

Department for Work and Pensions

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Access to information and services for older people – the joined-up approach

Katrina Ritters and Howard Davis

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

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Core principles of the LinkAge Plus approach

LinkAge Plus provides a comprehensive approach for accessible joined-up services for older people; one which puts older people at the centre of policy making and service delivery.

Through LinkAge Plus, central and local government are combining their efforts with voluntary and community sector organisations to design, develop and deliver services that meet the needs of older people today.

The LinkAge Plus pilot programme has brought local authorities together with their partners in health and the voluntary and community sector to find innovative ways to break down traditional organisational and financial barriers and to join up services.

The result is that service providers now see the need to be accessible at the first point of contact, with an underlying principle that there should be 'no wrong door'.

The LinkAge Plus pilot programme has inspired multiple access points to all services including personal callers, telephone, electronic and paper communications. This holistic approach to services also recognises the importance of outreach activities which aim to ensure that even the most difficult to reach older people are not excluded but are actively encouraged to engage with services available to them.

Over the last two years, eight partnership pilots, working across a range of urban and rural areas have been developing locally relevant services building on LinkAge Plus core principles and testing out a proof of concept.

Core principles

The six core principles of LinkAge Plus are to:

- 1 **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 on the quality of delivery;
- 2 **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;
- 3 **enable access by an increasing range of customers:** a 'no wrong door' approach should provide information and access to, and services from, an initial or single point of contact. Signposting or referral processes should ensure all relevant services are made available;
- 4 **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;
- 5 **ensure that services promote independence, well-being 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;
- 6 **maximise opportunities for efficiency and capacity building:** efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.

LinkAge Plus approach

The LinkAge Plus approach envisages **effective links** between different parts of central Government, local authorities and voluntary and community sector organisations. It provides a focus on:

- consulting and engaging 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 well-being;
- efficiencies through joint working;
- capacity building;
- holistic working.

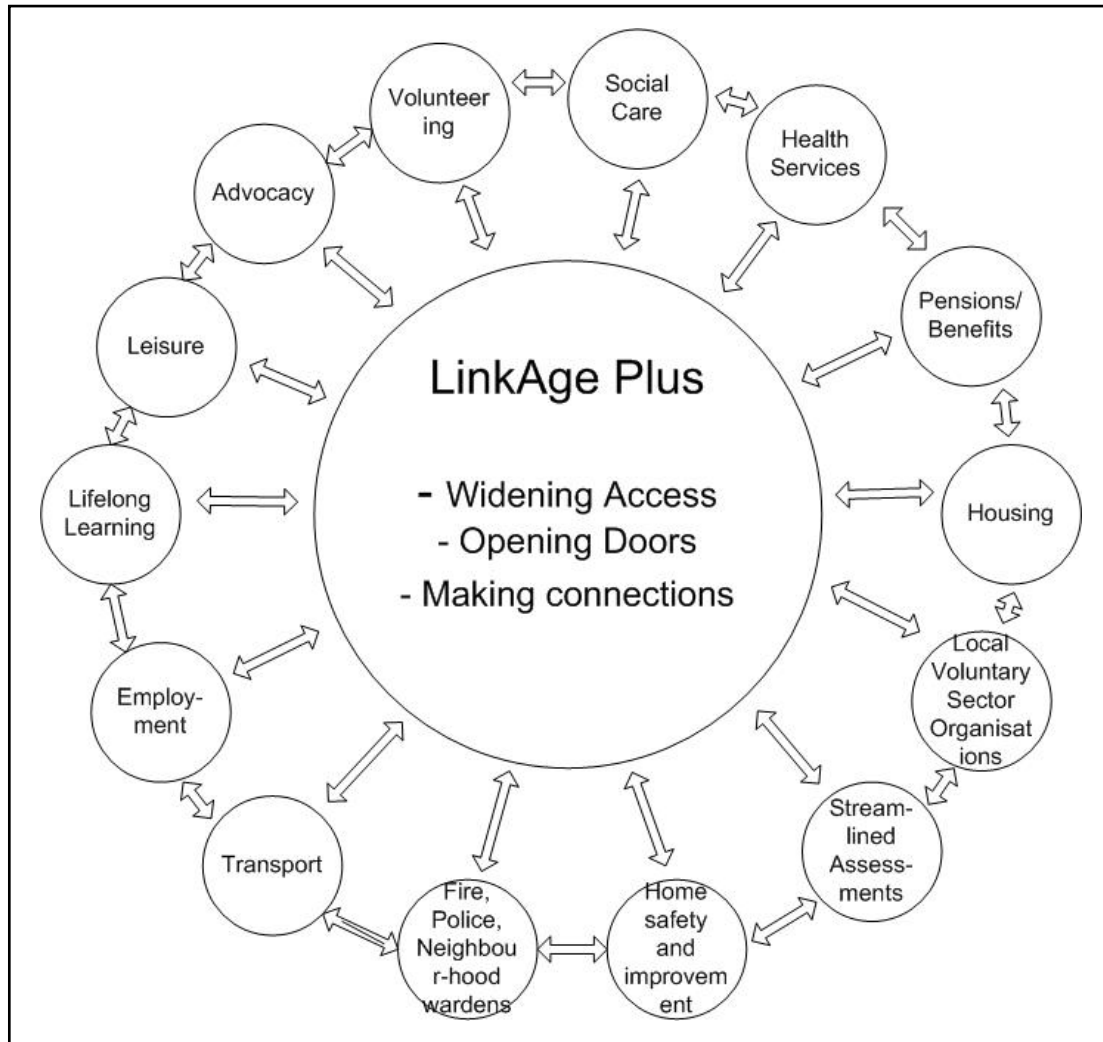
LinkAge Plus outcomes

Outcomes will depend on local arrangements between partner organisations. But 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 NHS entitlements and facilities to support healthy lifestyles and improve well-being. **(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 trader’s schemes. **(Housing, fire, trading standards and local voluntary 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.

The LinkAge Plus approach

Figure 1 The LinkAge Plus approach



Summary

Major policy shifts taking place in relation to older people depend on effective information and access to 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 well-being and being in a position to take advantage of these options.

LinkAge Plus is making a significant contribution to this, helping local authorities, primary care trusts (PCTs) and voluntary organisations develop new approaches to access, join up services and through local and national evaluations, to improve understanding of what works.

The LinkAge Plus approach of 'no wrong door', involving older people, joining up of organisations and developing options to suit the individual is welcomed by older people and voluntary and community sector organisations. There are numerous examples where this approach has made significant improvements to the lives of individual older people, as we found in outreach work in Tower Hamlets, Salford and Gloucestershire. However, every pilot has examples of this kind. Local evaluation events, such as the 'Big Talk' in Leeds (see Section 2.1.3) are helping to improve understanding of how older people prefer to engage with services and information.

LinkAge Plus projects have widened access to healthy living activities and helped to develop networks of friendship and support in localities. Evidence from national and local studies show how much this is valued by older people, particularly those at risk of social isolation. There is also increasing evidence that developing social networks is an effective way to widen access and improve information about services targeted at older people (see the descriptions of outreach in Tower Hamlets in Section 3.2.2 and Gloucestershire in Section 3.2.6).

For organisations, there is evidence that the LinkAge Plus approach of working in partnership, capacity building and involving older people in service design is a winning formula. 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 and elsewhere, partner agencies, such as the Fire and Rescue Service and The Pension Service say that LinkAge Plus has helped them to reach isolated or vulnerable people more effectively. Some organisations are already beginning to change the way they work and as a result of LinkAge Plus funding 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.

For voluntary and community organisations, LinkAge Plus has enabled them, sometimes for the first time, to be able to identify the numbers and needs of people using their services, making it easier for them 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.

In relation to information and access, LinkAge Plus has provided a range of effective and innovative approaches for older people. There are a number of examples where existing contact centre services have been enhanced, either by improved scripting, prompting people to be referred to relevant services outside the immediate enquiry or through developing links with the voluntary sector to give additional help in form filling, decision making, etc. In Gateshead, the council website has been enhanced through a simple 'Link-up in Gateshead' self-assessment tool that links into dozens of voluntary and community sector organisations. LinkAge Plus has demonstrated the benefits of an outreach approach, both in an urban setting, as in Tower Hamlets, and in the rural villages of Gloucestershire. Outreach linked to network centres has been particularly effective in Tower Hamlets, both in bringing people into contact with the centres and in targeting social isolation and unmet need. In June 2007 the number of outreach contacts under the LinkAge Plus pilot was running at around 192 per month.

Service providers also need to be able to link into those people already in contact with older people, such as social care workers. Nottinghamshire First Contact scheme uses a simple checklist, linked to the council's customer relationship management (CRM) system, together with a co-ordinator who will progress chase referrals. A range of partner organisations use the scheme to cross-refer to each other's services. Partners have said that they value the link with each other and with older people in the community that the First Contact scheme provides (see Section 3.4.1).

LinkAge Plus pilots are also working on specialist and life-event-based services to improve access and information. In Salford, LinkAge Plus funding has been used to develop a housing options service offering advice, information and practical support for older people dealing with accommodation issues (see Section 3.6.1). 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 (see Section 3.6.3).

Key to the success of LinkAge Plus is its approach to widening access and improving 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 of the LinkAge Plus approach, however, will come in later years, as the impact of widened access begins to be felt by service providers. In Gloucestershire, Village Agents are in contact with an average of 1,660 people in their areas and between them make around 230 direct referrals for services each month. This initially resulted in an increase of over 50 per cent in referrals for critical and substantial needs packages of social care in areas served by Village Agents where the numbers of people then in receipt was very low. It rose from 60 to 109 between 2006 and 2007 in a snapshot three month comparison. Around 90 per cent were successful. This was a clear example of outreach helping target resources on those most in need. As needs have been met this has tailed off and the village agents have been able to turn their attention elsewhere whilst retaining a presence in the parishes. 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.

LinkAge Plus has been shown to be most effective when it is tapping into an existing, often already successful, infrastructure and/or network of relationships. The network centres in Tower Hamlets and Leeds, CRM systems in Devon, Nottinghamshire, Gloucestershire and Salford; and voluntary sector expertise, such as links with specialist Age Concern services in some pilots, demonstrate how some local authorities were already adopting the LinkAge Plus approach and this has brought tremendous added value to the work of the pilots themselves. This report details how LinkAge Plus has built on pre-existing work in these areas.

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 improvements 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.¹

¹ Davis (2007).

1 Introduction and policy context

1.1 Introduction

This report is the first in a series of three planned themed reports forming part of the national evaluation of the LinkAge Plus programme.

This themed report is due to be followed by a further two reports to be published before the end of the year. The next report to be published will focus on the benefits of the LinkAge Plus approach to older people and the third will deal with Engagement, capacity building and commissioning.

LinkAge Plus is a DWP-funded initiative, working over a two-year period in eight local authority areas to pilot new ways of joining up services and making them more accessible to older people.

The pilots began in the summer of 2006 and are due to end in the summer of 2008. Each pilot has a local evaluation which will report in the autumn of 2008 and the national evaluation report is due to be published by March 2009. At this stage in the evaluation therefore, the full impacts of the LinkAge Plus programme have not yet been evaluated. This and the other two themed reports, to be published in advance of the final evaluation report, aim to give a snapshot of activity at the time of writing. They do not include all relevant activity across all pilots and the figures quoted are the best available at the time of writing. Where appropriate, these will be revisited and updated in the final report.

