Linkage Plus Pilot Salford

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EVALUATION REPORT

Evaluation team

Dr Carole Johnson, Dr Jay Wiggan
& Prof. Peter Kawalek

Contents

Executive summary

This review of the evaluation completed is intended to try to draw together some findings and key themes concerning the Link Age+ pilot. Salford's bid was comprehensive and contained a total of 10 individual projects of which four were chosen for the evaluation. The four chosen are those on which the majority of funding was focused, approximately £980,000 out of £1.4 m. The four services are:

The One Stop Shop
Housing Choice
Healthy Hearts and Hips
Creative Start

Even among these four services the variety and complexity of the pilot is extensive. However, in their own ways all contribute to several elements central to the LinkAge+ programme and also to the broader Opportunity Age outcomes. Nevertheless, because of the complexity i.e. multiple objectives and potential benefits it has been difficult to demonstrate conclusive evidence for certain types of outcomes particularly in the area of the business cases. This is not to say that the business case is not supported but the data on which it would have to be based does not exist and may be highly complicated and time consuming to collect and may therefore itself test the limits of coordination.

The LinkAge+ programme was designed to address service provision and service design issues in relation to services for older people. At its core LinkAge+ holds that services should promote independence and well being, thus addressing some of the concerns about social exclusion and high dependency in the context of an aging population. Furthermore, the approach to the design and delivery of LinkAge+ is one of a strategic whole systems approach.

These two strands taken from the LinkAge+ Project Brief document (2006) are stated as:

> *'Develop strategic aims and integrated delivery for local older people which focus on the well-being and independence of older people'*

and to

> *'Adopt a whole person approach to delivering services to older people, which go beyond the issues of health and social care and which are built around the needs and aspirations of the individual' (p6).*

Partnership working is stated as the key driver for the development and delivery of these new ways of working. The Social Exclusion Unit highlighted three priorities to enable older people to enjoy a better quality of life:

- Joining-up services
- Intervening early
- Involving older people in the design and delivery of services.

LinkAge+ was designed to pilot fully integrated services 'conforming to an agreed set of principles' (DWP 2006:7) whilst being locally tailored to need. A key target group was older people who were socially excluded or were at risk of becoming socially excluded.

Further to these broad aims are the four more detailed 'business' objectives which are stated as:

1. To build a robust evidence base to support the case for joined-up services in terms of delivering better outcomes for older people;
2. To build an evidence base that supports the economic, as well as the social case for fully joined-up/holistic services for older people;
3. To test the limits of coordination; and to
4. To build a body of good practice and lessons learned for other partnerships and communities so as to encourage wider application of the approach beyond pilot sites.

One issue is that the business objectives set are quite focused whilst the aims are quite loose and its not necessarily clear how the broad aims are to be translated into services, i.e. What particular mechanisms will be used to deliver on the business objectives set. Nevertheless, there have been attempts to design services (across the board not just in Salford) which do provide the evidence base for at least some of the objectives. In part, the problem with demonstrating the business case conclusively lies in the fact that the potential areas where cost savings could be made, and the data which would need to be collected to support this were not detailed in the project briefs.

Findings from Salford LinkAge+ service evaluations

Key findings from the four services have been compared against the success criteria contained within the LinkAge+ project brief.

(i) Impact of pilot projects

- Quality of life improvements demonstrated through streamlined access to information and services (particularly for socially

excluded people); access to services demonstrated by more people using the service; customer experience and customer choice.
- Improved well-being and independence
- Improved delivery
- Efficiency
- Testing the limits of holistic working
- Synergy effect from multiple initiatives
- Costs and benefits

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

Service outcomes in relation to (i)

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

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

The One Stop Shop Referral Network has worked to effect a similar change with more individuals accessing services through this system and providing support to access to further services. The One Stop Shop essentially uses an IT script system which allows targeting of further services to be made with the client's agreement. It works on the basis of direct referrals rather than signposting. The service has been very successful for services such as Door Step Crime and Home Fire Risk assessments where the information necessary to base further targeting of services is relatively simple. These services can be highly targeted on

age or geographic location or indeed a mix of the two. As service coverage in the older age groups or targeted areas reaches saturation point, services can then be targeted on another group or area. In this way services are able to manage demand whilst making sure those most at risk get the support they need. Furthermore, increased numbers of people can be helped in the most time efficient manner. In this way the referral network has improved the efficiency of the services involved. However, with other services notably the Pensions Service information required to make a 'good' referral (i.e. one that has a high chance of increasing the pension an elder receives) is simply too specialized to be translated into the IT system. The result was that the system generated too many referrals with a very low chance of resulting in a pension increase. Nevertheless, once referred the Pensions Service has to deal with the applications which creates a lot of work which ultimately does not lead to this service performing well against targets set down. The high number of referrals led to a reduction in participation in the network by the Pensions Service. There are moves now for the Pensions Service to train the staff of the Mobile information centre in how to carry out a pensions credit validation which should improve access to services to those who benefit most from outreach work and cut down the number of poor quality referrals which the Pensions Service have to deal with. It is in their interests to do this but it also stands as an example of effective joint working maximizing service take up and resources. This could be an example of capacity building.

