, health, etc.); differing economics (unemployment, home ownership, industry, etc.); single and two-tier local government areas with varying Comprehensive Performance Assessment (CPA)-rated performance. Selection also enabled the department to work with existing initiatives that had been started by the local authority but very much fitted with the LinkAge Plus approach.

From the beginning, pilots were given the scope and freedom to develop a truly local approach. This was done in consultation with local people over 50 and with the support of Department for Work and Pensions (DWP) staff. Implicit in the rationale for LinkAge Plus however was that the approach would produce better service experiences and outcomes for older people and should be able to function and be sustained within a cost neutral envelope.

## 1.1 Core principles of the LinkAge Plus approach

Six core principles were developed in partnership with older people, pilots and the DWP, building on the experiences of pilots themselves. The principles are:

- **engage and consult:** Older people should be involved in the design and development of how services and relevant information are provided, and their opinions sought in the quality of delivery;

- **reflect the needs and aspirations of current and future generations of older people:** the diversity of the local older peoples' population should directly inform services provided for them and anticipate their changing requirements over time;
- **enable access by an increasing range of customers:** a 'no wrong door' approach should provide information on, and access to, services from an initial or single point of contact. Signposting or referral processes should ensure all relevant services are made available;
- **ensure that isolated or 'difficult to reach' older people are enabled to access information and services:** positive steps should be taken, through outreach to identify and engage with isolated older people. Joined-up customer contact facilities should be flexible to meet different needs and include face-to-face, visiting, telephone and electronic media;
- **ensure that services promote independence, wellbeing and active ageing:** services should focus on early intervention and a preventative approach which goes beyond traditional health and social care functions; encouraging respect and social inclusion for older people as citizens should be a primary consideration;
- **maximise opportunities for efficiency and capacity building:** efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.

## 1.2 LinkAge Plus approach

The LinkAge Plus approach envisaged effective links between different parts of central government, local authorities and voluntary and community sector organisations. It was intended to focus on:

- engaging and consulting with older people to understand their needs and expectations;
- delivering a better quality of life through easy access to all relevant information and services (particularly for excluded older people);
- accessibility, (anticipating changes in the range of customers who use services as well as the existing customer base);
- a better customer experience;
- more customer choice;
- independence and wellbeing;
- efficiencies through joint working;
- capacity building;
- holistic working.

## 1.3 LinkAge Plus outcomes

At the outset it was recognised that outcomes depend on local arrangements between partner organisations. But it was intended that local older people should reasonably expect:

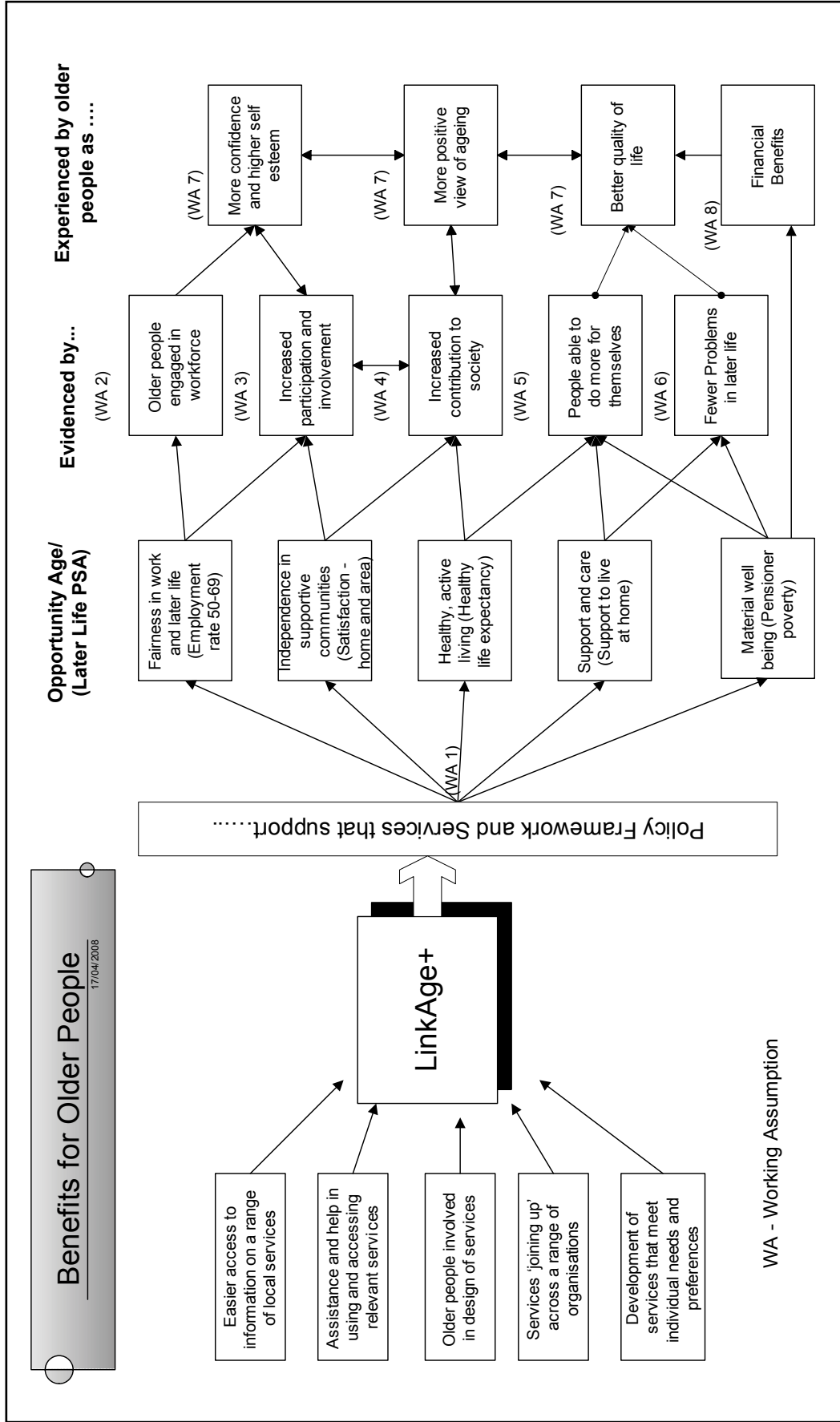
- **good quality information and advice** – with support available to help people ‘navigate’ their way round the system, including advocacy;
- **healthy living** – including access to National Health Service (NHS) entitlements and facilities to support healthy lifestyles and improve wellbeing. **(Health Service and social care)**;
- **income** – advice support and advocacy, including financial information and tax advice. **(Pensions and benefits)**;
- **mobility** – by car, bus or other forms (e.g. community transport, mobility scooters, etc, where they are available). **(Transport)**;
- **social activities, social networks and opportunities to keep active** – including social clubs and opportunities for learning, leisure, fun, volunteering and befriending services. **(Leisure services, adult education)**;
- **housing and the home** – having a safe home, access to adaptations and repairs and help keeping the house and garden in good order. Also help with shopping, and approved traders’ schemes. **(Housing, fire, trading standards and local voluntary and community sector organisations)**;
- **safe neighbourhood** – with access to amenities and facilities. **(Police, transport and neighbourhood wardens)**;
- **employment and volunteering opportunities** – access to information on new roles or options for extending working lives.

## 1.4 General commentary and evaluation framework

### 1.4.1 Evaluating the LinkAge Plus approach – working assumptions

In consultation with pilot leads, local evaluators and the DWP, the national evaluation team developed a set of working assumptions, drawing upon stated intentions and therefore setting out what we felt the programme might be intended to achieve, if the programme and interventions were successful (Figure 1.1).

Figure 1.1 Potential benefits for older people



In relation to benefits for older people our assumptions were that the LinkAge Plus approach might result in:

- a policy framework and services supporting *Opportunity Age* outcomes – through developing policies and services contributing to fairness in work and later life; independence in supportive communities; healthy, active living, support and care, and material wellbeing;
- older people engaged in the workforce – enabling older people to remain in the workforce for longer;
- increased participation and involvement – making it easy for older people to take part in social leisure activities and exercise, and reducing social isolation;
- increased contribution to society – enabling older people to make more of a contribution to society through, for example, volunteering, positive engagement with public services and staying longer in the workforce. Encouraging active citizenship;
- people able to do more for themselves – Providing the ‘little bit of help’ to enable people to be in control of their lives, exercise choices and remain independent for longer;
- fewer problems later in life – People able to spend longer in their own homes; people staying healthier for longer;
- More positive view of ageing – better quality of life – more confidence and higher self esteem – people feeling more confident, having a better quality of life and feeling better about getting older;
- Financial benefits – older people having more disposable income; greater benefit take-up in relevant pilot areas; LinkAge Plus being successful in terms of benefit referrals and advice.

As the pilots progressed and the Social Care Reform Grant and indicators to support the ageing society Public Service Agreement (PSA) were developed we also anticipated that the types of approaches being adopted by LinkAge Plus pilots would help local authorities deliver on these key initiatives and indicators.

#### *Potential organisational benefits*

In addition, we felt that LinkAge Plus may offer benefits to those organisations taking part by improving the co-ordination and possibly reducing overlap of local services in relation to older people. Our working assumptions in relation to organisations were that a LinkAge Plus approach might work to deliver:

- **optimum service design and delivery:** LinkAge Plus methodologies helping to build an optimum service and policy framework. The LinkAge Plus approach being more or at least no less cost effective than traditional ways of working;
- **relevant, tailored services:** evidence of services being developed or changed in response to views from older people;

- **easy access to relevant services:** new or improved information sources on services available for older people. New or improved access points to services (e.g., extended opening hours, new locations), new advocacy or translation services;
- **services more joined up:** services reflecting life realities or events rather than provider structures. Joint posts for service delivery, joint committees, joint targets, etc;
- **preventative services:** new services or extension of existing services to provide choice and support independent living being developed and delivered;
- **increased customer satisfaction:** people using services and saying they like them;
- **reduction in duplication and overlap:** greater efficiency and focus, perhaps resulting from services reflecting life realities or events rather than provider structures. Joint posts for service delivery; joint committees, joint targets, etc;

### *Results of the LinkAge Plus pilot programme*

By the end of the two-year pilot period the LinkAge Plus pilots have achieved a significant amount across many of these parameters and a wide range of approaches have been demonstrated.

The way in which the various aspects of the programme have interacted to deliver benefits both to older people and to organisations is set out in Figure 1.2.

The left hand column of the diagram sets out some of the typical inputs to a LinkAge Plus approach. Pilots used LinkAge Plus pilot funding, sometimes in addition to their own, to support a range of modest investments. These typically included older people's groups, the development of advice services, practical services, such as gardening, handyperson schemes, a widening of community-based social and healthy living activities and events and other work, such as information packs, training and networking to support the capacity of the voluntary and community sector. These activities were developed and delivered with a range of local partners, supported by LinkAge Plus pilot governance arrangements.

The following chapters of the report explore in more detail key themes of the LinkAge Plus work. They describe how the LinkAge Plus approach has worked in terms of information and access, benefits for older people, capacity building, value for money and governance aspects of the programme. Three of these sections, information and access, benefits for older people and capacity building, were the subject of individual reports produced during the course of piloting and go into greater detail on the range of activities, benefits and learning from the LinkAge Plus approach. These reports are:

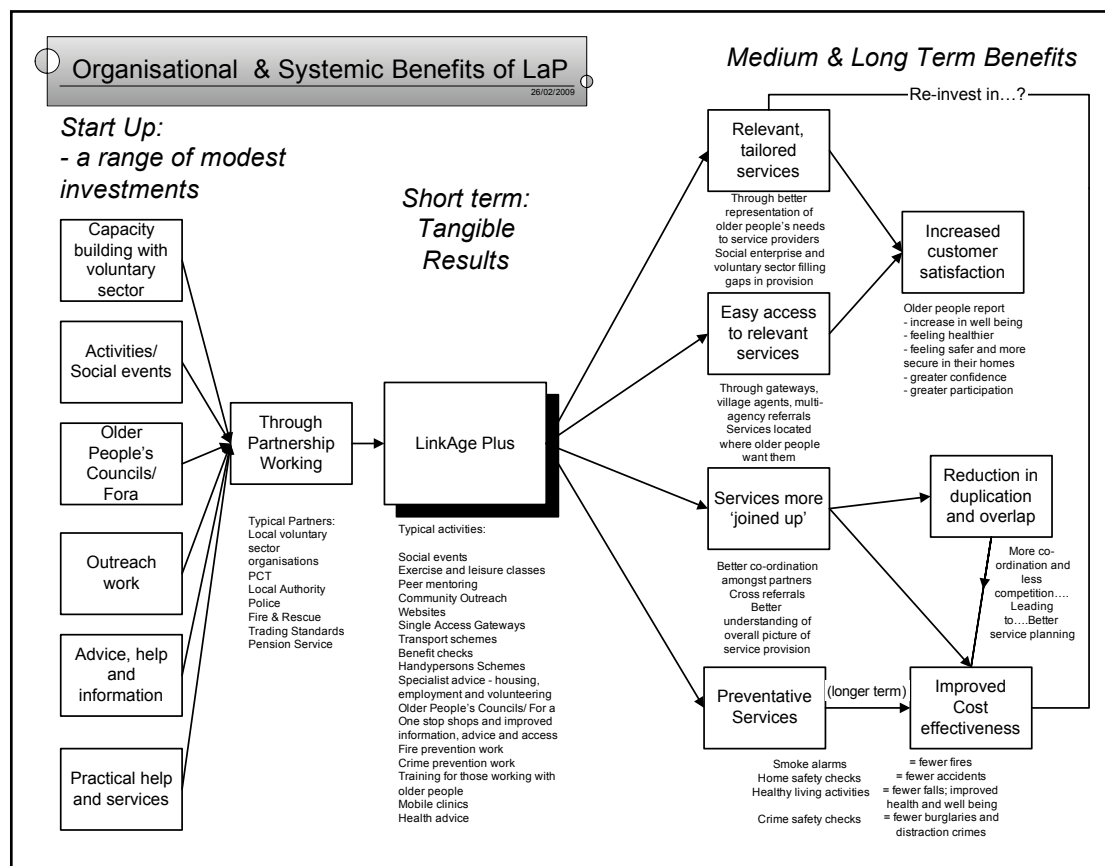
- Ritters, K. and Davis, H. (2008). *Access to information and services for older people – the joined-up approach*. DWP Working Paper No. 53. [www.dwp.gov.uk/asd/asd5/WP53.pdf](http://www.dwp.gov.uk/asd/asd5/WP53.pdf)



- Daly, G. (2009). *LinkAge Plus: Benefits for older people*. DWP Research Report No. 554. London: DWP.
- Willis, M. and Dalziel, R. (2009). *LinkAge Plus: Capacity building – enabling and empowering older people as independent and active citizens*. DWP Research Report No. 571. London: DWP.

They can be viewed at: [www.dwp.gov.uk/resourcecentre/research\\_analysis\\_stats.asp](http://www.dwp.gov.uk/resourcecentre/research_analysis_stats.asp).

**Figure 1.2 Organisational and Systemic Benefits of LinkAge Plus**





## 2 Improved information and access for older people

### 2.1 Introduction

This chapter draws on the themed report on LinkAge Plus and Information and Access (Ritters and Davis, 2008). More detail on the issues explored in this section can be obtained from that report which is published at <http://www.dwp.gov.uk/asd/asd5/WP53.pdf>

LinkAge Plus is helping local authorities, Primary Care Trusts (PCTs) and voluntary organisations develop new approaches to widening access, join up services and gain a better understanding of the needs and preferences of older people seeking help and support.

This has never been more important as policy for older people becomes more reliant on people's knowledge of, and ability to access, relevant services. The choice and personalisation agenda in health, individual budgets, a shift to earlier intervention and preventive approaches are all dependent on older people being aware of the options available to them to improve health and wellbeing, and feeling able to take advantage of them.

### 2.2 Widening access

Access to a wide range of services has been made easier and more accessible as a result of LinkAge Plus pilot work. Pilots have adopted a variety of approaches, helping to develop and strengthen a web of understanding and support between statutory and voluntary and community sector agencies working in community settings. Pilots have worked to establish single or multiple access gateways to a range of services going beyond the initial enquiry or contact. Contact centres have benefited from improved scripting and practical help for callers needing additional support, with better links to partner organisations. Specialist advice services on housing, employment and volunteering have been developed by LinkAge Plus pilots, and video conferencing and mobile information points have been trialled.

### 2.2.1 Single access gateway

One approach, used by a number of pilots, has been to network together a group of agencies, so that an older person approaching one service is asked a series of targeted questions, leading on to a targeted referral to another service, or range of services.

Nottinghamshire's First Contact (see the Appendix, Nottinghamshire - First Contact 50 Plus Nottinghamshire) checklist system is supported by 12 partners including the Fire and Rescue Service, local PCTs, home improvement agencies, welfare rights services and The Pension Service. It enables older people to be referred to services provided by any participating organisation from a single call or visit. The scheme was reviewed by the Improvement and Development Agency (IDeA) in 2007, who described the scheme in these terms (Improvement and Development Agency, 2007, p2):

*'First Contact has a holistic approach to the identification of need using a simple and easy checklist, which even hard-pressed frontline staff can use. The format of the 10-question checklist is fundamental to the success of the project. Each question has been carefully designed for ease of understanding by older people, and to ensure a single question makes available all the services on offer by the particular organisation. Thus, a question on adaptations can make available all the county's social care services.'*

Key to its effectiveness is the training and follow up that are part of the system. A two-hour training session on how to use the checklist is given for partner agency staff. A First Contact co-ordinator described what they are trying to do (local evaluation interview):

*'All we expect people to have is a baseline knowledge of other people's services – not to be a specialist in other people's services.... Sometimes people don't get the services they want but we do guarantee that anything that comes through to First Contact is a guaranteed referral. If there's no reply from an organisation within 21 days they get a reminder asking for a response within 24 hours. If no response they get another reminder. Then it comes to me – they call me the Rottweiler. It doesn't have to be a full outcome. It has to be a contact. If that's not done we lose the trust.'*

First Contact generates an average of just over two referrals for each checklist completed (Nottingham Trent University, 2008, p8).

LinkUp in Gateshead aimed to provide a virtual gateway, comprising a website and service directory, supported by a partnership with Gateshead@yourservice, to form an integral part of the customer service strategy at Gateshead Council. Links were made with partner agencies and joint publicity and communications were produced.

By the end of piloting, 54 per cent of people who responded to a postal survey about Link Up in Gateshead reported that the project had been 'successful'; or 'very successful' in making it easier to access information. (Peter Fletcher Associates, 2008, p. 27). However, this does also seem to be quite closely linked to membership of the Older People's Assembly – nearly two-thirds of those people (64 per cent) reporting

that it was easier to access information were also members of the assembly. The number of people reporting that they never find it easy to access information (around five per cent) remained about the same before and after piloting. It may be that whilst the pilot was successful with those people it reached, it was too small in scale or carried out over too short a timescale to make a difference to the population as a whole.

### 2.2.2 Enhancing contact centre work

Pilots have worked with existing contact centre services to improve information and access for older people. A range of approaches have been used, including enhanced information databases, improved scripting, prompting people to be referred to relevant services outside the immediate enquiry, or through developing links with the voluntary and community sector to give additional help in form filling or decision making. Some areas, such as Devon, were previously Care Direct pilots, others, such as Salford, had recently benefited from a major investment in call handling arrangements and the LinkAge Plus work has benefited from this.

In Salford's LinkAge Plus pilot the local authority's customer relationship management system has been adapted to link in with partner organisations. This means that callers (with their consent) can be put in touch with services from partner agencies to access relevant services. The system is sophisticated enough to be able to match callers with services that have been identified as potentially useful and available because of the enquirer's age or postcode (Wiggan *et al.*, 2007, p9).

*'The contact centre has been great. We had the teething problems at the beginning but they were able to send me a breakdown of the referrals telling me how many people were over a certain age in certain areas, allowing us to think through how we were going to tailor the service to the most vulnerable people once we came back online. I never thought we would be getting through over 40 a month choosing just the over 80s in two postcode areas. Over the next few months we may change the criteria again.'*

(Respondent Housing Crime Reduction Team)

A key feature of the Salford system is that the criteria can be changed in response to changing circumstances. For example, when the Fire and Rescue Service was in danger of being overwhelmed by referrals for smoke alarms, the referral criteria were tightened to people over 60 years of age living in a particular area of the city. Similarly, when the number of referrals became far higher than the Crime Reduction Team were expecting, criteria were tightened to people over 80 years of age and living in one of two previously identified 'hot spots' for distraction crime.

Local evaluators (Wiggan *et al.*, 2007, p4), have commented that:

*'The script system used to screen potential service users for eligibility and referral purposes handed greater control to service providers over how they organised their engagement with the public. It allowed them to develop more systematic methods of identifying potential customers and service delivery. It also enabled the providers to adopt a relatively flexible approach so that over time and in response to shifts in demand, need and/or resources the provider could freeze participation and change the script to reflect new priorities.'*

The system has led to an increase in flu jab take-up in older people from 40 per cent to 73 per cent through contact centre referrals and by allowing drop-in flu jab sessions at key city council outlets (figures from Salford City Council).

LinkAge Plus in Devon developed a 360 degree wellbeing check (see the Appendix, Devon – A 360 degree framework – an holistic framework for wellbeing), based on the principles set out in *A Sure Start to Later Life* (Office of the Deputy Prime Minister (ODPM), 2006), that was used on the council website and in written publications, in training for frontline staff, as part of health and social care single assessment process (SAP) documentation and with the Care Direct telephone helpline service. By the end of piloting over 16,000 people had benefited from a 360 degree wellbeing check (pilot data).

LinkAge Plus has also enabled additional staffing in Devon's Care Direct call centre, which has allowed them to go further than previously in referring people to outside sources of help. For example, callers can be offered fire safety or welfare benefit checks if they ring up with another enquiry. Where more time needs to be spent with the caller, such as with form filling or a more detailed explanation of what is on offer and how it might suit the individual, staff can call on Age Concern to carry out a home visit. Age Concern will visit and refer back if necessary, or can make a further referral to other third or private sector alternatives.

### **2.2.3 Access to housing and employment services**

Two of the LinkAge Plus pilots developed specialist services to help older people access information and support on housing and employment issues.

In Salford, a housing options service (see the Appendix, Salford – Housing Options Service) offers advice, information and practical support for older people who may be finding their accommodation difficult to manage. The service is available to people in all kinds of tenancies as well as owner occupiers and covers practical help to enable people to stay in their own home, information about specialist housing providers and help to move home if necessary. During the life of the pilot, the service helped almost 500 people to make sustainable housing choices. Around 20 per cent of these were signposted to other services, 20 per cent moved to sustainable housing, the rest were making general enquiries or are currently waiting for suitable housing to become available. Around one per cent of clients were difficult to place because of anti-social behaviour or housing-related court proceedings.

In Lancaster, a volunteer and employment bureau (see the Appendix, Lancaster – Employment Service and Volunteer Bureau) is offering help to those over 50s wanting to get back into work, extend their working lives, or simply develop skills in a supportive environment. By the end of piloting 241 people had been registered with the service, 102 had been helped into employment and 59 had been offered volunteering opportunities. Local evaluators reported that a high proportion of women said that they had improved confidence and a more positive view of ageing as a result of contacting the bureau. Men and women in more or

less equal numbers said that they had benefited from help with form filling, CV production and in building links for networking (Lancaster University, 2008, p42).

#### **2.2.4 'Tellytalk' and mobile information services**

In Salford a 'tellytalk' (see the Appendix, Salford – 'Tellytalk') video conferencing system was also installed in the civic centre, three libraries and a hospital. A mobile information centre was also created, based on enhancements to a traditional mobile library vehicle. Around 375 people in a five-month period accessed services through the vehicle (pilot data).

### **2.3 Improving information**

Most of the LinkAge Plus Pilots have worked to develop their information resources and provision for older people. This work has then been used either directly with older people and carers, for example through information packs and websites; or to support training and resources for others working with older people. LinkAge Plus funding has been used to develop:

- better understanding of older people's information needs and preferences (see the Appendix, Leeds – Training, workshops, conferences and research);
- improved websites and information packs (see the Appendix, Gloucestershire – Facilitating access to services);
- widened opportunities for older people to gain information through face-to-face contact, for example through voluntary and community sector network centres and through outreach (see the Appendix, Devon's Broad Outreach programme);
- educational talks and events in community settings.

#### **2.3.1 Better understanding of older people's information needs and preferences**

LinkAge Plus-sponsored events, such as the 'Big Talk' in Leeds and Lancaster's work with volunteer evaluators are helping to improve understanding of how older people prefer to engage with services and information.

Local evaluators in Leeds report that older people preferred to receive information face to face, within their own communities and from people with whom they had a pre-existing relationship and could trust. As part of the Leeds pilot a focus group event was held with 216 older people and a group of actors, who performed a number of pre-prepared vignettes for the audience to comment on. Their reactions confirmed the importance of social networks in information provision and the difficulty in sometimes being able to break through the barriers the system has created:

*'Who do you fall back on? – getting an appointment with a welfare worker is harder than getting one with a dentist. Everyone is compartmented off – they pass the buck from one to another.'*

(Townsend and Godfrey, 2007, p9)

These experiences and other research (Sykes and Hedges, 2008, p32) have confirmed the view that older people want and need information about many of the same things as the population as a whole. Transport, personal care, such as chiropody, and help with household tasks such as cleaning and gardening came high up the list. Just as with the rest of the population, older people do not want to be bombarded with information before they perceive a need for it. They prefer to have the confidence to know that they will be able to find out what they need to know when they need to know it.

However, there are some life events that older people may have to cope with to a greater degree than the rest of the population and that may require a sudden and immediate need for information and support. These could include the sudden onset of illness or disability; a change in circumstances, such as having to move house, perhaps into sheltered accommodation, retirement or the bereavement of a close friend or family member.

In addition to this, older people may need greater support in sorting out what have been termed 'daily hassles'. What to do now that the local post office has closed; postage rates have changed due to the size of the envelope; the switch over to digital TV, changes in adult social care packages, the closure of a local shop, all may take on a greater significance to those over 50 than to the rest of the population.

LinkAge Plus pilots have built on national and sometimes on their own local research into older people's preferences for accessing information to develop their websites and written information in a user-friendly way. Information has gone beyond traditional adult social care issues to include a much wider range of services and facilities. Some councils, such as Devon and Gateshead have included simple self-diagnosis tools and checklists to help signpost people to relevant services and help.

### **2.3.2 Improving websites and developing information packs**

Several pilots have worked to develop the information and navigability of council websites to meet the needs of older people. The Infostore in Leeds was awarded first prize in the new media category from the Association of Social Care Communicators for its overall excellence, particularly its clear, simple menus, the breadth of information and the ability to search in many ways, including by area. European funding has since been awarded to sustain and develop the resource beyond the funding of LinkAge Plus.

Although numbers of older people using the internet as a source of information is currently low, some pilots have found that they are appreciated by voluntary organisations using them as a research tool and then passing information on by



word of mouth; and by younger family members looking for information that would assist parents or grandparents:

*'Our older people just want human contact – they don't trust computers... I don't think older people – when I say that, I mean my older people who are well into their 70s and 80s – I don't think people of that age will ever start to use the internet to find information. They might do it in a computer class as part of learning skills but I don't think they'll ever go to the internet to find out about benefits or to get their Blue Badges.'*

(Leeds University, 2008a, p17)

A number of pilots have offered IT equipment to community centres and IT training to older people. Salford, Leeds and Nottinghamshire have all run training schemes of this sort, with Leeds, for example, training over 100 older people in the life of the pilot.

For the future, thinking is going into developing these sources in a sustainable way; often by using a portal approach and linking into organisations that will ensure that their information is up to date. In one pilot area, the idea of an older person's Wiki was being discussed, whereby a community of older people will add to and update information based on their own experiences.

### **2.3.3 Educational talks and events in community settings**

For services wishing to get across a particular message to older people, for example on safety in the home, the importance of healthy eating or regular health checks, LinkAge Plus has provided an effective focus for joint working. For example, in Tower Hamlets, the PCT's involvement in LinkAge Plus has caused it to see the benefits of working more closely with voluntary and community sector neighbourhood centres, using their venues as a forum for talks and events:

*'Without the network centres there's no natural place for older people to meet – it's absolutely the right group for preventive messages for the PCT.'*

(National evaluation interview, PCT manager)

In Gateshead, over 5,500 older people have attended sessions at a specially equipped Safety Works Centre dealing with a wide range of hazards in the home (pilot data).

### **2.3.4 Partnership working and information**

For organisations, there is evidence that LinkAge Plus is helping with partnership working, capacity building and involving older people in service design. LinkAge Plus funding has encouraged partners to work together on joint projects which have led to new and sometimes innovative solutions, helped build relationships and strengthen partnerships.