1.1.1 Structure of this report

This chapter introduces the LinkAge Plus pilot programme and the policy context in which it sits.

Chapter 2 sets out the LinkAge Plus approach in relation to improving information for older people and gives examples from Gateshead and Leeds.

Chapter 3 sets out the LinkAge Plus approach in relation to improving access to services and opportunities available for older people and gives examples from pilot work in Devon, Tower Hamlets, Gloucestershire, Salford and Lancaster.

1.2 LinkAge Plus – The joined-up approach to improved information and access to services

LinkAge Plus pilots are working in a variety of different ways to improve access and information to help the over 50s move towards a more active, participatory lifestyle and to improve well being. A key feature of the programme is working with what local organisations want to do, often enhancing existing facilities with additional funding to enable them to widen their reach or breadth of activity.

1.2.1 Improving information

Pilots are working to develop their information resources and provision for older people. These are then used either directly with older people and carers, through enhanced web pages; or to support training and resources for others working directly with older people themselves. LinkAge Plus funding has been used to develop:

- better understanding of older people's information needs and preferences, for example in the case of Leeds;
- improving websites and developing information packs, as in the case of Link-up in Gateshead;
- widening opportunities for older people to gain information through face-to-face contact, for example through voluntary sector network centres and through outreach;
- educational talks and events in community settings.

Details of the LinkAge Plus approach to improving information are given in Chapter 2.

1.2.2 Improving access

LinkAge Plus is working to improve access to services in the following ways:

- outreach approaches, for example in Tower Hamlets where outreach has been used to make existing network centres more vibrant for both older people and the statutory sector in an urban setting and in Gloucestershire, where Village Agents are improving access in a rural environment;
- working through others, as in the Nottinghamshire First Contact scheme which has enabled partners to cross-refer older people more effectively;
- enhancing telephone and contact centre activities, for example, in the case of Devon and Salford;

- specialist services, for example in the case of Lancaster's employment and volunteer bureau for older people and Salford's Housing Options service.

Details of the LinkAge Plus approach to improving access are given in Chapter 3 of this report.

This report focuses on those areas of LinkAge Plus pilot activity dealing with improved information and access. However, pilot activity is generally much broader than those areas described in this report and covers the development of practical help, activities and work aimed to reduce social isolation. An overview of pilot by pilot activity at July 2007 is given in the *Towards a business case for LinkAge Plus*² report, available at <http://www.dwp.gov.uk/asd/asd5/WP42.pdf>, pages 22-42. More detail on the LinkAge Plus approach, the pilots and their local and national evaluations and the policy context in which they sit, is given below.

1.3 The LinkAge Plus pilot programme

The LinkAge Plus programme has its roots in Opportunity Age (HM Government, 2005) and '*Surestart for Later Life*', (ODPM, 2006) which set out a vision for tackling social exclusion for older people through a universal service that actively reaches out to older people at risk of isolation.

At the heart of LinkAge Plus is a vision of a strategic, whole systems approach to older people; one which puts older people at the centre of policy making and service delivery. The aim is to develop and deliver services which are accessible, relevant and tailored, as far as possible, to individual needs.

Eight partnership pilots, working across a range of urban and rural areas are developing locally relevant services building on LinkAge Plus principles and testing out a proof of concept. The pilots began in the summer and early autumn of 2006 and will run until late summer 2008. Local evaluations continue into autumn 2008 and the national evaluation will report by March 2009.

Key elements in pilot projects are:

- partnership working – pilots are generally based around the local authority (and the PCT in Salford) but design and delivery is through a range of organisations;
- joining up services – providing benefits both for organisations and for service users;
- actively reaching out to meet the needs of older people who may be socially isolated or excluded;
- developing a 'whole person' approach, going beyond adult social care and health to promote well-being and independence;
- a preventive approach – a focus on providing a 'little bit of help' to enable older people to remain independent for longer;

² Watt *et al.* (2007).

- an evaluative approach – with a view to providing a proof of concept and offering learning for pilots and others during the course of the projects;
- the involvement of older people in the design and evaluation of pilot activity;
- 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;
- respect for the individual needs and preferences of older people.

LinkAge Plus aims to shift 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.

The LinkAge Plus initiative (via its programme of pilots and their evaluations) aims to deliver a robust evidence base about joined up working and service improvements. It is examining ways of ensuring that future service delivery can meet the standard and convenience of users to improve outcomes in their lives whilst being more, or at least no less, cost-effective than existing services that are not fully integrated. A key output of LinkAge Plus is also intended to be the partnership working between central government, local authorities, other organisations and older people themselves.

Details of the LinkAge Plus programme and its evaluation are given at the Appendix.

1.4 Policy context

1.4.1 Background

LinkAge Plus has grown out of a number of reports and initiatives aimed at improving the quality of life, healthy life expectancy and active participation of older people. The vision for older people is shifting from one of dependency to independence and participation, with older people exercising choices, being involved in service design and helping one another. For service providers, the model is moving towards a more rounded approach which involves the voluntary and community sector as well as the more traditional roles provided by the statutory sector and characterised by early intervention rather than waiting for problems to arise.

This vision is set out in documents such as Opportunity Age (HMG, 2005), Surestart for Later Life, (ODPM, 2006), Transforming Social Care (DH, 2008) and the later life

Public Service Agreements (PSA) (HM Treasury, 2007). For example, in Opportunity Age:

*'Promoting well-being, independence, choice and accessibility underpin our strategic approach to all services used by older people. We want to achieve a society where increasingly diverse older people are active consumers of public services, exercising control and choice, not passive recipients of them. This requires a culture change, both by individuals and providers.'*³

The Department of Health, in *Transforming Social Care*, has stressed the need for older people to have choice and support that is quick to respond and convenient to the way they want to live their lives.

*'In the future, the social care system will allow individuals to make real choices, and take control, with appropriate support whatever their level of need. Everyone, with support if necessary, will be able to design services around their own needs, within a clear personal financial allocation. For those funding their own support and care it will mean that there are clear information points, and support and brokerage services that enable them or their supporters to navigate the system, access qualified and appropriate advice and purchase quality services or support which meets their needs.'*⁴

1.4.2 Role of the local authority

As the statutory body responsible for adult social care, as well as hundreds of other services that enhance quality of life, local authorities are absolutely key to the access agenda for older people:

*'Councils provide more than 800 different services from archaeology to zoology and the belief that they simply pick up the bins is just nonsense. It is absolutely vital that residents are told how to access services, from claiming council tax benefit discounts and how older people can get a lift to the shops, to telling people how they can get their old fridges picked up or how to report criminals who flytip.'*⁵

Sir Simon Milton, Chairman of the Local Government Association (LGA) has also set out the sector's commitment to making services more relevant and accessible:

*'We need to redraw the map of how we are governed with the interests of people in mind. It should be as easy as possible for people to access services, to get involved in their communities and to get redress when things go wrong.'*⁶

These changes are being felt across the whole range of local government services as services look for ways to become more responsive and flexible to meet local needs:

³ DWP (2005), p xviii.

⁴ Department of Health (2008) 1, para 27, p7.

⁵ Local Government Association (2007).

⁶ Milton (2008)

*'Government policy is steering councils towards a partnership approach – partnership with other agencies, but also with customers and communities themselves. Local government is moving away from universal, some might say paternalistic service provision towards a role in which citizens themselves play a more active part in finding solutions, perhaps with help from the Council... approaches such as these demand a conversation with local people about where their priorities are; how local government can best add value to service provision and what local people and communities are able to do for themselves.'*⁷

1.4.3 Transforming social care and later life PSA

The Department of Health (2007) is making available half a billion pounds over the next three years to adult social care authorities in the form a Social Care Reform Grant to help make this vision a reality. Councils are asked to embed the LinkAge Plus approach into their systems and cultures over the next spending period in order to deliver personalisation of services.⁸ As part of the service modernisation that will be needed to achieve this, councils are particularly asked to look at joining up services *'to provide easy to recognise access points, which co-ordinate or facilitate partner organisations to meet the needs of individuals'*. They are also asked to re-model systems and processes to make services more personalised and available through wider community networks and to put in place systems to ensure that hard to reach people are identified and strategies developed to help meet their needs.

The expectation is that by 2011, all 150 adult social care authorities will be substantially down the route of modernising their adult social care services to meet these and other criteria. In particular, councils will be expected to have made provision for:

*'...universal, joined-up information and advice available for all individuals and carers, including those who self-assess and fund. Enabling people to access information from all strategic partners (eg third sector organisations, LinkAge Plus, Pensions Agency). Councils could do this using the 'first stop shop' model. Links to advocacy and support services will need to be considered where individuals do not have a carer or in circumstances where they require support to articulate their needs and/or utilise the personal budget.'*⁹

The expectation is that these changes, together with other proposals involving choice and individual budgets, will lead to positive outcomes in those areas that older people themselves have said are important to them. Five key aspects of independence and well-being have been turned into priority outcomes that form part of a newly created later life PSA. These may form part of local area agreements currently being agreed by local authorities and key partners. The later life outcomes are:

⁷ Ritters, Davis, Mawson and Tricker, (2007).

⁸ Department of Health, (2008) 1, p24

⁹ Department of Health, (2008) 1, p24.

- making a contribution to society, in particular through employment;
- material well-being, in particular the need to continue tackling pensioner poverty;
- the level of health experienced in later life;
- satisfaction with home and neighbourhood, including, for example, the impact of factors such as access to services, transport and crime, and social contacts; and
- the ability to maintain independent living, while being supported with health and care services where needed.

Many of the services being put in place and which the LinkAge Plus pilots are helping people to access, should impact on these priority outcomes. To support these outcomes, local authorities will be measuring progress against a number of performance indicators:

- the employment rate of those aged 50-69 and the difference between this and the overall employment rate;
- the percentage of pensioners on low income;
- healthy life expectancy at age 65;
- the proportion of people over 65 who are satisfied with their home and their neighbourhood;
- the extent to which people over 65 receive the support they need to live independently at home.

1.4.4 Transformational government

Making services more responsive, developing the choice agenda, widening access and working across organisational boundaries demand a new model of service delivery, one that is set out in the documents referred to above in the area of health and social care, but also in the model of transformational government, which is influencing council services across the whole organisation.

The following principles of service design are consistent both with the transformational government agenda and the aims of LinkAge Plus:

- we will not ask customers to give us information more than once;
- navigation through the system is our responsibility, not the customer's;
- customers will often have more choice of how to approach us and we will be clear when and why we are not offering a choice;
- we will resolve customers' issues and concerns when they present them to us or clearly explain when resolution will be achieved;

- we will design our services, starting with an understanding of our customers, to meet their needs and ours.¹⁰

LinkAge Plus is contributing to these objectives by helping older people to navigate the sometimes complex access routes into services; to suggest possible sources of help that they may not have thought of so far and to give them the confidence and support they may need to see their enquiry through. Older people have also begun to be involved in service design through locally-established older people's forums.

¹⁰ LinkAge Plus Programme Board, (2007), p2.