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

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

Numerous examples of where there was potential for cost savings in the same or other service areas were provided. The fire service argue that carrying out fire

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

All the services evaluated supported well being and independence. Indeed the Healthy Hearts and Hips and Creative Start encouraged elders to form independent groups around exercise and art. This has not always been easy but it does provide an example of this type of service being viable even if not as viable as planned. In a society where self-help and volunteerism is low these efforts may have to be started earlier with young people to enable this on a larger scale in the future.

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

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

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

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

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

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

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

The Salford Pilot has been successful with regard to these projects. Not everything has worked as quite planned but overall within the terms of reference most have delivered successful services. The full project evaluation reports are each included within this report.

Evaluation methodology

Our approach to the evaluation has been largely qualitative but we have also drawn on existing data of all types which can support knowledge related to the elements of the project. Each element of the scheme is approached using a bespoke methodology which is appropriate for that service and can also help to secure evidence for the national evaluation.

The major difference in the approaches used across the projects consisted of the use of focus groups with service users in the two services providing leisure activities. As well as gaining information directly about the service we also gained some perspective on life in Salford for older people and the concerns that they have in relation to their own lives and the services provided for them. The two informational based services were carried out using documents and interviews with participants running or involved in the service. For all services we have looked at other literature and information sources which has provided useful information through which to gauge success in Salford.

Methods

The research approach across the local Linkage evaluation in Salford has drawn on multiple data gathering methods.

- Documentary evidence
- Semi-structured interviews with managers
- Focus groups with users and mentors/artists

The topic areas covered in the user focus groups focused on the benefits they thought the services brought for them, whether physical, mental or social; what they might be doing otherwise; level of enjoyment; regularity of attendance; had they been involved in the additional (branch) activities and knowledge of development of services for older people in the area.

Topic areas covered in the interviews with mentors/artists focused on their perspective on the value of services for users; volunteering; the support provided by the support workers/artist coordinators and managers; and general information regarding the service and the groups.

Topic areas used in the semi-structured interviews with service managers and staff concentrated on how well the service was operating in relation to its objectives and targets.

Joining-up advice and support for older people in Salford: the corporate contact centre 'One Stop Shop'

INTRODUCTION

This chapter considers the development of the 'One Stop Shop' referral network within the contact centre which provides access to a range of service providers at the local level. It also focuses on the parallel development of a Mobile Information Centre (MIC) designed to take advice services out into the local community and deal with enquiries on site or signpost people to relevant providers. The MIC is linked into the referral network in the contact centre with Information & Communications Technology (ICT) to facilitate connections whilst out in the community.

Customer Relationship Management (CRM) is often seen as having a key part to play in drives to deliver more personalised public services. Information Communication Technology and e-government reforms have shaped and transformed how people interact with public services and how those services are delivered by providers (Margetts, 2006). CRM utilises various techniques and technologies to improve organisational understanding of customer needs and to provide the customer with a clear point of contact with the organisation. The customers of local authorities are likely to be seeking or entitled to a number of different services. A CRM system facilitates the collection and recording of information about its customers. This may be used to analyse and classify customers and to support and improve front line interactions offering the opportunity to join-up services and facilitate a One Stop Shop for customers (Richter & Cornford, 2007).

Salford City Council has utilised part of the funding from the Linkage Plus pilot to increase the range and nature of services offered by its Corporate Contact Centre as part of an attempt to improve joined-up delivery of services relevant to older people. A referral network has been developed linking the contact centre into the providers of a number of local services for older people. It is hoped that improving co-ordination will enhance delivery through improving service reach and targeting of priority customers and reducing any duplication of effort.

The service works by involving partner organisations in drawing up a set of characteristics of the older population they wish to focus on. So for example a provider may wish to focus their service resources on older people who are over 75, who live in certain areas or are local authority tenants rather than owner occupiers. The exact criteria will vary according to each service and what each provider identifies as a 'priority' or condition of eligibility. Once these are agreed the service goes live in the contact centre and when customers ring up to inquire about a given service the information the contact centre holds about them enables the operator to offer them other services and/or clarify which other

services and support they might qualify for. If a customer is eligible for a service and gives their consent then a referral is generated.