In some cases this has already led to a reduction in duplication and overlap between the work of local services, better targeting and improved cost effectiveness. In

Nottinghamshire, Tower Hamlets, Leeds and elsewhere, partner agencies, such as the Fire and Rescue and Pension Service say that LinkAge Plus has helped them to reach isolated or vulnerable people more effectively (national evaluation interviews).

Some organisations are already beginning to change the way they work, and as a result of LinkAge Plus work now have the confidence to base services in community settings. For example in Tower Hamlets, the PCT is basing some of its services in community network centres as a result of LinkAge Plus pilot work.

LinkAge Plus has enabled voluntary and community organisations, sometimes for the first time, to be able to identify the numbers and needs of people using their services, making it easier to demonstrate their effectiveness and target additional sources of funding. In Tower Hamlets, community network centres have become more vibrant as LinkAge Plus has provided pump priming money to develop outreach and social activities. Numbers using the centres have gone up and older people have been more enthusiastic about what is on offer.

The statutory sector is using LinkAge Plus funding to help develop its relationship with the voluntary and community sector and to build confidence about developing a range of approaches to linking up with older people. In future, this may well lead to a greater involvement of voluntary and community organisations in local authority commissioning approaches for adult social care.

## 2.4 Conclusion

LinkAge Plus has helped local authorities and their partners develop a range of implementation strategies for the 'no wrong door' approach that the programme was designed to test. Older people in LinkAge Plus pilot areas are benefiting from services reaching out to them to improve access to services and understanding about what is available.

The LinkAge Plus approach is helping to widen access and improve information and choice for older people. Pilot organisations and their partners say that it is improving their ability to target areas of greatest need. The real test however, will come in later years, as the impact of widened access begins to be felt by service providers.

For example, in Gloucestershire, Village Agents make around 200 direct referrals for services each month. At one point in the piloting, this had resulted in an increase of over 50 per cent for social care, although as piloting continued the number of new referrals reduced once those in acute need had been identified and referrals made (pilot data). In Salford, the customer relationship management system at the council's call centre was able to be quickly adjusted so as to change criteria for referrals when services were overwhelmed with enquiries. However, at least in the short term, widened access does put more pressure on the system as a whole and it will be important for service providers to recognise changing demands and work together to resolve funding issues.

For the future, a good deal has been learned by the pilot authorities themselves, particularly about developing partnership working and the practicalities of improving information and widening access. In some areas, approaches developed with LinkAge Plus funding will be sustained by parent authorities; in others the approach may transmute into something else. It is likely however, that even where the particular focus of activity does not continue, the networks and partnership working will continue.

Pilot authorities are finding that the LinkAge Plus approach of putting the needs of older people, as they themselves perceive them, at the forefront of provision is a good basis for improving services. Widening choice and improving access to 'low level' support is seen as 'adding years to life and life to years' and is likely to have preventive benefits (Davis and Ritters, 2007).



# 3 Benefits of LinkAge Plus for older people

## 3.1 Introduction

This chapter draws on the themed report on LinkAge Plus and benefits for older people (Daly, 2009). More detail on the issues explored in this chapter can be obtained from that report which is published at <http://www.dwp.gov.uk/asd/asd5/rports2009-2010/rrep554.pdf>

The Joseph Rowntree Older People's Enquiry in November 2005, spoke about the value that older people place on that 'little bit of help' needed to enable them to have choice, control and dignity in their lives and the difficulties they perceived in securing this. It challenged the move by social services departments away from more universal provision towards a concentration on 'life and limb' issues for those most in need.

LinkAge Plus pilots have developed a range of services that are providing that 'little bit of help' in order to promote older people's wellbeing and independence. These approaches are also there to prevent or delay the onset of more intensive support.

Evidence from pilot sites suggests that LinkAge Plus is:

- providing 'that little bit of help' which enables older people to retain choice, control and dignity in their lives;
- starting to invert the 'triangle of care' for older people with a focus on general wellbeing rather than intensive support;
- helping to develop services that are contributing to the improvement of older people's quality of life, healthy life expectancy and active participation.

## 3.2 Providing 'that little bit of help'

LinkAge Plus pilots are providing that 'little bit of help' to older people in order to promote their wellbeing and independence and to avoid them needing more intensive interventions and support.

For example, initiatives such as Nottinghamshire's Golden Gardening Scheme, which helps over 50s with grass cutting, weeding and low hedge cutting at a subsidised cost, can make all the difference to how people feel about remaining in their own homes. As Milligan *et al.* (2003) have noted:

*'Gardening is the second most common form of physical activity in older age and this is linked to better health. Gardens and gardening are a major site for leisure and leisure activity, giving psychological and social benefits. However, when gardens get difficult to manage they can be a major source of worry, impact on self-esteem and identity, and can trigger unwanted attention such as burglary, and resulting in entry to sheltered accommodation, residential or nursing care despite older people's wish to remain in their own homes and to live independently.'*

Over 1,300 gardening jobs have been carried out in Nottinghamshire through LinkAge Plus. Similarly, Nottinghamshire's Preventative Adaptation Scheme aims to give older people confidence in gaining access to their homes and gardens and when getting around the home. It does this by undertaking minor low cost adaptations in people's homes, installing things such as grab rails, stair rails, half steps or other safety features to prevent accidents. As part of the LinkAge Plus programme over 630 adaptations were completed.

### 3.2.1 Home and personal safety

LinkAge Plus is increasing older people's sense of safety and security in a variety of ways. This includes initiatives related to combating crime and the fear of crime, having the support that enables older people to continue to live safely and comfortably in their own homes.

One of the aims of A Sure Start to Later Life was to '*ensure that older people have access to services which can prevent accidents and fires in their homes*' (Office of the Deputy Prime Minister (ODPM), 2006, p. 13). In relation to this, a number of the LinkAge Plus pilots have developed fire safety initiatives, including Gateshead, Gloucestershire, Nottinghamshire and Salford.

For example, in Gloucestershire, Village Agents have been responsible for 198 referrals to the Fire and Rescue Service for fitting smoke alarms as well as fire retardant bedding for a heavy smoker with alcohol problems. The Fire and Rescue Service say that it can be difficult to locate rurally isolated older people who are at risk from fire.

In relation to general safety matters, LinkAge Plus in Gateshead has worked with the Newcastle-Gateshead Safety Works Centre to help older people better understand safety hazards in the home and how to avoid them. Safety Works is a

site-based safety centre run by Tyne and Wear Fire and Rescue Service and consists of a number of different 'scenarios' within a large warehouse space. A selection of sessions are covered, which include:

- **community health:** looking at slips, trips and falls with appropriate safety messages;
- **safe and healthy lifestyle:** advice on medication and healthy living;
- **trading standards:** how to avoid being a victim of crime and scams and what to do if you are a victim;
- **fire safety:** providing fire risk assessment information and service. Fire DVD and how to avoid hazards and be safe;
- **road safety:** roads and pedestrian safety messages are reinforced by the road safety session which gives practical advice and solutions to the everyday situations pedestrians may encounter;
- **crime prevention:** highlighting awareness of bogus callers and providing practical advice and guidance on protecting yourself and your home;
- **healthy eating:** demonstrations on menus to promote a balanced diet and discuss weight management/portion sizing, physical activity and stress busting;
- **TeleCare/Care Call:** demonstrate the services offered in the Gateshead area by Care Call – helps older, disabled and vulnerable people live safely and independently in their own homes.

### **3.2.2 Improving healthy life expectancy, active participation and quality of life**

A key feature of the LinkAge Plus pilots is the way in which they have engaged older people in activities that help them to develop and sustain social networks, are enjoyable and/or educational and/or involve physical exercise, and help improve the experience of growing older. These include initiatives designed to improve physical and mental health, education and lifelong learning, leisure, employment, welfare entitlements, social benefits and access to transport (see the Appendix, Tower Hamlets).

### **3.2.3 Physical health**

Inactivity and isolation accelerate physical and psychological decline towards premature, preventable ill-health and dependency. Older people can improve their health and quality of life by being sensible about exercise, diet and lifestyle. In addition, an increase in preventative measures, including low-level support, reduces the numbers of older people entering hospital as an emergency. LinkAge Plus is focusing resources on preventative low-level activities.

LinkAge Plus pilots have established falls prevention initiatives (talks on how to avoid hazards; sloppy slipper campaigns and exchanges, etc.) and have established

a number of physical activity schemes (walks, Tai Chi classes, etc.). In addition, some LinkAge Plus pilots are focusing on women and helping older people from minority ethnic groups to access physical activity sessions, for example yoga classes, women-only swimming sessions and sessions at fitness centres.

One example of a general physical fitness programme is Healthy Hips and Hearts in Salford. This is a series of predominantly chair-based exercises, devised by a physiotherapist but delivered through volunteer mentors, around activities of daily living. The aim is to encourage older people to participate in the exercises so that they will remain as independent as possible. Exercise sessions have been delivered in various locations across Salford including community rooms, day centres, residential/care homes, hospital units and sheltered housing schemes.

By the end of piloting, LinkAge Plus had supported the training of 119 mentors between them running 64 groups. Almost 1,000 older people in Salford had attended Healthy Hips and Hearts classes and over 3,600 were in receipt of a regular Healthy Hips and Hearts newsletter (pilot data).

In Nottinghamshire, an Activity Friends scheme has been established, which works with volunteer senior peer mentors, to reach out to the over 50s and encourage them to take part in physical activity. The scheme has a social dimension, which also helps reduce social isolation and is an important factor in people keeping up their new activities. For example:

*'Carol G is a volunteer who joined the scheme in September. She is a person who lives alone in Retford and wanted to share her time through volunteering. Her interests mainly focus around walking and she became a volunteer both for Activity Friends and the Befriending Scheme.... Having the same love of walking, Carol and Shirley were matched together... They discovered a shared love of walking and started this activity on a weekly basis.... They have also, on occasions, joined the organised walking club which meets at Retford Leisure Centre on a weekly basis.'*

(DH and DWP, 2008, pp. 2-3)

### **3.2.4 Mental health**

In addition to those projects focusing on outreach and opportunities for socialisation, a number of other projects have been developed with the aim of prompting older people's mental health. These include Devon's deep outreach, Link Up Gateshead, Gloucestershire's Village Agents' work in combating social isolation, Leeds' Social Isolation Pack, Nottinghamshire's Activity Friends, Nottinghamshire's Community Outreach work, and Tower Hamlets' Outreach work.

More detail on these schemes can be found in Daly (2009) and in Chapter 4 of this report which deals with LinkAge Plus impact on social exclusion.

### **3.2.5 Education and lifelong learning**

Opportunities for leisure, learning and volunteering are vitally important for older people but many older people do not participate in leisure or learning opportunities. In response, LinkAge Plus pilots have promoted educational activities that develop older people's knowledge and skills.



Help the Aged (2008), has underlined the importance of lifelong learning, particularly in relation to skills and knowledge required to keep pace with a changing society:

*'...unless far-sighted action is taken now to ensure that people have opportunities and resources to accumulate their skills and participate in learning as they grow older and throughout old age, there is a danger that current inequalities within our society will multiply under the pressure of an ageing population. Learning for learning's sake and the acquisition of new skills are not necessarily different things but there needs to be an awareness of the types of skills – such as financial literacy, ICT literacy, health literacy and citizenship literacy – older people need to prevent them drifting into isolation and exclusion.'*

LinkAge Plus pilots have either provided or supported educational and lifelong learning activities in a number of ways, including sessions related to health and safety, ICT skills development, as well as Salford's creative arts and Tower Hamlets' local history initiatives.

One example of such work is that of LinkAge Plus in Lancaster, supporting the Department of Continuing Education at Lancaster University's Senior Learners' Programme. This is a weekly 'University experience' for older people, aiming to promote the potential of the older person as a learner, a worker, and as a citizen. The programme operates on one day per week when it offers a range of different opportunities. There are general interest courses in subjects such as yoga, Chinese language and culture, oral history and art. In addition, there are computer workshops run by undergraduate student volunteers; a series of lunchtime talks by University staff and visits to different parts of the university. There is an emphasis throughout the day on each individual working out their own learning programme and how the learning resources of the university can contribute to it; and there is an end-of-the-day opportunity for individuals to have one-to-one advice and guidance tutorials. For further information, visit the website at: <http://www.lancs.ac.uk/depts/conted/seniorlearners.htm#generalinformation>.

### **3.2.6 Leisure**

LinkAge Plus pilots have also promoted leisure activities and opportunities. Gardening activities and support have been developed in Devon, Gateshead and Nottinghamshire. Tower Hamlets and Leeds have worked with existing community network centres which have facilitated a variety of leisure activities, from coffee mornings to art classes, bingo, musical evenings and day excursions to tourist attractions. The local evaluation report described how the combination of outreach work, pump priming money for social events and attention paid to co-ordination and transport arrangements has expanded the range of social and leisure opportunities available to older people in Tower Hamlets.

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.

### 3.2.7 Employment

A significant policy drive from Government is to increase the opportunities for older people to re-enter employment or to remain in work as they grow older. LinkAge Plus is part of the ambition to improve and increase older people's employment opportunities.

For example, Lancaster's employment bureau helped over 100 people into employment or self-employment over the piloting period. A key feature of the Lancaster approach was to personalise services to what people wanted. The fact that the bureau also dealt with volunteering was also felt to be a positive feature (national evaluation interviews):

*'We have tailored services to what people want.... We ask people what they want to do – and then go out and arrange it, rather than asking people to choose from a list.'*

(Project worker)

More detail on these schemes is given in Chapter 5 which deals with capacity building.

### 3.2.8 Welfare entitlements

Although pensioner poverty has decreased in recent years, over one in five pensioners in Britain still live below the poverty line, ethnic minority pensioners are more likely to be in low income households than white pensioners; and women's income in retirement remains significantly less than men's. A key aspect of LinkAge Plus has, therefore, been to encourage the take-up of the welfare benefits to which older people are entitled.

For example, Gloucestershire's Village Agents have been responsible for accessing more than £6,000 per week in extra benefit claims (comprising Attendance Allowance (67 per cent), Pension Credit (17 per cent), Disability Living Allowance (11 per cent), Council Tax Benefit and Housing Benefit (five per cent)). It has been estimated that this equates to over £310,000 in extra benefits paid into the county per year (The Pension Service). Success has been, in part, due to the fact that the local pension service, with the older person's permission, contacts the older person directly following on from a referral (Gloucestershire County Council, 2008).

Similarly, Nottinghamshire First Contact has helped to increase the take up of benefits. Over the past year the local pension benefit take-up figures through First Contact amounted to £1,292.87 per week with £9,051.37 paid in arrears (see Ritters and Davis, 2008).

### 3.2.9 Social benefits

Various specific initiatives have been developed by the eight LinkAge Plus pilot sites to promote social inclusion and social benefits more generally via 'upstream' activities which have been developed to help combat older people's social exclusion. This is being done by integrating services and developing universal services that offer support to older people who might otherwise face social isolation from their communities.

A more detailed description of how LinkAge Plus is helping to tackle social exclusion and promote community cohesion is set out in Chapter 4.

### 3.2.10 Transport

A further area in which LinkAge Plus has provided benefits for older people is in relation to transport. The relationship between transport and older people is one in which car ownership declines with increasing age; older women are less likely to have access to a car; and older people, specifically those over State Pension age, are more reliant than younger people on public transport (Office of the Deputy Prime Minister, 2006, p. 87). As such, older people are considerably more likely to report difficulties accessing local amenities than the rest of the population with 46 per cent of older people in rural areas and those living in deprived areas saying that access to services is difficult ODPM (2006, p. 89). (See also Cattan, 2001; Manthorpe *et al.*, 2004; Clough *et al.*, 2007). Consequently, '*a lack of mobility can prevent older people from participating in social activities and lead to low morale, depression and loneliness.*' (ODPM, 2006, p. 88).

LinkAge Plus pilot sites have developed a number of initiatives to assist older people with transport provision. For example, Gloucestershire's Village Agents have assisted with transport improvements, from lobbying for bus stops to be re-sited to organising volunteer drivers:

*'Mrs P ... told me that while she was able to get to the doctor's, as the bus would drop her off by the surgery, this wasn't a designated bus stop, so she was unable to catch the bus home as she couldn't walk to the official stop. I was able to put her in touch with a volunteer driver in X who is quite willing to take her to appointments.'*

(Gloucestershire Village Agent, quoted in Wilson, 2008)

In Nottinghamshire, the LinkAge Plus pilot worked with 39 local taxi companies to provide two £5 vouchers per month for people who had no access to a car, were not regular dial-a-ride users and who struggled to use public transport. Over 3,000 people benefited from the scheme before it was withdrawn due to funding

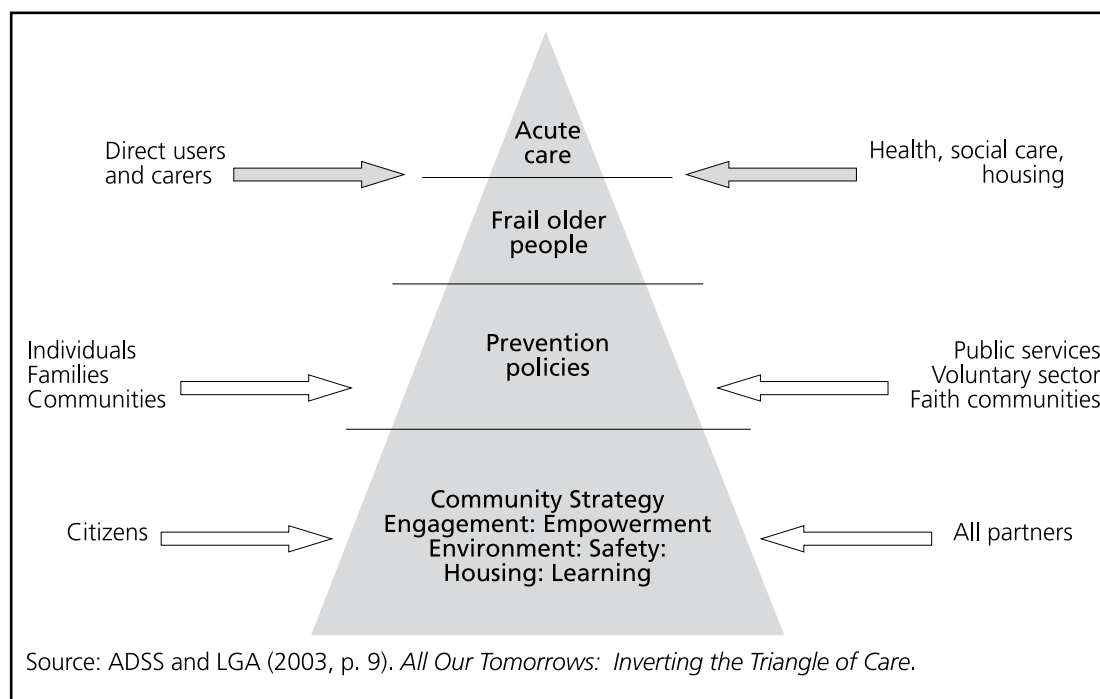
problems. Those who took part reported that it helped them feel more independent and more able to visit family and friends and to visit medical appointments and social events. Unfortunately, the scheme appears to have become a victim of its own success, with demand outstripping the availability of funds, but it does show that such a scheme can be popular with older people and deliver substantial benefits in terms of increased wellbeing and maintenance of independent lifestyles.

### 3.3 Inverting the 'triangle of care'

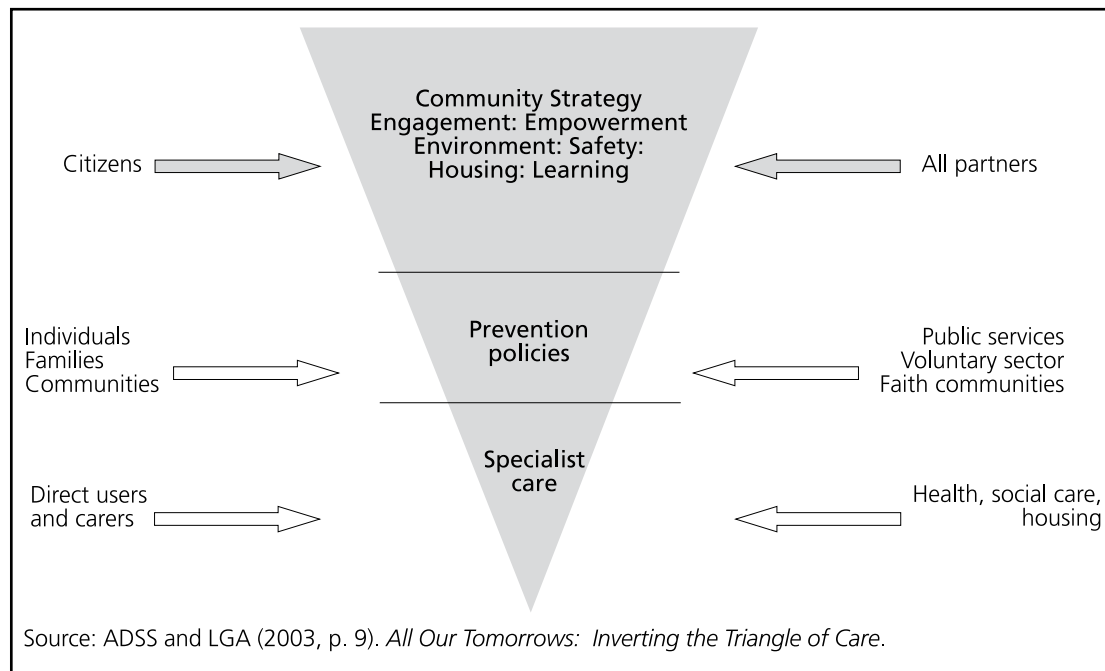
#### 3.3.1 Introducing the 'triangle of care'

The triangle of care (which is also sometimes described as the 'continuum of care') was presented by the Association of Directors of Social Services (ADSS) and Local Government Association (LGA) in their joint report *All Our Tomorrows: Inverting the Triangle of Care* (ADSS and LGA, 2003). This report suggested that currently, most resources for older people are concentrated on those with the most severe needs, that is at the apex or point of the triangle (Figure 3.1).

**Figure 3.1 Support for older people today**



*All Our Tomorrows* argued that what is needed is a reversal of this trend through a refocusing on promoting wellbeing and prevention. This would result in an inverting of the triangle of care so that the promotion of the wellbeing of older people generally is a key focus of service development and delivery (Figure 3.2).

**Figure 3.2 Support for older people tomorrow**

This approach leads to a vision of universal provision for all older people which would involve:

- universal services enabling people to be supported in the community more safely and for longer;
- information, advice and other resources available to empower older people in accessing the services they need when they need them (ADSS and LGA, 2003, pp. 9-10);
- community members, including older people, and agencies working together, taking collective responsibility for promoting the wellbeing of older people and setting priorities;
- agencies focusing jointly on what needs to be achieved and how each will contribute to this, rather than a preoccupation with internal structures and boundaries;
- professionals, while recognising their specific skills, being concerned with growing the capacity facilitators, catalysts, and enablers in developing services in the community.

Overall, the future vision presented in *All Our Tomorrows* requires that the balance of support for older people be shifted from focusing on intensive support for the frailest and most dependent older people to promoting the wellbeing of all older people. *A Sure Start to Later Life* (ODPM, 2006, p. 28) reflected this change of focus:

*'The need for a shift to preventative services, or 'Inverting the Triangle of Care' ... requires a whole systems approach. Some argue that social services have become the 'acute sector' of adult services and that a new type of service is needed.'*

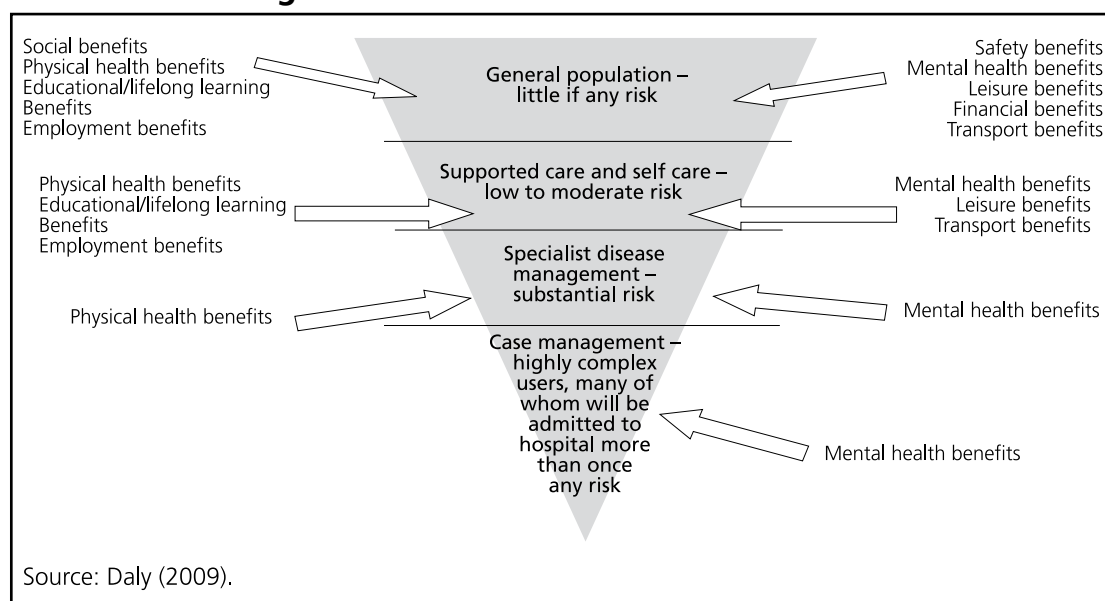
A key purpose of LinkAge Plus, therefore, is taking this approach forward. As such, LinkAge Plus initiatives are promoting new services and approaches that work 'upstream' in terms of prevention and the promotion of older people's wellbeing. By 'upstream' what is meant is the provision of preventative activities which avoid the need to undertake more intensive interventions or provide more intensive care and support at a later date (see Ardell, 1986; Cohen *et al.* (eds), 2007; Thunhurst, 2007).

### 3.4 LinkAge Plus activities and the triangle of care

Figure 3.3 maps out where many of the LinkAge Plus activities fit into an 'inverted' triangle of care as described in Section 3.3. It can be seen that LinkAge Plus benefits tend to be concentrated towards the top of the inverted triangle, with their focus on universalism, early intervention and activities which contribute to wellbeing and quality of life of older people. The use of this approach has also been followed by the DH in its Putting People First initiative for the transformation of Social Care (DH, 2008).

More detail on the types of LinkAge Plus activity that contribute to this approach are given later in this section.

**Figure 3.3 Mapping LinkAge Plus activities within the triangle of care**



### 3.5 Conclusion

LinkAge Plus pilots are also helping to provide that 'little bit of help' that is vital for promoting older people's wellbeing. Pilot sites have developed initiatives that allow older people to feel safer and more secure, promote their physical and mental health (such as exercise classes and educational and leisure activities), support them to remain living at home (such as help with domestic tasks and gardening), facilitate their re-engagement in employment where appropriate, ensure they are receiving all their welfare entitlements, promote social activities and ensure they have access to transport in order to undertake their daily tasks.

LinkAge Plus supports the vision in *All Our Tomorrows* (ADSS and LGA, 2003), in overturning the traditional triangle of care in which resources are concentrated only on those with greatest need. This vision argues for resources to be focused on prevention and universalism, rather than specialism and gatekeeping.

LinkAge Plus pilots have developed services that have filled the gap at the top of the triangle of care in order to ensure that older people get a sure start to later life. This is very much in line with the Wanless Review's observation that older people stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation.





# 4 Promoting social inclusion and community cohesion

## 4.1 Introduction

Living in and feeling part of a strong and supportive community are important indicators of quality of life for older people. The risk of social isolation and exclusion appears to increase with age (Demakakos, 2008), becoming a significant problem for people in their 80s and beyond. Women tend to experience social exclusion to a greater degree than men, so that beyond the age of 85 it is more the norm for women to experience multiple social exclusion than not. LinkAge Plus pilots have had notable successes in reducing social isolation, principally through the use of outreach. Having a strong network of partners with services of relevance to older people has been central to their success.

## 4.2 What is social exclusion?

The definition of social exclusion is discussed more widely in Daly (2009), but for the purposes of this section of the report, the definition put forward by Demakakos (2008) is helpful. Building on the English Longitudinal Study for Ageing (ELSA), Demakakos (op cit) has reported substantial amounts of social exclusion amongst older people when measured across the following headings:

- social relationships;
- cultural and leisure activities;
- civic participation, including membership of groups and voluntary work;
- neighbourhood life, including feelings of trust in the neighbourhood, perceptions of levels of safety and fear of crime;
- access to financial products, such as a bank account and having a pension;

- access to public services and amenities, including local authority and health services, but also amenities sometimes thought of as being outside the statutory arena, such as a Post Office, an ATM, local shops and supermarkets; and
- possession of consumer durables, such as a washing machine or television and access to central heating.