2 Improving information

As part of the widening access agenda, most LinkAge Plus pilots have put resources into developing their information base in relation to services for older people. In some cases this has been as a precursor to this being used by partners directly with older people. For example, in Leeds, work has been done on identifying the information needs of older people, developing an information resource (the Infostore) and then making this available to older people through a network of community-based centres, with appropriate computers and trained staff to support its use. In Devon and Gateshead, self-assessment tools have been developed that are available in hardcopy formats and on the council websites.

Research shows that older people generally prefer to have information either face to face or in hardcopy and LinkAge Plus pilots have been successful in developing a range of approaches to accommodate this. Posters, leaflets in different formats, flyers, letters, newsletters and information placed in community newspapers, have all been used to inform older people of the services on offer and to encourage them to make contact with the LinkAge Plus project.

This section discusses the particular requirements older people may have in relation to information, drawing on published and unpublished research, together with the findings of the 'Big Talk' event in Leeds. Most of the LinkAge Plus pilots have developed their information resources and made them available on websites. One example of this, a practical, web-based approach to joining up services developed in Gateshead through LinkAge Plus, is described in this chapter.

2.1 Information needs of older people

Information, and the ability to act on it, has been shown to be vitally important for older people in maintaining their independence and quality of life. One study in 2006 found an important correlation between access to information and access to services; and between access to services and quality of life for older people¹¹.

¹¹ Sykes, Hedges, Groom & Coleman (2008), p27.

Gilroy, in 2005, also found that, older people place a higher value on information than other groups in the population.¹²

However, a number of things need to be in place before older people can access and use those sources of information available to them:

- firstly they need to perceive that they have a need or that there are aspects of their current lifestyle that could be improved. If they do not know what they don't know, they need to have a sense that it might be worth making the enquiry in the first place;
- secondly, they need to know where to access appropriate sources of help, advice, information and, if necessary, advocacy; and
- thirdly, they need to be able to use the information to help them make the necessary choices. They also have to have the confidence to ask for and secure these things and the attitude that it is right for them to do so.

How far they are able to succeed will depend on the needs, skills, attitudes and social networks employed by the older people in question. Our research has suggested that a key variable is the age of the older person in question. This supports the findings of other researchers, but there are differing opinions as to where the line should be drawn.

For example, research for COI¹³ in 2005 concluded that there were two key age-related sub-groups amongst the over 50s – those aged 50 to 75, and those aged 76 and over.

Research for DWP in 2008¹⁴ recognised three important sub-groups – those aged 50 to State Pension age (SPA); those between SPA and 75; and the over 75s. It was felt that these stages were distinguished from one another by factors such as employment, family life stage, relative incidence of health problems and disability and the extent of friendships and family support networks.

In Leeds, the Older, Better Strategy¹⁵ employs slightly differing sub-groups, mainly on the basis of healthy life expectancy and differences in attitudes, expectations and needs. The sub-categories employed by Leeds are 50-65; 66-79 and 80 years and over.

Age is also a factor in determining the attitude of the person seeking information, which may affect how likely they are to access the information and then in turn to act upon it. Research in 2006¹⁶ suggested that the attitudes of older people in accessing information varied depending on whether the person was born pre-war

¹² Sykes, Hedges, Groom & Coleman (2008), p27.

¹³ Sykes, Hedges, Groom & Coleman (2008).

¹⁴ Sykes, Hedges, Groom & Coleman (2008).

¹⁵ Leeds (2006), p9.

¹⁶ Sykes, Hedges, Groom & Coleman (2008).

(‘Old Society’) or post-war (‘New Society’). ‘Old Society’, the research suggested, was more likely to see independence as a virtue and to be resistant to the idea of State support, whereas ‘New Society’ was more likely to embrace State help and to be resistant to the idea of ageing.

Our interviews for LinkAge Plus suggested that some commissioners of adult social care were also already starting to think about what we might term, ‘Next Society’, ie the needs of the coming generation of older people. This group, it was felt, were likely to be more comfortable with the idea of being consumers in relation to social care; to be happy to use the internet; and to use a wider range of information sources to choose the type of provision and providers to meet their needs. This vision of how older people in the future will be able to use and work with information fits with the choice and personalisation agenda for services and also with the individual budgets piloting that is taking place in some parts of the country.

The question of the target age group of LinkAge Plus, ie everyone over 50 years of age, came up a number of times in our interviews. It was felt that on one hand it was difficult to engage with the younger over-50s under a banner that suggested it was concerned with the needs of older people. At the same time, partnership working was hindered by the fact that some charitable organisations and indeed The Pension Service, were only supposed to work with over-60s and did not see it as their role to deal with the needs of the 50-60 age group. Others, however, felt that the ability to deal with all people in the second half of their lives gave them scope to put in place networks and services that would lay the foundation for ageing well.

2.1.1 Types of information required

Experience with LinkAge Plus so far has confirmed the view that older people generally want and need information about a lot 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, rather, they would 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 may require a sudden and immediate need for information and support that older people may have to cope with, to a greater degree, than the rest of the population. 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.

Properties in poor condition are disproportionately occupied by single older people, and tend to be older, privately rented properties; older women are particularly likely to live alone; older people experience lack of access to transport disproportionately

and older people are more likely to fear becoming victims of crime than younger people.¹⁷ Ten years on, although many things have improved, the question of older people suffering from poor quality housing and fuel poverty is still the case in some areas, as the Salford Housing Options service has demonstrated (see Section 3.6.1).

In addition to this, older people may need greater support in sorting out what has 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.

In research carried out for the DWP in 2007¹⁸, the following were included as examples of topics which respondents recalled wanting information about over the past few months:

50-59 year olds

- Travel insurance.
- Health cards for travelling abroad.
- Services for grandchildren.
- Locally available transport concessions.
- Getting a pension forecast.
- Car tax.

60-74 year olds

- Benefits and entitlements available (and how to claim).
- How will manage through long retirement – financially, physically, mentally (coping with retirement).
- Information about specific health problems.
- Refuse and recycling.
- Transport concessions, including bus passes and taxi tokens.
- Rail fares and timetables.
- Age law at work.
- Energy efficiency.
- Tax matters.

¹⁷ ADSS, LGA (2003), p2.

¹⁸ Sykes, Hedges, Groom & Coleman (2008), p32.

- Age-related entitlements (other than pensions).
- Working opportunities after SPA.
- Flexible work after SPA.
- Tax and National Insurance concessions after SPA.
- Benefits and services for carers.
- Council Tax.
- List or directory of government contacts.

75+ year olds

- Aids and support available to people with disabilities/health problems.
- Inheritance tax.
- Tax matters generally.
- Health.
- Filling in forms.
- Drawing State Pension.
- Finding out about/claiming Pension Credit.
- Managing at home.
- Age-related entitlements (other than pensions).
- Ideas for holidays.
- Local house prices and estate agents.
- Where to find out about information about government services.¹⁹

2.1.2 How older people access information

A number of key features of older people's use of, and preference for, different channels of communication, have been identified as follows (Darnton, 2005)²⁰:

- older people have a preference for face-to-face communication, especially informal communication;
- they expect and like official information to be available in hardcopy;
- they like telephone help-lines, but these are not as good for people with certain kinds of impairment and for older people with language difficulties;
- older people are less likely to throw out printed material of value;

¹⁹ Sykes, Hedges, Groom & Coleman (2008), p30.

²⁰ Sykes, Hedges, Groom & Coleman (2008), p28.

- they watch more TV per day than any other age group, peaking at around 70, although they have the lowest advertising recall and less interest generally in advertising;
- one-quarter of 70-74 year olds read a daily paper;
- older people listen to more radio than other age groups (again peaking around 70) but are less interested in commercial stations;
- Saga is the most popular magazine among older people (18 per cent of those aged 65-69);
- there is still limited access to the Internet among older people but it is growing.²¹

In Leeds²², research with older people found that most older people got information from family members (22 votes), followed by voluntary sector groups (20 votes) and their GP (13 votes). The vast majority of respondents in the Leeds survey did not use the internet to find information and did not indicate that they might wish to use it in the future. However, in parallel research with voluntary sector groups, the internet was selected by most groups in response to the question 'which services provide the most useful sources of information?' A number of LinkAge Plus pilots have reported that their web-based information resources are being used to help signpost older people into relevant services by GPs and people from the voluntary and statutory sector working with older people.

As most of the LinkAge Plus pilots include improvements to their websites as part of their work, this is an area that needs to be addressed; either by helping older people to improve their IT skills or by taking the view that work to establish a decent information base here will help carers now, and older people of the future, to access information that will be useful to them. Indeed, many LinkAge Plus pilots are finding ways to improve IT training and skills as part of their pilot activity. In addition, barriers to use of the internet are not as great for those at the younger end of the over-50s spectrum.

2.1.3 'Big Talk' in Leeds

LinkAge Plus in Leeds is working with a number of community-based network centres (already in existence before the LinkAge Plus pilot) and also the commissioning and building of an information resource for older people and those working with them. As part of the local evaluation, 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 older people to comment on.

One of the vignettes, in particular, gave the audience the opportunity to comment on the circumstances of a couple in difficulties and how they may be helped.

²¹ Sykes, Hedges, Groom & Coleman (2008), p28.

²² Whyles (2007), p6.

The exercise gives a good illustration of the sort of process such a couple might go through before reaching a solution that is right for them. It points up the difficulties of not knowing what they might need information about and of the issues involved in having the confidence and feeling of entitlement that might motivate them to find out.²³

Focus groups were presented with the story of Harry and Theresa Billings and asked to give their responses as to what would help with their situation:

Harry and Theresa Billings (83 and 81 years)

Theresa had suffered from osteo-arthritis for several years and was becoming increasingly immobile. She was a very sociable person – had lots of friends in the close where she lived – having been born and lived all of her life in the locality. She had lots of stories about growing up in the neighbourhood that she loved to share. Harry was becoming increasingly vague and confused. Theresa had relied on him to be her ‘legs and arms’ – going out with her shopping, carrying the messages home and doing the jobs around the house. He now tended to get quite irritated with her at times when she reminded him of things to do; she, in turn, was getting increasingly frustrated at what she felt was his stubbornness and felt that she could not go on much longer. Theresa’s friend has suggested that perhaps they should think of moving into the same sheltered flats where she is living. But Theresa cannot even think about such a major move and anyway would it make a difference? Some also felt that Harry would be more confused if he was moved to a new environment. However, despite the perceived bossiness of some wardens, many felt that sheltered accommodation offered really positive benefits of housing which was accessible, where there was support and social contacts.

How Harry and Theresa could be helped

The older people were clear that both Harry and Theresa needed company and that she needed support for him. There was concern that they appeared not to have help from family or neighbours, who were frequently at work nowadays, so there was a general view that they needed to be put in touch with a good scheme. This would enable an assessment of their needs through a personal visit from a member of staff, which would be likely to be followed up by a regular volunteer who kept in touch with them. Services offered by the schemes which would be helpful for Harry and Theresa included escorted shopping, with a volunteer to push Theresa in a wheelchair and to help to carry in food and luncheon clubs and community cafes, so that they

Continued

²³ Townsend (2007), p16.

could eat healthily. There would also be opportunities for social trips with transport offered and for other group activities such as light exercise and reminiscence groups. Whether Harry and Theresa should move into sheltered accommodation was hotly debated. Moving away from long-standing neighbours was seen as a wrench by many.

'I wouldn't live anywhere else now, though it was a wrench. I live in sheltered accommodation. There are two coffee lounges and bingo. I think that is it just great. You can talk to people.'