The objectives of the referral network are:

1. To develop and deliver a single contact point to access joined-up services for older people within Salford.
2. To maximise awareness amongst customers of the services, support and assistance available to them from multiple providers.
3. To exploit opportunities for efficiency savings and improvements in the effectiveness of delivery.
4. To maximise take-up of services amongst the eligible population.

Research Questions

To examine the extent to which the One Stop Shop referral network is meeting these objectives the research has asked the following questions,

- Is the One Stop Shop contributing to improvements in delivery for participating service providers?

- Has the referral network enabled better targeting of priority customers?

- Are older citizens taking up the services on offer?

- Have there been difficulties in joining-up and targeting services?

FINDINGS

The managers and staff overseeing the development of the Linkage referral network within the contact centre were keen to emphasis that the creation of this One Stop Shop would enable the council to increase older citizens' access to and take up of services. By introducing a new more effective way of joining up work of various local providers of public services it was hoped that the service would enhance the targeting of resources on priority groups and realise efficiencies.

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. In the case of the

Housing Crime Reduction Team this proved particularly useful when it become clear that initial demand for the service far outstripped the capacity of the provider to deliver. Aware of the dangers of raising expectations and failing to meet them the team conducted some analysis of crime figure to ascertain people most at risk. As a consequence the referral criteria was altered to reflect those older citizens most at risk of experiencing door step crime.

The referral network appears to have been most successful in improving the delivery of services such as Door Step Crime reduction packs and visits and Home Fire Risk Assessments. These have limited eligibility criteria and are not dependent on a range of other financial information. Where referral activity was concerned with complex eligibility criteria, as in the case of the Pension Credit and Warm Front Grant Scheme the referral network was reported as less beneficial. The local Pensions Service felt the referral network had not provided them with quality referrals that led to successful claims for Pension Credit or other benefits, despite initial high numbers of referrals. The combination of high referral numbers and a low success rate led to the Pensions Service reducing its participation in order to pursue what it regarded as other more resource efficient avenues. This was exacerbated by performance targets organised on the basis of clusters of local authorities rather than individually. This meant that the service could meet its targets without dividing its resource equally between its local authorities. Warm Front Service experienced problems initially with receiving appropriate referrals to follow up. This had been resolved quickly however and the respondent felt that they were now receiving a manageable number of appropriate referrals, although it was unclear the extent to which these led to successful claims for assistance.

The Mobile Information Centre took longer to become functioning than anticipated as it experienced problems with recruitment and needed to select and appropriately. As a consequence the MIC had not succeeded in operating a full service five days a week in the community. When it was operational two to three days per week it was proving successful in attracting customer contacts about a range of services, particularly when located in high profile areas such as at supermarkets and shopping centres. The limited activity which was connected to limited availability of fully trained staff meant the MIC had not at the time of the research been achieving the performance targets initially envisaged.

Joining-up delivery and improving services for older people

The Linkage Plus referral network developed as part of the City Council's contact centre has so far brought together the Fire Service, Pensions Service, Warm Front and the Housing Crime Reduction team in an attempt to focus on older people's needs and entitlements. In terms of joining up services and

improving providers ability to reach priority individuals the referral network appears to have had some success, though this has been greater for some services than others. Respondents from the local Age Concern indicated that despite some initial concern that the service might duplicate some of their work and/or suffer from what they perceived as local public mistrust of the council and government organisations this has not proven to be the case. The Linkage Plus referral network, it was suggested, has improved the councils ability to link up local services for older people and improve their awareness of some of the range of support and assistance that is on offer. The Age Concern respondents perceived it as complimentary to their service rather than as a replacement, offering a way to reach a wider range of people. Age Concern noted their focus on face-to-face interactions and thought the contact centre referral network was useful to help pick up the entitlement for services of people who may be contacting the council about another matter entirely.

Interviews with respondents from the participating services indicate that the most positive developments have occurred for the Fire Service and the council's Housing Crime Reduction team. Both the Fire Service and Housing Crime Reduction team respondents felt that the creation of the referrals network had improved their delivery of a specific service. In the case of the burglary reduction team this was the delivery of a 'door step crime' prevention service and for the Fire Service it was the delivery of a Home Fire Risk Assessment.