With slight variations, there are now two waves of ELSA data, going back to 2002/03, with a further wave of data currently being analysed. This data tracks the tangible aspects of social isolation as described in Section 4.4.2, with older people's feelings about their quality of life, their perceived state of health, loneliness and depression; together with their actual age, geographical location, marital status income and living arrangements.

There is some evidence that social exclusion can become a degenerative cycle as people with multiple levels of social exclusion report more difficulty in establishing meaningful relationships and thereby experience increasing loneliness.

Many of the problems that the LinkAge Plus programme has set out to tackle are themselves key contributors to social exclusion. For example, amongst younger older people (aged up to 80) income is a factor in older people's experience of social isolation, with those on higher incomes and those owning their own homes experiencing lower levels of social exclusion. LinkAge Plus work on increasing benefit take-up and income maximisation helps to minimise the effects of this.

Many of the LinkAge Plus pilots have been successful in helping older people access welfare benefits. For example, over 500 older people in Tower Hamlets and over 5,000 older people in Devon have had support with benefit and health claims, and in Gloucestershire, over £6,000 per week in additional benefits was claimed as a result of Village Agent work (see the Appendix, Gloucestershire).

LinkAge Plus has also supported older people to gain employment, with over 100 older people finding jobs as a result of contact with Lancaster's LinkAge Plus Employment Agency (see the Appendix, Lancaster – Employment Service and Volunteer Bureau).

Poor memory, depression and feeling unwell also put older people at risk of social isolation. In relation to mental health, those with serious memory problems experience more significant social exclusion than those without such problems. Also, across all age groups, the more excluded a person is, the more they are likely to experience symptoms of depression.

A number of LinkAge Plus pilots have specifically developed initiatives to work with those with, or at risk of developing, mental health problems. Devon, Gloucestershire, Leeds and Nottinghamshire have all approached this in different ways, from the development of training resources for community workers, to

outreach work with people facing social isolation and mental health issues.

Up to age 80, the study found a clear link between the level of exclusion, the perception of health and the existence of a longstanding illness or disability. With its focus on developing social networks and opportunities, promoting healthy living activities and exercise classes, LinkAge Plus is supporting activities that support the maintenance of good health and healthy lifestyles, thereby helping to minimise the effects of poor health on feelings of isolation.

Demakakos reports that a key finding of the ELSA study relates to the health of people aged 50 to 64 and social exclusion. Almost 58 per cent of those experiencing social exclusion describe their health as fair or poor, compared to 14 per cent of those who are not socially excluded, a difference that Demakakos describes as 'abysmal'. This would suggest that the target age group of LinkAge Plus, which is all adults over 50, is the right one if we are to tackle the effects of social isolation at an early stage.

Social exclusion also appears to have an ethnic dimension. Initial findings from the Demakakos report suggest that non-white people from black and minority ethnic (BME) communities suffer twice as much from multiple social exclusion as white people. They also suggest that people living in more densely populated areas are at greater risk of multiple social exclusion than those in non-urban or less densely populated urban areas. A number of LinkAge Plus pilots are finding ways to work through outreach in both urban and rural areas with ethnic minority groups and with service providers that are socially and culturally acceptable to members of those groups.

Demakakos concludes that social exclusion is an even more important factor than age in relation to life satisfaction and wellbeing. Particularly amongst younger older people, being socially excluded, even in just one area of life, can lead to a lower score on life satisfaction than those in their 80s who are not socially excluded.

## 4.3 LinkAge Plus and social exclusion

If we consider the dimensions of social exclusion as set out by Demakakos (2008), the LinkAge Plus approach would appear to have the capability to address most, if not all of these dimensions.

### 4.3.1 Social relationships

Developing social activities and encouraging vulnerable older people to join in through outreach is a key feature of all LinkAge Plus pilots. A range of activities including coffee mornings, classes, special interest groups, outings, exercise activities and social events have been used to bring older people, sometimes from different communities, together to socialise and help to build social networks.

### **4.3.2 Cultural and leisure activities**

Often in response to older people's requests, LinkAge Plus pilots have been able to develop new activities and outings to meet people's needs. Trips to the seaside or to art galleries; classes in crafts or IT, musical evenings, coffee mornings, exercise and educational groups have all been developed through LinkAge Plus work and taken up by older people.

### **4.3.3 Civic participation, including membership of groups and voluntary work**

Although funding for LinkAge Plus has been channelled through local authorities and Primary Care Trusts (PCTs) most of the funding has actually been spent in the voluntary and community sector. Volunteering has been a key part of many of the pilots. In Lancaster, LinkAge Plus has established an employment and volunteer bureau which has developed skills and placed older people into meaningful occupations for them. Lancaster and Gateshead have also established time-banking schemes. Older people's councils and forums are also a key feature of LinkAge Plus pilots (see the Appendix, Gateshead).

### **4.3.4 Neighbourhood life, including feelings of trust in the neighbourhood, perceptions of levels of safety and fear of crime**

A more detailed exposition of how LinkAge Plus has impacted on community cohesion is given in Section 4.5, but many of the pilots have worked hard to reach out to minority and under-represented groups. Work has included the employment of people from minority communities to develop activities and work in settings that will be culturally acceptable to members of that group. Inter-generational work has been encouraged by some pilots. In Lancaster, schoolchildren have worked as volunteers with older people taking out wheelie bins and in Leeds links have been made with young people at a local college.

### **4.3.5 Access to financial products, such as a bank account and having a pension**

Although LinkAge Plus has not focused directly on issues such as access to bank accounts, most pilots have worked with older people to help maximise their income, particularly through benefit checks. Some pilots have gone further and helped with debt counselling and budget management.

Help the Aged (2008, p14), has called for the LinkAge Plus programme to include financial education and advice for older people. It also called (op cit, p. 1 and p. 30), for the LinkAge Plus model to be explored in terms of its capacity to deliver and provide information on informal learning opportunities.

More details of LinkAge Plus pilot activity in relation to lifelong learning is given in Daly (2009) and Section 3.2.5 of this report.

#### **4.3.6 Access to public services and amenities – including local authority and health services, but also amenities sometimes thought of as being outside the statutory arena, such as a Post Office, an ATM, local shops and supermarkets**

With its focus on ‘no wrong door’ and improving information and access, all LinkAge Plus pilots have been actively working in this area. Specific initiatives are discussed more widely in Ritters and Davis (2008) and Section 4.5 of this report (see the Appendix for further detail on pilot activity).

LinkAge Plus pilots may not have been directly involved in debates around, for example, the closure of local post offices, or the siting of ATMs or supermarkets, but older people’s forums, such as Devon’s Senior Council, Gateshead’s Older People’s Assembly and Salford’s Forum for Older People have helped give older people a voice in local issues. In Salford, older people have been involved in service scrutiny for the local authority, reporting on cultural services, home care and council communications.

In some cases LinkAge Plus has set up new services that are of benefit to older people, for example, gardening services in Nottinghamshire, or have encouraged voluntary organisations to develop new businesses along the lines of the social enterprise model. In Leeds, for example, a delivery service for healthcare needs was set up by one of the network centres on a social enterprise basis.

#### **4.3.7 Possession of consumer durables – such as a washing machine or television and access to central heating**

Whilst not specifically targeted at the provision of consumer goods, the LinkAge Plus pilots have worked on income and benefits maximisation, often in partnership with The Pension Service and other benefit advisory agencies. Fuel poverty has been addressed by widening access to Warmfront and similar schemes, by which older people are given help to make their homes more energy efficient and to help with the provision of central heating boilers.

Work on minor aids and adaptations, and help with domestic chores and gardening has also formed part of LinkAge Plus pilot work. This is described in more detail in Daly (2009) and also in Section 3.2 of this report.

### **4.4 Mental health and social isolation**

People with mental health problems experience significantly greater social isolation than those without (Demakakos, 2008). LinkAge Plus has therefore worked on a number of initiatives that focus either directly or indirectly on improving the mental health of older people. These include Devon’s deep outreach work, Link Up Gateshead, Gloucestershire’s Village Agents’ work in combating social isolation, Leeds’ Social Isolation Pack, Nottinghamshire’s Activity Friends, Nottinghamshire’s Community Outreach work and Tower Hamlets’ Outreach work.

For example, in Devon a deep outreach mentoring service has been introduced for older people who have experienced some kind of downturn in their lives, often leading to loneliness, isolation and a risk of or actual social exclusion. In this project mentors have worked successfully with people who had resisted using statutory services and were fearful of them. In addition, mentors are able to take time working with service users and provide personalised approaches through building personal goals, often incrementally, and not fitting people to existing or obvious solutions.

In Leeds, LinkAge Plus has developed a resources pack (Department of Health (DH)/Department for Work and Pensions (DWP), 2008) to inform practitioners of what they need to know in order to work effectively with socially isolated people. It applies principles of holistic working and includes information, signposting, training and best practice. The pack summarises research into social isolation – what it is, what causes it, and the potentially disadvantaged groups most at risk of it. It goes on to describe good practice – how to target socially isolated people, how to encourage take-up of services that people are reluctant to access, and information on specific areas such as mental health, debt and finance, care homes, minority ethnic groups, lifelong learning, bereavement, Telecare and equipment. There is also a section on coping strategies for workers and good practice case studies, along with a set of questions which enables the pack to be used as a training aid. An outline of a three-hour training session for practitioners is also included.

Feedback has been very good and the demand has taken producers somewhat by surprise. It has gone out to practitioners in the statutory and voluntary and community sector and is now on its second reprint.

More detail on these and other LinkAge Plus schemes that have a positive benefit on mental health can be found in Daly (2009).

#### **4.4.1 Service delivery aspects of LinkAge Plus**

Apart from the tangible services and access to help that the LinkAge Plus pilots have developed, there are a number of aspects about the way the pilots work which may in themselves make them more effective in trying to lift older people out of social isolation. These include:

- **outreach and befriending:** actively setting out to find and reach out to older people at risk of social isolation, often working through recommendations and word of mouth; through local housing associations and sheltered housing schemes, or by leafleting targeted areas;
- **community focal point:** outreach linked to a centre in the community where older people can meet for social and learning activities, and which are a centre for information and advice has proved to be a particularly effective way of reaching out to older people. A description of how this has worked in Tower Hamlets is provided in Section 7.4;

- **voluntary and community sector:** channelling LinkAge Plus funding through community-based voluntary organisations has worked well. This is because often the centres are well established in their communities, are not associated with the statutory sector and are trusted by local people. They are cost effective and are able to enhance services through working with volunteers and attracting charitable funding. They are also community-based and accessible to people in a particular neighbourhood; and
- **joining up:** by linking together a number of statutory service providers, the pilots have been able to raise the profile of the needs of older people amongst counterparts, so that specific services have been built into service planning. The pilots have sometimes helped service providers to reach older people that would otherwise have remained hidden, and to enhance the effectiveness of referrals through activities such as Nottinghamshire First Contact where one service provider is able to identify multiple areas of need and refer directly.

There is a more detailed exposition of how the LinkAge Plus approach works in relation to joining up and working with the voluntary and community sector at Section 4.4.2. A description of how the outreach and befriending works in relation to network centres is given in Section 4.4.2.

#### **4.4.2 Tackling social isolation through outreach**

In Tower Hamlets, LinkAge Plus has put resources into supporting five community-based network centres and on using outreach workers to strengthen links between the centres and local older people. Outreach workers have sought out and made contact with socially isolated older people and encouraged them to join in activities in the centres. They have also worked on a one-to-one basis with older people to ensure they are accessing services to enhance their quality of life.

LinkAge Plus pilot funding has been used to establish network co-ordinators and outreach staff at five network centres across the borough. Typically, this funding has paid for a network co-ordinator and two to three outreach workers (either full- or part-time) who are managed by the network co-ordinator. Outreach staff primarily work to identify and connect with socially isolated people but also have a role in developing and organising activities in the centres themselves. Staff are often employed and managed by the organisations running the network centre, which are usually charitable, voluntary and community organisations.

*'There is a chasm between older people who are OK and self sufficient and those that are 'in need' and get a day centre... LinkAge Plus has helped bridge that chasm.'*

(Project manager, national evaluation interview)

Outreach workers have developed contacts with a wide range of people in the community to help them identify isolated older people. If the older person wishes, the outreach worker can spend time with them to talk about their needs and possible sources of help and support. This can range from carrying out a single

assessment process, to advice and information and actually arranging services for them from statutory service providers. People are also encouraged to take part in events and activities in nearby network centres.

This approach in Tower Hamlets has helped create a 'virtuous cycle' of development, as illustrated at Section 7.4. Outreach is successful in increasing the throughput of older people into local network centres and in helping the centres to identify and provide activities that are attractive to older people. This in turn helps the centres to attract services and funding from the statutory sector to help support the development of further activities that go to make the centres more vibrant. The establishment of well frequented network centres helps older people to develop and sustain social networks which are an important part of wellbeing and successful ageing and help to combat social isolation.

Statutory services are also increasingly recognising the value of the network centres as places where they should have a presence to promote messages about healthy and safe lifestyles and sometimes as a base for services themselves. The PCT has agreed to jointly fund the LinkAge Plus approach going forward in Tower Hamlets and is looking to expand the range of its services made available through the centres.

*'LinkAge Plus has definitely changed the PCT's way of working. It's made us much more outward looking. Having the falls service in the community rather than then community having to come to the falls service is already a significant shift.'*

(PCT manager, national evaluation interview)

## 4.5 LinkAge Plus and community cohesion

Community cohesion has been defined as:

*'... what must happen in all communities to enable different groups of people to get on well together. A key contributor to cohesion is integration which is what must happen to enable new residents to adjust to one another.'*

(DCLG, 2008, p. 10)

As part of this definition, the Government envisages strong and positive relationships between people from different backgrounds, together with a shared vision and sense of belonging.

Although not always central to their work, many of the LinkAge Plus pilots have contributed to the building of relationships between older people from different backgrounds and inter-generationally.

Meeting the needs of minority or BME groups has been a priority for LinkAge Plus pilots, partly because of the link (described in Section 4.2) between social isolation and ethnic minorities but also as a contribution towards community development and community cohesion. However, this work can sometimes be challenging and pilots have had to develop a range of approaches in order to be successful.



For example, cultural norms can make it difficult to access particular groups and encourage them to join in mainstream activities if these are not tailored to make them culturally acceptable to that group. In Devon, whilst Muslim men were users of a specialist day resource, it was proving more difficult to make contact with their wives whose cultural expectations kept them in the home. LinkAge Plus workers set up a prisoner support group, with the women meeting to make cards to send to Muslim prisoners during Ramadan and at Eid, to encourage the prisoners to stay away from crime when released. (Devon, 2008, p. 5)

Devon has also worked to establish specialist community mentors to meet the needs of BME elders and to provide culturally specific information events. They report (Devon, 2008) that the fact that they come from similar ethnic backgrounds with knowledge of religious, gender and ethnic issues makes them much more acceptable to community elders in a way that outsiders are not. Recruitment from BME communities has also enabled the development of skills and a greater degree of understanding between different community groups.

In addition to working with individuals, pilots have helped to break down barriers between different ethnic groups in a particular neighbourhood. For example, in Tower Hamlets, LinkAge Plus worked with a centre that had previously seen itself as solely used by the Bangladeshi community and sought to widen access to other groups. It did this by firstly inviting older white people from the locality to use the centre for coffee mornings etc. It then moved onto events designed to bring the two communities together, such as musical evenings, featuring both Bangladeshi and western music. Progress was slow at first, but by the end of the pilot, there was felt to be a completely different atmosphere in the centre, with much greater tolerance, understanding and socialisation between the communities:

*'There was an 'us and them' attitude that LinkAge Plus has made a good contribution towards resolving. Is still work to be done. The demonstration of community cohesion is not just seen in one event, it can be seen almost every day. In the wider community there is still work to be done.'*

(National evaluation interview, project worker)

*'It is a garden of various flowers now.'*

(National evaluation interview, project worker)

*'You can hear the sound of laughter... and it is not just one community that is laughing.'*

(National evaluation interview, project worker)

LinkAge Plus pilots have also begun to break down barriers between old and younger people, through Timebanks in Gateshead and Lancaster and through various other volunteering schemes. For example, in Leeds, links between Leeds University and a local college have brought young people into the work of the neighbourhood network centres on a regular basis. This has benefited both the work of the centres and the young people and will extend beyond the life of the LinkAge Plus pilot.

## 4.6 Conclusions on social exclusion and community cohesion

The LinkAge Plus approach has the potential to address most, if not all of the measures of social exclusion as identified by the ELSA study.

Outreach, particularly when linked into vibrant community-based network centres, has been shown to be an effective way of reaching out to social isolated older people and encouraging them to develop social networks, whilst at the same time helping statutory service providers reach out to those who could most benefit from their services.

However, on its own, outreach is not a panacea. It has to be able to link into something that older people want. Without a network of statutory service providers with relevant services, or network centres with enough vibrant, stimulating activity for older people to enjoy, it will not be capable of developing beyond a befriending service – valuable in itself but not contributing towards the development of social networks that are so vital for older people.

Whilst pilot status gives organisations valuable space to develop connections and new services, further benefits in terms of links with more established statutory sector services are possible once funding is mainstreamed. Links can be strengthened by building them into contracts for service providers (for example GPs) that they should engage with LinkAge Plus type of services reaching out to vulnerable older people.

Because of their roots in the community and willingness to engage with people on their own terms, pilots have started to make some inroads into connecting with particular groups who may in the past have been hard to reach because of specific cultural or religious expectations. Pilots have also begun to create activities to bring the differing groups together, helping to break down some of the preconceptions that underpin a lack of social and community cohesion.

Because of their focus on people over 50, LinkAge Plus pilots have been able to reach out to those aged 50 to 64 with poor physical or mental health who are vulnerable to social isolation according to the ELSA study. This has implications for the target age group of other older people organisations and initiatives, which may only focus on those aged 60 or 65 plus.

There are a number of good examples of pilots developing lifelong learning opportunities for older people, both for leisure and in order to develop lifeskills, such as computer skills. However, Help the Aged (2008, p14), has called for the LinkAge Plus programme to include education and advice to impart financial capability in older people. Help the Aged also called (op cit, p. 1 and p. 30), for the LinkAge Plus model to be explored in terms of its capacity to deliver and provide information on informal learning opportunities.

# 5 LinkAge Plus and capacity building

## 5.1 Introduction

Evidence in this section is largely drawn from Willis and Dalziel's themed report for the LinkAge Plus national evaluation on capacity building (2009) together with national evaluation interviews and local evaluation reports. The Willis and Dalziel report can be viewed in its entirety at [www.dwp.gov.uk/resourcecentre/research\\_analysis\\_stats.asp](http://www.dwp.gov.uk/resourcecentre/research_analysis_stats.asp).

A key feature of the LinkAge Plus pilots is how they have built capacity in both the statutory and voluntary and community sectors in terms of strengthened partnerships, improved skills, knowledge and understanding, new techniques and processes and a more people-centred approach to the design and delivery of services. Much of this legacy will continue beyond the life of pilot funding, being absorbed into new ways of working, even where the specific pilot projects come to their end.

## 5.2 Capacity building through LinkAge Plus

The Willis and Dalziel report took a broad approach to the definition of capacity building, to include:

- Enhancing inputs and processes such as leadership and management skills, partnership working and organisational learning.

LinkAge Plus pilots were built on partnership working and, with very few exceptions; partnerships were considerably strengthened by the end of piloting. There are many examples of strong leadership and commitment at all levels of responsibility and in both the statutory and voluntary and community sector organisations. Learning was enhanced through the involvement of older people, through partnership working, local and national evaluations and project governance meetings. Some pilots also established local support groups, ran training sessions and developed training packs for particular areas of work.

- Involving and empowering citizens in order to promote the development of confident and healthy communities.

All of the pilots had mechanisms for involving older people both at a macro level, informing policies of statutory sector organisations, through older people's councils and forums, and at a micro level, through opportunities for volunteering and involvement. Healthy communities were encouraged through health education sessions and exercise classes in community settings.

- Improving services through increasing productivity, innovation and the avoidance of waste or duplication.

Strong partnerships helped statutory and voluntary and community sector organisations co-ordinate activities for older people enabling them to focus on areas of strength and avoid duplication. LinkAge Plus referrals helped service providers reach those most in need more easily and quickly than before, helping to make their services more effective. Older people's input to policy making and development is helping to make services more relevant and effective.

- Improving wellbeing and quality of life outcomes for individuals and communities.

Starting from the point of view of older people themselves and working with them to develop activities that are involving and engaging, help build social networks and encourage healthier lifestyles is part of the LinkAge Plus approach and has improved the quality of life of those involved. There are numerous case study examples from the pilots where LinkAge Plus has made a significant difference to older people's lives.

More specifically, LinkAge Plus has contributed to local capacity building in the following ways:

- **enhanced skill and knowledge:** resulting in better ways of working within existing services;
- **more effective processes:** to enable access to, and targeting of referrals for, information, advice and services;
- **better understanding:** of the type and range of services offered by statutory, voluntary, community and private organisations and the ability to focus on appropriate strengths and specialisms;
- **joined up or integrated services:** resulting in efficiency gains through reduced duplication;
- **holistic understanding:** of older people's quality of life outcomes resulting in people centred, rather than organisational or service centred, approaches to strategic commissioning and operational procurement;
- **older people having new opportunities to socialise:** through involvement in social, training, leisure and networking activity;

- **creation of employment, self help and volunteering opportunities:** which develop new skills and social capital through the engagement and empowerment of older people;
- **market development:** resulting in new organisations and preventative services being created to work with and for older people by partnerships of statutory, third sector and private organisations;
- **multiplier effects:** where older people, either individually or collectively, have been at the centre of policy development and service design or empowered to identify outcomes and create innovative solutions.

Each of these is considered in turn.

### 5.2.1 Enhanced skill and knowledge

Direct and indirect training of key staff from statutory and third sector organisations was an integral feature of most of the eight LinkAge pilots. Leeds capacity building grants have benefited 41 organisations including nine BME groups. They have been used to invest in equipment, training, planning, leadership, and volunteer recruitment and skills development; to establish the role of older people as 'peer mentors'; and to establish a website and purchase screen-reading software for blind Asian people.

Work that went into creating the Infostore website in Leeds has led to a greater understanding of the range and types of services available for older people. The website is now seen as a key source of information by organisations and professionals working with older people.

*'My first reaction was "this is a brilliant new worker tool". I don't think any experienced worker would have been surprised by what is in there but for a new worker, absolutely brilliant. It is such an easy system to use that you could easily train up a new worker or volunteer to use it.'*

(Voluntary and community sector worker, as quoted in Leeds, 2008b)

### 5.2.2 More effective processes

LinkAge Plus pilots have helped older people to access understandable, reliable and locally available information, advice and referrals. For example, the Lancaster Care Navigator Service is a project delivered by the city council in partnership with a voluntary and community sector provider and run mostly by volunteers. As well as making referrals to partner organisations, the service also provides support and coordinates the arrangement of relevant services for older people. LinkUp in Gateshead works in conjunction with the Older People's Assembly to enable partner organisations and individuals to better help and signpost older people.

Gloucestershire's network of Village Agents is supported by a web-based gateway process through which they can work with older people to access information and make appropriate service referrals.

*'Village Agents are now ringing us up to make sure we are delivering our services to their particular older person. "Have you done this for so and so and if there any up date on Mrs B's...?".'*

(Statutory service provider, as quoted in Wilson et al., 2008, p. 11)

LinkAge Plus information and referral networks have in many areas led to more effective processes and more targeted referrals:

*'Prior to this we had a cold calling protocol and it had been decided that you cannot call on doors, so the approach has been to stand outside supermarkets or in town centres, approach people and ask them if they would like a home fire risk assessment... generation of referrals can be quite difficult because not everyone wants you in their home.'*

(Fire and Rescue Service interviewee, national evaluation)

Because of the national dimension to the LinkAge Plus programme there has been a need to capture, sometimes for the first time, information about throughput and targeting of vulnerable older people through pilot activities. Although many pilots reported initial difficulties in getting partners, some quite small voluntary and community sector agencies that had not had to measure activity before, to measure activity, by the end of piloting many reported benefits:

*'We have certainly pulled our socks up a bit I would say with the monitoring, mostly in the area of the inputting, so there's been a lot of staff and volunteer training or twisting of arms to do more or to do it differently and to do it more consistently across the whole team, so I feel that one outcome is that we have got perhaps more reliable information, and that's a good thing to be able to give attention to the database.'*

(Voluntary and community sector interviewee, as quoted in Leeds University, 2008b)

### 5.2.3 Better understanding

In addition to provision of information and advice, most of the LinkAge Plus pilots sought to improve staff and older people's understanding about who offers what. Many pilots are working with local organisations to find better ways to deal with older people's concerns, looking for ways to co-locate useful information for professionals and older people. The result is the creation of more effective ways to understand what information and services are available and putting older people in touch with appropriate organisations that can help them (see the Appendix, Lancaster).

For example, in Lancaster local evaluators have commented:

*'We are clear that the Care Navigator Service led to an expanded range of partners working together. Valuable links were forged with other organisations; the Fire Service for example, who now knew where to refer vulnerable clients they met when conducting fire safety checks, or responding to call-outs. Overall, in our enquiries we identified a feeling that different agencies, particularly statutory, providing for the needs of older people were*

*more “joined up”. Referrals were received from a widening group of partner organisations such as the Primary Care Trust, the Intermediate Care Team, and Nurse Visitors as well as through self referrals by phone and ‘over the counter’.*

(DH/DWP, 2008a)

#### **5.2.4 Joined up or integrated services**

LinkAge Plus pilots have promoted partnership working to improve older people's access to services. In pilots such as Tower Hamlets, Leeds, Gloucestershire and Devon, people aged 50 and over are helped to access local services through community network centres and through outreach workers. A simplified process for obtaining services has been created by a number of partner organisations working out of the centres or in close contact with them:

*‘Where we make a really important difference is where somebody comes to us, perhaps through a friend or maybe through the community nurse or whatever, where they’re at a turning point in their life and they’re undergoing a loss whether it’s a partner or their health has gone and the mode of transport, whatever it is, and they have to almost remake their sort of routine, and then those are times when I have felt, after maybe three months or more, the person has started going out and joining in and moving forward.’*

(Voluntary and community sector outreach worker, quoted in Leeds University, 2008b)

*‘With LinkAge Plus you can take chances. In one area there were two English as a second language classes, one for Bengali and one for Somali women. LinkAge Plus organised an Eid party for the two groups; Bengali and Somali women went together.’*

(Voluntary and community sector manager, national evaluation interview)

#### **5.2.5 Holistic understanding**

The research presents emerging evidence of a shift from a focus on developing access, integration or partnership working towards improving outcomes for older people. For example, Salford LinkAge Plus created a specialist housing signposting service (see the Appendix, Salford – Housing Options Service) that provides housing advice for older people to help them make informed and sustainable housing choices.

*‘The main outputs are set out in the LinkAge Plus reports, but the outcomes are more important. For example, Housing Choice is not about getting people to move house, although that may be the output. Its outcome is really about giving residents greater control in terms of where and how they live. The Housing Choice team “don’t go out with an agenda”. It’s about matching need with provision. Older people can sometimes be ‘hard to reach’. Housing Choice help with repairs and maintenance. If moving house is the preferred*

*option, they try to encourage/enable residents to make contacts within the new area, whether the clubs, pubs, doctors. There is also a follow-up visit from the team. These are again outcomes rather than outputs.'*

(Strategic manager, national evaluation interview)

Many pilots reported shifts in focus regarding services for older people on the part of commissioners in the statutory sector, partly because of developments in general regarding older people and ageing society, but also because of the influence of the LinkAge Plus pilot locally:

*'There is a greater emphasis on well-being – preventative work. Innovation is breaking out of the health and social care silo. There is committed leadership and better public events for older people with greater "reach".'*

(Voluntary and community sector organisation manager, national evaluation interview)

*'...[this authority] is engaged in a process for older people, the changing age profile is beginning to be understood here. This profile surprised many. They are developing local indicators around dementia; this may not have happened without the higher profile achieved through LinkAge Plus.'*

(Adult social care manager, national evaluation interview)

*'I'm using LinkAge Plus even now – even though we don't have the full evidence base – to justify to CSCI that we are now helping people to live at home. I'm saying that is a good thing – we've got a performance story – the reason for that is that because we are doing all this people are not coming through our doors for community care assessment – it is a perverse incentive indicator – a challenge for CSCI!'*

(Adult social care strategic director, national evaluation interview)

### **5.2.6 Older people having new opportunities to socialise**

Some of the LinkAge Plus pilots have adopted network development approaches to enable older people to socialise through involvement in social, training and leisure activities. Examples include services designed to address broader community and social wellbeing outcomes by creating and maintaining social capital. The Tower Hamlets Community Network Centres provide community resources such as cafés, leisure and fitness facilities and classes, and educational facilities to help older people develop friendships and social networks.