The schemes' support in coping with the huge job of removal might be in helping to decorate the flat, though this service is not widely available.

Issues identified

- The question arose once more of how people who are not 'in the system' get to know about the schemes.
- Additionally, the need for the schemes to have more volunteers and staff in order to be able to meet the demands for help was highlighted.²⁴

The case study illustrates not only the wide range of help and support that may be available but also the importance of the social networks that older people might tap into in places like Leeds and Tower Hamlets. These networks can play an important part in helping them to talk things through and weigh up their various options.

*'Socialising is the gateway. Everything else follows behind.'*²⁵

2.1.4 Implications for LinkAge Plus

The findings of other studies, together with the views of those involved with the LinkAge Plus pilots support the more holistic, rounded approach to providing information that the pilots are establishing.

*'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.'*²⁶

LinkAge Plus pilots are working in a number of ways to develop the information base and to structure pathways into existing sources of information. 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. The idea of an older person's Wikipedia is being discussed, whereby a community of older people will add to and update information based on their

²⁴ Townsend (2007), p17.

²⁵ Townsend (2007), p2.

²⁶ Townsend (2007), p9.

own experiences. However, given the low current levels of use of the internet and lack of enthusiasm for development, it is likely that this is an idea that might only come into its own in future years.

In the Big Talk event in Leeds, older people spoke of using the network centres as a venue for socialising and keeping them in touch with the wider community. There was particular appreciation for the role of the neighbourhood network centres in Leeds as a safety net, anchor, source of information and access to other support. The approachability and friendliness of staff and volunteers was also felt to be important.

*'It was through Margaret, a friend I met there that I found out about the network – she was a volunteer. We get lots of information that I wouldn't have known otherwise. We have talks from the fire service, the police. As a single person living alone, I fully appreciate the fact that I can call on the scheme for advice or suggestions at any time. I find this most helpful. There is someone you can speak to about anything. People felt they could contact staff if they were in trouble or in difficult times. There was someone to unburden to.'*²⁷

LinkAge Plus pilots are making information, advice, advocacy and access available to older people through a variety of routes. The social dimension has come through as a strong feature of the LinkAge Plus approach. Work to ensure that information is available to those in regular contact with older people is a sound way of helping and encouraging older people to link into sources of help.

2.1.5 Link-up in Gateshead

In Gateshead, 33 core partners were asked to contribute information to an on-line interactive self-assessment tool for older people. The tool, which forms part of Gateshead council's website, begins by asking people four simple questions:

- Do you find it difficult managing because of your health?
- Do you need help with benefits advice?
- Do you have problems managing small jobs in your home?
- Would you like to know how to keep healthy and active?

Users are then directed to a number of links on the left-hand side of the webpage, through to the following further headings:

- leisure;
- friendship and support;
- benefits advice;
- your community;

²⁷ Townsend (2007), p4.

- home tasks;
- safety;
- skills and employment;
- learning.

Clicking on, for example, the friendship and support link will lead the user to information on a range of schemes with the aim of making older people feel less isolated. A brief description of the scheme is given, together with contact details and a web link, where available.

This simple formula has brought together contact details of the services of a number of partner organisations in one place. The web version has also given rise to a paper-based system which has been used to train social care workers to help them make appropriate referrals. Work on developing the website also revealed gaps in signposting opportunities and has prompted more links to be made with the transport and private sector and with shopping services for older people.

3 Improving access

3.1 Introduction

All LinkAge Plus pilots are working to improve access to services through a variety of strategies, notably using outreach, through work with other groups in regular contact with older people, by improving telephone access and in some cases, developing specialist advice and information services. It has not been possible in this report to describe all activity in all areas but we have instead described the approaches taken in one or two exemplar pilots, as follows:

- Outreach approaches – this report gives details of outreach in an urban setting, in Tower Hamlets and in Gloucestershire, where Village Agents are improving access in a rural environment.
- Working through others – the Nottinghamshire First Contact scheme which has enabled partners to cross-refer older people more effectively is described.
- Enhancing telephone and contact centre activities – work in Devon and Salford is described.
- Specialist advice and information services – the report gives details of Lancaster's employment and volunteer bureau for older people and Salford's Housing Options service.

More detail on the approaches taken by some of the pilots in each of these areas, is given in Section 3.2. An overview of pilot by pilot activity is given in the *Towards a business case for LinkAge Plus* report, can be found at: <http://www.dwp.gov.uk/asd/asd5/WP42.pdf> (pp 22-42).

3.2 Outreach approaches

A key principle of Surestart for Later Life was that the statutory sector should work hard to identify and work with those people who are hard to reach. Most of the LinkAge Plus pilots involve an element of outreach but the focus varies from pilot to pilot. For example, in Devon, the council is working with Age Concern and Upstream Healthy Living Centre to develop links with very socially isolated people.

This '*deep outreach*' model is being evaluated in a way that should be able to measure improvements in the well-being of those taking part. The results of this evaluation will not, however, be available until early 2009.

In Tower Hamlets, outreach is linked to locally-based, voluntary sector network centres in an urban setting. In Gloucestershire, LinkAge Plus funding is being used to trial outreach through a network of Village Agents in rural Gloucestershire villages.

3.2.1 Urban outreach in Tower Hamlets

In Tower Hamlets, LinkAge Plus has put resources into developing five community-based network centres and on using outreach workers to strengthen links between the centres and the 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.

The Tower Hamlets approach fits with the local authority's corporate themes of '*making it local, making it personal*' as well as with commissioning strategies aimed at developing older people as active citizens. It builds on the work of a strong older people's reference group hosted by Age Concern, in which older people are involved in shaping services.

Social isolation is a particular problem in Tower Hamlets as it is an area where older people have wanted to remain in their own homes but family members have increasingly been priced out of the local housing market. Older people, therefore, are finding themselves without the traditional networks of family and neighbours to support them.

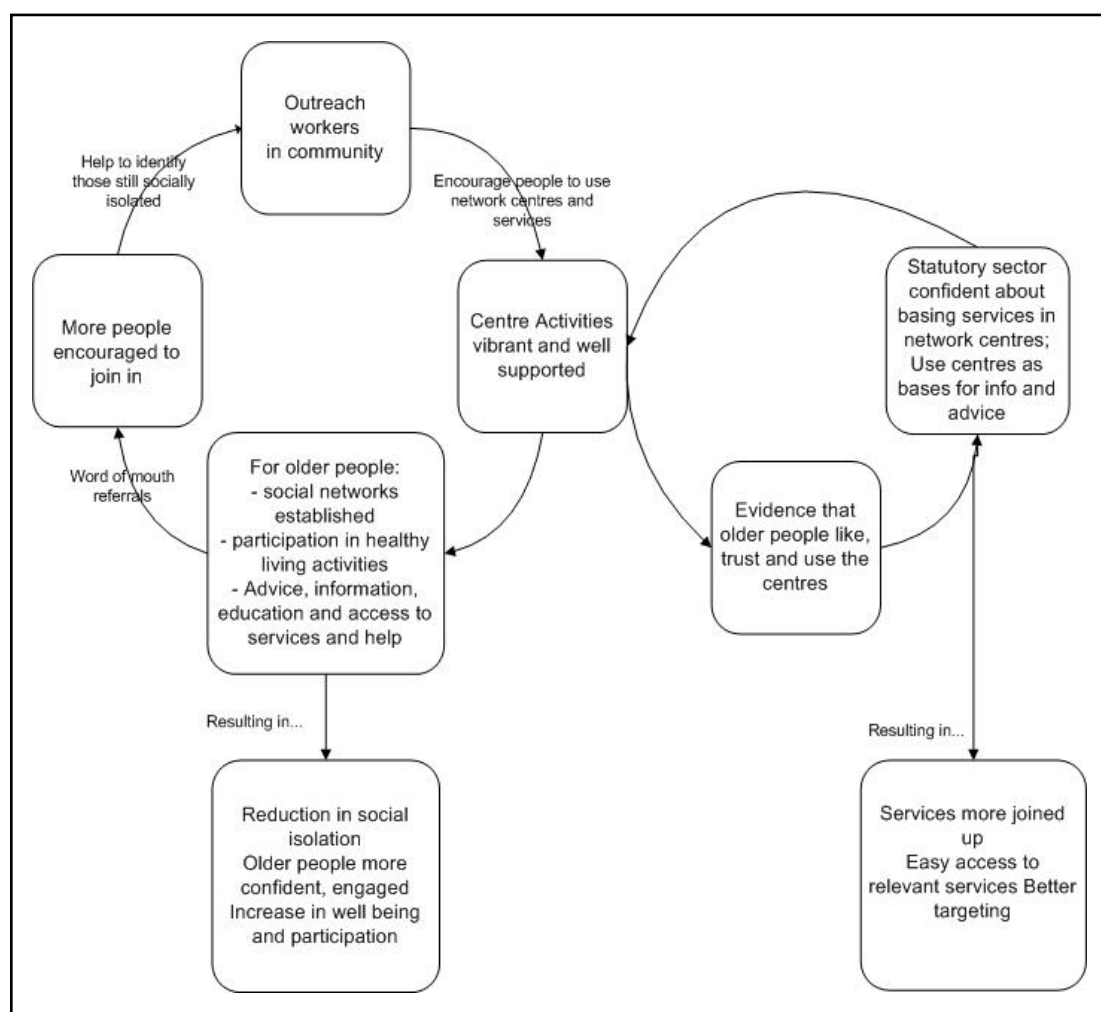
Another particular feature of Tower Hamlets is the number of voluntary organisations active in the borough. Hundreds of organisations are active in the area and the priority was felt to be to work on ways to co-ordinate activity and to work to connect older people into services that are already available. Partnership working between voluntary and community organisations and statutory services was already strong due to work on previous bids for project-based funding.

3.2.2 How outreach works in Tower Hamlets

LinkAge Plus has helped Tower Hamlets to establish network co-ordinators and outreach staff at five network centres across the borough. Typically, this has involved 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.'*²⁸

Figure 3.1 Outreach linked to Network Centres in Tower Hamlets



Local publicity for LinkAge Plus in Tower Hamlets invites people to get in touch to receive advice and information about a range of benefits, including those listed below. Where services are not directly available through a network centre, the service will signpost or refer people on to an appropriate organisation:

- adult learning;
- advocacy;
- benefits;
- carers support;
- community safety (fire, police);

²⁸ National evaluation interview, network centre manager.

- employment;
- health;
- home safety/improvement;
- housing;
- leisure services, library services;
- neighbourhood wardens;
- pensions;
- social care;
- volunteering.

At the same time, outreach workers are developing 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 advice and information to arranging services for them from statutory service providers. At the same time, people are encouraged to take part in events and activities in nearby network centres.

'I've been going to the doctors' surgeries and chemists and hairdressers where I feel there are older people to tell them what we do and I say, "well if you recognise somebody that wants to come out or that's on their own, please refer them to us or give them one of our leaflets and they'll call us".'

[Outreach worker]²⁹

Whilst for most older people the benefits will be social, in some cases the results of these visits can result in significant improvements to their quality of life:

Case 1

The service user is 94 years old and was referred to the network centre. When the outreach worker visited her she thought she was nearly blind and her hearing was deteriorating. She needed practical assistance such as someone to buy her a new whiteboard and some marker pens. She was having difficulty seeing through the magnifying glass which social services had provided. Given it was a year since she had had contact with social services, the outreach worker phoned them up and asked for a re-assessment.