The Housing Crime Reduction Team Door Step crime package is focused on what the Home Office define as a distraction crime;

"Any crime where a falsehood, trick or distraction is used on an occupant of a dwelling to gain, or try to gain, access to the premises to commit burglary."
(Home Office: 2003)

The team therefore seeks to raise awareness of door step crime and improve the implementation of crime prevention methods in older citizen's homes particularly as they are most likely to be victims of this type of crime (Lister and Wall, 2006). Anyone in the city of Salford aged over 65 can be offered a free security package which includes information on bogus callers and the risks of doorstep crime.
Research by the Home Office (2003) suggest that older people who are victims of domestic burglary are more likely two years after the burglary to be in residential care than comparable older people who have not experienced a domestic burglary (Home Office, 2003). Ensuring older people have sufficient access to crime prevention advice and measure therefore may impact positively on the demand for other public services, although assessing this is beyond the scope of this study.

For the Fire Service participation in the referral network has also provided the opportunity to take a more systematic approach to conducting Home Fire Risk Assessments. The Home Fire Risk Assessment involves making people aware of fire risks in their home, how to avoid risks and the actions to take in the event of a fire. The Fire Service will also offer to provide and fit free of charge a smoke alarm if the household does not have one.

The Warm Front service delivers referrals for the Warm Front Grant Scheme which is managed by Eaga Partnership on behalf of the Government for Home Energy Efficiency Scheme. The Warm Front Grant Scheme provides for grants of up to £4000 (subject to eligibility conditions) to households with low incomes and regarded as at risk of fuel poverty (families with children under 16, disabled people, pregnant women, people aged over 60) to make homes warmer and more energy efficient. Typically it provides assistance with regard to insulation, heating and general energy advice. In 2005 Salford launched a new affordable warmth strategy in 2005 working with partners British Gas, Power Gen and Scottish Power to promote low cost wall installation. A Warm Front referral network also operates with partners including the DWP, Home Improvement Agency and the Welfare Rights Service and Age Concern. Prior to the establishment of the contact centre Linkage referral network, Warm Front referrals in Salford were sent through to the main Warm Front centre in Newcastle. This would then decide on likely eligibility and whether to follow this up by sending out an application pack. What happens now is that the contact centre generates referrals and sends them onto the person responsible locally with assessing likely eligibility. When that person receives a potentially eligible referral then an application form is dispatched to be completed by the customer.

Linkage Plus funding is also supporting the development and deployment of a Mobile Information Centre (MIC). The objective is to provide face to face outreach advice and information into community areas in order to reduce isolation and exclusion and enhance the ability of older people to maintain their independence. The MIC seeks to combine the appeal of a mobile library service with the use of modern technology to facilitate provision of advice and information by staff to users out in community locations and where necessary, people's homes. The idea is also to link up with and sign post people on to other providers, such as the Pensions Service and Fire Service and give them a single recognised platform in the community to disseminate information and receive questions. For example one of the MIC respondents pointed to the exchange of information between the MIC, Salford Welfare Rights Unit and the Pensions Service. The Pensions Service has also offered to train the MIC advisors in Pensions Credit verification, enabling them to complete Pension Credit applications. This should help to free up Pension Service resources and permit the MIC advisors to operate a more holistic service, improving the customer experience. This kind of activity allows the service providers to organise a single

visit or contact with the customer to explore their benefit eligibility thereby reducing duplication of effort. Given the resource constraints the Pensions Service is operating within and the organisational decisions made locally in order to prioritise quality referrals (see below) this is potentially a useful development.

The figures contained in the table below show how many people have been referred to the services offered by the partner organisations. This should not be taken as a measure of the number of customers who are eligible for and take-up services. The complexity of the benefits system and the difficulty of assessing potential eligibility for entitlements like Pension Credit mean that the actual take-up of support is much lower in the case of the Pension Service. This is discussed in more detail in the section on targeting and the difficulties service providers experienced in working within the referral network.

The Table 1 shows a high number of initial referrals to the service providers which seems to be due to underestimation of how much demand there would be by older citizens for services offered. Subsequent reductions reflect changes in the referral criteria often to enable service providers to more easily manage demand in accordance with their resources. Or in the case of the Pensions Service to suspend participation pending further consideration of the effectiveness of the referral network for the service providers objectives (see below for further details).

Prior to the introduction of the referral network the diffusion of information on Door step crime and the signing up of older people up to receive a home visit and security pack was unsystematic.

"*It was just really ad-hoc word of mouth from the odd event we carried out*" (Respondent Housing Crime Reduction Team).