*'I've been working with the local community since 1994 and I've never seen elderly Asian women taking part in exercise sessions. But this has happened through LinkAge Plus. The yoga session is very popular; people come after they've visited the mosque.'*

(Voluntary and community sector manager, quoted in Aston University, 2008)



*'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.'*

(Resident scheme manager, quoted in Aston University, 2008)

### **5.2.7 Creation of employment, self help and volunteering opportunities**

The research found a small number of examples of the development of employment, self help and volunteering opportunities for older people, including engagement with the private sector.

The most significant employment and volunteering initiative was the Lancaster 50 Forward Employment Agency and Volunteering Bureau. This project is a partnership arrangement that provides employment and volunteering opportunities specifically tailored to meet the needs of older people and empower them through engagement in paid or unpaid work activities. Over 100 older people were placed with 71 local employers during LinkAge Plus piloting. A further 272 volunteers were registered as part of the scheme.

*'This project has shown that there is considerable interest in employment and volunteering amongst older people. Many of these people do not feel comfortable approaching mainstream services for support on these issues, preferring a service that they perceive as being tailored to their needs.'*

(Lancaster University, 2008)

*'Older people themselves value a personalised approach and often feel that Jobcentre Plus does not cater for their needs.'*

(Lancaster University, 2008)

*'The majority of users of the service were able to identify direct (e.g. finding employment) or indirect (e.g. enhanced confidence) economic benefits. The Service tended to meet requirements best when the user was receptive to a range of help (e.g. volunteering, combined with training, etc.) rather than seeking a full-time post in a specific sector.'*

(Lancaster University, 2008)

Volunteering was a feature of LinkAge Plus activity in most of the pilots. For example, in Gateshead almost 200 people were involved in volunteering through a Time Bank initiative. In Leeds, across the city as a whole, almost 1,500 volunteers support the neighbourhood network schemes, some of which were part of the LinkAge Plus pilot. Over the life of the pilot, the number of older people volunteering in Leeds rose by 16 per cent.

### 5.2.8 Market development

National and local evaluations found limited evidence of the creation of new organisations and working with the private sector. However, through the development of networks and working with those organisations already in contact with older people, there emerged a better understanding of what was already available in the private sector for older people:

*'Something I've learnt through LinkAge Plus, a lot of pubs are putting on pensioners' afternoons and they are packed. It is a good place to see older people that don't really take part in activities that we organise. I think it is quite interesting that we can get a roomful of 90 people in a pub that you normally get at social centres. I don't think they go to drink – that hasn't anything to do with why they go – it is just that they have been members for years and they are carrying on with the people they have known.'*

(Leeds University, 2008b)

*'There is a project with Manchester United. The club wants it to be about social benefits, but there is also an element of health in there too.'*

(Adult social care manager, national evaluation interview)

*'Transport was a problem, and two taxi companies had to be 'sacked' for their unreliability in picking up older people. It is important to have the right people doing the right job. The transport issue has now been resolved.'*

(Facility manager, national evaluation interview)

In Leeds there were examples of new social enterprise services being set up from the bases of the neighbourhood network centres supported by LinkAge Plus. Also in Leeds, the profile of the neighbourhood network centres was raised as a result of LinkAge Plus piloting, so that, for example, they were consulted as part of a Commissioning Options Appraisal for the city council. Local evaluators have commented that this has contributed to the voices of all neighbourhood network centres, even those who rarely attend meetings, being heard as part of the review.

*'The timing of Linkage Plus could not have been better. If Linkage were not there, the culture of the review would probably have been very different. Linkage Plus has raised the profile of wellbeing.'*

(Townsend and Moore, 2008, p. 41)

There is emerging evidence that the work of the LinkAge Plus pilots is fostering a change away from traditional needs or service-centred approaches towards strategic commissioning founded on an holistic people-centred approach. The focus of such work is on improving outcomes for and with older people and not simply ensuring improved access, integration or partnership working. This is clearly in line with the analysis and recommendations of *Opportunity Age* and demonstrates an

approach to capacity building that recognises older people as independent and active citizens, participating in and shaping their local communities.

A number of new preventative services have been developed with and for older people as part of the LinkAge Plus piloting. These include the expansion of work in community network centres in Tower Hamlets and the Broad and Deep Outreach projects in Devon, as well as the implementation of an approved trader scheme in Nottinghamshire.

*'The Approved Trader scheme – one of the routes in was doorstep crime, leading us to think about vulnerable adults – average age profile, female 82 – and link into the handypersons scheme. The scheme was designed with help from Help the Aged. It is being targeted and pumped out through meals on wheels, home helps, etc.... A huge organisation like the county council comes into contact with people – it's finding those channels. We've pumped it out through people who meet the hard to help. It's also been widely advertised on the web as well. There's a national brand, 'buy with confidence', bringing an area of confidence which in a small way helps elderly people retain independence in their own home. If they feel they can't maintain their own home, they feel they can't trust anyone to help them do that, so ...'*

(Service director, national evaluation interview)

Gardening and handyperson schemes have been implemented or expanded in a number of pilots, for example in Gateshead:

*'Mrs P, a widow, aged 63, has agoraphobia. She is unable to go out, but gets great pleasure from her garden. She has had people help her in the past, but because she is unable to go out and see what they have done, she has been charged for work not undertaken. The gardening service can visit to cut back the hedges, and keep the structure tidy, which means she only has to find someone to mow the lawn on a regular basis.'*

(Peter Fletcher Associates, 2008, p. 50)

There is the potential for some elements of the LinkAge Plus model to be extended to other areas and other groups. For example, in Nottinghamshire a service manager commented:

*'I am desperate to do a First Contact for families. It is a concept that everyone has warmed to. I'd need another full time member of staff to expand the scheme to vulnerable adults and families. I have had a preliminary meeting with Sure Start – each district is different and has different pots of funding.'*

(National evaluation interview)

### 5.2.9 Multiplier effects

Engagement with older people is a central feature of the philosophy and practice of LinkAge Plus. A number of the pilots developed this into initiatives that went beyond service delivery to enable older people to be at the centre of policy development and service design and empowered to identify outcomes and create innovative solutions. Some built upon existing involvement processes whilst others used the opportunity presented by LinkAge Plus to create new consultative and participative innovations.

*'Overall the LinkAge Plus pilots were fantastically fortuitous in their timing. They arrived on the scene at exactly the right time – BGOP [Better Government for Older People], the focus on demographics ... It was at the right time, at the right place, and continues to be so. Fantastic timing, particularly for [this authority]. We had almost been on the verge of launching [a LinkAge Plus project], and at that point there was a restatement of organisational pressures, and out of the melting pot came LinkAge Plus.... The national political and social scene has changed in the last two years so the councillors themselves have perceived this entirely in parallel and in continuity with the emerging new responsibilities of councillors and local authorities generally. They could see that what was being tested out in [this authority] was entirely congruent with how government now viewed them, and this was an example of how it might look like.'*

(Adult social care manager, national evaluation interview)

*'I have been here less than a year. I came from another authority where we didn't have a LinkAge Plus pilot. I really noticed the difference. In ... [old authority] we were struggling all the time with how we disinvest to reinvest. Here we've had that gift.... I feel I walked into a different culture here – also at the PCT [Primary Care Trust] they are generally more attuned to the need for carrying out preventative work.'*

(Adult social care manager, national evaluation interview)

*'If we did not have our BME focus group, if the BME focus group did not have people like myself on that group, that information [from Sikh ladies about their concerns on unmet needs] would not have gone to you or would not have gone to the PCT or [the council].... One little organisation can do nothing, but if ten or twelve of you say something, people will take notice. So if we developed more strategically, it will have an effect.'*

(Townsend and Moore, 2008, p. 27)

*'Scrutiny with the OP Forum was "interesting and brave", facilitating the measurement of local authority services chosen by the older people themselves. Culture and Leisure, Domiciliary Care [where the independent sector was involved with tact and care] addressed the negative perceptions around providers. It turned attitudes around and many recommendations were made to support agencies.'*

(Voluntary and community sector organisation manager, national evaluation interview)

### 5.3 Conclusions

The evidence presented here does not purport to be a comprehensive analysis of every aspect of the ways in which the eight LinkAge Plus pilots have enabled capacity building in relation to working with and for older people. Rather it seeks to demonstrate the wide range of initiatives which have been created across the eight pilot sites and analyse how they can contribute to an overall framework for effective capacity building. The evidence thus provides exemplars of approaches that could be adopted and adapted elsewhere by local authority, third sector and private organisations that seek to unlock and empower the potential of working with and for older people as independent and active citizens.

Several of the examples provide evidence of more than one of these dimensions, demonstrating the importance of interconnectedness between complementary aims. For example, work to develop more effective processes to target referrals for information, advice and services often result in a better understanding of the type and range of services offered by statutory, voluntary, community and private organisations and the ability to focus on appropriate strengths and specialisms.

Thus, whilst Gateshead Link-up can be presented as an example of *'more effective processes being generated by local organisations to target referrals for information advice and services'*, it also has features of other capacity building dimensions. The Gateshead pilot's training aspects have sought to enhance social care workers skills and knowledge; its work with local organisations has resulted in a better understanding of the type and range of services offered by partner agencies and the ability to focus on appropriate strengths and specialisms; and its simplified referral process has aimed to achieve efficiency gains through reduced duplication. This and other LinkAge Plus pilots demonstrate how a comprehensive approach can be developed to ensure the better use of existing services.

The LinkAge Plus initiative has resulted in staff improving their skill and knowledge in the use of existing resources to achieve better outcomes for older people. Learning on the job, through day-to-day interaction with older people and colleagues in other organisations, has been an integral feature of the LinkAge Plus approach. However, the research found limited evidence of specific skill and knowledge training particularly for staff in voluntary and community organisations and none which directly involves the private sector.

All of the pilot projects included an element of developing the capacity of the system to ensure older people can access understandable, reliable and locally available information and advice and be referred for service where appropriate. Typically these initiatives were designed to improve organisations' capacity to target advice and information more efficiently and effectively and brought together multiple statutory and third sector organisations working in partnership.

Most of the processes to improve access and targeting of referrals also included work to improve understanding of the type and range of services offered locally. The distinguishing feature of this is that in addition to the straightforward provision of information and advice, this approach includes both staff and older people themselves understanding who offers what and thereby enabling the development of an improved focus on appropriate strengths and specialisms.

Such initiatives also create the potential for efficiency gains through reduced time and effort spent resolving problems and effectiveness gains through timely referrals to services preventing the need for more intensive interventions. A well evidenced example is Nottinghamshire's First Contact service which uses a checklist to target referrals to appropriate partner agencies.

Whilst all pilots promoted partnership work and many sought to better understanding between partners about the nature and range of services provided, there were fewer examples of organisations either joining up or integrating direct service provision resulting in efficiency gains through reduced duplication. One example is Salford Housing Choice team which works with a range of partner organisations and another is provided by integrated working between the PCT and Community Network Centres in Tower Hamlets.

There is emerging evidence that LinkAge Plus is fostering a change away from traditional needs or service-centred approaches towards strategic commissioning founded on an holistic people centred approach. The focus of such work is on improving outcomes for older people and not simply ensuring improved access, integration or partnership working. This is clearly in line with the analysis and recommendations of *Opportunity Age* (Her Majesty's Government (HMG), 2005).

LinkAge Plus pilots have adopted network development approaches to enable older people to create and experience new opportunities to socialise through involvement in social, training and leisure activities. Examples include services designed to address broader community and social wellbeing outcomes by creating and maintaining social capital.

This research elicited a small number of examples of the development of employment, self help and volunteering opportunities for older people. This included evidence of engagement with the private sector, a feature which was noticeable by its absence from most of the other secondary material analysed for this report. The most significant employment and volunteering initiative was the Lancaster 50 Forward Employment Agency and Volunteering Bureau.

Linkage Plus pilots have stimulated the market to create new organisations which have facilitated access to information and advice. However, the research found fewer examples of new organisations being created to provide services which are aimed at achieving a range of different outcomes for older people. One such project is Gloucestershire's Village Agents which has adopted a community development approach. The evidence of the success of this work in being able to respond flexibly and creatively to unexpected events such as the 2007 floods is one of the most outstanding examples of the success of the LinkAge Plus approach to local capacity building.





# 6 The business case for LinkAge Plus

## 6.1 Introduction

This section draws on the themed report on the business case for LinkAge Plus (Watt and Blair, 2009) which is to be published simultaneously with this report. More detail on the issues explored in this section can be obtained from that report.

The Government set out its vision for a successful ageing society in *Opportunity Age* (Her Majesty's Government (HMG), 2005) which argued that LinkAge Plus was an opportunity to test out practical measures to support this vision, working with eight pilots in different parts of the country. The pilots have adopted a range of approaches but have consistently shown that through following these principles it is possible to make a real difference to the quality of life for older people in a cost effective way.

Benefits from the LinkAge Plus approach fall into three main areas: Firstly, there are benefits to both taxpayers and older people from an holistic approach to service delivery, in which the voluntary and statutory sectors work together to improve access, remove duplication and overlap and share resources. Secondly, the LinkAge Plus approach has facilitated key services to help maintain independence and improve the wellbeing of older people, in a cost effective way. Thirdly, the pilots have demonstrated that information and access to services can be improved through partnership working and through a range of innovative approaches to outreach trialled by the pilots. Cutting across these three areas, LinkAge Plus has also promoted and supported cost effective delivery.

By their nature these benefits are diffuse and hard to quantify, and also likely to differ between areas given the range of approaches. As such the business case has quantified a subset of financial and social benefits for which there is sufficient data and assessed the LinkAge Plus approach against these, whilst also discussing wider, less quantifiable benefits.

## 6.2 The benefits of LinkAge Plus

### 6.2.1 An holistic approach to service delivery

A key strength of LinkAge Plus was the development of an holistic approach to service delivery through strengthened partnership working. The pilots enhanced the work of the statutory and voluntary sectors, helping them to work together more effectively, joining up services, improving referrals and removing duplication. In Nottinghamshire, the First Contact service enabled a range of partner organisations to make effective cross referrals, with an average of 2.2 additional referrals for each contact. In Tower Hamlets, over 2,800 referrals were made to relevant services, an increase of 240 per cent from before the pilot. We have used data from the pilots to show potential financial savings from an holistic approach. This shows that after a two-year investment period the approach starts to break even in the following year, with a net present value to the taxpayer over five years of £1.80 per £1 spent.

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

Several of the pilots deliberately set out to improve capacity and skills in the voluntary sector as part of their LinkAge Plus work. For example, in Leeds around £230,000 was invested in capacity building measures such as training, support groups and small grants to voluntary organisations. As a result, local evaluators reported a perception of greater efficiency and effectiveness in day-to-day working. Staff benefited from LinkAge Plus training and networking, resulting in greater skills and knowledge. Organisations reported improved communications and strengthened inter-agency working, better access to information and an improved image.

Local evaluators reported that as a result older people had easier access to local community centres, participation had increased, particularly by minority groups, and the quality of services had improved. More information about and support for volunteering led to a 16 per cent increase in volunteers in the city. Similarly, in Gloucestershire participants welcomed the formalisation of cross-organisational working and reported a greater ability to reach out to socially isolated older people as a result.

### 6.2.2 Improved wellbeing and independence

LinkAge Plus pilots trialled and facilitated a range of services designed to improve the wellbeing, independence, participation and quality of life of older people. These ranged from services designed to keep older people fit, safe, active and involved; to those offering a 'little bit of help' with daily living; through to groups giving older people a strengthened voice in service provision.

Most pilots supported a range of healthy living activities, such as Nottinghamshire's Activity Friends (see the Appendix, Nottinghamshire – Activity Friends), which combined social activities and exercise. A wide range of classes, from art and photography, to Tai Chi, bingo, coffee mornings, trips to local and seaside attractions, local history groups, storytelling groups, reminiscence sessions, chair-based exercise sessions, IT lessons, dance, creative writing, and sculpture classes were held at local community centres. In Salford 141 mentors were recruited and trained to enable 81 extra Healthy Hips and Hearts groups throughout the city.

Some of these services carry not just benefits for participants but also potential savings for the taxpayer. In particular there is strong evidence that exercise classes such as Tai Chi can prevent falls amongst older people, resulting in significant improvements in quality of life and reduced spending on health care. On average a fall resulting in a hip fracture costs around £20,000 – and evidence suggests that 15 weeks of balance classes reduces the likelihood of a participant falling by around 50 per cent. Our analysis suggests that each £1 spent on balance classes in LinkAge Plus areas yielded health and social care savings of £1.40 plus benefits of around £0.90 to the individual from improved quality of life.

Falls can also be prevented by adaptations to the home and several LinkAge Plus projects have facilitated this. In Leeds, a survey of clients in receipt of a Care and Repair service who had fallen prior to the service found that 63 per cent had not fallen since they received the service; of those who had fallen, 93 per cent did not hurt themselves. Thompson (1996) and Plautz *et al.* (1996) provide evidence of a reduction in falls of between 55 and 60 per cent through the provision of adaptive equipment and minor home safety modifications. We calculated that such reductions in the prevalence of falls yield expected benefits to the taxpayer of £74 per adaptation visit from reduced healthcare spending and £40 to participants in terms of improved quality of life, against an average cost of adaptations of £67.

Finally, some LinkAge Plus pilots, such as Lancaster, also offered help in gaining employment and links to volunteering opportunities. The Department for Work and Pensions (DWP) estimates a saving to the public purse of £4,400 for each person entering into work as a result of New Deal 50 plus. In Lancaster, 102 people were placed in employment at a cost per placement of £780. If those people would not otherwise have gained employment, the net benefit of this activity is around £370,000. This figure leaves out the considerable, but as yet largely unquantifiable, psychological benefits that have been attributed to being in employment.

### **6.2.3 Improved information and access**

A range of approaches was developed by LinkAge Plus pilots to improve information and access, including the development and improvement of websites, mobile information centres, video conferencing, improved cross-referrals between agencies, training and events for those working with older people, and the use of the voluntary sector to help with advice and form filling. In Salford, a system was

also developed to enable local partners to set criteria to help identify groups most likely to benefit from services such as smoke alarms and home safety checks and to adjust criteria as take up targets changed.

There are also a number of widely recognised benefits of the LinkAge Plus approach in terms of reducing social isolation, the development of outreach linked to social activities and the building of social networks. The costs of outreach under LinkAge Plus varied from around £8 to £31 per contact but it is estimated that these will be small in relation to the sometimes life changing benefits reported by participants in many of the pilot areas.

In some cases, LinkAge Plus acted to further other community agendas, such as increasing diversity, or community-cohesion work. For example, in Tower Hamlets, nearly four-fifths of service users were white at the start of the programme, reducing to around half at the end of the programme, with the remainder coming from different ethnic groups. At the start of the programme nearly all service users were women, but specific initiatives to attract more male users to services in each of the network areas increased the proportion of men to more than 30 per cent.

LinkAge Plus has also given older people a stronger voice in making services more relevant and tailored to their needs. Their views are now better articulated both through their involvement in older people's councils and through their interests being put forward by agencies working on LinkAge Plus projects. Village agents in Gloucestershire were able to get bus stops re-sited; new social enterprise services for older people were developed in Leeds; in Nottinghamshire a taxi voucher scheme was trialled and widely taken up by older people. Health services are also recognising the value of offering preventative health care messages in community settings and are increasingly offering services such as flu jabs and foot care in community centres where older people gather for social activities.

#### **6.2.4 Cost effective service delivery**

LinkAge Plus has facilitated and supported a wide range of popular and practical services for older people in a cost effective way. This has been a key consideration for the majority of pilot authorities that have decided to find funding to support LinkAge Plus schemes when the DWP pilot funding ceased. For example, in Tower Hamlets a partnership of the local authority and Primary Care Trust (PCT) will provide joint funding of £1.1 million to continue LinkAge Plus work. In Gloucestershire, the work of village agents is being extended and expanded into new areas, following pilot activity. In Nottinghamshire, a large proportion of LinkAge Plus work will continue beyond pilot funding. In Salford, £0.92 million from Social Care Reform Grant is being used to sustain eight of the LinkAge Plus projects.

Schemes are able to be delivered cost effectively for a number of reasons. Firstly, as discussed an holistic approach to service delivery (as in Nottinghamshire's First Contact approach) has been shown to improve referrals and reduce duplication. Secondly, much LinkAge Plus activity was added to initiatives that were already proving to be successful, such as the network centres in Tower Hamlets and Leeds,

Care Direct in Devon, Healthy Hips and Hearts in Salford. In many cases, start-up costs had already been incurred, staff had been recruited and there was already a solid base of service users. Finally, a high proportion of pilot activity was run in and by the voluntary and community sector making use of existing volunteers, recruiting new ones and involving older people themselves in service delivery. In some areas a small charge was made for services which also helped to cover costs.

For example, Salford's Healthy Hips and Hearts programme was already running prior to LinkAge Plus, with 70 trained mentors delivering 48 exercise sessions per week across the city. LinkAge Plus enabled a further 119 mentors to be trained, increasing the sessions to 64 a week. Gloucestershire's Village Agent scheme generated over 31,000 contacts with older people at an average cost per contact of £10. Nottinghamshire's community outreach workers contacted over 4,600 people who had been identified as 'hard to reach' during the life of the pilot.

Volunteering was also strengthened through LinkAge Plus work, both directly, through schemes such as Lancaster's Volunteer Bureau, and through funding for the enhancement of existing activities of voluntary and community sector agencies, such as the network centres in Leeds and Tower Hamlets; and through the use of voluntary and community sector organisations in delivering particular LinkAge Plus activities, such as Age Concern to provide Devon's deep outreach project.

### 6.3 Illustrative example

Many of the benefits (either to participants, society or taxpayers) that have undoubtedly been in evidence in the LinkAge Plus pilots are difficult to quantify. However, there are areas where sufficient evidence exists to construct detailed costs and benefits, and we have used these to build an illustrative example in order to highlight the potential benefits that adopting a LinkAge Plus approach can bring. In particular the business case uses data from a number of pilots as well as wider evaluation evidence to detail the way in which a two-year investment in holistic service delivery and the services facilitated could deliver benefits to the individual and the taxpayer over the following five years.

The key findings are:

- an holistic approach to service delivery requires some up-front investment over the two-year pilot period but quickly begins to deliver net savings, breaking even in the first year after the investment period;
- the net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested. This is likely to be higher over a longer period;
- LinkAge Plus can facilitate services that are cost effective in their own right, including fire and crime prevention, and reduced falls associated with balance classes and home adaptations;

- combining the costs and benefits of these services in LinkAge Plus areas with the holistic approach to service delivery increases the net present value to £2.65 per £1 invested;
- in addition to taxpayer savings there are benefits to older people monetised at £1.40 per £1 invested.

The costs and benefits embody a large number of assumptions from pilot data and wider evaluation literature that are set out in more detail in the full business case report. Nevertheless, many of the assumptions made are conservative, and the illustrative example omits a large number of benefits that have not been quantified, which we nevertheless believe are likely to be strongly positive based on the evidence presented here and in the business case.

## 6.4 Conclusion

*Opportunity Age* set out a vision for a society in which older people were independent, active, participatory citizens with a sense of wellbeing and good quality of life. The LinkAge Plus pilots have demonstrated a range of activities that can support this vision and help older people grow older in strong and supportive communities in a cost effective way. This is important not just for older people themselves, but for society as a whole.

# 7 Conclusions

## 7.1 Introduction

At local level LinkAge Plus can be seen as a conscious attempt to meet the needs of older people as they see it and rebuild the bonds of community from their point of view. Its aim was to test integration of services for older people and ensure they are designed to meet the specific needs of its local area. It brought together the various forms of mutual help, services and support in a way that adds value, building on the aims, objectives and capacity of partner organisations. LinkAge Plus started and finished with older people themselves, involving them through local older people's groups and forums to help shape provision, and ending with a range of services and activities in places convenient to older people, sometimes involving them in delivery itself, either as volunteers or as part of the paid workforce through LinkAge Plus employment-related work.

This report focuses on the LinkAge Plus experience between 2006-08 in the eight pilot areas funded by the Department for Work and Pensions (DWP) programme. The programme delivered a wide range of benefits through pilot projects in different parts of the country. However, this does not mean that the adoption of what we are describing as the LinkAge Plus approach, has not happened elsewhere. *Opportunity Age* (Her Majesty's Government (HMG), 2005) and the Rowntree Foundation's 'little bit of help' (Joseph Rowntree Foundation, 1999) report set out the principles on which it was possible to build a supportive environment for older people in which they can continue to grow and enjoy a good quality of life. These principles have been endorsed by organisations such as the Association of Directors of Social Services (ADSS) and Local Government Association (LGA) (2003) and built on in developing the later life Public Service Agreement (PSA) and guidance for Social Care Reform Grant in 2008.

Across the country, therefore, adult social care and Primary Care Trust (PCT) services, voluntary and community sector services and partners outside what might traditionally be thought of as 'older people's services' such as Fire and Rescue and Trading Standards, have been working together to develop services to enhance wellbeing in ways that might have been envisaged by *Opportunity Age*.

However, being part of a nationally recognised programme funded and supported by the DWP has brought its own strengths and challenges to the eight LinkAge Plus pilots taking part. We set out below those aspects of programme design and management that we feel have contributed to the success of the programme as a whole, as well as the challenges thrown up by the programme and where they were overcome, how this was able to happen.

## 7.2 The national LinkAge Plus pilot programme

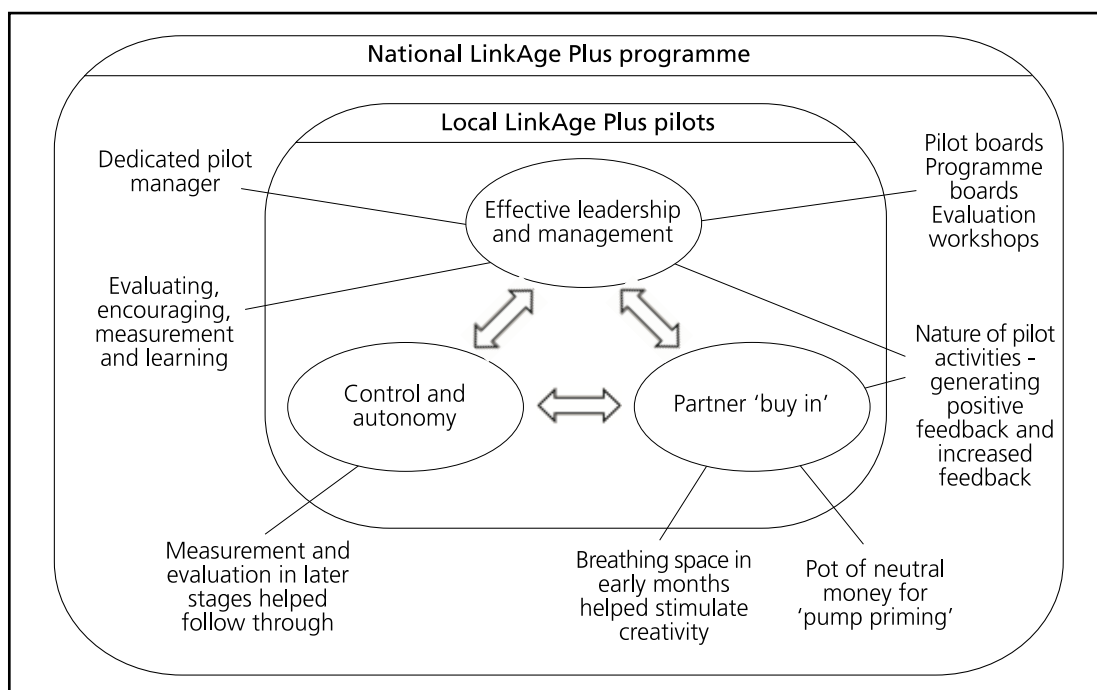
Could the LinkAge Plus approach have worked without being part of a programme? No doubt there are many organisations throughout the country that have successfully adopted this approach, who would say that it could and does. However, we would argue that there were specific factors in the way that the programme was established and then developed, that supported the work of pilot managers and staff. These factors were:

- **'Loose/tight' management arrangements:** in the early stages of the programme, pilots were encouraged to work with partners to develop local solutions in a non prescriptive way. As the programme developed, a more rigorous approach to measurement and evaluation of pilot activity emerged, which was helpful to the pilots particularly in the latter stages of the programme in demonstrating the value of their work ensuring sustainability and in securing ongoing funding.
- **Dedicated leadership:** because the pilots were externally funded and time specific, pilots were able to bring in dedicated pilot managers. Sometimes these were people from outside traditional adult social care backgrounds bringing with them particular project management expertise, sometimes they were people already working in the field. However, the fact of having a single pilot manager brought with it benefits in terms of greater control, cohesion and autonomy for the pilot as a whole.
- **Pilot-specific funding:** LinkAge Plus provided a pot of neutral money, a 'little bit of help' for those organisations taking part, which brought them to the table and enabled them to work in a non-competitive way to improve things for older people.
- **Governance arrangements bringing partners to the table:** pilot funding was underpinned by local pilot boards involving partner agencies, the DWP and local evaluators. Although there were often also more operational working groups involving partners, the pilot 'Boards' were significant in ensuring senior management buy in to partnership working.
- **Governance arrangements that raised profile:** the LinkAge Plus structure of a senior project sponsor, local and national evaluations and regular workshops and meetings of participants helped to raise the profile of pilot work. A number of pilot authorities developed a national profile for their work through awards and commendations.