Continued

²⁹ Aston (2007), p10.

This resulted in several home improvements being made for her such as a new amplifier for her telephone and a vibrating alarm under her pillow in case of fire.

Most importantly, social services referred the service user to DeafBlind UK and their representative decided to explore the possibility of her becoming registered blind.

'Most wonderfully, during this eye examination it was decided that one eye would benefit from an operation [to remove a flap of skin]. And now she can see through this eye! She is so happy and going out on her own again. She truly has a new lease of life.'

3.2.3 Costs and benefits

Around £500k per annum of LinkAge Plus funding over two years has been used to establish network co-ordinators and outreach posts in the five network centres. Funding has also been used to develop activities in the network centres and elsewhere to engage with older people.

The *Towards a business case for LinkAge Plus* report in November 2007 estimated that the cost of outreach in Tower Hamlets was £124 per contact. However, this figure was based on work carried out earlier in the year and it is likely that as the pilot nears completion, the unit cost of this activity will come down.

In June 2007, the number of outreach contacts was running at around 192 a month across all five network centre areas. In addition, 645 users a month were using facilities at the network centres themselves. By July 2007, LinkAge Plus funding had supported over 2,000 programmed activities including monthly housing advice surgeries; weekly health promotion and falls prevention activities; weekly employment advice surgeries and regular benefits advice sessions at network centres across the borough.

Local evaluators estimate that around six per cent of centre users came to network centres for information or advice. However, when the figures for health promotion and healthy living activities are added in, this figure rises to 38 per cent. Clearly, the majority of older people using network centres and outreach in Tower Hamlets are doing so in order to benefit from social and leisure activities provided in the centres.

When viewed purely from the point of view of access to services and the provision of information, it would seem that the outreach model is resource intensive, when compared, say, with a model based on enhancing existing contact centre facilities. However, it is important to recognise that the primary purpose of the centres is to provide an area where older people can meet and socialise and take part in a range of activities. Help in accessing services and information provision are not the primary purposes of outreach in this model, although they may be valuable spin-offs.

There is also some evidence to suggest that older people feel more informed and more confident about accessing services as a result of their contact with LinkAge Plus. A survey by local evaluators found that two-thirds of older people coming into contact with Tower Hamlets network centres benefited in this way.

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.

3.2.4 Views of partner organisations

The LinkAge Plus outreach and network centre approach is highly valued by the PCT in Tower Hamlets and by local voluntary and community organisations. Work in befriending and connecting isolated older people and bringing them into the work of network centres has helped to make activities in the centres more viable. It has meant for voluntary and community organisations (VCOs) that they are connecting with some of those people in Tower Hamlets who have most to gain from their services. It has also made the centres more vibrant, and helped older people to support each other better.

'The impact on local people of the work [the outreach worker] does is huge. It's partly to do with having local knowledge.'

(Voluntary sector partner)³⁰

The PCT is sufficiently convinced of the merit of LinkAge Plus to have offered to match fund any local authority financial contribution once the pilot funding ceases. They see LinkAge Plus as a similar model to integrated children's services, enabling them to re-integrate services and provide them in the community, rather than only at existing PCT premises. For example, at the Sundial Centre, a falls service and work with a specialist diabetes nurse takes place on a regular basis.

'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 worker)

In the future the PCT sees the network centres approach, supported by appropriate outreach, as helping with a much wider range of activities. These might include chiropody sessions; working with a newly appointed stroke co-ordinator; physiotherapy and rehabilitation services. They are also interested in working with LinkAge Plus to enable them to work more closely with the Bengali and Somalian communities.

³⁰ Aston (2007), p21.

'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 the community having to come to the falls service is already a significant shift.

(National evaluation interview, PCT worker)

3.2.5 Challenges for the future

Despite the undoubted strength of partnership working in Tower Hamlets, network centre staff have reported a number of frustrations in getting statutory sector agencies to be as flexible and responsive as they would have liked in order to help them to meet the needs of their users.

In the early days of LinkAge Plus, network centres struggled to convince service providers that it would be worthwhile for the statutory sector to relocate some of its own services away from its premises and in the community. Some of the monitoring systems put in place to support the LinkAge Plus pilot have helped with this and managers are now more able to demonstrate how they are able to connect with vulnerable older people in the community. As far as the PCT is concerned, that case has largely been made and increasingly, services are being made available in network centres. However, there is evidence of centres wanting to go still further to provide practical help, for example, with flu jabs in winter, but not being able to break through statutory sector resistance.

Other LinkAge Plus workers have talked of their frustration at not being taken seriously by statutory sector service providers. For example, there have been difficulties with social workers refusing to discuss a case with outreach workers, even where the older person requests it; and with utility companies similarly refusing to discuss billing matters.

There are also sensitivities around those VCOs who are not in receipt of LinkAge Plus funding, although in Tower Hamlets a lot of work has gone into ensuring that they are invited to use the network centre facilities and that outreach staff refer to them as well as to activities in the network centres themselves. There does seem to be a genuine feeling that LinkAge Plus is borough-wide; this is reflected in the commitment to supply transport to venues to enable people to take part in activities. Nevertheless, given the shortage of funding in the voluntary and community sector as a whole, working to break down barriers is something that will need to be constantly worked on.

3.2.6 Rural outreach in Gloucestershire

The Village Agent approach

The Village Agent project is aimed at reducing social isolation and improving access to services in rural areas of Gloucestershire. Gloucestershire already had an established contact centre with an information base developed through Care Direct funding. However, statistics were indicating that whilst 44 per cent of the

over-60s in urban Gloucester were using the adult helpdesk, only 14 per cent in the more rural Cotswolds were doing so.

LinkAge Plus has helped to establish 30 agents working for ten hours a week in 165 rural parishes in Gloucestershire. The scheme is managed by Gloucestershire County Council and Gloucestershire Rural Community Council. Village Agents are in contact with an average of 1,660 people in their areas and between them make an average of 230 direct referrals for services each month. This initially resulted in an increase of over 50 per cent in referrals for critical and substantial needs packages of social care in areas served by Village Agents where the numbers of people then in receipt was very low. It rose from 60 to 109 between 2006 and 2007 in a snapshot three month comparison. Around 90 per cent were successful. This was a clear example of outreach helping target resources on those most in need. As needs have been met this has tailed off and the village agents have been able to turn their attention elsewhere whilst retaining a presence in the parishes.

The Village Agent project aims to enable older people in Gloucestershire villages:

- feel more secure, feel more cared for and have a better quality of life;
- have easy access to a wide range of information and be able to make informed decisions about their own well-being;
- to be helped to access services or assistance that can help them remain independent in their own homes and enable them to feel part of a supportive enabling community;
- to engage with policy makers to influence both development of the Village Agent role and future service provision.

3.2.7 Types of enquiry

The types of enquiries Village Agents have had to deal with vary depending on the season and sometimes by events, such as the severe flooding experienced in some parts of Gloucestershire in 2007. However, one quarter's 'top 10' topics were as follows:

Topic	Referrals
1. Support – General	254
2. Housing	26
3. Other	107
4. Adult helpdesk	93
5. Transport	71
6. Benefits	68
7. Fire and safety – smoke alarms	68
8. Care and repair	65
9. Flooding support	55
10. Energy – home heating/insulation	41

Village Agents are well connected with their local community and often build a relationship with the people they are able to help. Often they are able to offer friendship and, where needed, 'a long talk over a cup of coffee'. The example given below, gives an indication of how this works. Because of their training and links into the Adult Helpdesk, Village Agents are able to put people in touch with practical, tangible assistance where necessary:

'Mr S has had one replacement knee joint and is waiting for a second. Both he and his wife are in their late 70s and have always had the mobility and capability to maintain their home. Now through joint pain and the general fear of falling and becoming more incapacitated, they need to know what help is available. Financially they are able to pay for the work required but are anxious to be referred to reputable tradesmen.

By the end of the visit, I had made a referral to Care & Repair, arranged a Home Safety check (the electrics were all very old), agreed to look into what grants were available for re-wiring. I arranged Warm Front to send the information required for loft insulation and contacted the pensions department to arrange a visit to discuss if Mr S was eligible for Attendance Allowance.'³¹

Not all initiatives trialled by Village Agents have been successful. For example, a relationship with a large local retailer, offering older people a £5 discount for internet shopping was not widely taken up. The feedback was that people regarded shopping as a social activity and would rather go out with someone to shop if they were able to. Residents in North Cotswolds were not enthusiastic about the establishment of a community bus service, but those north of Tewkesbury were, so efforts were concentrated in this area.³²

However, it was during the severe flooding experienced by parts of rural Gloucestershire in July 2007, that Village Agents really came into their own. Because of their local knowledge and contacts they were quickly able to check on the most vulnerable older people in the community and to ensure that the appropriate links were made with the statutory services. Common areas of assistance included:

- making sure older people had water and were heeding the advice of the authorities with regards to personal health;
- finding the locations of bowzers and laundrettes in the locality;
- assisting communities in arranging for bowzers to be delivered and replenished;
- phoning round to key contacts in the villages giving out the county council emergency helpline number;
- delivering milk and bread and other staple goods;

³¹ Wilson (2007), p22.

³² Wilson (2007), p15.

- getting involved in working parties to distribute water;
- general ringing round to existing clients to make sure that everything is okay on a daily basis.

That the work of the Village Agents is appreciated locally is demonstrated by a number of testimonials and messages of appreciation for their work.

Extract from a Village Agent diary

Whilst our remit as a Village Agent is to offer help to anyone over 50, most of our clients are usually retired and elderly, but once in a while we get the opportunity to be useful in a different way. Mike (not his real name) is such a case.

Mike was referred to me by the local Police Community Support Officer, as someone who was unemployed and desperately short of money; could I help with benefits advice, etc? A long talk over a cup of coffee revealed the sad story that Mike's wife had been killed in a terrible road accident nine months ago, leaving Mike with an 11 year old daughter. A combination of grief and being unable to return to his old job as a lorry driver because of the hours involved, meant that he had been home ever since and was now selling household items to keep his head above water. He was finding life very difficult and couldn't see a way out because of needing to be there for his child. On top of this, his car tax and insurance were due for renewal, he had no money to pay for them and being in a very rural community, without a car or public transport his chances of finding any kind of work locally were almost nil.

The most pressing need was to get his benefits checked and try to keep his car on the road. A financial assessment was done and, on finding out that he was ex-army, I approached the British Legion to see if they would help regarding his car. Jane, my contact, was extremely helpful and arranged payment of the bills plus covering a gas bill that had just arrived.

I believed that Mike was a 'one-off' in the sense that, whilst a tragedy had occurred in his life, if I could find a way to get him back to work, he would need no more help. I decided to look into possible part-time employment through driver agencies, but first contacted the lone parent adviser at the local Jobcentre to ensure that in taking a job, he would not end up worse off than he was already. Having approached several driver agencies, I learned of a part-time job which seemed ideal but having got Mike and the owner of the agency together, we discovered that Mike didn't have the necessary qualifications. It was explained to me that articulated lorry drivers – which is what the post needed – are 'top of the tree' and can more or less dictate their own employment conditions so this was the next challenge, to try and

Continued

upgrade his certificates! I talked to the British Legion again and discovered that they have a re-training fund. With Jane's help, we applied and were granted the cost of the training and examination. We also kept in touch with the driver agency about the part-time vacancy as the starting time was 11am, giving Mike time to take his daughter to school before work. Although the finishing time was as late as 9pm, she could go to her grandmother's after school, so it was imperative to try to keep this opportunity open.