Events including a 'bogus caller' road show were previously used to promote crime prevention and sign people up for door step crime services. The bogus caller events ran four times a year and involved a theatre company hired to present a role play about bogus callers. Older people within the area would be invited to attend and sign up for a Door Step crime pack. During the first year 2003-2004 these road shows attracted 700 people, but by the 2006-2007 financial year this had fallen to 250 people. The respondent within the Housing Crime reduction team also noted that a key problem with the road shows was that they only reached a limited number of people and that often the same people would be turning up to more than one road show. For those not wishing to attend a road show the other method of being referred to the Housing Crime Reduction Team for a door step crime pack and visit was likely to come through wardens in supported housing. The Housing Crime Reduction Team felt that participation in

the referral network has increased the number of people they are reaching (see Table 1), improved targeting of individuals most at risk and is having a knock on effect in improving identification of individuals other support needs from local services.

Table 1: Linkage Plus referrals by service April 2007 – February 2008

	Doorstep crime	Fire Service	Flu Jabs	Pension Service	Warm Front	Total
April 07		**318**				**318**
May 07	**466**	**187**		**588**	**7**	**1248**
June 07	**71**	**206**		**1**	**23**	**301**
July 07	**36**	**212**		**428**	**24**	**700**
August 07	**38**	**142**		**0**	**16**	**196**
September 07	**27**	**122**		**0**	**12**	**161**
October 07	**48**	**136**	**514**	**0**	**12**	**710**
November 07	**37**	**117**	**977**	**13**	**12**	**1158**
December 07	**4**	**21**	**147**	**1**	**2**	**175**
January 08	**7**	**27**	**146**	**0**	**0**	**180**
February 08	**9**	**19**	**59**	**4**	**1**	**93**
Total	**743**	**1507**	**1843**	**1035**	**109**	**5246**

Source: Salford City Council Contact Centre

"The package people get is a door bar, a security light, a security pack containing things like a safe disguised as a tin of baked beans and a timer switch they can plug their lights into. They also get a little education talk about bogus callers and not to answer the door to people they don't know. The contractors also check things through a full home survey such as does the person need grab rails, energy efficient lighting, central heating repairs…" (Respondent Housing Crime Reduction Team).

Targeting services for older people within Salford?

It was clear that initial expectations of how many older people the service would reach or appeal to had been significantly underestimated when the system launched. In the first two weeks of participation the Housing Crime Reduction Team estimated that they received over 400 referrals far more than they had been expecting. Due to this they decided to revisit their criteria for eligibility using local crime analysis data to target those areas of the city and those age groups most likely to encounter 'distraction crimes'. This resulted in the criteria necessary to trigger a referral shifting from people aged over 60 across the whole city to those older people over the age of 80 and living in two particular 'hot spots' for this type of criminal activity in the city. Subsequent reports of door step crime activity in two other areas of the city have resulted in the criteria again being revisited so that people in these areas are now offered the security pack and visit. The facility to change the referral criteria when necessary was regarded as invaluable by the respondent who saw it as underpinning the successful development of the Door Step Crime strategy by giving it flexibility.

"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).

Prior to participation in the referral network the Fire Service relied on gathering referrals through face-to-face contact, often involving fire fighters collecting details and arranging Home Fire Risk Assessment visits in public places, such as outside supermarkets and shopping centres.

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

The difficulty with the face-to-face approach is that it is both resource intensive and ad-hoc in its approach. In contrast the referral network gives the Fire Service the ability to target its resources on groups identified as being most at risk of fire within the home. Using the Fire Services own contact centre and the City Council's one stop shop callers can be profiled and identified as potential customers and offered a risk assessment. Table 1 shows that this method has enabled the Fire Service to reach over 100 people per month from April 07 to November 2007. The later drop off in numbers that occurs between December 2007 and February 2008 can be explained in part by a 'saturation' effect. The

criteria agreed between the contact centre and the Fire Service which governed the generation of referrals included not only an age specification of over 60, but also a geographical component in order to manage the flow of referrals and ensure services promised are deliverable within existing resource constraints. By the beginning of 2008 the initial geographical area selected was bringing in fewer referrals so the Fire Service recently expanded the post codes they are prepared to accept referrals from.

"We did have 200 odd a month from Linkage and then it went down and it's because we had been doing it for a while and exhausted the postcode area and with the age barrier. So we have recently dropped the age to fifty from 60 plus and then expanded the geographical area from the initial 5 postcode areas to up to 15 postcode areas" (Respondent Greater Manchester Fire Service).