- **Governance arrangements that encouraged learning:** local and national evaluations helped to ensure that good practice was highlighted and quantified and lessons were drawn out from the various pilot activities and themed reports. Pilots reported that this was often a significant factor in enabling them to secure ongoing funding and embedding their work.

**Figure 7.1 Programme impacts on effectiveness**



### 7.2.1 Fundamentals of success

Our starting point is that three things are necessary for success of a pilot operating in a locally-based but nationally supported, partnership-based approach like LinkAge Plus. These are:

- effective leadership and management;
- control and autonomy over pilot activities;
- support and commitment, or 'buy in' from partners.

All three of these factors are necessary, and need to be present in sufficient quantity in order to make the pilot succeed. For example, effective leadership is important, but without control and autonomy or partner buy in, there will be no guarantee of success. Equally, a pilot with exceptional partner commitment can be let down by a weak pilot manager or lack of control over activities.

Although there were examples of outstanding leadership and commitment in some of the LinkAge Plus pilots, it is not the purpose of this report to go into the factors that create a successful leader. However, it would appear that there were various aspects of the way that the LinkAge Plus programme operated that combined to support successful outcomes for pilot activities.

For example, the neutral pot of money strengthened partner 'buy in' because it helped partners to come to the table in a non-competitive way and to work collaboratively on new solutions for older people. The breathing space given to pilots in the early stages of development also helped stimulate creativity. It also enabled pilots to identify and start to meet pockets of previously unidentified unmet need.

The nature of pilot activity – being focused on popular, low cost interventions which nevertheless made a real and sometimes life changing difference to older people without in themselves threatening existing service provision, created a positive working environment. There are many examples from local evaluations of the gratitude expressed by older people who had been helped and this in turn will have created a local feedback loop, leading in turn to greater levels of commitment and involvement from project workers, managers and local politicians.

We found that in the later stages of pilot activity, the focus on measurement and evaluation gave partners more control and autonomy over pilot activity and helped make the case for sustainability. Coupled with the governance meetings and workshops, accounting for pilot activity helped develop a feedback loop that became more than just the activity of counting.

### **7.2.2 Challenges of being part of a national programme**

However, despite the above, being part of a national programme with both local and national governance and evaluation arrangements, whilst operating within an established corporate (usually local authority) environment, also brought a number of challenges.

All pilots agree that the programme would have benefited from some dedicated time for project start up and wind down. Although pilot authorities were generally appreciative of the help given in the early stages of the programme, particularly in the way that they were able to work in a collaborative and non prescriptive way, there was in general a lack of appreciation of the length of time it would take for staff recruitment, training and in some cases CRB checks.

At the same time, pilots often continued to operate as normal right up until the time pilot funding ceased. Key pilot staff moved on to other jobs and other projects before the local and national evaluations were able to complete their work and before the full benefits of the pilots were able to be evidenced and articulated. There was a heavy focus on maintaining the sustainability of pilots from the summer of 2007, just one year into pilot activity. At this stage, although all key staff were in place, some key projects had yet to be launched, other initiatives had only just begun and it was too soon to demonstrate their impact.

There were also challenges for organisations in understanding the particular norms and rules of other agencies in the partnership. For example, some pilot authorities initially had difficulty in understanding what was required of them by the DWP in terms of pilot monitoring information and this was exacerbated by staff changes

both within pilots and at the DWP. Within local pilots themselves, there were differences in operating practices between the various voluntary and community sector partners and the lead authority (usually the local authority), with voluntary and community sector partners struggling to understand what they sometimes saw as bureaucracy on the part of statutory organisations. New systems, supported by training, had to be put in place in sometimes very small organisations that were not used to being subject to the need to measure and monitor their activities.

There were wide variations in the perception of the value and practicality of monitoring and measurement across the many organisations involved in LinkAge Plus. Many partner agencies initially questioned the need to account for and justify their work at all and felt that it was self evident that the work they were doing had value because of the individual feedback they had from older people and the clear extent of need on the part of the people they were there to serve. However, once the framework for accounting had been developed and explained, pilots fell behind this and by the end of the piloting period many felt that it had been a valuable exercise in that it had helped them to demonstrate the value of their work and sometimes to secure sustained funding.

Being part of a focused project team brought with it the advantages of autonomy, profile and dedicated funding but it also meant that LinkAge Plus pilots often operated outside the mainstream of their host organisations. Sometimes this meant that they were physically located away from the bases of senior managers and local decision makers. The funding secured for LinkAge Plus whilst significant for local organisations, particularly those in the voluntary and community sector, was sometimes perceived as a drop in the ocean in relation to the budgets spent on older people in the statutory sector through adult social care and health.

Commitment from key statutory services varied across the pilots. In some areas, the PCT were enthusiastic and committed partners, agreeing to jointly fund LinkAge Plus projects with local authorities when pilot funding ceased. In other areas, particularly where there had been recent reorganisations of PCTs and in an environment where PCTs were focused on meeting waiting list targets, engagement was more limited. There were varying levels of commitment to the idea of preventative and wellbeing focused services, as opposed to targeted provision, particularly in an environment where practical help to older people was being reduced as Fair Access to Care Services (FACS) criteria were tightened.

One practical result of this is that even where localities had a strategy for older people, LinkAge Plus pilot work was not always featured in this. Also, LinkAge Plus did not generally feature in targets set by Local Area Agreements and therefore had a relatively low profile given the successful and innovative nature of the work. However, at community level LinkAge Plus projects were developing both popularity and profile and local councillors, who had been involved by pilots at the first sign of success, were often enthusiastic supporters.

### 7.2.3 Barriers to success

A number of arguments have been put to us as part of the national evaluation for LinkAge Plus about the benefits and dis-benefits of being part of such a programme and about the LinkAge Plus approach:

#### *'There's nothing new in LinkAge Plus'*

Some of the LinkAge Plus pilot projects have been innovative, if not unique. For example, the Village Agents pilot in Gloucestershire has received national recognition for its approach. However, many pilot activities were not unique, but were very much in line with the direction of travel in adult social care and health, supported by national policy documents such as *Opportunity Age* (HMG, 2005). But what the LinkAge Plus programme has done is to unlock the ingredients of this approach by bringing to the table a range of partners willing to share their own resources in return for benefits from other agencies. For example, First Contact in Nottinghamshire was able to develop a network of community based workers each carrying out referrals for the other. A Fire and Rescue visit to fit a smoke alarm might result in a referral for a Warm Front grant or a crime reduction check.

#### *'It's what everyone ought to be doing anyway'*

The LinkAge Plus approach is very much in tune with the approaches suggested by *Opportunity Age*, the Social Care Reform Grant and the later life Public Service Agreements (PSAs) that are informing adult social care and health work today. There are certainly examples of aspects of the LinkAge Plus approach that are happening elsewhere without the benefit of being part of the LinkAge Plus programme. However, provision is patchy. The Audit Commission's 2008 report *Don't Stop Me Now* found that, nationally, older people experience councils as organisations that view them in terms of care needs, with little focus on diversity and opportunities and that all councils need to understand their older communities and shape both universal and targeted services accordingly (Audit Commission, 2008, p. 6). The Commission identified that only a third of councils are well prepared for an ageing population (ibid). The Commission recommended that councils should target services to tackle social isolation and support independent living. This is very much in line with the LinkAge Plus approach.

#### *'We can't afford it'*

The preventative approach promoted by LinkAge Plus can sometimes mean that modest amounts of funding are needed in the short term with the potential to save money in the longer term. It is not always the case that the organisation making the investment (often the local authority) is the one that will benefit from the saving (for example, the health service through falls prevention work). Also, at a time where Fair Access to Care Services (FACS) criteria are being tightened and staff are being made redundant through budget pressures, it is difficult to justify expenditure on new services. However, this ignores the contribution that LinkAge Plus can make to the collective wellbeing of a locality. LinkAge Plus has the potential to deliver health through wellbeing rather than wellbeing through health.

### *'It's small beer'*

Counter to this is that the relatively small sums involved in LinkAge Plus type activities can be argued to be not worth the senior management time in developing the approach. One adult social care department in a pilot authority commented that they could spend the LinkAge Plus grant 'by tomorrow teatime'. This may be a reason why LinkAge Plus has not featured to the extent that it could have done in local area agreements and in the work of local strategic partnerships. However, at community level the pilot projects have often more than demonstrated their worth and it may be that one of the reasons for LinkAge Plus' success and sustainability has been that the approach has been 'bottom up' rather than 'top down.'

### **7.2.4 Successes**

Despite the barriers to success outlined in the previous section, the LinkAge Plus programme can point to a number of tangible successes:

#### *Opening doors through an holistic approach to service delivery*

LinkAge Plus has helped local authorities and their partners develop a range of implementation strategies for the 'no wrong door' approach that the programme set out to test. Older people in LinkAge Plus pilot areas are benefiting from services reaching out to them to improve access to services and understanding about what is available. What may have been a 'wrong door' in the past is now seen as a way in to services.

LinkAge Plus is helping local authorities, PCTs and voluntary organisations develop new approaches to widening access, join up services and gain a better understanding of the needs and preferences of older people seeking help and support.

This has never been more important as policy for older people becomes more reliant on people's knowledge of and ability to access relevant services. The choice and personalisation agenda in health, individual budgets, a shift to earlier intervention and preventative approaches are all dependent on older people being aware of the options available to them to improve health and wellbeing, and feeling able to take advantage of them.

Access to a wide range of services has been made easier and more accessible as a result of LinkAge Plus pilot work. Pilots have adopted a variety of approaches, helping to develop and strengthen a web of understanding and support between statutory and voluntary and community sector agencies working in community settings. Pilots have established single or multiple access gateways to a range of services going beyond the initial enquiry or contact. Contact centres have benefited from improved scripting and practical help for callers needing additional support, with better links to partner organisations. Specialist advice services on housing, employment and volunteering have been developed by LinkAge Plus pilots, and video conferencing and mobile information points have been trialled.

Most of the LinkAge Plus pilots have worked to develop their information resources and provision for older people. This work has then been used either directly with

older people and carers, for example through information packs and websites; or to support training and resources for others working with older people. LinkAge Plus funding has been used to develop a better understanding of older people's information needs and preferences; improved websites and information packs; widened opportunities for older people to gain information through face-to-face contact, for example through voluntary and community sector network centres and through outreach; and to deliver educational talks and events in community settings

### *That 'little bit of help' for older people and for organisations*

LinkAge Plus pilots are also helping to provide that 'little bit of help' that is vital for promoting older people's wellbeing. Pilot sites have developed initiatives that allow older people to feel safer and more secure, promote their physical and mental health (such as exercise classes and educational and leisure activities), support them to remain living at home (such as help with domestic tasks and gardening), facilitate their reengagement in employment where appropriate, ensure they are receiving all their welfare entitlements, promote social activities and that ensure that they have access to transport in order to undertake their daily tasks.

LinkAge Plus supports the vision in *All Our Tomorrows* (ADSS and LGA, 2003), in overturning the traditional 'triangle of care' in which resources are concentrated only on those with greatest need. This vision argues for resources to be focused on prevention and universalism, rather than specialism and gatekeeping.

Pilots have developed services that have filled the gap at the top of the inverted triangle of care in order to ensure that older people get a sure start to later life. This is very much in line with the Wanless Review's observation that older people stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation.

### *Building capacity and empowerment*

A key feature of the LinkAge Plus pilots is how they have built capacity in both the statutory and voluntary and community sectors in terms of strengthened partnerships, improved skills, knowledge and understanding, new techniques and processes and a more people-centred approach to the design and delivery of services. Much of this legacy will continue beyond the life of pilot funding, being absorbed into new ways of working, even where the specific pilot projects come to their end.

The pilots have enhanced inputs and processes such as leadership and management skills, partnership working and organisational learning. Pilots were built on the principle of partnership working and, with very few exceptions, partnerships were considerably strengthened by the end of piloting. There are examples of exceptional leadership and commitment at all levels of responsibility and in both statutory and voluntary and community sector organisations. Learning was enhanced through the involvement of older people, through partnership working, local and national

evaluations and project governance meetings. Some pilots also established local support groups, ran training sessions and developed training packs for particular areas of work.

Older people have been involved and empowered as a result of pilot activity. All of the pilots had mechanisms for involving older people both at a macro level, informing policies of statutory sector organisations, through older people's councils and forums, and at a micro level, through opportunities for volunteering and involvement. Healthy communities were encouraged through health education sessions and exercise classes in community settings.

Strong partnerships helped statutory and voluntary and community sector organisations co-ordinate activities for older people, enabling them to focus on areas of strength and avoid duplication. LinkAge Plus referrals helped service providers reach those most in need more easily and quickly than before, helping to make their services more effective. Older people's input to policy making and development is helping to make services more relevant and effective.

Starting from the point of view of older people themselves and working with them to develop activities that are involving and engaging, helping build social networks and encouraging healthier lifestyles is part of the LinkAge Plus approach and has improved the quality of life of those involved. There are numerous case study examples from the pilots where LinkAge Plus has made a significant difference to older people's lives (see the Appendix for a list of local evaluation outputs).

### *Tackling social isolation*

A particular success of the LinkAge Plus programme has been the way in which outreach approaches have been used to reach out to socially isolated older people. Pilots have used outreach to help older people develop social networks and access services. LinkAge Plus has demonstrated effective approaches to outreach in both urban and rural settings. In Tower Hamlets, outreach linked to vibrant community centres with enhanced activities through LinkAge Plus funding; and in Gloucestershire, where Village Agents have reached out to older people in rural communities, have proved themselves and secured ongoing funding from partners. Statutory service providers have reported that LinkAge Plus approaches have helped them make contact with those who would most benefit from their services but may have been hard to reach in the past.

## 7.3 The business case for the LinkAge Plus approach

There is a strong business case for the LinkAge Plus approach, from the perspective of both older people and the taxpayer. The research report on the business case for LinkAge Plus is published simultaneously with this report and indicates that the benefits from the LinkAge Plus approach fall into three main areas:

- firstly, there are the benefits to both taxpayers and to older people from an holistic approach to service delivery, in which services from both the voluntary and community and the statutory sectors work together to improve access, remove duplication and overlap and share resources;
- secondly, the LinkAge Plus approach has facilitated key services to help maintain independence and improve the wellbeing of older people, in a cost effective manner;
- thirdly, information and access to services can be improved through partnership working and through a range of innovative approaches to outreach trialled by the pilots.

These benefits are clear from the evaluation, but not always easy to quantify. However, examples of the financial and social benefits that have been calculated include:

- strong evidence that exercise classes such as Tai Chi can prevent falls amongst older people, resulting in significant improvements in quality of life and reduced spending on health care. On average a fall resulting in a hip fracture costs around £20,000 – and evidence suggests that 15 weeks of balance classes reduces the likelihood of a participant falling by around 50 per cent. Our analysis suggests that each £1 spent on balance classes in LinkAge Plus areas yielded health and social care savings of £1.40 plus benefits of around £0.90 to the individual from improved quality of life;
- Thompson (1996) and Plautz *et al.* (1996) provide evidence of a reduction in falls of between 55 and 60 per cent through the provision of adaptive equipment and minor home safety modifications. We calculated that such reductions in the prevalence of falls yield expected benefits to the taxpayer of £74 per adaptation visit from reduced healthcare spending and £40 to participants in terms of improved quality of life, against an average cost of adaptations of £67;
- the DWP estimates a saving to the public purse of around £4,400 for each person entering into work as a result of New Deal 50 plus. In Lancaster 102 people were placed in employment at a cost per placement of £780. If those people would not otherwise have gained employment, the net benefit of this activity is around £370,000. This figure leaves out the considerable, but as yet largely unquantifiable, psychological benefits that have been attributed to being in employment;
- more effective targeting for services such as smoke alarms, home security visits, benefit checks and help with home heating is likely to produce wider economic benefits. These produce efficiency savings for service providers as they may help to cut down on the need for screening to meet target criteria or on the number of contacts needed before a service is provided. For example, it is estimated that Nottinghamshire's First Contact's referrals for crime visits are likely to yield taxpayer benefits of £28.70 from reduced expenditure on dealing with crime and participant benefits monetised at £53, against a cost of referral of £14.50.



There are also a number of less quantifiable, but nevertheless widely recognised, benefits of the LinkAge Plus approach. These include those measures that significantly reduce social isolation, the development of outreach linked to social activities and the building of social networks. The costs of outreach under LinkAge Plus varied from around £8 to £31 per contact but it is estimated that these costs will be small in relation to the sometimes life changing benefits reported by participants in many of the pilot areas.

The business case uses the areas where sufficient data is available to construct meaningful estimates to build an illustrative example in order to highlight the potential benefits that adopting a LinkAge Plus approach can bring. In particular the report uses data from a number of pilots as well as wider evaluation evidence to detail the way in which a two-year investment in holistic service delivery and the services facilitated could deliver benefits to the individual and the taxpayer over the following five years.

The key findings are:

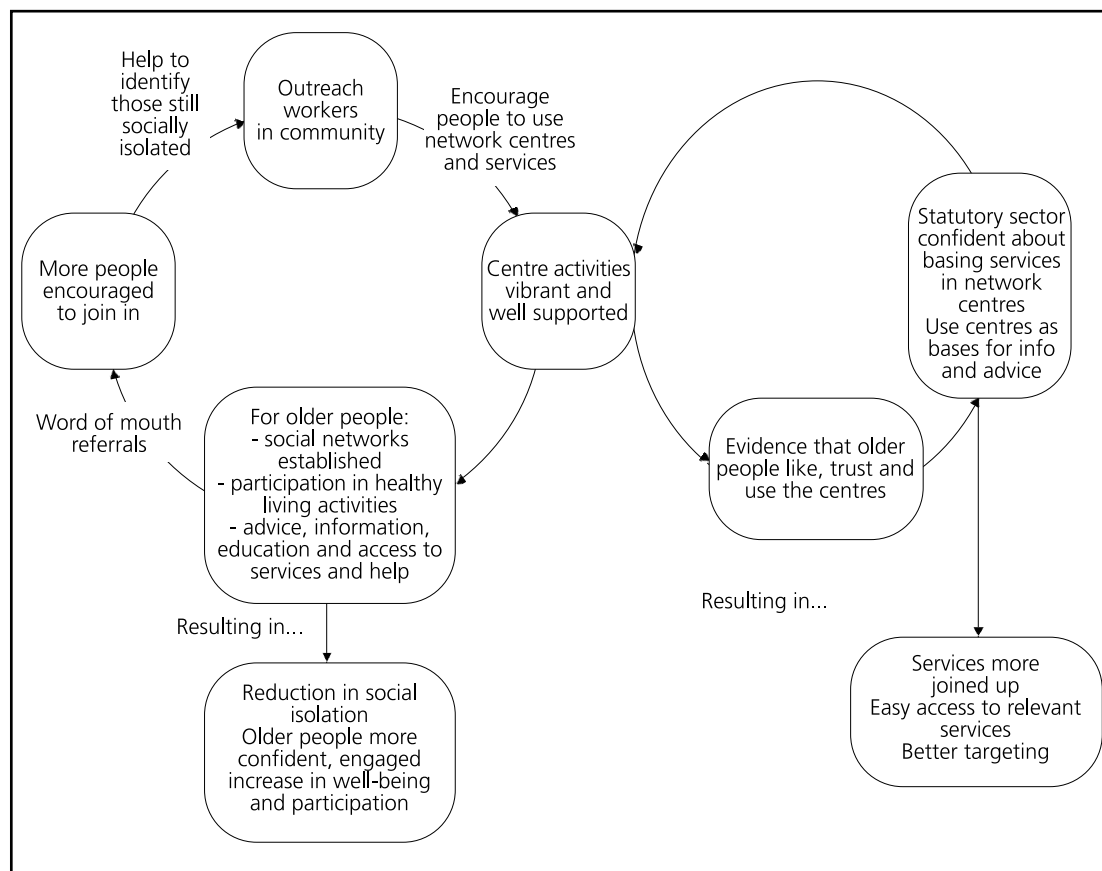
- an holistic approach to service delivery requires some up-front investment over the two-year pilot period but quickly begins to deliver net savings, breaking even in the first year after the investment period;
- the net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested. This is likely to be higher over a longer period;
- LinkAge Plus can facilitate services that are cost effective in their own right, including fire and crime prevention, and reduced falls associated with balance classes and home adaptations;
- combining the costs and benefits of these services in LinkAge Plus areas with the holistic approach to service delivery increases the net present value to £2.65 per £1 invested;
- in addition to taxpayer savings there are benefits to older people monetised at £1.40 per £1 invested.

The costs and benefits embody a large number of assumptions from pilot data and wider evaluation literature that are set out in more detail in the main body of the report. Nevertheless, many of the assumptions we have made are conservative, and our illustrative example omits a large number of benefits we have not quantified, which we nevertheless believe are likely to be strongly positive.

## 7.4 More than the sum of its parts

An example of how the LinkAge Plus programme has helped develop the totality of provision in a local area can be shown by the way outreach linked to network centres has worked in Tower Hamlets (Figure 7.2).

**Figure 7.2 Outreach linked to network centres in Tower Hamlets**



In Tower Hamlets, LinkAge Plus has put resources into developing five existing community-based network centres and using outreach workers to strengthen links between the centres and local older people. Outreach workers have sought out and made contact with socially isolated older people and encouraged them to join in with activities in the centres. They have also worked on a one-to-one basis with older people to ensure they are accessing services to enhance their quality of life.

LinkAge Plus funding has supported activities that older people have said they would like to see in the network centres themselves. These might include a line dancing or a Tai Chi class, a trip to the seaside, a visit by a local theatre group or just a coffee morning or social event. These activities have helped to make the centres more vibrant and, therefore, better attended.

LinkAge Plus monitoring activities has meant that some of the centres are measuring activity and the type of person using the centre, sometimes for the first time. This evidence has been enough to convince partners such as the PCT that the centres themselves would be good places to base community services such as foot care and talks on healthy eating and exercise.

The revitalisation that LinkAge Plus has helped bring about has also made it easier for the centres to attract other groups to use their centres. For example, a local theatre group might put on a play for free, or at cost, in order to be able

to demonstrate the number and range of people they are performing for. This information helps them with subsequent grant applications for council and Arts Council funding.

Another key benefit of the LinkAge Plus approach in Tower Hamlets has been the way in which the partners have operated as a network rather than five separate units. This means that they have worked to reduce duplication of activities across the centres. The approach has been that if there is a line dancing class taking place in one centre, the others will work to arrange transport for their people to attend it, rather than replicate the activity. Although only a limited number of organisations are in receipt of LinkAge Plus funding for their activities, the group recognise their responsibility to other voluntary groups in the area and work to encourage them to publicise their own activities through the network centres and to use the network centres as a base where they need to.

In the case of Tower Hamlets, one can see how a 'little bit of help' in the form of modest funding for outreach workers, network co-ordinators and activity work, can develop the network as a whole and help to bring together the statutory and voluntary and community sectors for the benefit of older people.

Being part of a national evaluative programme has helped pilots develop effective leadership and management arrangements and strengthen the commitment of partners. Having a dedicated project manager, supported by local and national evaluations, programme boards and reporting arrangements has ensured a focus on pilot activities and given the opportunity for enhanced profile. Organisationally neutral pilot funding has strengthened partner 'buy in' and helped relationships to become complementary rather than competitive.

## 7.5 Sustaining LinkAge Plus

Pilots covered a range of activities, but typically focused on partnership and capacity building, particularly with the voluntary and community sector; developing and enhancing social activities, classes and events, joining up and improving access to services and information, developing outreach approaches to reach socially isolated older people and developing new forms of practical help and services. Older people were involved in pilot activity both as volunteers and project workers, as evaluators of pilot activity and strategically in policy and scrutiny through older peoples' councils and forums.

That so many of the approaches and services developed under LinkAge Plus have secured ongoing funding is testimony to their success. Key to this has been the ability of pilots to work with the grain of local provision and national policy, often supplementing and enhancing existing areas of innovation and excellence. This means that there is no single LinkAge Plus 'model', but taken together, the experience of the eight pilots can be seen to make up a LinkAge Plus approach to joining up and enhancing service provision for older people.

Two years on, the pilots can demonstrate improved access, a more integrated approach to service provision and more relevant, tailored services that are popular with local people. Preventative services are likely to lead to improved quality of life and a reduction in the need for more costly interventions in the longer term. Partnership working has helped local services to be more 'joined up', particularly between the voluntary and community and statutory sectors, resulting in a reduction in duplication and overlap. Many of the benefits developed under LinkAge Plus will sustain beyond the life of the pilot programme.

Pilot authorities are finding that the LinkAge Plus approach of putting the needs of older people, as they themselves perceive them, at the forefront of provision is a good basis for improving services. Widening choice and improving access to 'low level' support is seen as *'adding years to life and life to years'* and is likely to have preventative benefits (Davis and Ritters, 2007).

# Appendix

## The LinkAge Plus pilots

Devon

### **Background**

Forty-one per cent of the population in Devon is currently aged 50 and over – over 300,000 people. Twenty per cent of the population are aged 65 and over. This is higher than the UK average, and is projected to increase more rapidly than average.

By 2028 over half of Devon's population will be over 50 and the county will have the second highest proportion of people aged over 50 in the country. Devon's population is also increasing in diversity – the black and minority ethnic (BME) population has doubled over the last ten years and is likely to triple over the next ten years. People from BME communities are making a significant and valued contribution to Devon's prosperity and community life, but a significant minority experience social exclusion as a result of prejudice, discrimination and other factors.

Rural isolation is a feature of life for many older people in a large, complex and diverse county which recognises 29 'community planning areas' based on coastal and market towns with their hinterlands and the City of Exeter.

The Devon County Council LinkAge Plus pilot was designed, from the outset, to be an action learning programme: the specification would continue to develop as learning was achieved and action plans would be adjusted accordingly for the life of the project.

### **What the pilot set out to do**

The pilot set out to develop tools, based on a '360 degree wellbeing check' and the enabling approach of the healthy living centre model to:

- test the assumption that a 'one door' model of access to information and services would have limits for some older people, by exploring a 'broad outreach' ('no door is the wrong door') model of face-to-face access;

- test a 'deep outreach' model of access to information and services. They set out to provide mentors in two Devon community planning areas (Exeter and Crediton), to assist older people to access resources and design their own sustainable solutions to problems which might otherwise cause social exclusion, ill-health and a need for services. This service would be on a 'healthy living centre' model ('without walls' in the rural area);
- establish a Devon Senior Council giving older people a voice across the county to engage with public service providers and hold events to both publicise LinkAge Plus and allow older people themselves to actively participate and influence both pilot development and future service provision within their communities.

Designed as an organic action learning programme, the Devon pilot was based on testing a series of elements to deliver information and services across the target population. Encompassing the Sure Start to Later Life (Office of the Deputy Prime Minister (ODPM), 2006) principles of housing and the home, health and healthy living, social and educational activities, neighbourhood, information, income, getting out and about, and influencing decision-making. The pilot was underpinned by the principle that 'no door should be the wrong door' for an older person to knock on. By seeking to partner the whole range of statutory and voluntary agencies working with older people, those at the 'front end' would be enabled to provide an holistic service to meet need. Throughout the lifetime of the pilot older people were involved in its development, implementation and governance.

### **Pilot activity**

The action learning programme for the pilot consisted of four workstreams, also described as 'four roads to improvement': a 360 degree framework, broad outreach, deep outreach and involvement of older people.

#### *A 360 degree framework – an holistic framework for wellbeing*

Through adopting the principles contained within the Social Exclusion Unit's *Sure Start to Later Life* report (op cit), the pilot worked with older people to develop a framework for a 360 degree wellbeing check. 'Getting the Most Out of Life' was then incorporated into a self assessment tool for individuals, their families and front line staff to support the holistic assessment of older people's needs. This was also incorporated into the health and social care Single Assessment Process locally. The information resource used by the 'My Devon' Care Direct Service to answer queries was expanded to cover this enhanced framework, and regular training was provided to Care Direct staff on its use. The tool was made available on the council's website alongside the information used by Care Direct to answer telephone queries, and the pilot distributed over 30,000 copies of a paper based version to the public. This aspect of the pilot was very popular with older people involved in the pilot who prioritised it for long-term maintenance.