Last week Mike finally took the exam and passed. Within hours, the job was confirmed and he started work this Monday. We have also contacted the lone parent adviser again to ensure he takes full advantage of 'back to work' working tax credits, etc.

It's been a long road, but being told by Mike 'I couldn't have done it without you' has made it very worthwhile. Knowing you have turned someone's life around is a very special bonus.³³

For the future, Gloucestershire County Council and Gloucestershire PCT have committed to sustain the existing scheme and a further £10,000, together with funding for consultancy evaluation support, has been secured as a result of a successful bid to a 'Meet the Dragons' event in February 2007.

*'In a world where more and more support and advice is provided remotely by phone or the internet, the Village Agents project provides older people in rural communities with part-time face to face support from local people.'*³⁴

3.4 Working through others

A key part of the LinkAge Plus approach is finding ways to enable organisations to work together to more effectively meet the needs of older people. A number of approaches to this are used throughout the programme. Link-up in Gateshead brings together the information of a group of agencies into a self-referral checklist that appears on the council's website. In Devon, training sessions are held with partners to raise awareness of the wide variety of services available for older people. In Tower Hamlets the network centres invite partner agencies to use their premises for events, service delivery, information and education sessions.

In Nottinghamshire access to services is widened through a service that enables effective referrals to be made across a range of partner organisations. This approach is described in Section 3.4.1.

³³ Wilson (2007), p24.

³⁴ Gloucestershire County Council (2008).

3.4.1 Nottinghamshire First Contact

First Contact is based on a multi-agency checklist which acts as a referral gateway to a range of low level preventative services for older people in Nottinghamshire. The key to the scheme is that referrals are made through a First Contact co-ordinator who makes sure that referrals are made and followed up. The scheme is linked into the Nottinghamshire contact centre's CRM system, which enables a record to be made of the type and date of referral and for follow ups to be made if the referral is not actioned within the expected time.

The First Contact scheme works through a number of local partners, including:

- fire and rescue service;
- county council;
- adult social care and health;
- PCT;
- police;
- The Pension Service/welfare rights/local advice agencies;
- councils for voluntary service;
- home improvement agencies;
- energy efficiency agencies;
- borough and district councils.

When any of the partners contact an older person, where they think it beneficial and with the older person's consent, they complete a simple checklist which can then set in train automatic contact to be made to the older person from any of the other partners.

Referrals are made on a wide range of services, typically including:

- welfare benefits advice and forms completion;
- falls assessments and advice on falls prevention;
- home safety and security advice – fitting of free smoke detectors and security devices;
- housing advice, repairs and adaptations;
- information on transport schemes;
- affordable warmth – access to Warm Front;
- information on groups and activities.

The scheme has been reviewed by the Improvement and Development Agency for local government (I&DeA) in 2007, who described the scheme in these terms:

*'First Contact has a holistic approach to the identification of need using a simple and easy checklist, which even hard-pressed front line 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.'*³⁵

Table 3.1 First Contact's ten questions³⁶

Question			Referral Agency
Have you got a working smoke alarm on each floor of your house?	Yes	No	NFRS
Do you have any repairs that need doing to the home?	No	Yes	SNHIA
And are you able to arrange repairs?	Yes	No	or RBC
Do you need any adaptations to the home?	No	Yes	ASCH
Are you able to keep your home warm?	Yes	No	GNHH/RSL
Have you fallen and injured yourself in the last 12 months?	No	Yes	ASCH Falls Prevention
If Yes, please complete GP information overleaf.			
Would you like advice on crime reduction and home security?	No	Yes	CRM
Would you like any advice on money you may be entitled to?	No	Yes	PS/WR
Are you interested in information about community transport?	No	Yes	RVTS
Would you like to know more about local voluntary and community groups and clubs?	No	Yes	RCVS
Would you like advice on different types of accommodation that may be available?	No	Yes	HO

NFRS Nottinghamshire Fire & Rescue Service, **SNHIA** South Nottinghamshire Home Improvement Agency, **RBC** Rushcliffe Borough Council, **ASCH** Adult Social Care & Health Department, **RSL** Registered Social Landlord, **GNHH** Greater Nottingham Healthy Housing Service, **CRM** Crime Reduction Manager, **PS** Pension Service, **WR** Welfare Rights, **RVTS** Rushcliffe Voluntary Transport Scheme, **RCVS** Rushcliffe Council for Voluntary Service, **HO** Housing Options.

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:

³⁵ I&DeA, LGA, CLG, Cabinet Office (2007), p2.

³⁶ I&DeA, LGA, CLG, Cabinet Office (2007), appendix 4.

*'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.'*³⁷

3.4.2 Partner views

Partner agencies have been very enthusiastic about the scheme. A police representative described it as *'absolutely fantastic'*³⁸ because it helped them reach older people at risk before a crime had been committed. Using Home Office grants, older people at risk can have advice and have home security measures fitted at no cost as long as the relevant criteria are met and funding is available.

A Fire & Rescue Service representative commented:

*'It's working on the wider agenda, that's why we said "yeah we will get involved" – is at the age where we want to target that particular group – and it is the vulnerable group. It's also about building up trust with older people – what we say is "we're trying to help you". The fire service has to focus on getting the job done – we have a target of 50 home safety checks a month – and First Contact helps us deliver that.'*³⁹

The local service manager of the Pension Service said:

*'First Contact is so important to LinkAge Plus, so sellable. We love it so much. We are getting to the hard to reach. If the fire service go out we are getting the referrals.'*⁴⁰

As well as helping to target those older people who might otherwise be hard to reach, the scheme appears to be saving time on inter-agency contacts and referrals, ensuring that communications get through quickly to the right person with the confidence they will be acted upon:

³⁷ LinkAge Plus national evaluation, interview, 2007.

³⁸ I&DeA, LGA, CLG, Cabinet Office (2007), p5.

³⁹ LinkAge Plus national evaluation, interview, summer 2007.

⁴⁰ LinkAge Plus national evaluation, interview, summer 2007.

*'For us it's saved so much time. It can sometimes take one to one and a half hours to get hold of social services – now we complete a form and fax it and it's done – like a one stop shop – brilliant! I wish we could use First Contact all the time. There is a procedure for other age groups but social services don't have to report back to us. With First Contact they have to. Everybody has to take ownership. First Contact is beneficial, it's efficient. I've known watch managers be on the phone for four hours – I've been on the phone a couple of hours – now [with First Contact] perhaps ten minutes max. Huge benefit. People are keen because they can see the point. It's cost-effective and it's time-effective.'*⁴¹

3.4.3 Cost effectiveness

Nottinghamshire First Contact works well partly because of the simplicity of the scheme and the benefits it delivers cost effectively for partners and older people themselves.

There is estimated to be an average rate of referral of 2.3 referrals for each contact, with each referral costing, on average, £24 each.⁴²

Partners have also expressed enthusiasm for the cost-effective way in which LinkAge Plus is helping them achieve their organisational targets:

"It has increased the number of referrals for falls prevention highlighting and helping us reach out to people who we would not previously have known about. This helps to cut down on more costly interventions in the future.'

(Senior manager, PCT)⁴³

"One of our major targets is to reduce the number of preventable injuries in the home caused by accidental dwelling fires. Through FC we have received increased referrals from other agencies resulting in nearly 200 extra premises having a HSC and smoke detection fitted. From these statistics and the reduction of domestic fires attended it can be clearly seen that this scheme is successful and will continue to drive down the number of injuries in the home.'

(Nottinghamshire Fire & Rescue Service)⁴⁴

⁴¹ LinkAge Plus national evaluation, interview, summer 2007.

⁴² Watt, Blair, Davis & Ritters (2007).

⁴³ North, 2007.

⁴⁴ North, 2007.

'Working with partner agencies has helped our aim to increase the take up of benefits for those aged 60 or over. Over the past year the Local Pension Benefit take-up figures through FC amounted to £1,292.87 per week with £9,051.37 paid in arrears.'

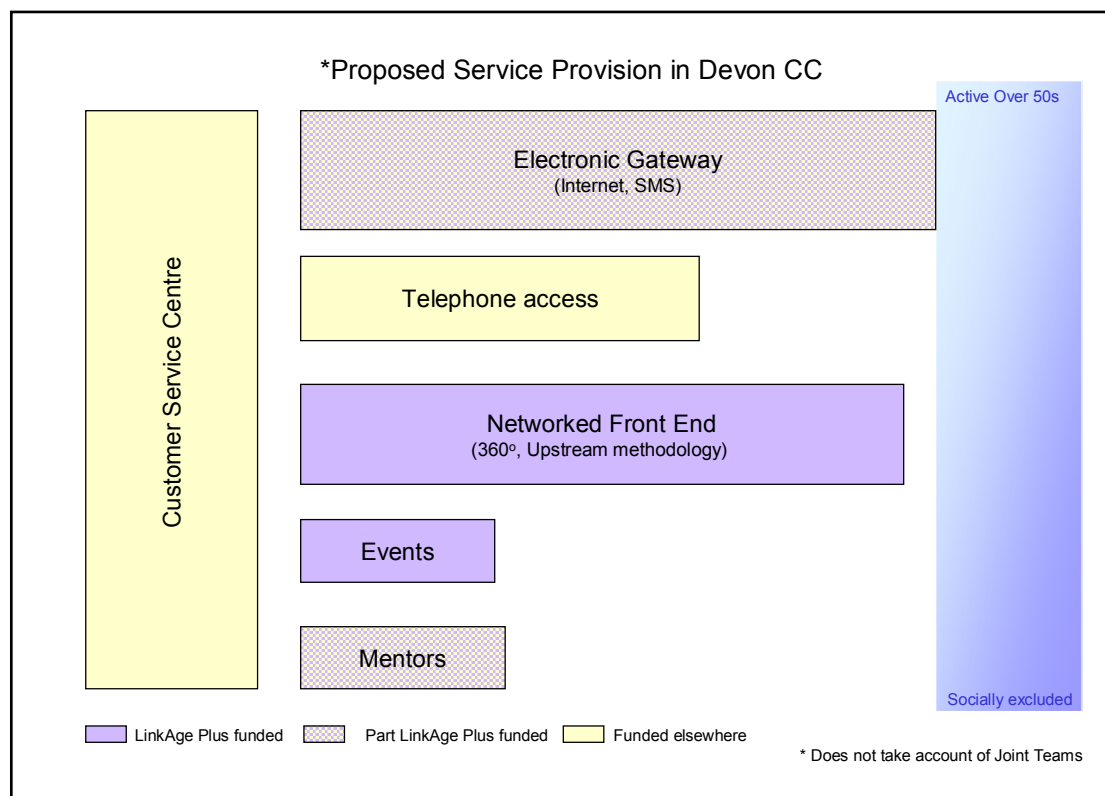
(Manager, Local Pension Service)⁴⁵

3.5 Enhancing telephone and contact centre activities

3.5.1 LinkAge Plus in Devon

In Devon, LinkAge Plus has helped develop a 360 degree approach to helping older people access information and services; to develop an active, participatory lifestyle and to reduce social isolation. Using a combination of enhancements to websites and the existing Customer Service Centre; the development of community mentors and support and information to existing frontline staff and volunteers working with older people, the scheme aims to widen access and to work towards the principle of 'no wrong door'. LinkAge Plus is also supporting the establishment of Devon Senior Council, which aims to give older people a voice and help them to engage with public authorities and service providers. LinkAge Plus in Devon is based on the principles of Surestart to later life and fits with local political priorities around choice and participation.