It is not possible to directly link the operation of the referral network to changes in the number of fires over the same period. The Fire Service respondent did however suggest that home fire risk assessments as a whole are effective in contributing to a reduction in the total number of fires occurring in an area. Research supports this view indicating that the presence of a functioning smoke alarm makes it more likely that a fire will be discovered more quickly; be less likely to cause extensive damage and is associated with lower mortality rates (Office of the Deputy Prime Minister, 2006a). On average it is estimated that a domestic fire will cost £24,900. £14,600 of which is due to the economic cost of injuries and fatalities and £7,300 is accounted for by property damage (Office of the Deputy Prime Minister, 2006b). Fire crews have to be supported and resourced irrespective of the number of fires they attend in a given year. Over time however if the anticipated number of fires were reduced by improved community fire prevention and safety activity then this might provide scope for the reorganisation of resources. A benefit of the Linkage Plus referral network may therefore be that it improvex the effectiveness of the service on offer for older citizens within Salford by increasing its reach and improving the use of the Fire Services Resources. It may also over the long turn make a contribution to reducing the number of fires locally creating greater scope for resource redeployment. Although ascertaining this would require a detailed costs and benefit analysis beyond the scope of this paper.

The referral network was viewed as having brought benefits in assisting the targeting and more effective use of resources for the Fire Service and the Housing Crime Reduction Team. The latter had experienced initial problems linked to the sheer numbers of referrals coming through and their capacity to manage this workload, but a refocusing of the referral criteria addressed this. For the Pensions Service it was less clear that the referral network was assisting them to utilise their resources more effectively or enabling them to target priority

individuals who might benefit from support and assistance through the tax and benefits system.

An examination of Table 1 indicates that the numbers of people referred to the Pensions Service has varied dramatically from 588 in May to 1 in June and 428 in July to 0 each subsequent month until November where it rose to 13. From December to February the total number of referrals has been 5. The reason for these wild variations is due to a number of factors. These include changes in the organisational structure of the Pensions Service; the limited ability of the contact centre to identify older citizens with eligibility for appropriate benefits; changes made by the Pensions Service to the referral criteria in response to this and the existence of alternative routes for the Pensions Service to gain referrals and meet their targets.

We shall consider each factor in turn and show how they are linked together and serve to reinforce the limited benefit the Pensions Service felt it had realised through participation in the referral network. Shortly after beginning participation in the referral network the local Pensions Service was subject to headcount reductions in the number of visiting officers and partnership liaison officers (the latter down from four to one) available in the Salford area and a change of local manager. This has reduced the resources available to the local service and for the Pensions Service it was suggested that this has meant that receiving good quality referrals is increasingly important, otherwise activity is expended on those not eligible for assistance.

Achieving this can be challenging as the benefits system has evolved over time to meet various aspects of individual need and contains a range of different benefits and tax credits that provide assistance for individuals and their families. It is not surprising that the system is necessarily complex, but the web of benefits and tax credits available makes the system difficult to navigate for large numbers of people who may be unclear as to eligibility conditions and/or unaware of the support available. Consequently the raising of awareness and providing practical claims assistance, such as that offered by Welfare Rights Advisors and organisations such as Age Concern is valuable activity (Wiggan & Talbot, 2006a, Wiggan & Talbot, 2006b). The referral network potentially offers a promising opportunity to help raise awareness about benefit entitlements amongst older citizens in Salford. It could also improve the use of resources by the Pensions Service by helping to identify eligible citizens. The research however indicates that the referral network has been unable to sufficiently target and identify those entitled to, but not receiving Pension Credit. The limited success with targeting was given as the key reason for the Pensions Service altering their level of participation in the referral network over the year.

"When we started to preview the cases we discovered that the referrals were not delivering any additional benefit entitlement. After previewing approx 100 we discovered that customers were already receiving Pension Credit or after discussing by telephone confirmed they were not entitled – this was an extremely resource intensive exercise. At that point I became involved and had a meeting at which there was an agreement we would stop any further action on these cases… we then agreed to try and target Attendance Allowance. We agreed that customers over 80 and not in receipt of AA would be identified by the contact centre and in order to manage volumes, we would receive 60 referrals and then suspend the action whilst we analysed the outcomes – this commenced November" (Respondent Pensions Service).

It must also be remembered that the local Pensions Service actually covers and has responsibility for four local authority areas (Salford, Oldham, Rochdale, Bury) meaning that it does not rely solely on Salford for its referrals or the attainment of its performance targets. This is important because it impacts on how and where resources are most likely to be deployed. For the Pensions Service 'cluster' responsible for Salford the referral network was not providing the 'quality' referrals it was obtaining in other local authority areas.

"Currently we are getting a lot of quality referrals from Bury where we are doing a lot of joint working. If the referral network in Salford could deliver quality referrals then I would redistribute resources to that area, but otherwise I need to look at other ways to get those referrals in Salford or focus on the local authorities where the better referrals are coming from" (Respondent Pension service).