### *Broad Outreach – improving access to information and services*

Broad Outreach tested the assumption that a 'one door' model of access to information and services would have limits for some older people and therefore a broad outreach model of face-to-face access was developed. With a focus on frontline staff and volunteers a range of tools and support were provided to help them work more effectively with older people and to increase learning to promote 'no door is the wrong door' for older people to knock on. In addition to the 360 degree wellbeing check the following activities took place:

- a series of information fairs were held across the county;
- Care Direct was promoted as a resource to staff, and volunteers and staff from the Devon Customer Service Centre received training in using the 360 degree tool for the holistic assessment of older people's needs;
- older people provided feedback and focus groups were held with service providers;
- the pilot team worked with frontline staff and volunteers to explore their understanding of holistic assessment and its application to their caseloads.

Through Broad Outreach contact was made with approximately 3,000 people at face-to-face events, including Senior Council for Devon meetings and it is estimated that around 5,500 enquiries were received at agency stands during the course of the pilot.

The pilot was able to reach a number of conclusions from this approach. These are described in the final pilot documents listed, which are all available on the weblink provided. The information fairs were judged to be so important to mainstreaming information in older people's natural networks that this was incorporated into the funding agreement for the Senior Council.

### *Deep Outreach – Community mentoring*

Deep Outreach provided a new style of service for older people who were experiencing some form of downturn in their lives, potentially or actually leading to isolation and social exclusion. Two mentoring pilots took place – 'Upstream' in Mid Devon and 'Link2' in Exeter. The initiative was based upon the 2005 evaluation results of the 'Upstream' mentoring service (Greaves and Farbus, 2005). Over 650 people received the service in the life of the LinkAge Plus pilot. Observed outcomes included reductions in depression, and moving from a position of dependence to being a volunteer. Some case studies are included in the report which is cited. Activity included the commissioning from Peninsula Medical School of a study to inform the longer term sustainability of this service, publication of a Community Mentoring Manual (Devon County Council, 2007), and focus groups with the two mentoring teams in the pilots to address learning outcomes and solutions to barriers to the re-integration of clients into society. In the course of the pilot the County Council and the Devon Primary Care Trust agreed with the Department of Health to expand the scheme to cover the whole of the County. 'Graduate'

participants of the Link2 project were involved in the competitive tender which was necessary. An Equality Impact and Needs assessment at the end of the pilot showed that proportionately few Black and Minority Ethnic people had benefited from the projects so the POPPS funded work included a specific workstream to benefit them.

### *Involvement of older people – creating a Senior Council for Devon*

It was necessary to let a formal contract for this work by competitive tender following agreement of the specification. The work also included, through internal funding, specific work targeted at improving the involvement of 'hard to reach' or 'hard to hear' groups. The existing older people's advisory group 'AGILE' (action group in later life) was made a partner in this. Early activities included a review of their functioning, and consultation with older people on how they would like to see the Senior Council operate. An outline constitution was developed and it was agreed that the Council would take the form of a company limited by guarantee.

A 'bottom up' approach was developed, focussed on local associations in each of the 29 community planning areas electing a County wide Assembly, which in turn elected the Board (by the Alternative Vote for the Officers and Single Transferable Vote for the Board members, supervised by the Electoral Reform Society).

Membership was open to individuals aged 50+ and organisations of/for older people to engage with public service providers to improve the lives of older people, including by taking action themselves in their localities.

On October 1st 2007 a conference 'All Our Tomorrows' was held. The majority of the participants were older people, some interested in some hesitant about the Senior Council. At this, the Chief Executive of the Devon PCT and the Director of Adult Social Care committed their organisations to a three year funding deal for the Senior Council. The conference also considered, improved and approved a statement of older people's priorities to be the basis of strategy development and joint action. This provided a boost to development and membership.

By the end of June 2008 the Senior Council had over 800 members with Senior Council groups in 22 out of the 29 areas. The Senior Council also operates as the county's Older People's Advisory Group. Proportionately, membership reflected well both the urban/rural spread of the County and its ethnic diversity.

A final series of three locality based conferences disseminated the findings of the pilot to local older people and managers.

At the same time, and in order to have a basis for continuing discussion, the County Council agreed the first ever Devon statement of strategy for older people and commissioned the Senior Council to hold a series of local discussions with older people about it.

The Senior Council also has its own website.



## Local evaluation findings

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the Department for Work and Pensions (DWP) each pilot was required to ensure that a local evaluation was undertaken. In Devon, Peninsula Medical School was commissioned to undertake this local evaluation. The report from this local evaluation of the Deep Outreach service is expected to be published later in 2009. Other local evaluation activity undertaken by the pilot team is incorporated in the documents listed. Anyone interested in the POPPS extension of the Deep Outreach can find out more on the My Life My Choice Devon website.

## Further information

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.devon.gov.uk/linkageplus](http://www.devon.gov.uk/linkageplus).

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Devon County Council: 360 Degree Wellbeing Check.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Devon County Council: Broad Outreach 'No Door is the Wrong Door'.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Devon County Council: Deep Outreach (Mentoring Service).

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Devon County Council: Senior Council for Devon.

Devon County Council (2007). Community Mentoring Manual.

Devon County Council (2007): 'Everyone's Tomorrow': Conference Report: Monday 1st October 2007 Newton Abbot Racecourse.

Devon County Council (2007). LinkAge Plus Made Simple!

Devon County Council (2008). Devon LinkAge Plus: Ageing, Inclusion and Rurality.

Devon County Council (2008). Devon LinkAge Plus Findings Paper Final: Community Mentoring: Inclusion and Wellbeing.

Devon County Council (2008). Devon LinkAge Plus Findings Paper Final: Developing a Senior Council for Devon: Engagement and Inclusion.

Devon County Council (2008). Devon LinkAge Plus Findings Paper Final: Information: A Preventive Service.

Devon County Council (2008). Information Fairs: A Guide to the Organisation and Running of Local Information Fairs.

Devon County Council (2008). LinkAge Plus Devon: Summary of Broad Outreach Focus Groups Learning.

Devon County Council (2008). LinkAge Plus Devon: Summary of Deep Outreach Focus Groups Learning.

Devon County Council (2008). LinkAge Plus: End of Project Report: 'Getting The Most Out of Life'.

Devon County Council (2009). Getting the Most Out of Life?

Greaves, C., Farbus, L. (2005). Upstream Healthy Living Centre: Research on the Processes and Outcomes of an Intervention to Address Social Isolation in the Elderly, Peninsula Medical School, Universities of Exeter and Plymouth.

Richards, S., Dickens, A. and Edwards, R. (2008). Devon Ageing and Quality of Life Study: A Preliminary Report Documenting the Profile of Service Users of the Devon Community Mentoring Service, Peninsula Medical School, Universities of Exeter and Plymouth.

## Gateshead

### **Background**

Gateshead has a population aged 50 and over of 68,200 (Office for National Statistics (ONS), 2005). This equates to 35 per cent of the borough's overall population of 191,300 (ONS, 2005).

The Gateshead Older People's Assembly (previously called the Gateshead Forum for Older People) is seen by the local authority as a key organisation for obtaining an insight into the issues that impact upon older residents. The forum had undertaken a social survey prior to the LinkAge Plus pilot and its findings helped to shape a special Overview and Scrutiny Review of Services for Older People. The pilot generally was shaped by the views of older people in consultation with the forum. Further development of the forum structure and membership was a specific objective of the pilot activities and a development worker was assigned to the forum to support this work.

### **What the pilot set out to do**

The pilot set out to develop a model of enhanced access to information for older people to underpin a range of low-level preventative services using the five neighbourhood areas in the borough. The intention was to provide access to important service information before a crisis developed. This was to be achieved by bringing together partners from across sectors to analyse where the older people of Gateshead had to go when they needed help. To maximise the impact and accessibility of the services information-sharing protocols were developed with all partner agencies.

## **Pilot activity**

The Gateshead pilot included a range of initiatives to improve access and information to services for older people. Pilot project activities follow.

### *Proactive information network*

The network was planned to support not only the range of activities and services developed through LinkAge Plus but also those already in place. It aimed to enable easier access and signposting through three key activities:

- developing a high quality website with hyperlinks into participating agencies locally, regionally and nationally;
- identifying partner organisations with trained staff able to support the provision of, and access to, information and services;
- linking into Gateshead@YourService, Gateshead Council's customer service call centre.

### *Small tasks and repairs*

This was led by the Gateshead Housing Company and consisted of developing a more innovative way to respond to 'low level' repairs, thereby enabling older tenants, particularly those in frail health, to remain living independently. The scheme set out to deliver handyperson services, including minor repairs that were not the landlord's responsibility, for example, decorating, hanging curtains and garden maintenance. Wherever possible, opportunities to link into the council's existing Decent Homes work activities were made.

### *Anchor Staying Put (small repairs and gardening service)*

Anchor Staying Put already operated a small repairs service for older homeowners in the Housing Market Renewal Pathfinder areas of Gateshead and Newcastle. LinkAge Plus funding offered the extension of services to complement those of the Gateshead Housing Company (see later) to reach all older owner-occupiers in Gateshead. Nominal charges were levied for the repairs service and donations invited for gardening jobs. This promised improvements in quality of life, health, and in particular the ability to avoid admission to hospital and/or an early return home from hospital.

### *Safety Works! (community safety awareness)*

Safety Works! is part of the Tyne and Wear Fire and Rescue Service and has worked with older people since 2001. The project was developed in response to local and national priorities in relation to the detrimental impact of accidental injury on the health and wellbeing of older people. It is one of eight such projects across the country and in Gateshead LinkAge Plus funding supported the co-ordinator post, transport and other costs to enable older people to attend the sessions. Awareness raising sessions covered three causes of preventable accidental injury –

road accidents, house fires and falls. Interventions in these areas have the potential for achieving the biggest reductions in accidental deaths and injuries in the short term. Issues of crime prevention, home safety and personal safety were included. Each person attending Safety Works! was offered a home fire risk assessment in their own home where smoke alarms would be fitted free of charge.

### *Community health initiatives*

The promotion of a healthy lifestyle for people aged 50 years and over is key to preventative services. The LinkAge Plus pilot sought to build on existing activities and develop new approaches contributing to the health and wellbeing of older people. Whilst all older people were targeted, the clear focus was on developing service models that promoted the identification of socially isolated older people who may not have been accessing services and therefore may have been experiencing poor health and low incomes. The initiatives were:

- **Shopping service co-ordinator:** a developmental post to augment the council's existing shopping service for older people. This supported home visits to discuss options for meeting the shopping needs of individuals;
- **Community health worker (older people):** a dedicated post working with older people, encouraging them to take action to improve and maintain their health, particularly with regard to heart disease, strokes and cancer;
- **Rowlands Gill and Chopwell Live at Home schemes:** an existing scheme which was intended to combat rural isolation through 'low level' activities such as befriending, advocacy, and home visiting and run by local volunteers in the rural west of Gateshead. The pilot funding enabled evaluation of the existing provision with a view to extending it further across the borough. A new group developed in Blackhall Mill, a very rural area, and focused on specific hobbies.

### *Time Bank*

Age Concern Gateshead oversaw the development and management of a Time Bank, a concept developed to reduce inequalities in health and social inclusion through people becoming givers of time to help increase self worth and esteem. The Time Bank delivered low-level preventative services by developing local volunteering opportunities for older people. This supported the concept of peer delivery and enhanced services delivered by other agencies such as the Gateshead Housing Company and Anchor (as covered earlier), providing a safety net for those people who might not access other services.

### *Activage*

Activage pre-dated LinkAge Plus, providing a variety of health-related activities and services to older people. The additional funding from LinkAge Plus was to increase existing opportunities for physical activity both to maintain health and to reduce social isolation. The range of core services expanded to include Tai Chi, dance, cycling and walking. Some clients trained to become 'motivators', who promoted the activities as well as delivering the services. The Activage team also organised publicity campaigns and staged special events to raise awareness.

### *Good Companions*

An existing befriending scheme covering the whole of Gateshead, providing a range of services including home visiting, social groups, bereavement support, and telephone companions for socially isolated older people. The LinkAge Plus pilot aimed to develop the approach and to link with other elements of the LinkAge Plus programme.

### *Older People's Assembly*

The Assembly (previously called the Gateshead Forum for Older People) is a voluntary body with charitable status established in 1999 and managed by older people. The pilot funding was to appoint a dedicated development worker to support:

- the expansion of the forum's membership, ensuring that older people had opportunities to be heard;
- the forum in identifying and working with people experiencing social isolation and exclusion both from the life of the community and from access to services.

This work focused particularly on older people who are in minority groups, including those from BME communities, those with sensory impairments, and those with mental health problems. The development worker worked with forum members to identify gaps in services and to support the development of projects to meet the objectives of the forum's development plan for 2005-08.

## **Local evaluation findings**

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the DWP each pilot was required to ensure that a local evaluation was undertaken. In Gateshead, Peter Fletcher Associates Ltd was commissioned to undertake this local evaluation. The local evaluation team's findings can be found in a number of reports as listed under further information. The following 'overall conclusions' are drawn from Peter Fletcher Associates Ltd (2008), Part 1: The Findings. Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

“Overall conclusions” from Peter Fletcher Associates Ltd (2008), op cit, pp. 104-5 are as follows:

Link Up represented a significant investment in preventative services for older people. The programme as set out in the Memorandum of Understanding with the DWP set itself some ambitious objectives to:

- Improve quality of life;
- Promote participation, take up and easy access to services;
- Target hard-to-reach vulnerable older people;
- Promote choice and flexibility;
- Promote social inclusion.

We would conclude that it has been partially successful in achieving these objectives. The evidence we have compiled shows in our view that:

- The programme has contributed to older people in Gateshead seeing an improvement in their quality of life;
- It has made access to some services easier;
- The engagement of older people has increased and their contribution is more recognised;
- Some hard-to-reach groups have been targeted with services;
- The range of services available increased as a result of the programme and older people had more choice;
- Social inclusion has been increased.

However these gains have only been partial. That in itself is not surprising given that these are difficult problems to address and they were never going to be solved within a two-year programme.

We appreciate the difficult financial position that the Council and other partners are facing and the other pressures on budgets. However it seems to us there are three very good reasons why sustaining, and indeed developing the approach taken by Link Up, should be seen as a high priority:

It fits with the direction set out for adult social care in ‘Putting People First’.

Failure to make a strategic shift towards prevention and early intervention is likely to mean that demands on health and social care budgets will continue to increase at a rate that outstrips the Council and PCT’s [Primary Care Trust] ability to keep pace.

It is what older people themselves clearly say they want.

We expect that the Council and its partners will, through the new Comprehensive Area Assessment, increasingly be judged on the progress they make in responding to this agenda. As things stand at the moment our end-of-term report would

say: 'Gateshead has made a promising start but it needs to take steps to make sure that progress is sustained or there is a significant risk that the situation will get worse rather than better.'

We have made a number of recommendations in relation to individual elements of the Link Up programme. In addition to those we make these three overarching recommendations provide the framework which is needed to make things happen:

- Gateshead should set up an Older People's Partnership that has overall strategic responsibility for addressing the older people's issues within the Borough. The Partnership should bring together older people, through the Assembly, key statutory agencies such as the Council, PCT, Nexus, the Police and the voluntary sector. It should be constituted as an integral part of the Gateshead Strategic Partnership on the same basis as the Children and Young People's Partnership reflecting the equal importance of older people;
- A first task for the new Partnership would be to develop a comprehensive strategy for ageing for Gateshead that addresses the complete range of issues that impact on older people's quality of life.

The Council and PCT as the key bodies with statutory responsibilities in this area should as a matter of priority agree a commissioning strategy and investment programme that will:

- In the short term sustain those elements of the Link Up programme that we have recommended should continue but that are at risk;
- In the medium to longer term deliver a strategic shift towards prevention and early intervention;
- Link Up has by and large delivered what it was asked. The relatively good start that has been made now needs to be sustained into the future and built upon.

### **Further information**

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.gateshead.gov.uk/CareandHealth/CommunityCare/linkup/home.aspx](http://www.gateshead.gov.uk/CareandHealth/CommunityCare/linkup/home.aspx).

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Gateshead Link Up: Gateshead Older People's Assembly.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Gateshead Link Up: Good Companions (Age Concern).

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Gateshead Link Up: Timebank (Age Concern).

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Newcastle Gateshead Link Up: Safety Works Older Persons Events.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Rowlands Gill and Gateshead Link Up Chopwell: Live at Home Scheme.

Gateshead Council (undated). Link up in Gateshead Information Folder.

Kitt, I. (2007). Evaluation of Gateshead LinkAge Plus: Baseline Survey: Initial Results, Peter Fletcher Associates.

Peter Fletcher Associates Ltd (2007). Baseline Position: Older People Consultations.

Peter Fletcher Associates Ltd (2007). Link up In Gateshead: Analysis of Programme Activity November 2006-January 2007.

Peter Fletcher Associates Ltd (2008). Improving the Health and Wellbeing of Older People in Gateshead: An Evaluation of the 'Link Up in Gateshead' Programme: Part 1: The Findings.

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## Gloucestershire

### **Background**

Gloucestershire County Council (GCC) and Gloucestershire Rural Community Council (GRCC) established a network of Village Agents to support older people. A Village Agent is a locally-based person who is able to provide face-to-face information and support which enables older people to make informed choices about their future needs.

Gloucestershire has a population of 578,600. The county has an ageing population with those aged 75 and over making up 8.8 per cent of the population, above the national average, and this age group is expected to increase by 52 per cent in the next 20 years – reflecting the popularity of the area for retirement (Audit Commission 2008). Gloucestershire is a two-tier local government area comprising GCC and the six district/borough/city councils of Cotswold, Cheltenham, Forest of Dean, Gloucester, Tewkesbury, and Stroud. In addition, it is served by one PCT – NHS Gloucestershire, which is co-terminus with the county council area, though at the start of the LinkAge Plus pilot Gloucestershire had three smaller PCTs which were merged into NHS Gloucestershire during the life of the pilot.

People living in rural areas, and Gloucestershire is no exception, are a classic example of a hard-to-reach group. Whilst often masked by a veneer of affluence, these communities can, in practice, be isolated with high levels of social deprivation and poor transport links. They are usually very self contained and, because of this, can be reluctant to find help outside their local community. The



Village Agent concept – the focus of Gloucestershire’s LinkAge Plus pilot – was first identified as a recommendation from rurality research funded by the DWP in 2002/03. This research gathered the views of older people living in some of the most rural areas of Gloucestershire and identified that an average of 83 per cent of respondents would be happy approaching someone they knew and trusted within the community for help and advice.

The Village Agents pilot built on a number of existing initiatives within Gloucestershire including the multi-agency contact centre approach developed through CAREdirect. This ensured that the information and support available had a strong focus on health, social care, housing, personal safety and benefits/pensions. However, the county council’s Improving Customer Access initiative also led to the introduction of a corporate customer service team providing information and access to county council and many district council services including environmental health, libraries, transport and lifelong learning. The Village Agent concept was intended to play a key role in building this knowledge base through the identification of unmet need and two-way communication with a central information resource.

### **What the pilot set out to do**

The Village Agent was envisaged as someone who could bridge the gap between the local community and those statutory and voluntary organisations able to offer help or support where required. Although targeted primarily at older people, other disadvantaged and isolated people would also be able to receive Village Agent support. Village Agents would therefore act as a facilitator in the provision of high quality information, promote access to a wide range of services, carry out a series of practical checks, and identify unmet need within their community. Through training and access to appropriate information resources, the Village Agents would develop their capacity to provide a service within their communities both in the short and longer term. The role would incorporate information relating to a wide range of services including health services, pensions and benefits, housing, home and personal safety, adult education, leisure services, volunteering and advocacy services. Village Agents were recruited locally and trained and supported to provide face-to-face information and support which enables individuals to make informed choices about their future needs. Appropriate localities for Village Agents were identified by a pre-project gap analysis and mapping exercise using indices of multiple deprivation and the location of existing facilities such as shops, GP surgeries, transport links, etc.

It was felt that in order to be truly effective in taking an holistic approach to anyone in need within their community, the Village Agent would need appropriate access to relevant resources and support. In order to meet this need, they networked extensively with local people and service providers, providing an essential role in taking information and support to some of the most rural areas in the county. They were supported in their role through a range of tools such as the provision of a detailed training programme, publicity materials and high quality information resources, laptop and mobile telephone. The Village Agents received support

both on a one-to-one basis and through the sharing of good practice within the network. It was originally intended that the tools identified above be available to the whole community (and to the county as a whole where possible), at the end of the project with an intention that this knowledge be cascaded throughout the community in order to provide a sustainable resource for the future. Experience during the pilot indicated that this was not the best way forward.

The aims of the LinkAge Plus pilot were to ensure that older people:

- have easy access to a wide range of information that will enable them to make informed decisions about their own wellbeing;
- are in receipt of any services or assistance that can help them remain independent in their own homes and enable them to feel part of a supportive enabling community;
- in Gloucestershire villages and particularly those who are older, frail and vulnerable, feel more secure, feel more cared for and have a better quality of life;
- are engaged to enable them to influence both development of the Village Agent role and future service provision.

This was to be achieved by:

- recruiting and training 30 Village Agents to work with identified rural communities in Gloucestershire to provide high quality information and support and promote access to a wide range of services;
- testing the principles of the Village Agent working within each community in order to identify models which could be sustained by the community in the longer term;
- working with statutory and voluntary organisations within the county to build and provide improved access to a knowledge base of frequently asked questions in response to customer need;
- developing a training programme relating to access to information and services which could be cascaded within communities as appropriate. This would be developed in conjunction with Village Agent training;
- developing a series of publicity materials, which could be used by communities, to promote access to information and services.

From the outset (GCC) worked in partnership with the GRCC. GRCC is extremely knowledgeable of rural Gloucestershire and has extensive networking arrangements as well as strong links with parish councils. GCC, in conjunction with GRCC, identified clusters of parishes in which a Village Agent was placed and recruited 30 Village Agents to operate in these clusters. The overall project was managed by a dedicated project manager at GCC but GRCC managed the 30 Village Agents on a day-to-day basis, and appointed a manager for this role. The Village Agents are paid a small retainer to work ten hours per week in the community through weekly surgeries in

the village hall or other suitable places, and home visits where appropriate.

### **Pilot activity**

Village Agents have undertaken a number of key tasks including:

- parish research;
- networking;
- facilitating access to services.

These are set out in more detail.

#### *Parish research*

One of the first activities the Village Agents were tasked to do was to research their cluster of parishes. This had two purposes, firstly, so that they would familiarise themselves with the areas they were working in and, secondly, to provide local information which was needed to develop the Village Agents website ([www.villageagents.org.uk](http://www.villageagents.org.uk)) which is available to the public and professionals. Village Agents are now responsible for keeping this up to date.

#### *Networking*

Village Agents make approximately 20,000 contacts each year. Older people contact them because they are known and trusted members of the community. They have either met them personally or have been told about them by a friend or neighbour. The Village Agents are also known by the professionals working in the community – community nurses, parish councillors, police community support officers, etc.

#### *Facilitating access to services*

The Gateway Referral System – A simple system was developed which can be used to access services and information directly from the many partner agencies. Initially this was based on an email being sent directly to the partner's central mail box but this has been developed into a web-based system which is used by other agencies such as the DWP visiting team. There are agreements in place with all the agencies – they call the client and arrange for the service and/or visit as necessary, and then return the email to Gloucestershire County Council to note that the job has been completed. Partner agencies signed up to the Gateway Referral System include:

- Active Lifestyles (a physical activity referral scheme);
- Gloucestershire Social Services' Adult Helpdesk (this is the first point of contact for social services in the county and where all general enquiries regarding social services and requests for new referrals for adults and older people are received);
- Age Concern;

- Local Pension Service;
- Care and Repair (HIA Countywide) (helping older and disabled people remain independent in a warm safe home adapted to their needs);
- Carers Gloucestershire (an independent carer-led charitable organisation seeking to empower carers across the county);
- Cotswold Careline (an alarm service bringing reassurance and peace of mind to older and vulnerable people in the Cotswold district and surrounding areas and providing a prompt response 24 hours a day);
- Cotswold Voluntary Centre;
- Forest of Dean Linkline (a 24-hour emergency monitoring and contact service run by Forest of Dean District Council);
- Gloucestershire Fire and Rescue Service;
- Gloucestershire Lifestyles (a community support network for those with a disability within the county);
- Good Morning Gloucestershire (a free telephone support network for people over the age of 60);
- GRCC;
- GUIDE (the health, social care and disability information service for Gloucestershire) and the Patient Advice and Liaison Service;
- libraries, clubs, volunteers, and housebound services;
- Lydbrook Community Care;
- RNIB Talking Books;
- Safer Community Team (police community support officers);
- Stroud Careline;
- Stroud Volunteer Centre;
- Tewkesbury and Cotswold Helpline;
- Warm and Well (Severn Wye Energy Agency).

The Village Agents also contact other relevant agencies not listed above directly by email or telephone and new partner agencies are added when appropriate. A key advantage of the referral system is that it does not involve third parties to route the requests for services and information.

### *Contacting hard-to-reach groups*

A three-month comparison of referrals to the Adult Helpdesk for social care support before and during the pilot indicates an increase of over 50 per cent – this increase demonstrates that the Village Agents are contacting older people

who were previously isolated and even though there was a need, were not in contact with the appropriate agency. The concept of Village Agents has therefore been translated into some of Gloucestershire's more urban areas in the form of six Community Agents. Community Agents were set up in January 2008 to work with BME older people using the same principles as for Village Agents. They are community rather than geographically based, their remit being to work across the whole county, but work along the same lines as the Village Agents in terms of networking and access to services.

### *Efficiencies for partner agencies*

All partner agencies have welcomed the presence of the Village Agents and have reported the following via focus groups:

- Village Agents refer people into their services who they would not otherwise have the resources to find due to their rural location. This is especially important to, for example, the Fire and Rescue Service who have slower response times in rural areas and therefore, finding people at risk and fitting smoke alarms is vitally important;
- older people, especially those with mobility difficulties, are now more visible;
- voluntary and statutory agencies have always worked together but the Village Agents structure has formalised that and made links more efficient;
- older people felt happier dealing with someone they were familiar with rather than someone from an official organisation and consequently they were more likely to access services. This was especially relevant for The Pension Service.

Older people are now more likely to have contact with statutory organisations as a result of contact with a Village Agent, and initiatives and information can be directly targeted to the intended recipients. Countywide agencies are assisted in making contact with previously hard-to-reach groups and also have a better knowledge of each other's provision. Village Agents can also identify vulnerable community members in an emergency. Village Agents promote themselves widely within their communities and actively carry out publicity activities to introduce their new role. Village agents act as an information source for that community, striving for a 'first time fix' when appropriate using a range of county council and NHS/social care information; and access services as their key points of contact for more complex query resolution and access statutory services as required.

### **Local evaluation findings**

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the DWP each pilot was required to ensure that a local evaluation was undertaken. In Gloucestershire, the Institute of Local Government Studies at Birmingham University was commissioned to undertake this local evaluation. The local evaluation team's findings can be found in a number of reports as listed under

further information. The following ‘conclusions’ are drawn from – Wilson, L., Crow, A., Willis, M. (2008), LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Overall Evaluation Report, INLOGOV, School of Government and Society, the University of Birmingham. Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

“Conclusions” from Wilson, L. et al. (2008), op cit, pp. 31-2 are as follows:

The success of the Village Agent project has been measured via DWP [Department of Work and Pensions] targets, questionnaires, focus groups, Village Agent and older persons’ diaries and case studies. The diversity of the research available highlights the achievements and wider consequences of the project to be:

- Older people are now more likely to contact statutory organisations;
- Older people have a better awareness of preventative measures;
- Social networks are supported and promoted;
- Initiatives and information can be directly targeted to the intended recipients;
- Village Agents can identify vulnerable older people in an emergency.

Through the work of Village Agents of putting older people in touch with different statutory and voluntary agencies has resulted in people receiving more services. Indeed, as older people have good experiences of receiving services they are now less reluctant to ask for support. This in turn has increased their awareness of preventative measures in relation to their continuing independence. Such is the importance of the Village Agent role that they are now a mainstream council service with an allocated budget provided jointly from Social Care and PCT budgets.

... One of the future and wider aims of the project is that older people are seen as more than consumers of health and social care. The diversity of their needs and interests is as rich and complex as for any other age group. Social interaction, help with home improvements, issues with public transport and bus routes, information on paid work, and contributing to the community and village life, are all areas where Village Agents have been involved with older people. Health and social care form only a small part of the concerns older people have.

...the report will end with the views and thoughts of some of those older people who have benefited from the scheme. The warmth, affection and support they have for their own Village Agent and the impact that person has had on their day-to-day lives is the best illustration of the achievements of this scheme.

*‘We really didn’t know what we were entitled to before we met the Village Agent.’*

*'She's turned out more than a Village Agent, she has become a friend.'*

*'The things that Jenny [Village Agent] has done with our village has amazed me ... she has the right contacts for organisations'*

*'Penny [Village Agent] has been my saviour; it's a fine thing this Village Agent scheme.'*

*'I can't praise her enough, to be honest with you, the things we got now are for people through the things Jenny [Village Agent] has done, these people were entitled to it but never knew about it.'*

### **Further information**

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.villageagents.org.uk](http://www.villageagents.org.uk).