Figure 3.2 Proposed LinkAge Plus service provision in the Devon County Council area



⁴⁵ North, 2007.

A 360 degree assessment tool has been developed (LinkAge Plus-funded, at a cost of around £40,000), which supports enhancements to the work of the Customer Service Centre; community mentors and professionals working with older people.

For hard to reach individuals, personalised, one-to-one support is available to help give older people the confidence they need to access services; to help them find solutions that are appropriate for them and to access more social and leisure opportunities that will help reduce their isolation.

3.5.2 Development of the Customer Service Centre

LinkAge Plus is being used in Devon to augment a well established Customer Service Centre, which had already begun to develop its links with older people through previous DWP projects, including being a Care Direct pilot.

The LinkAge Plus pilot has paid for an additional two posts in the Customer contact centre, the development of an information resource and training of telephonists in its use. This means that Customer Service Centre staff now go further than previously in referring people to sources of help outside the County Council, being able to arrange for fire safety and welfare benefit checks for example.

In March 2008, referrals carried out with LinkAge Plus funding were running at the following rates per month:

Table 3.2 LinkAge Plus-funded referral rates in Devon – March 2008

Referral from Customer Service Centre	Average referral rate/month (at March 2008)
360 degree well-being check	1,013
Carers link	8
Shopping scheme	5
Devon energy efficiency	3
Benefit health checks	359
Advocacy assistance	92
Mentoring	31

The impact of this work on contact centre staff has meant an additional two and a half minutes, on average, has been added to call times. The average time spent on other calls is four minutes.

Where contact centre staff feel the older person needs extra help, for example, with form filling or a more detailed explanation of what is on offer and how it might suit the individual, they can call on Age Concern to carry out a home visit. Age Concern will carry out the visit and refer back if necessary, or can make a further referral to other third, or private, sector alternatives.

The work with Age Concern has grown out of a previous initiative in which a volunteer advocacy scheme was set up. Volunteer visitors are organised through a team involving 12 different agencies (mostly Age Concern local groups). Age Concern provide training and quality standard monitoring. Where this was used to help older people make benefit claims, approximately 88 per cent of claims were successful.

In March 2007 Devon County Council were hoping to sustain the scheme by securing funding for the single, whole-time post for monitoring and to renew the Age Concern home visiting contract and extend it from the then current 90 visits per month to 120 visits per month.

In making this investment, LinkAge Plus is building on an already successful Customer contact centre in which there had previously been substantial investment by Devon County Council and through previous DWP schemes such as Care Direct. The council had also benefited from £1.5 million from central Government for meeting its LPSA2 stretch targets in helping older people and children with special needs access their full entitlement to welfare benefits.

In July 2006, Devon County Council invested £3.8 million in a new Customer Service Centre in Tiverton. The centre has helped the council move from over 450 telephone numbers through which people used to access Devon County Council services, to nine numbers answered by specialist teams. Amongst these is a dedicated line for Care Direct, which deals with calls about older people, vulnerable adults and their carers. Care Direct currently deals with around 10,000 enquiries a month and the Customer Service Centre as a whole, with around 35,000 a month. The centre's opening hours are longer than traditional council hours, running from 8.00am to 8.00pm and Saturdays from 9.00am to 1.00pm. These improvements have helped the centre to ensure that the number of people getting through to the people they needed to contact at the county council has risen from around one-third to 92 per cent. Running costs for the Customer Service Centre are around £1.6 million per annum.

A strategic aim for the council is to promote choice and independence. By giving older people the information and support they need to access services and develop a lifestyle that works for them, LinkAge Plus is helping the county council deliver on one of its corporate priorities.

3.5.3 Joining up through Salford's contact centre

In Salford, LinkAge Plus funding has been used to enhance and develop an existing customer contact centre, improving the functionality of its CRM system and developing links with other agencies to enable a more rounded service to be given to older people.

The Salford system is based on an in-house designed and built CRM system called Citizen, which contains a database of all adult Salford residents, residency details and a case history of all their contacts with the council. Each time a resident

contacts the council, their details and contact history are made available to contact centre staff and with customer consent, can be used across the council and with a number of partner agencies.

Partner organisations have been invited to draw up a set of characteristics that will help identify the type of older person they wish to connect with. For example, partners may wish to connect with people over 75 years of age; living in a particular area of the city; or in council rather than owner occupied accommodation – or the other way around. The exact combination of criteria will vary from service to service and is capable of being changed relatively easily.

When someone meeting the criteria rings in, the contact centre is able to offer a wider range of support and to make a referral if required. For example, a caller may be referred for a home fire risk assessment, which would involve making people aware of fire risks in their home and how to avoid them; what to do in the event of a fire and the fitting, free of charge, of a smoke alarm if the home does not already have one. In the early part of 2007 referrals to the fire service were running at over 200 per month through the scheme.

Between April 2007 and February 2008, referrals were running at over 450 per month, with the most popular partner provided services as follows:⁴⁶

Table 3.3 Salford City Council referrals to partner-provided services – April 2007-February 2008

Doorstep crime prevention	743
Fire service	1,507
Flu jabs	1,843
The Pension Service	1,035
Warm Front	109
Total	5,426

However, there is a good deal of seasonal and other variability in these figures. Because the system enables criteria to be changed immediately, partners have been able to respond to demands on their own service as they approach their own capacity.

'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)⁴⁷

⁴⁶ Wiggan, Johnson & Kawalek (2007), p7.

⁴⁷ Wiggan, Johnson & Kawalek (2007), p9.

Local evaluators 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.'*⁴⁸

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.⁴⁹

However, the system has been found to be more effective when dealing with services with limited eligibility criteria, not dependent on financial information. It has been most successful in arranging referrals to services dealing with doorstep crime and fire prevention. In relation to The Pension Service, although the numbers of referrals were greater than anticipated, they found that the system was unable to sufficiently target and identify those people eligible for, but not yet receiving, Pension Credit. Similar problems were experienced by people referred for Warm Front grants, again due to the complexity of the eligibility criteria required.

LinkAge Plus funding was used to support the development of the Citizen database in this way but the project is part of a council-wide drive to improve customer-facing processes. Part of this work has been to join up services people may need to contact in case of a bereavement. This work has led to a reduction of 8,000 unnecessary calls made during 2005/06 for customers who need to register a death.

In addition to contact centre improvements, the council is working to take services out into communities through a combined library service and information vehicle; introducing video conferencing to enable people to speak directly with service providers at key locations; and co-locating services with partner agencies. For example, a £48 million capital building programme is to co-locate services from the PCT, Salford City Council and Salford Hospital Acute Trust at four new major facilities.

3.6 Specialist advice and information services

Life events such as bereavement, loss of one's job and maintaining or moving to suitable accommodation are key changes in circumstance, which often prompt the need for information around choices and access to services. In Salford, LinkAge Plus funding has been used to develop information, advice and access to services

⁴⁸ Wiggan, Johnson & Kawalek (2007), p4.

⁴⁹ Salford City Council, 2008.

designed to help with accommodation issues. In Lancaster, a specialist employment and volunteer bureau has been established with a focus on advice to the over 50s. These initiatives are described in Section 3.6.1.

3.6.1 Salford's housing options service

£120,000 of LinkAge Plus funding, supplemented by £26,000 from Salford City Council (specifically to help with re-housing those living in compulsory purchase areas) is supporting a Housing Choice service, aimed at helping Salford residents, aged 50 and over to make sustainable housing choices.

Housing is a particular problem for older people and in Salford it has been estimated that the average income of just over £12,000 per annum leads to difficulties in maintaining the physical fabric of the home, with 8.6 per cent of pensioners living in unfit accommodation. It is estimated that just over 37 per cent of Salford pensioners live in homes that have failed the decent homes standard, largely due to lack of thermal comfort.⁵⁰

Older people suffer to a greater degree than the rest of the population from fuel poverty because they are likely to be on a fixed income, likely to live alone and so spend more on fuel per person and they are likely to spend more of their time at home. In 2005/06 there were 70 excess winter deaths in Salford due to the cold, the vast majority of which occurred in people over the age of 65.⁵¹ Housing Choice is able to help by putting older people in touch with grants to improve insulation and help with affordable warmth and where necessary to help people move into accommodation that is a more suitable size for their needs and therefore, easier to keep warm.

Housing Options has developed strong links with service providers able to offer a range of types of help, including:

- Salford Home Improvement Agency;
- the Affordable Warmth team;
- burglary and crime reduction teams;
- the occupational therapy team;
- the housing market renewal teams;
- New Prospect housing staff;
- community health and social care (CH&SC);
- Manchester Care & Repair;
- Bury Staying Put;
- Citywide Handypersons Service.

⁵⁰ Salford Housing Choice (2007), p12.

⁵¹ Salford Housing Choice (2007), p15.

At the same time, the service is itself receiving referrals from a range of service providers in the community. For example, during 2007 it received referrals from the following sources⁵²:

Table 3.4 Referrals to Housing Option – 2007

Occupational therapist	5
CH&SC	34
Home improvement agency	8
Housing offices	29
Housing market renewal teams	6
Age Concern	13
Family or friends	23

So far, the service is exceeding expectations, dealing with four times the number of clients initially anticipated. The service has already helped 70 clients to move, with a further 18 already at various stages of the moving process.⁵³

3.6.2 Service example⁵⁴

Mr & Mrs G are a couple in their 50s living in a one bedroom first floor registered social landlord (RSL) flat in Salford. Mr G has mental health problems and poor mobility following vascular strokes and was at risk constantly from all the falls he was having.

They were sharing all the living space available – lounge, kitchen, bathroom and one bedroom. Their living conditions were becoming unbearable for Mrs G, who is her husband's main carer, as she was getting no respite from her husband at all. They came to the Housing Choice service to request help in finding a slightly larger property that would offer them an individual sleeping area. The couple had been on RSL's transfer list for some time but were not getting any offers. The Housing Choice service intervened on their behalf and also assisted them with application forms for local housing associations. When the couple were first offered a suitable two bedroom ground floor accommodation from RSL they had the offer withdrawn. The service found the reason for this was that the couple had arrears on their account that were stopping the offers coming through. The Housing Choice service held consultations with the clients and RSL and a plan was worked out to enable the arrears to be paid and the couple to move into suitable property.

Continued

⁵² Salford Housing Choice (2007), p10.

⁵³ Salford Housing Choice (2007), p6 and p8.

⁵⁴ Salford Housing Choice (2007), p26.

This move could indirectly enable Mrs G to carry on caring for her husband as she is getting the break she so desperately needs at night by sleeping in a separate bedroom allowing her to be more tolerant of her husband's condition during the daytime and also her husband is at risk of fewer falls with the property being situated on the ground floor.