By focusing its resources on initiatives operating in the three other local authorities within the 'cluster' served by the Pension Service it could still meet its performance targets as the performance targets are assessed by cluster and not broken down by local authority. In this it had been successful as the information on targets for the period April 2007 to February 2008 show with one month of the year left to run.

Table 2: Pensions Service Cluster Salford, Bury, Oldham, Rochdale) key performance targets April 2007 – February 2008.

	Target	**Achieved**
Customer contacts	8349	9796
Pension Credit applications	1801 Success target 79%	2371 Success target achievement 86%

Attendance Allowance/ Disability Living Allowance	1064 Success target 80%	1607 Success target achievement 84%
Council Tax Benefit/ Housing Benefit	626 Success target 59%	1277 Success target achievement 65%

Source: Personal correspondence with local service delivery manager, Pensions Service.

The response of the local Pensions Service has been, as we mention above, to alter their engagement with the referral network. First a freeze on participation was instigated to give the service time to examine the referrals and then how the contact centre generated referrals for the Pensions Service was revisited. Rather than potential eligibility for Pension Credit triggering a referral the criteria from November was to be potential eligibility of over 80s for Attendance Allowance. It was felt that this would help not only identify those with entitlements to AA, but would be more likely to also then generate Pension Credit claims. At the time of writing it is not clear that this has improved identification of eligible non-recipients.

It was not only the Pensions Service who experienced some difficulties with targeting eligible non recipients. Warm Front also initially experienced a greater proportion of referrals for people who were not-eligible for assistance than expected. In the light of this they were required to revisit the criteria generating referrals in order to increase their accuracy and reduce them to a more manageable number of between 6-12 referrals per month. This was achieved relatively quickly and Warm Front had steadily processed referrals throughout the year. It was not clear however how many of these had led to successful claims for Warm Front Grants and our respondent noted that a number of homes had failed to return the forms sent out to them for completion. At the time of interview the respondent had not as of yet followed these up, but indicated their intention to do so.

For the Mobile Information Centre developing and deploying a fully operational service has taken time as barriers to progress have had to be overcome. The difficulties experienced have mainly been practical, associated with finding and correctly outfitting the vehicle to house the staff, books and wireless enabled information technology equipment. The other significant problem encountered in getting the MIC operational has been recruiting two suitably qualified and trained staff. The original specification called for two people each of whom would be capable of driving the vehicle and acting in the role of customer advisor. Respondents from the MIC team indicated that this had proved more difficult than anticipated. As the MIC had recruited only one member of

dedicated MIC staff they were currently partnered by a member of the Salford contact centre advice team. The issues with recruitment and being unable to operate at full capacity had also impacted on promotion of the service. Respondents from the MIC team felt that they had perhaps undersold the service initially in order to avoid raising expectations amongst the public and risk not being able to meet them. The MIC was also in the process of identifying locations for regular visits that would generate a high through flow of customers. This was a occurring on trial and error basis and the most successful areas tended, not surprisingly perhaps, to be based around supermarkets and shopping centres.

"Shopping centres tend to be the best place to locate the service and we are getting a wide range of enquiries showing that people realise that it isn't a traditional mobile library service but rather has a much broader information service remit. It has two workstations and we do what we can and where necessary we will signpost on because we have access to the same information as the contact centre (Respondent Mobile Information Centre team)".

The difficulties experienced with establishing the service and getting it up and running meant that the service at least initially was not hitting its targets of 100 contacts per week via parking in selected areas and home visits. The table below outlines the number of contacts the MIC has made on a monthly basis since roll-out. The MIC is not operating as a full service five days a week rather it operates two to three days a week. According to respondents the home visit service had not yet become fully operational at the time of the interview either.

The consequence of this as table 3 shows is that the service is not hitting its 100 customer contacts per week. When the MIC is operating it does attract customer enquiries across a range of benefits and services including Housing Benefit, Council Tax, other housing issues, the library services and questions concerning environmental services. There seems scope then for the MIC to build on this through identification and make regular visits to quality locations five days a week and the expansion and development of its home visits service. Given the opportunity for expansion the MIC is in position to start achieving its customer contact target.

Table 3. Mobile Information Centre - total customer contacts November 2007 to March 2008

Month	No. of customers

November 2007	74
December 2007	98
January 2008	22
February 2008	106
March 2008	67 (up to 14/3/08)

Source: Salford Customer Services Advice Team April 2008.

One of the key benefits that respondents felt the MIC delivered was a face to face presence in the local community. The face to face element was perceived by MIC respondents to be important to older citizens and it was felt to encourage discussion of issues that customers found quite sensitive.