Crow, A., Wilson, L. (2007). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: First Interim Report, INLOGOV, School of Public Policy, the University of Birmingham.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Gloucestershire: Village Agents.

Gloucestershire County Council and Gloucestershire Rural Community Council (2007). Village Agents: Gloucestershire Flooding 2007.

Gloucestershire County Council and Gloucestershire Rural Community Council (2008). LinkAge Plus: End of project report: Village Agents.

Willis, M. and Crow, A. (2007). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Local Evaluation Baseline Report: Volume 1 Baseline Report, INLOGOV, School of Public Policy, the University of Birmingham.

Willis, M. and Crow, A. (2007). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Local Evaluation Baseline Report: Volume 2 Appendices, INLOGOV, School of Public Policy, the University of Birmingham.

Wilson, L. (2007). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Local Evaluation Baseline Report: Executive Summary, INLOGOV, School of Public Policy, the University of Birmingham.

Wilson, L. (2007). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Second Interim Report, INLOGOV, School of Public Policy, the University of Birmingham.

Wilson, L. (2008). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Final Interim Report, INLOGOV, School of Government and Society, the University of Birmingham.

Wilson, L. (2008). LinkAge Plus Project: Village Agents: Gloucestershire County Council in conjunction with Gloucestershire Rural Community Council: Third Interim Report, INLOGOV, School of Public Policy, the University of Birmingham.

Wilson, L. (2009). Community Agents, Gloucester County Council (sic), INLOGOV, School of Government and Society, University of Birmingham.

Wilson, L., Crow A., Willis, M. (2008). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Executive Summary, INLOGOV, School of Government and Society, the University of Birmingham.

Wilson L., Crow A., Willis M. (2008). LinkAge Plus Project: Village Agents: Gloucestershire County Council in partnership with Gloucestershire Rural Community Council: Overall Evaluation Report, INLOGOV, School of Government and Society, the University of Birmingham.

## Lancaster

### **Background**

Lancaster has a population aged 50 and over of 49,100 (ONS, 2007); 34 per cent of the city's overall population of 143,500 (ONS, 2007). The Lancaster pilot was the only pilot to be conducted by a district council in a two-tier local government area. Older people were engaged with via the Older People's Forum and the Older People's Partnership. The Forum and Partnership played a key role in developing the projects that were implemented and the work of the pilot can be seen as supporting their ambitions.

At an early stage a decision was made to manage and direct LinkAge Plus activities by a Joint Steering Group. This Partnership Board, comprising representatives from the partner organisations involved in LinkAge Plus in Lancaster, was chaired by an independent Chair (who was herself an older person with a breadth and depth of experience in public service).

### **What the pilot set out to do**

The pilot set out to 'make a difference' to the lives of older people in Lancaster by developing projects that were beneficial to Lancaster's older population; and which could be embedded and sustained in the future. Key partners were Lancaster City Council, Lancashire County Council Adult and Community Services, Age Concern Lancashire, 'Signposts' (an organisation set up in 1994 with a commitment to relieve poverty, with a particular focus on working with the inhabitants in the West End of



Morecambe), and the Forum for the Older Person and the Older People's Partnership. Pilot activities in Lancaster were branded under a '50 Forward' banner.

The programme approach had three distinct projects which, whilst designed to stand alone, were also designed to be interlinked through partnership working, such that they would appear 'seamless' to the service user.

The aims of the projects were as follows:

- Access to Information: to provide residents with direct access to information and support relevant to people over 50, whether it be for them or for an elderly relative;
- Care Navigator Service: to work on a one-to-one basis to provide practical support to enable vulnerable and isolated older people to access services and support that they need to help them remain active and to play a part within their communities;
- Employment Service and Volunteer Bureau: to engage with, and provide tailored support to, people who were interested in volunteering and returning to work/ finding new employment opportunities. It was envisaged that the project would work with Jobcentre Plus and also engage with local employers. Associated with the Employment Service and Volunteer Bureau was the Time Banks project, which aimed to identify how local residents could provide services to support one another.

### **Pilot activity**

Pilot activity was concerned with implementation of the projects outlined above. However, rather than developing together, one of the projects – Access to Information – developed more slowly than the other two projects. Key features of the pilot activity follow.

#### *Access to Information*

Initial progress was slowest on this project. Originally it was envisaged that the service would be delivered via a single telephone number, with face-to-face customer service centres being available at a later date. The project was predicated on the assumption that Lancaster City Council had made considerable headway in bringing services together under a single telephone number and it was expected that this service could be extended to include information from all partners and providers. However, a customer service centre was not established in Lancaster Town Hall in late 2006 as had been expected initially. Hence, there were substantial delays in getting the project started and subsequently the funding available for development of this project was reduced by the DWP. Implementation of the Access to Information telephone helpline service commenced in spring 2008.

### *Care Navigator Service*

This service was delivered by 'Signposts'. Prior to the project, Signposts did not have experience of working specifically with older people, although it was experienced in multi-agency working. The role of Signposts was to recruit and support volunteers to undertake the Care Navigator role. The Service operated on three levels:

- Level 1: involving one-off information and advice, initial assessment, telephone contact, a home visit and signposting;
- Level 2: generic support, i.e. level 1 support plus ongoing information, advice and guidance, and practical support in accessing services, and referral to services;
- Level 3: individual support, i.e. levels 1 and 2 plus bespoke one-to-one support, case work, review and exit planning.

Over 40 volunteers (some, but not all, aged over 50) were recruited and trained as volunteers (by Signposts) during pilot activity. Referrals to the Care Navigator Service came from a range of organisations, including the Fire and Rescue Service, the PCT, the intermediate care team, nurse visitors and self-referrals.

### *Employment Service and Volunteer Bureau*

The Employment Service was launched in January 2007. In December 2006 a major local employer closed, and the first 69 recruits to the Employment Service were from an employment open day held in early 2007. Other recruitment events and activities to publicise the service were held over subsequent months. A key feature of project activity was the personalisation of services. The focus of activity was on helping people to identify and use their transferable skills to take up opportunities in new sectors. Although the target group for the service was people over the age of 50, in practice nobody was turned away and younger people have used the service. The Volunteer Bureau commenced activity in April 2007 following the appointment of a volunteer co-ordinator. The bureau was aimed at volunteers over the age of 50 but also supported younger people. Referrals came from promotional work and also from statutory agencies. A Time Bank service grew out of the aims of the Volunteer Bureau. The principle here was that volunteering groups be established within a local community in which people shared their skills – through exchange of time credits. Two Time Banks were created and by the end of the pilot activity, with at least 59 volunteers involved, five more Time Banks were ready to be operationalised.

### **Local evaluation findings**

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the Department for Work and Pensions each pilot was required to ensure that a local evaluation was undertaken. In Lancaster, the Department of Continuing Education, Lancaster University, was commissioned to undertake this local evaluation. The local evaluation team's findings can be found in a number of reports

as listed under further information. The following ‘key outcomes’ are reproduced here from Davies et al. (2008). Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

‘Key outcomes’ from Davies et al. (2008), op cit, pp. 93-4 are as follows:

Commenting on the outcomes of the 2007-8 consultation leading to the new Lancaster and District Local Strategic Plan, one of the project partners, interviewed by an evaluation fieldworker, observed that a key outcome was that since 2006, older people have had a “louder voice on the district stage”. Instead of being seen only as recipients of health and social care, they are now, we were told, seen as an asset and a positive force when it comes to volunteering, employment, and contributing to decision-making. It was reasonable, said the interviewee, to conclude that the Lancaster 50 Forward Linkage Plus project, and all of the publicity, discussions, negotiations and adjustments surrounded it, contributed importantly to the emergence of this “louder voice”.

The same informant added, reflecting on the 50 Forward Project:

‘The three strands have surpassed expectations and proved that with the right prompts a project like this can prove that the whole is greater than the sum of its parts.’

If we attempt to summarise, then, the key outcomes of the Lancaster 50 Forward project, which have contributed to such a positive summative appraisal, and which this evaluation has documented, we can say that:

- a project of this nature can be carried out in a District Council which has not had responsibility for caring services for older people and can, in fact, benefit positively from the absence of pre-established lines of responsibility, working practice, patterns of communication and precedent;
- an employment service for older people can be established ab initio and function effectively in a project of this nature and can make important positive differences to older people’s lives and opportunities;
- the principles of the care navigator service – a non-crisis, time-limited, low-level information and support service – can promote independence of older people in the community and improve their quality of life in a significantly cost-effective manner;
- basing a project such as this on expressed needs of older people and giving representatives of older people a significant role, and decision-making powers, in the project makes success and relevance much more likely and demonstrates the value of going beyond mere rhetoric on this point;
- there will be a lasting project legacy in the District of positive attitudes on the contribution of older people to society and of the recognition of the need to consult older people on the provision of services which affect them and to encourage their involvement in related decision-making.

### Further information

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.lancaster.gov.uk/news/2008/apr/lancaster-district-50-forward-project-makiing-life-simple/](http://www.lancaster.gov.uk/news/2008/apr/lancaster-district-50-forward-project-makiing-life-simple/).

Davies, P., Jacks, D., Rodgers, L., Robinson, G. and Ostermeyer, M. (2007). Evaluation of '50 Forward': A DWP-funded Linkage Plus project to Improve Access to Services for Older People in the Lancaster District: Baseline and Phase One Report, Department of Continuing Education, School of Lifelong Learning and Widening Participation, Lancaster University.

Davies, P., Frank, F., Percy, K. (2008). Evaluation of Lancaster and District 50 Forward: A 'LinkAge Plus' Project Funded by the Department of Work and Pensions (sic): Final Report, Department of Continuing Education, Lancaster University.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: 50 Forward Lancaster: Access to Information.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: 50 Forward Lancaster: Care Navigator Service.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: 50 Forward Lancaster: Employment/Volunteering Bureau.

Nicolson, H. (2008). Involving Older People as Volunteer Evaluators of Services and Projects for Older People, Department of Continuing Education, Lancaster University.

## Leeds

### Background

The Leeds LinkAge Plus pilot was intended to support delivery of the city council's older people's strategy for 2006-11 Older Better (Healthy Leeds Partnership, 2006), in particular in implementing its information action plans and development of the partnership with older people and the voluntary sector.

Leeds Older People's Forum was a key delivery partner, which led on capacity building, communications, gateway sites, peer mentoring, volunteers and networking across areas such as lifelong learning and social isolation. The forum includes members of 120 voluntary organisations in the Leeds area. The city has a population aged 50 and over of 224,700 out of an overall population of 719,000.

### What the pilot set out to do

LinkAge Plus in Leeds aimed to improve older people's quality of life and wellbeing by strengthening the information base on, and service provision for,

older people and to build capacity in the city's voluntary sector – in particular in the neighbourhood network schemes. Specific aims of the pilot were to develop an information resource (Infostore) and promote it through six voluntary sector gateway organisations, to develop capacity in the voluntary sector, and to increase the engagement of older people through network groups supported by Leeds Older People's Forum and other activities. These are set out in more detail under Pilot activity.

Leeds was also a Streamlined Assessment pilot (along with Greenwich and Islington). In Leeds this was aimed at improving benefits take-up and widening access to relevant services for people seeking advice on benefits and other support. It operated in one area of Leeds through Leeds City Council's Benefits Service and Local Pension Service staff working together.

### **Pilot activity**

#### *Infostore*

The Infostore built on ideas of developing an information resource relating to services and facilities of interest to older people developed previously under a project for Partnerships for Older People Projects (POPPs). LinkAge Plus funding offered the opportunity to widen the scope and dissemination of this information. A number of pieces of research were commissioned as part of the development of the Infostore. These included:

- an academic literature review, looking at how older people sought to access information and their preferences on information sources;
- focus groups with ten established groups of older people in Leeds – including those from BME communities;
- questionnaires for both older people and staff from local voluntary sector organisations.

This research informed the development of the Infostore through the inclusion of community language clips and community documents. The Infostore is a comprehensive information resource including ten themes, 103 topics, 405 services/organisations and 153 documents.

#### *Gateways*

Six neighbourhood network schemes were identified at an early stage as gateways. They were different both in scope and geographical areas of operation, namely:

- Action for Gipton Elderly: four paid employees, 13 volunteers, a total income for its Older People's Services in 2006 of £108,000 and 1,800 members;
- Armley Helping Hands: seven staff, 20 volunteers, a total income in 2006 of £136,000 plus informal support such as free premises from Leeds City Council and income for provision of services such as lunch club meals;
- Belle Isle Elderly Winter Aid: seven staff, 32 volunteers, an income in 2006 of £164,000 and 900 members;

- Leeds Jewish Care Services: eight paid workers, 500 volunteers, an income in 2006 of £285,000 and, uniquely amongst the gateways, having citywide coverage. This last point meant that it potentially served 2,682 people (Jewish people over 60 in Leeds, about half of whom were over 75);
- Moor Allerton Elderly Care: six staff, 91 volunteers, an income in 2006 of £124,000 and 1,178 members;
- Older Active People (based at the Cardigan Centre): six staff, 71 volunteers, an income in 2006 of £182,000 and 407 members.

(NB: Staffing figures given above are actual numbers rather than full-time employees. Figures relate to the start of the LinkAge Plus pilot in 2006.)

The initial intention to make the Infostore available only through the six gateways and to evaluate their effectiveness against other voluntary organisations was not carried through as a decision was taken to launch Infostore across the whole city in January 2008.

#### *Voluntary sector capacity building*

LinkAge Plus supported the voluntary sector with £65,000 of capacity building and volunteering grants and IT support for gateways. Capacity building grants were given to 58 voluntary organisations. In addition, a number of workstreams supported capacity building in a wider sense.

#### *Multi-agency networks*

Under the auspices of Leeds Older People's Forum a number of networks were set up involving over 200 members drawn from older people and frontline staff from a range of agencies. The networks covered social isolation, lifelong learning and leisure, inter-generational work, and black and minority ethnic (BME) issues.

#### *Social isolation resource pack*

A social isolation resource pack was produced (Leeds Older People's Forum, 2008). The pack covers bereavement, befriending, resource and health issues, and contact details for relevant local services.

#### *Training, workshops, conferences and research*

Seven courses were held on management and organisational issues, nine courses were held on awareness raising and sharing good practice. There were also various courses for volunteers in areas such as dementia training and in relation to the Infostore. A number of conferences and citywide events were held to support the work of the Leeds Older People's Forum. These included a national conference on lifelong learning, a citywide conference on inter-generational work and social isolation and two large-scale events for older people and the volunteers and staff of neighbourhood network schemes. Face-to-face, questionnaire and focus group research was carried out in a number of areas during the life of the pilot, including lifelong learning, neighbourhood network schemes and commissioning, BME schemes, and mentoring support.

## Volunteers

Two events were held aimed at BME groups and funding was given to four voluntary organisations to assist with promotion and marketing.

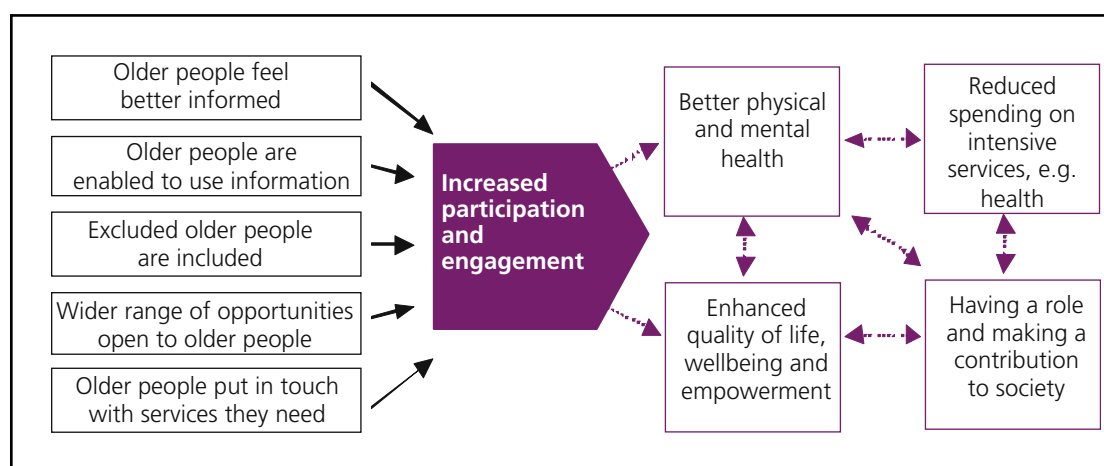
## Local evaluation findings

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the Department for Work and Pensions each pilot was required to ensure that a local evaluation was undertaken. In Leeds, the Leeds Institute of Health sciences, Leeds University, was commissioned to undertake this local evaluation. The local evaluation team's findings can be found in a number of reports as listed under further information. Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

The following is reproduced here from Townsend and Moore (2008), pp. 10-11:

At the beginning of the project, we described the types of outcomes that might be expected from the work which was planned. In a project of less than two year's duration, we recognised that only short-term outcomes were likely to be demonstrable, but that prior research (ODPM, 2006) indicates that there is a likely causal link between these outcomes and higher-level, longer-term outcomes (outlined in purple) that will enable money to shift within the system. Our first diagram focuses on direct benefits to older people. The second, based on the national evaluation framework, focuses on organisational outcomes.

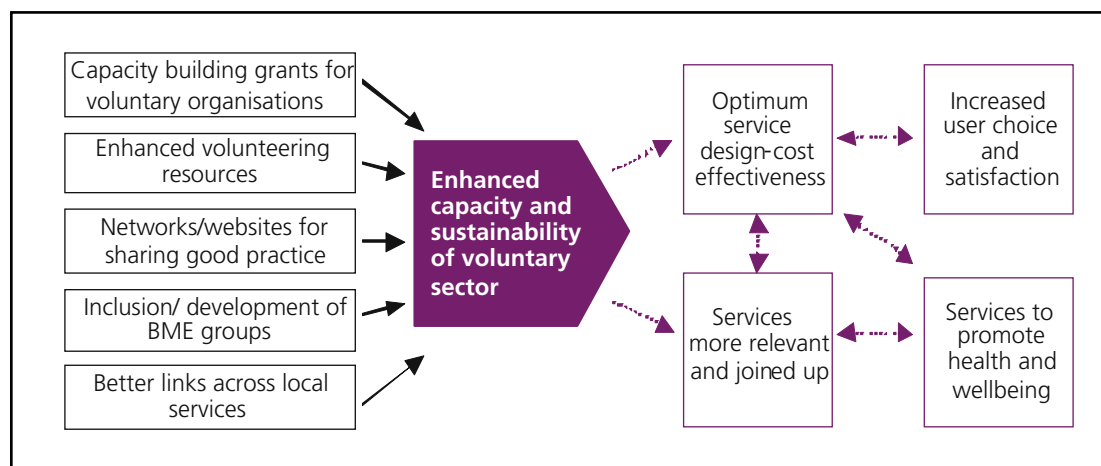
## Direct benefits for older people



The experiences of older people who use the gateway and comparator sites demonstrate many of these outcomes, both short and longer term. In terms of direct benefits from Linkage Plus funded information-promoting activities, increased use of information, reaching out to older people who had not previously been in touch with schemes and widening opportunities can be seen. However, only a relatively small number of people experienced these benefits because of project delays. The

Gateways work was also only a small part of the overall resource allocation. The Infostore remains a tangible legacy of the project, with some positive indicators of its future outcomes.

### Organisational outcomes



The Linkage Plus capacity building work made direct contributions to these short-term outcomes, although work on city-wide volunteering support was delayed and is still being developed.

In addition to these 'service' related outcomes, there was evidence of wider community outcomes, representing the voluntary sector's 'added value' contribution to citywide community building. Positive affirmation of older people as citizens came from the involvement of older people in all aspects of the gateway type schemes including management and volunteering. Promotion of active ageing and improved understanding of older people's needs occurred through the networks. There were strong examples of community development, for example, in Armley Helping Hands' work with local employers and in the BME [black and minority ethnic] Focus Group work, while participants valued the contribution of intergenerational work to community cohesion.

The Linkage Plus legacy in capacity building can be seen in enhanced infrastructure for gateways and other local groups, in flourishing networks which have been linked into ongoing high-level policy work on prevention and in its influence on city-wide commissioning. An element of the Leeds pilot was to monitor existing 'Linkage gateway' type services and to demonstrate the nature of the support that they provide. The concept of a 'gateway' to services has been adopted both by the NNs [Neighbourhood Network Schemes] themselves and by the Commissioning Review. These legacies offer valuable contributions to developing the resources and culture of the city to maximise the opportunities for its ageing population, provided that the fundamental issue of sustainable core funding for the voluntary groups is appropriately addressed.



## Further information

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.opforum.webeden.co.uk](http://www.opforum.webeden.co.uk).

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Leeds City Council: Infostore.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Leeds City Council: Older People and Social Isolation Pack.

Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Leeds City Council: Streamlined Assessment Pilot.

Frankland, C. (2007). Older People & Information in Leeds: Leeds Older People's Forum Consultation Report for the LinkAge Plus/ POPPs Information Store Project, Leeds Older People's Forum.

Godfrey, M. and Denby, T. (March 2007). Literature Review: Older People Accessing Information and ICTs, Centre for Health and Social Care, Leeds Institute of Health Sciences, University of Leeds.

Healthy Leeds Partnership (2006). Older Better: A Strategy to Promote a Healthy and Active Life for Older People in Leeds 2006-11.

Learoyd, J. (2007). Summary on the Visits to Neighbourhood Network Schemes Working with Older People Across Leeds, Leeds Older People's Forum.

Leeds Older People's Forum (2008). Older People and Social Isolation: A Resource Pack.

Moore, J. and Jones, N. (2006). Baseline Needs Analysis for Older People in Support of Health and Wellbeing Strategies for Leeds City Council, Centre for Health and Social Care, Health Sciences and Public Health Research, University of Leeds.

Moore, J. and Townsend, J. (2008). Evaluation of Leeds Streamlined Assessment Project (StAP). Centre for Health and Social Care, Leeds Institute of Health Sciences, University of Leeds.

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## Nottinghamshire

### **Background**

Nottinghamshire is a large county in the East Midlands, covering an area of 805 square miles. The City of Nottingham has been a separate unitary authority since 1998, with the rest of the county receiving local government services from Nottinghamshire County Council and seven district or borough councils. The county of Nottinghamshire has a population aged 50 and over of 265,000 (*Opportunity Age in Nottinghamshire 2006-09*, p. 6), amounting to 35.3 per cent of the county's overall population of 750,000 (*ibid*). This is already above the national average of people aged 50. By 2021 it is estimated that people aged 50 and over will amount to 47.6 per cent of the county's population.

### **What the pilot set out to do**

Nottinghamshire LinkAge Plus built upon earlier work designed to assist older people in the county, in particular a cross-cutting Best Value review on the promotion of independence for older people, and its later experience as a Better Government for Older People pilot. This has been used to help focus activity on tangible outcomes for older people in the county. As well as the county council, the county area has seven district/borough councils, two PCTs, three acute hospital

trusts and an active voluntary and community sector. Over a period of many years Nottinghamshire has built up a strong tradition of partnership working with both statutory and voluntary services. A Countywide Older People's Strategic Partnership exists to:

- enhance public services for older people;
- strengthen the voice of older people in Nottinghamshire as citizens and major users of public services;
- create a coherent approach to the needs of older people within the county area.

This partnership is inclusive of older people, having representation from older people's forums around the county and representatives from Nottinghamshire's Older People's Advisory Group. The county council also has a senior elected member in the role of chairman of the partnership.

The majority of the Nottinghamshire LinkAge Plus services have relied on, and sought to play a role in developing, the role of the voluntary and community sector. The development of the voluntary sector is also one of the Nottinghamshire Partnership Local Area Agreement targets.

### **Pilot activity**

#### *Activity Friends (also known as Senior Peer Mentoring)*

Activity Friends was modelled on an American programme designed to help people aged 50+ help others of the same age to incorporate more physical activity into their lives. Schemes were run in five of the Nottinghamshire boroughs and districts – Ashfield, Bassetlaw, Broxtowe, Mansfield and Rushcliffe. People over 50 were recruited and trained as Activity Friends volunteers to reach out to their peers in their local community to encourage and support them in participating in some form of physical activity. The main aims of the scheme were to:

- reduce mortality rates by 2010 from heart disease, stroke and related diseases;
- tackle obesity and help people wanting to lose weight;
- improve mental health and wellbeing, expanding help for people with mental illness, services to improve mental and emotional wellbeing;
- promote healthy and active lifestyles;
- improve quality of life.

Befriending to reduce social isolation also formed part of the scheme's activity.

#### *Approved Traders Scheme*

The Buy with Confidence scheme aims to give older people confidence to use local trades people. This scheme was set up as a partnership between Age Concern and Trading Standards in both Nottinghamshire and the Nottingham City Council

unitary authority. Anyone can use the Buy with Confidence website but the traders services were chosen to be especially relevant to older people, for example roofs and plumbing. Traders can be searched for by location and trader type using the phone and website. The scheme sought to provide an extensive list of reputable traders able to undertake jobs around the home at a fair price and to promote and reward good practice among local traders.

### *Community Computers*

Nottinghamshire LinkAge Plus, as a one-off project, made internet-equipped computers available to older people in residential care homes and extra-care supported accommodation. Private and council residential homes bid for internet connected computers for the use of residents. The selected homes agreed to support residents on how to use the computers and to pay maintenance and running costs for at least two years. Some 50 computers were distributed. The aims of the project were to:

- limit social isolation;
- provide a 'porthole' to the outside world;
- provide mental and physical stimulation.

### *Community Outreach Advisers*

The Community Outreach Advisers provide a confidential service which seeks to reach people who are isolated or socially excluded and would otherwise not use 50+ services. The advisers provide short-term casework for vulnerable people throughout the county and can help older people to access the information, support and services available to them. Examples of the kinds of information that can be provided include:

- home adaptations;
- pension/benefits advice;
- social activities in the local area;
- help with transport.

The advisors are employed by third sector organisations and have concentrated on linking mental health service users, people in rural locations, BME communities and the Traveller/Gypsy community.

### *First Contact 50plus Nottinghamshire*

First Contact enables older people to access services through a single point of contact. One simple checklist enables people aged over 60 to receive vital services to stay safe and independent in their homes. An older person can receive a range of services without having to separately contact all of the various organisations themselves. If a worker from any of the partner agencies visits someone at home

they complete a checklist in relation to that 'first contact' to find out if the older person has need of other services. Services include:

- fire safety check;
- home security check;
- home repairs or mobility adaptations;
- energy saving improvements to keep warm and reduce energy bills;
- confidential advice on money entitlements;
- signposting to local voluntary and community groups and clubs;
- advice on types of housing accommodation that might be available.

Responses to the checklist are fed back to central points of contact where staff co-ordinate the responses of partner organisations. The relevant partner organisation(s) then follow-up with home visits to the person concerned. Partners include:

- Nottinghamshire County Council Adult Social Care and Health;
- the borough and district councils;
- Fire and Rescue;
- Local Pension Service;
- Nottinghamshire County Council Welfare Rights Service;
- the two PCTs;
- the voluntary and community sector;
- Police;
- Home Improvement Agencies.

### *Gardening*

The Golden Gardening scheme sought to help those aged 50+ to maintain their gardens, with gardeners carrying out jobs such as grass cutting, weeding and low hedge cutting at an affordable rate to promote independence. The scheme also sought to promote community safety and crime prevention, and improve a sense of pride in a local community through regular maintenance of gardens. The scheme operated in the district of Mansfield with 1,323 jobs being completed during the lifetime of the pilot. Service users were charged a subsidised rate of £6.50 to £10.00 depending on the size of the work needing to be carried out. Owing to the demand for the scheme service use was limited to the residents aged 50 and over in Mansfield. Similar schemes also operated in Broxtowe, Bassetlaw, Newark and Sherwood, and Ashfield.

### *Handyperson's Scheme*

A 'don't do it yourself' scheme to help with odd jobs around the home such as fitting curtains, putting up shelves and fixing leaky taps, to enable older and disabled people to remain independent at home whether they be home owners or council, housing association or private tenants. The service was provided in Broxtowe, Gedling and Rushcliffe, arranging for reputable trades people to carry out jobs at a charge of £10 per hour for a maximum of two hours, plus materials. Work beyond two hours incurred a charge of £15 per hour for each subsequent hour, plus materials. For people in receipt of means-tested benefits a sliding scale of reduced charges applied. Examples of jobs included:

- changing light bulbs;
- putting together flat pack furniture;
- putting up curtains and blinds;
- moving furniture;
- making trailing wires safe;
- replacing tap washers;
- unblocking sinks.

### *IT Champions*

The aim of the IT Champions project was to increase the accessibility of IT and web-based information for older people aged 50 and over by improving their IT skills. This was to be achieved by providing user-friendly training in a variety of locations throughout Nottinghamshire led by IT Champions who were themselves over 50. Once trained, older people would become a 'champion' – able to cascade their IT skills to other older people. The scheme was rolled out across the county in September 2007. 105 champions were 'trained and competent'.