3.6.3 Lancaster 50 Forward – employment/volunteer bureau

The Lancaster LinkAge Plus project is unique in using some of its LinkAge Plus funding to help establish an employment/volunteer bureau for older people in the area. The main aim of the scheme is to provide information, practical help and guidance to help those older people who wish to, to move back into employment.

A user survey established that most people used the service for the following reasons:

- because it enabled them to do voluntary work (but not employment yet);
- to test out a new career idea through volunteering;
- to get helpful advice on starting their own business;
- mainly to help with interviewing skills;
- to obtain part-time work;
- because it helped them with finding volunteer work and related training.

Some of the comments from users of the service are:

'[Life] has totally changed. Trading in the next few weeks.'

(Male 60/69)

'It makes me feel better emotionally. Great support from 50 Forward – just what I needed after being made redundant and hurting my back. I am sure I would feel a lot worse.'

(Female 50/59)

3.7 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.

This report sets out some of our interim findings in relation to information and access under the LinkAge Plus programme. There are many good examples of similar schemes to the ones we have highlighted across the whole programme. At the time of writing the pilots are still running and further reports will set out a more comprehensive picture of activity.

Two further themed reports are planned on specific aspects of LinkAge Plus activity: The first, on benefits for older people, will look at the value of LinkAge Plus approaches in improving the quality of life for older people. A second report, due towards the end of 2008, will look at the benefits of the LinkAge Plus approach for engagement, capacity building and commissioning.

The eight LinkAge Plus pilots are coming to an end in June and July 2008 but in many cases, projects and activities set up under LinkAge Plus will continue with local funding. Each pilot has a local evaluation which will report in the autumn of 2008. A final national evaluation report will be published in March 2009.

Appendix

The LinkAge Plus pilot programme and its evaluation

Pilot areas

Eight LinkAge Plus pilot areas have been selected by the DWP using a range of publicly available metrics. The chosen areas are a mixture of:

- 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;
- existing initiatives;
- performance levels.

The eight pilot areas are:

- Devon;
- Gateshead;
- Gloucestershire;
- Lancaster;
- Leeds;
- Nottinghamshire;
- Salford;
- Tower Hamlets.

Evaluation

As part of their agreements with DWP each pilot has appointed a local evaluator to give an overall and ongoing view on how its pilot activity has contributed to effective service delivery. The appointed local evaluators are:

- Devon – Peninsula Medical School and Peter Fletcher Associates;
- 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 compiling this report we have drawn heavily on work from local evaluators, as well as our own unpublished and published work, together with work commissioned by DWP. We are grateful to pilot leads, local evaluators and the DWP for sharing this work with us for the purposes of this report.

In addition to the work of local evaluators, the national evaluation team will give an overview of programme activity and aims to identify and help share good practice as well as to build an evidence base for the LinkAge Plus approach. The team is working directly with pilot leads, local evaluators and the DWP through a series of evaluation workshops, as well as engaging with programme board, steering group and other DWP led events. Visits to pilot organisations, including a series of interviews with key stakeholders, took place in the summer of 2007 and again in 2008.

The national evaluation is also evaluating the evidence on the business case for the LinkAge Plus approach. An interim report, *Towards a business case for LinkAge Plus*, was produced in the summer of 2007. This report, which also contains an overview of pilot activity at pp 22-42, can be found at: <http://www.dwp.gov.uk/asd/asd5/WP42.pdf>

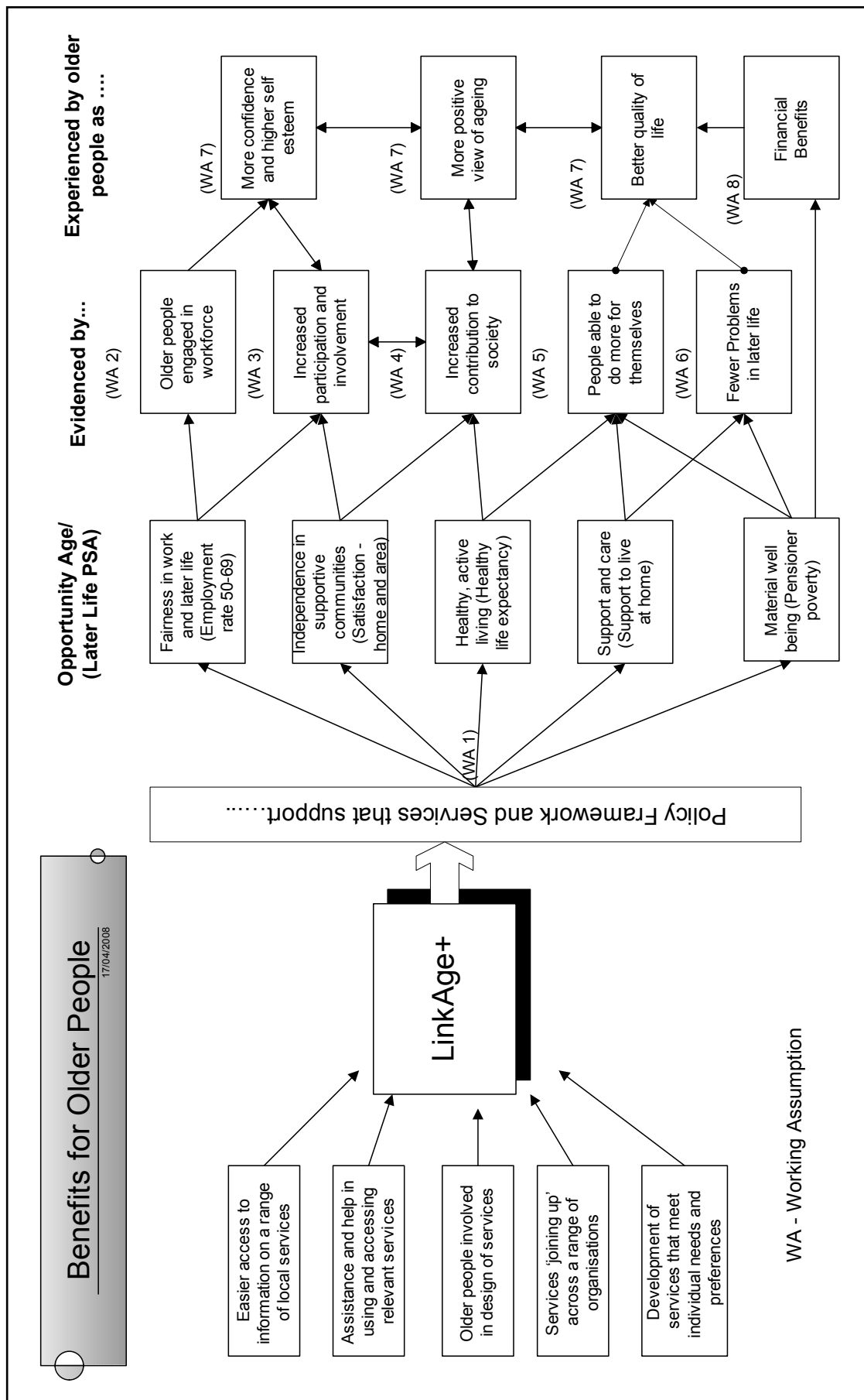
National evaluation working assumptions

As part of the national evaluation a number of working assumptions have been set out as to how LinkAge Plus may benefit older people and organisations. Over the course of the pilot we have been carrying out stakeholder interviews and reviewing evidence from a variety of sources to determine how far the LinkAge Plus approach is leading to these outcomes.

Benefits for older people

Our working assumptions as to the benefits of LinkAge Plus to older people are set out in Figure A.1.

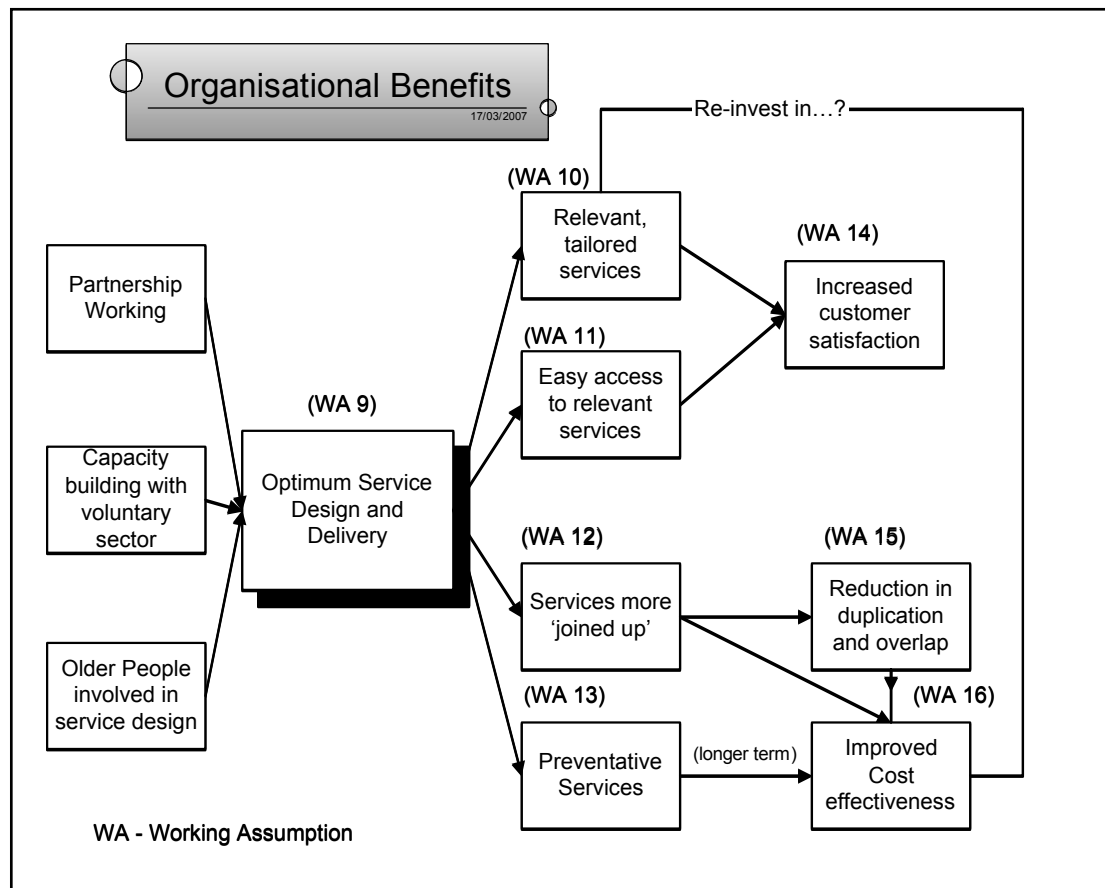
Figure A.1 Assumed benefits of LinkAge Plus to older people



Organisational benefits

Our working assumptions of the benefits to organisations and service users of the LinkAge Plus approach are set out in Figure A.2:

Figure A.2 Assumed benefits of LinkAge Plus to organisations and service users



This report reviews the evidence available, to date, of the benefits of the LinkAge Plus approach in relation to improved information and access. A further two themed reports will look at benefits of the LinkAge Plus approach for older people and at Engagement, capacity building and commissioning. The final national evaluation report will look at the benefits of the LinkAge Plus approach across the whole range of programme activity and the business case for the LinkAge Plus approach.

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