### *Notts 50plus Web Portal – [www.notts50plus.co.uk](http://www.notts50plus.co.uk)*

The Notts 50plus Web Portal provides information on services, activities and organisations for people aged 50 and over and living in Nottinghamshire – from sports clubs to support groups and from food shopping to financial advice. It built upon the Nottinghamshire Older Person's Opportunity Age web portal. And a key aim is to help people stay active, independent and part of the community. The website can be accessed using computers at local libraries free of charge. Computers at the Resource Centres (see later) can also be used.

### *Post Intermediate Care*

The scheme recruited volunteers to provide a short-term support service for people aged 50 and over in Bassetlaw following a stay in hospital or illness after intermediate care. Volunteers were trained to offer practical support such as help with shopping, taking people for appointments to the hospital or GP or simply

sitting with a person and having time to talk. The volunteer provided the vital link between hospital and home, with the aim of alleviating anxiety and reducing the risk of hospital readmission.

### *Preventative Adaptations Scheme*

The Preventative Adaptations Scheme set out to undertake minor adaptations in the home such as a grab rail, stair rail or other safety features to give confidence when getting around the home to promote independence and safety at home. The scheme was available to anyone aged 70 or over living in the boroughs of Broxtowe, Gedling and Rushcliffe and was available to home owners, tenants and leaseholders. A charge was payable to the contractor. Referrals could be made by the person needing the adaptations, or by relatives, carers or health professionals. Where possible the Preventative Adaptations Service was linked to Home Improvement Agencies.

### *Resource Centres*

Resource Centres are for older people over 50 and aim to be the place to go:

- for information, advice and services;
- to keep active and healthy;
- to meet other people;
- to share skills and expertise.

The centres are run by older people for older people. Older people can call in for information and advice, or stay longer and enjoy the opportunities on offer. Light refreshments and a freshly cooked two-course lunch are available at low cost. Nottinghamshire has four resource centres, namely:

- Ret Sford's Resource for Older People;
- Lovin' Life Resource Centre, Kirkby-in-Ashfield;
- Forest Town Friends, Mansfield;
- 60 inouth Broxtowe, Stapleford.

The centres aim to reduce social isolation by providing a friendly place for people to socialise. The centres open one day a week, there is no membership charge and all activities are optional. People are welcomed on a regular or occasional basis. Voluntary transport schemes are available for travel to and from the centres.

### *Shopping Service*

Volunteers were recruited in two of the county's districts (Mansfield and Ashfield) to offer a shopping service to support people aged 50 and over who have:

- no family, friends, etc, who are able to help;
- a partner/carers in hospital or going away, i.e. a need for a fixed amount of help required over a set period, or a one-off shop;

- a loss of confidence due to ill health, bereavement or being a victim of crime;
- mental health issues;
- illness such as stroke, heart attack, etc;
- mobility issues or are housebound; or who are Vulnerable or socially excluded due to rural location, being partially sighted, registered blind or deaf/hard of hearing, a victim of crime, or because of bereavement or medical reason, e.g. depression, agoraphobia.

The service included practical help to arrange shopping deliveries, shopping with an individual, shopping on behalf of an individual, developing a database and providing information on healthy eating, general wellbeing and other essential goods and services. 643 'shops' took place during the course of the pilot for 242 service users.

#### *Transport Voucher Scheme*

The Transport Voucher Scheme was available to residents of the county aged 50 and over who could not access or undertake certain services or activities without additional help. Examples of such circumstances included:

- struggling to use public transport;
- no access to a car, or unable to drive one;
- a voluntary car driver unable to help;
- not a regular dial-a-ride user.

The scheme was rolled out across the county in June 2007 and offered those registered with the scheme two £5 vouchers per month to use towards the cost of a return taxi journey. Only one voucher could be used per journey. Vouchers had to be requested in advance of the journey through LinkAge Plus via a dedicated helpline. Taxi journeys had to start in Nottinghamshire but could go out of the county. All taxi companies in the county were approached to take part in the scheme and 39 companies became part of the scheme. 15,482 journeys were taken between June 2007 and August 2008.

#### *Transport to Health*

Provided information on transport to enable people to get to hospitals, doctors, opticians and dentists. The phone line gave information on public transport, community car schemes, dial-a-ride, patient transport schemes, accessible taxis and welfare benefits to pay for travel.

#### *Volunteering in Nottinghamshire*

A voluntary organisation was supported to successfully increase the number of volunteers among older people.



### *Older People as Researchers*

Older people were recruited as researchers/mystery shoppers to find out what service users thought of the LinkAge Plus schemes. The results were collated and fed back to further improve services.

### **Local evaluation findings**

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the Department for Work and Pensions each pilot was required to ensure that a local evaluation was undertaken. In Nottinghamshire some of this local evaluation was undertaken in-house – various reports are listed under further information. In addition Nottinghamshire Trent University was commissioned by Nottinghamshire County Council to act as a ‘critical friend’. Nottingham Trent University’s findings can be found in Nottingham Trent University (2008). Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

‘Generic findings’ from Nottingham Trent University (2008, op cit, p. 44) are as follows:

The main generic findings from the schemes are set-out below and each has their genesis in the individual project evaluations:

- All schemes engendered, to some degree, wellbeing amongst the target groups;
- Financially the schemes appear to offer value for money based upon the analysis achievable for this report;
- Set-up times were problematic with scheme complexity underestimated. It is recommended that in future for pilot programmes adequate time is allowed for the development of the schemes and enough time post completion of the schemes to allow for adequate review;
- Difficulties encountered in the recruitment and appointment of volunteers. This delayed the start of many of the schemes and hinders the continuation of these schemes at a capacity which makes them viable;
- Criticism of bureaucracy. The bureaucracy of the NCC and the DWP hindered the speed of some of the schemes’ development. The use of third sector organisations, however, alleviated this issue. The reduced bureaucracy, when achieved, was not itself without problems: governance and audit issues were the result when the bureaucracy was reduced;
- Governance issues were found to be an issue with some of the schemes, particularly the Transport Voucher Scheme;
- Monitoring processes were found to be difficult for partner organisations to complete on time for the monitoring and final evaluation of the schemes. This point emphasises the fine balance between over bureaucracy and adequate governance;

- Recognition that the most successful schemes were those that already had pilots of a similar nature in development or in place. This is particularly evidenced by the resource centres and the First Contact schemes;
- The actual full cost of the schemes is not reflected within the costing processes of the NCC. It is suggested that the full cost of the schemes is identified and that for future pilot studies this becomes an essential aspect of the monitoring process;
- Concern regarding the target age. There was much concern expressed that perhaps the target age for many of the schemes was too low;
- Withdrawal of the majority, of the schemes not to be countenanced as they are viewed as essential services. Comments such as “we must find the money for this scheme” were common;
- Data protection act not a barrier: indicating willingness for joined-up working;
- Schemes enabled synergy on achievement of targets for many partner organisations. LinkAge encouraged the various voluntary organisations to work together on the various schemes and to strengthen and develop networks.

### **Further information**

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.notts50plus.co.uk](http://www.notts50plus.co.uk).

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Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Community Outreach Advisors.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: First Contact 50plus Nottinghamshire.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Golden Gardening Scheme.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: IT Champions.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Post Intermediate Care.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Preventative Adaptation Scheme (PAS).

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Resource Centres.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Shopping Scheme.

Nottinghamshire County Council (2008). 50plus Nottinghamshire: LinkAge Plus End of Project Report: Transport Voucher Scheme.

Nottingham Trent University (2008). LinkAge Plus Evaluation Report: Nottinghamshire County Council.

## Salford

### **Background**

In Salford, piloting LinkAge Plus was seen as an opportunity to recognise the contribution of older citizens to the city, develop an independent voice for older citizens to enable them to influence policy and service development, and develop and integrate a range of services that enable older citizens to remain active and healthy. This was largely to be achieved by extending work that was already in hand or being planned. The city has a population aged 50 and over of 69,600 (ONS, 2005), 32 per cent of the city's overall population of 216,300 (ONS, 2005).

### **What the pilot set out to do**

During 2005 a series of workshops was held in Salford, involving some 250 older people, the city council, the Primary Care Trust (PCT) and the voluntary and community sectors. The intention was to formulate a new way of working with and for older people throughout the city. From the workshops came a number of priorities which informed the Strategy for Older People and its accompanying action plan Salford City Council (2006). LinkAge Plus offered a chance to implement the strategy and its action plan more quickly than had first been envisaged and a suite of priority projects was assembled. The Salford Older People's Forum pre-dates the LinkAge Plus pilot and is independent of the local public agencies, being managed by older residents themselves supported by Age Concern Salford. Age Concern receives financial support from the City Council for this development work. A specific objective of the pilot was to develop the capacity of the forum, enabling it to undertake a policy and service development role. This included engaging forum members in the formal scrutiny of local services for older people.

### **Pilot activity**

#### *Older People's Forum: Scrutiny*

This project developed within the context of strengthening the influence of older residents and building capacity in the Salford Older People's Forum. It began in the second quarter of year one. Scrutiny reviews have been completed and

included an examination of the council's Culture and Leisure Services Directorate, which resulted in the development of an 'age-proofing toolkit' for Council service departments, a review of Homecare Services, which saw the establishment of a working group of service commissioners to address the outcomes, and scrutiny of Marketing and Communications. A fourth identified area was Residential Services.

#### *Older People's Forum: Structure and Role*

The involvement of the forum in scrutiny work was a highlight of the LinkAge Plus programme and its intention to move the forum more into the role of an action group. A consultant was appointed to advise the forum on future development and structure.

#### *AskSID website*

The AskSID website formed part of an existing citywide web-based service information directory intended to enable service users to find the right people to talk to. It provides quick and easy 24-hour access to community information that may otherwise be difficult to find. AskSID holds information on services and activities across the city and across all sectors. The LinkAge Plus funding was to promote the use of the service, especially among older residents. The whole of year one was taken up by technical development work, with profile raising not beginning until the first quarter of year two.

#### *One Stop Shop Referral Network*

This initiative was not in receipt of LinkAge Plus funding but cannot be disaggregated as it had vital referral linkages with some of the funded projects. Salford's Corporate Contact Centre has received Beacon service status, and the LinkAge Plus funding was to improve access to more joined-up services to older people. The project engaged local service providers – including police, the Local Pension Service, and Fire and Rescue – in developing 'profiles' of older residents so that, when contact was made, contact-centre staff could access the existing or potential needs of the resident, thereby facilitating more holistic and proactive relationships between agencies and residents.

#### *Tellytalk*

This allowed Salford residents contact with council advisers via video link terminals located in the civic centre, three libraries and a hospital. Enquiries covered a range of services and it also allowed residents to report faults and failures. The aim was to create a 'no wrong door' approach to contact with older citizens. It also offered an extension of the opportunities available to those residents already engaged in the ICT skills project (see later).

### *Mobile Information Centre*

The Mobile Information Centre (MIC) is essentially a 'super' mobile library. In addition to traditional library services the MIC offers a safe, 'neutral' platform for agencies to provide accessible advice and information. It can reach all adults, but targets vulnerable groups by visiting day centres, sheltered and retirement housing, and disabled people's clubs. It is co-managed by the Libraries and Information Service and Customer Services – Salford Direct.

### *Creative START 50+*

This provided a programme of arts and cultural activities for older people with the purpose of maintaining independence and psychological health. This focused on creative media in the broadest sense. Participants were also encouraged to join or start user-led groups to sustain their creative interests. The project sought to provide pathways beyond retirement through volunteering, access to skills development and further education. It was delivered by the START charity in community venues across Salford, together with partners from the statutory and voluntary sectors.

### *Healthy Hips and Hearts*

Healthy Hips and Hearts existed prior to LinkAge Plus and is run by Salford Community Leisure Ltd., a trading arm of Salford City Council. It aims to encourage older people to adopt healthier lifestyles, emphasising increasing exercise to prevent falls and hip fractures. The LinkAge Plus funding was to develop the skills of older people and members of the community to become trainers and mentors in delivering predominantly chair-based exercise. Originally focusing upon residents in sheltered housing, care homes and day centres, activities were later extended to community rooms and leisure centres.

### *Reminiscence Provision: Memories Matter*

This project provided access to reminiscence resources for residents in care and residential settings as well as social groups and day centres that specialise in caring for the elderly, including those with dementia. It also provided bespoke training for care staff so that reminiscence provision could be sustained beyond the LinkAge Plus programme. This training was delivered in partnership with the Healthy Hips and Hearts programme.

### *ICT Training for the Over 50s*

The LinkAge Plus funding extended an existing community-based activity teaching computer skills to older residents, targeting particularly those who have little or no previous ICT experience and risk of exclusion from some social and vocational opportunities. Specific target groups included those looking to return to or progress in employment, and those who were housebound or in residential homes. The project facilitated internet access and also sought to maximise access to other IT-based projects and services, such as Tellytalk and AskSid (as covered earlier).

### *Housing Options Service: Housing Choices*

This aimed to support older citizens of Salford in making sustainable decisions and provide assistance with practical arrangements, either around moving home or making adaptations if staying in their existing home, if that was their preferred option. The free, no obligation service is tenure neutral, and is a joint venture between Salford City Council's Housing and Planning Directorate, the Community Health and Social Care Directorate and the PCT.

### *Assisted Exercise Therapy*

Specially adapted exercise equipment was installed in two local authority day centres. The machines were chosen to give the most versatile use for service users with varying physical needs. Individual physiotherapy programmes could be provided, allowing access to safe exercise for older people with physical disabilities. The project was founded on earlier work by BASIC, a Salford charity supporting those with brain injury or a neurological condition.

In addition LinkAge Plus enabled the pilot to develop stronger links with services that were not actually funded by the pilot such as the Citywide Handyperson's Service and the falls service.

## **Local evaluation findings**

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the Department for Work and Pensions each pilot was required to ensure that a local evaluation was undertaken. In Salford, Manchester Business School was commissioned to undertake this local evaluation. The local evaluation team's findings can be found in a number of reports as listed under further information. The following "key findings" are reproduced here from – Johnson et al., (2008). Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

"Key findings' from Johnson et al. (2008), op cit, pp. 4-8 are as follows:

(i) Impact of pilot projects:

- Quality of life improvements demonstrated through streamlined access to information and services (particularly for socially excluded people); access to services demonstrated by more people using the service; customer experience and customer choice;
- Improved wellbeing and independence;
- Improved delivery;
- Efficiency;
- Testing the limits of holistic working;
- Synergy effect from multiple initiatives;
- Costs and benefits.

- (ii) Pilots building on good practice.
- (iii) Engagement of actual and potential service users and older people at all stages of the programme.
- (iv) Effective partnership within and across sectors.
- (v) Reduction in duplication.

#### **Service outcomes in relation to (i)**

Of the four services evaluated two were focused on providing access to information and services: Housing Choice and the One Stop Shop referral network. Both have successfully delivered with more clients using services and particularly in the case of Housing Choice, improving customer choice.

Housing choice has been successful in providing streamlined access to information; assessment of housing need and other services, be they housing provision; minor adaptations or repairs. A great deal of energy was expended in getting leaflets out to all major services which were likely to be dealing with the older age group including the voluntary sector. Good partnership working at the level of cooperation and coordination has supported the success of this service. By 'streamlining' though they have not sought to provide all services or to act in a personal advisor role, they have sought to signpost, refer on or to provide full assistance (beyond a personal advisory role) where necessary to help individuals to access necessary services. Thus joining-up existing provision where this is possible combined with the flexibility of providing an additional service where necessary.

The One Stop Shop Referral Network has worked to effect a similar change with more individuals accessing services through this system and providing support to access to further services. The One Stop Shop essentially uses an IT script system which allows targeting of further services to be made with the client's agreement. It works on the basis of direct referrals rather than signposting.

The service has been very successful for services such as Door Step Crime and Home Fire Risk assessments where the information necessary to base further targeting of services is relatively simple. These services can be highly targeted on age or geographic location or indeed a mix of the two. As service coverage in the older age groups or targeted areas reaches saturation point, services can then be targeted on another group or area. In this way services are able to manage demand whilst making sure those most at risk get the support they need. Furthermore, increased numbers of people can be helped in the most time efficient manner. In this way the referral network has improved the efficiency of the services involved. However, with other services notably the Pensions Service information required to make a 'good' referral (i.e. one that has a high chance of increasing the pension an elder receives) is simply too specialized to be translated into the IT system. The result was that the system generated too many referrals with a very low chance of resulting in a pension increase. Nevertheless, once



referred the Pensions Service has to deal with the applications which creates a lot of work which ultimately does not lead to this service performing well against targets set down. The high number of referrals led to a reduction in participation in the network by the Pensions Service. There are moves now for the Pensions Service to train the staff of the mobile information centre in how to carry out a pensions credit validation which should improve access to services to those who benefit most from outreach work and cut down the number of poor quality referrals which the Pensions Service have to deal with. It is in their interests to do this but it also stands as an example of effective joint working maximizing service take up and resources. This could be an example of capacity building.

The Warm Front Grant Scheme had similar problems to the Pensions Service initially but have managed to resolve the issue and now a manageable number of referrals are made. In a similar way to the other services above the system allows for accurate targeting and for the best value to be gained from the service.

These two services raise some interesting points about testing the limits of coordination. It is clearly not always necessary nor indeed the right way to go to choose the fullest integration possible. Indeed the referral system suggests that it may not always be possible with highly complex interventions. This confirms other work done around business service provision where the personal advisor role was shown to be unworkable for the very same reasons and similarly in the One Pilot in jobcentres. It seems that the larger the degree of specialization the less likely it is that one person with or without the IT script system can make appropriate referrals leading either to too many or too few. It remains the case that a lot can be done through cooperation and fairly modest attempts at providing holistic services. What is important for holistic services is targeting them on the most vulnerable. Housing Choice and the referral network have provided examples of how this can be done.

Numerous examples of where there was potential for cost savings in the same or other service areas were provided. The fire service argue that carrying out fire risk assessments does reduce the occurrence of fires. However, the degree to which this reduces the overall cost of the fire service is unknown. In the short to medium term it potentially provides more resources for further preventive work. This in itself could be seen as an efficiency gain and with a service which may create work for other agencies if fires are not prevented the overall costs of local public service provision could be affected through these developments. The Housing Choice service suggests that there are potential savings through preventing falls; from reducing care packages; from avoiding early resettlement into sheltered housing; savings made from not having to provide more family homes; and improved health facilitated by appropriate housing.

All the services evaluated supported well being and independence. Indeed the Healthy Hearts and Hips and Creative Start encouraged elders to form

independent groups around exercise and art. This has not always been easy but it does provide an example of this type of service being viable even if not as viable as planned. In a society where self-help and volunteerism is low these efforts may have to be started earlier with young people to enable this on a larger scale in the future.

Additionally all the services were mindful of operating efficiently and the use of mentor led groups (HHH) and member led groups (Creative Start) is one example of the potential to get a multiplier effect from public funding.

#### **Service outcomes in relation to (ii) (iii) (iv) and (v)**

**(ii)** The pilot has built on existing good practice or adopted existing models in some way. Healthy Hearts and Hips was an existing service and the benefits of such services are well known. The LinkAge Plus project has attempted to extend its reach including into care homes where it reaches the most vulnerable. Creative Start is partially modeled on a group begun many years ago within Salford which was initiated and driven by an ex art teacher. Housing Choice has extended previously run services for the over 60s which focused on helping older people to stay in their own homes. The service has both extended the age range and the service offer to include moving home. The referral network is an extension of the citywide helpline that has been developed for some time.

**(iii)** The whole of the pilot has been driven by local need as evidenced by the wider older people's strategy.

**(iv)** There has been engagement of older people in services and in the planning of services. There are elders represented on the older people's board and also an older people's forum. Apart from what we have identified as good practice in the course of acquiring information this aspect has not been a particular focus of the evaluation.

**(v)** The projects demonstrate effective partnership working and in some ways have supported better integration of agencies.

**(vi)** The two informational based services contribute to the aim of reducing duplication in information gathering.

The Salford Pilot has been successful with regard to these projects. Not everything has worked as quite planned but overall within the terms of reference most have delivered successful services.

#### **Further information**

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.asksid.info/default.aspx](http://www.asksid.info/default.aspx).

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## Tower Hamlets

### **Background**

The lead organisation for the LinkAge Plus pilot was the London Borough of Tower Hamlets, working with a number of partner agencies. The primary delivery partners were those voluntary organisations that were each linked to a network centre in one of five localities, the PCT, and other statutory agencies such as the London Fire Brigade and The Pension Service. Five network centres each employed a network co-ordinator, through LinkAge Plus, together with a number of outreach workers

linked to the centre. In order to widen the range of people using LinkAge Plus, it was seen as important to recruit workers from a range of ethnic communities. The borough has a population aged 50 and over of 37,926 (2001 Census), 19 per cent of the borough's overall population of 196,106 (2001 Census).

### **What the pilot set out to do**

LinkAge Plus in Tower Hamlets aimed to provide a single access gateway for people over 50 through voluntary sector based networks and network centres in the borough. This was achieved through a partnership with five key partners – Age Concern, Neighbours in Poplar, Sonali Gardens, Sundial Centre and Toynbee Hall. The partners brought a range of capacity, experience and facilities to the pilot and between them enabled links with four of Tower Hamlets' Local Area Partnership areas. Specific aims of the pilot were to:

- fully integrate the services provided for older people;
- meet the specific needs of the local area;
- conform to a number of principles:
  - working with others;
  - providing flexible, pro-active services;
  - providing accessible services;
  - promoting wellbeing and independence;
  - promoting a respectful service.

By the end of the two-year pilot there were over 30 partner organisations, with services being hosted in five network centres in different parts of the borough. The five centres were supported by 16 LinkAge Plus funded staff who worked to develop outreach and befriending services, to encourage older people to access services and activities, to improve co-ordination between the voluntary and community sector and statutory sector, and to engage with older people and community groups to widen the range of services and facilities on offer.

### **Pilot activity**

The objectives of LinkAge Plus in Tower Hamlets have largely been delivered through the co-ordinating role played by LinkAge Plus staff based in each of the five network centres, between them arranging a wide range of activities, often targeted at particular groups or broadening community access to statutory services, delivering outreach to bring more people into contact with the centres, using the centres and activities to widen access to statutory and other relevant services and to provide educational talks and materials delivered in an informal community-based environment.

### *Social and leisure activities*

All five network centres have focused on significantly widening the range and frequency of activities for older people. The LinkAge Plus co-ordinators have been able to work with smaller local organisations, and older people themselves, to identify activities that would be popular and enjoyable, and to help make these things happen. Typical activity-based work delivered through the centres included line dancing, Tai Chi classes, craft-based events, quizzes, luncheon clubs, outings, IT classes, tea dances, coffee mornings, musical evenings, knitting, art and cookery sessions. Specialist activities have also been created to attract a particular group of people, e.g. a men's group developed its own local history group, as well as a range of outings and physical activity sessions. In Sonali Gardens music evenings were used to bring together members of different ethnic groups in the community.

### *Health improvement and educational activities*

Many of the centres organised a range of health-based activities, e.g. massage, aromatherapy and chiropody clinics. Some were able to arrange for health professionals to give regular talks on issues such as coronary heart disease, bowel cancer, diet and dentistry. Nurses also attended the centres to undertake regular blood pressure and diabetes checks.

### *Outreach work*

A key part of the Tower Hamlets LinkAge Plus pilot was the use of outreach. Each network centre has had a number of LinkAge Plus-funded staff who worked with housing associations and local people to develop referrals and then to work with socially isolated older people on an outreach or befriending basis. The work sought to encourage older people to join in activities at the network centres and other venues in the community, to develop contacts and thereby to develop their own social networks. Outreach workers also worked with older people to help them access relevant local services, sometimes helping to tailor relevant packages of care, including access to benefits, home safety improvements and home adaptations.

### *Widening access*

Using outreach and through work in the network centres themselves, LinkAge Plus sought to help older people to access relevant services to improve their health and wellbeing. As the pilot developed the PCT put more healthcare services, such as foot care and dentistry, directly into the network centres themselves. The centres also gave advice and help with claims on Pension Credit, Housing Benefit and Council Tax Benefit. Three of the network centres are accredited by the DWP as 'alternative offices'.

## Local evaluation findings

The LinkAge Plus National Evaluation Team was not commissioned to undertake individual evaluations of each pilot. As part of their Memorandum of Understanding with the DWP each pilot was required to ensure that a local evaluation was undertaken. In Tower Hamlets, the Aston Centre for Voluntary Action Research, Aston Business School, was commissioned to undertake this local evaluation. The local evaluation team's findings can be found in a number of reports as listed under further information. The following 'conclusions' are reproduced here from – Aston University Birmingham (2008). Local evaluation findings are the responsibility of the respective local evaluation team and do not necessarily reflect the views of the LinkAge Plus National Evaluation Team.

'Conclusions' from Aston University Birmingham (2008), op cit, p. 41 are as follows:

'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.'

## Further information

Further information on this pilot, its activities and information on its local evaluation can be found at:

Website: [www.towerhamlets.gov.uk/lgsl/601-650/640\\_activities\\_for\\_older\\_peopl.aspx](http://www.towerhamlets.gov.uk/lgsl/601-650/640_activities_for_older_peopl.aspx).

Aston Business School (2008). Third Interim Report: Evaluation of the Tower Hamlets LinkAge Plus Project: July-December 2007: Final Report.

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Department of Health and Department for Work and Pensions (2008). LinkAge Plus: Tower Hamlets: Health and Wellbeing for Somali Women.

## Streamlined Assessment pilots

### Background

Attendance Allowance (AA) is a tax-free benefit for people aged 65+ who need assistance with personal care due to physical or mental disability, or both. There are several potential starting points for an AA application. The potential claimant may make direct contact with DWP, or may be referred by local health services, local authority adult social care services, or by a family member or carer. A mainstream application for AA is made by completing an AA1 form, which is provided as part of the AA Claim Pack. The AA1 is a 15-part, 19-page form, the completion of which, although accompanied in the Claim Pack by six further pages of guidance notes, could be seen by many potential claimants as difficult and off-putting. The Streamlined Assessment pilots were concerned only with those AA applications made alongside an application for social care from the local authority. They took

place in two local authority areas – the London boroughs of Greenwich and Islington and involved the local authorities for those boroughs (responsible for gathering applicant information locally), London Councils (as the accountable body for the piloting), and DWP's Disability and Carers Service offices in Blackpool and Wembley Park (responsible for award decision making).

### **What the pilots set out to do**

The Streamlined Assessment approach sought to streamline the application process by remodelling the initial information gathering stages to reduce duplication, repetition and delays. It sought to start to join up the care and benefit systems by gaining, at an earlier stage, the consent of the client to the sharing of personal information between agencies. Streamlined Assessment therefore introduced a few simple additions to the application form completed by the visiting officer but looked to reduce the client visits required in terms of number and duration. Joint Visiting Teams acted as the focal point for collecting information from the Overview Assessment and completing AA applications. In focusing on the client experience through the Joint Visiting Teams, Streamlined Assessment sought to bring concerns for personal care and those of income maximisation closer together.

### **Key findings**

The evaluation of the Streamlined Assessment piloting formed a discrete part of the LinkAge Plus National Evaluation undertaken by the Local Government Centre, Warwick Business School. The piloting took place in the London boroughs of Greenwich and Islington between 1 November 2007 and 30 April 2008. The pilots tested a more streamlined approach to claiming AA for people receiving an assessment for social care, whereby data required for the AA application was incorporated into the social care assessment form. Key findings from the evaluation are that:

- the approach adopted during the piloting appeared robust and transferable;
- the Streamlined Assessment experience demonstrated that client contact time, and the need for the repetition and duplication of sensitive personal information, was significantly reduced;
- the time taken to conduct interviews was often down by more than 50 per cent, while Disability and Carers Service offices achieved award decisions comfortably within their national target times. The contact that did take place was felt to be more relaxed and productive;
- beyond the challenges usually associated with the introduction of new processes, there was no evidence that the streamlined approach, in itself, brought lasting capacity problems, either organisationally or for the individuals involved;



- it was clear that other challenges external to the Streamlined Assessment process itself, i.e. organisational restructuring and dysfunctional IT systems, did impact negatively upon the pilot experience. That the pilots delivered meaningful results despite these additional challenges, underlines the robust nature of the approach and the commitment of those involved to the goal of streamlining access to benefit;
- the Streamlined Assessment experience drew closer together professionals who have differing core purposes – providing social care and making possible access to benefit;
- given the relatively small number of applications coming through local authorities, and their focus on those most in need, it seems unlikely that the piloted approach would result in significant increases in demand for Attendance Allowance.

### **Further information**

Further information on the Streamlined Assessment piloting can be found at:

Hilton, J. (2008). *Streamlining the Assessment of Attendance Allowance Applications with social care assessment: an evaluation of two London pilots*. DWP Research Report No. 534.



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