"It can be really difficult to get people to approach you, but it doesn't seem to be causing a problem with this and there are books there and information there and then it's about starting a conversation. Customers don't come in asking you a direct question about what they really want to know. They ask something else but if they've got concerns about Council Tax or benefits issues people are a bit shy about that so you have to make the conversation first, very informal and then it comes out eventually" (Respondent Mobile Information Centre team).

Assessing the overall impact of the referral network and MIC service in terms of whether they have improved service effectiveness and efficiency is problematic due to a lack of information concerning the outcome of referrals and their financial value. A new web based reporting system being implemented by Salford Contact Centre as this research was ending may help capture these aspects from service providers in future as it encourages them to record activity arising out of referrals and assign if possible a financial value to that activity. Given the circumstances and the problems experienced by the Pensions Service it seems unlikely however that participation has, so far, enhanced the delivery of their service. Exploring how the referral criteria might be refined again to stimulate sufficient quality contacts is likely to be necessary if Pension Service participation is to be maintained.

CONCLUSIONS

- The Housing crime Reduction Team and Fire Service have through using the contact centre Linkage Plus referral network developed a more systematic approach to raising awareness of the services they offer and improving identification of priority 'at risk' groups.

- Respondents from the local Age Concern suggested that despite some teething problems the referral network was a positive development for the council and did not duplicate its activity which places strong emphasis on having a 'physical presence' and reputation for independence, but rather expanded the means through which people might engage with service providers rather than replacement of the existing third sector one.

- Unlike the Fire Service and Housing Crime Reduction Team the Pensions Service did not realise the same gains from participation in the referral network. Identifying eligible non-recipients of Pension Credit proved difficult and led initially to resources deployed with little effect. Combined with a reorganisation locally and increasing resource constraints this diminished the enthusiasm of the Pensions Service for participation. This is exacerbated by the fact that local performance targets can be met by focusing resources on other local authority areas within the local Pensions Service cluster which the respondent said they felt were providing more quality referrals.

- Warm Front faced some difficulty in identifying eligible non-recipients for the Warm Front Grants Scheme and encouraging them to apply. Investigation of why people do not apply once identified may improve future targeting and enable refinement of referral criteria.

- The complexity of the benefits system and difficulties in establishing eligibility without access to a comprehensive amount of information combined with the nature of a contact centre interaction may make it more difficult to generate useful referrals for service providers. In comparison the research here suggests that those providers simply seeking to deliver a service that does not require assessing income/ savings/ tenancy/ benefit receipt to gauge eligibility is likely to be easier to deliver.

- The Mobile Information Centre was at the time of the research very much still within an early testing phase and had been hampered by recruitment problems and delays associated with acquiring the most suitable equipment. The team were also still in the process of testing g out which locations were best for attracting customers within the Salford. A relatively ad-hoc 'suck it and see' approach was taken with most promising venues found so far to be outside shopping centres and supermarkets. Due to delays in recruitment, outfitting of the transport and the MIC team not operating at full capacity the performance targets initially set for the service had not been reached. The respondents for the MIC were confident however that as soon as the service went to full capacity the targets were realistic and achievable.

- It is not possible to assess the impact of the services participating in the referral network in terms of the financial value. The figures and qualitative

research suggest that the referral network, particularly for the Housing Crime Reduction Team and Fire Service has made Improvements to their ability to 'reach' potential service users. Not only has the service increased the number of people receiving the Door Step Crime reduction security pack and visit it has also given the team greater control over the targeting of higher priority age groups and locations. Similarly the Fire Service has benefitted from a more systematic approach that complements its own contact centre referral network and improves upon its previously ad-hoc face to face approach. In both cases improved targeting of priority groups may help to contribute to positive action on security and fire safety issues amongst certain older age groups in Salford, but the evidence collected does not provide a means to investigate this.

- Service Providers were perhaps not surprisingly given resource constraints and the nature of the services offered, systematically collecting information on outcomes of referral activity in terms of its (potential) monetary value and feeding it back to the contact centre. Recent changes in how the contact centre collates information from partner organisations may go some way to encouraging a more systematic recording of action following a referral and the assigning of a financial value to this.

- There is scope for expanding the range of services the One Stop Shop can refer people to and if it is looking to become a point of 'first contact' expanding the range of services is likely to be necessary.

Housing Choice Project

INTRODUCTION

The Housing Choice service is designed to support older people who want to move home. The service is available for those who are in rented accommodation or owner occupiers. Although clients often access the service because they want to move home the service can also provide support for clients to stay where they are through providing access to services such as equity release or minor adaptations. As the name suggests the main purpose of the project is to provide information and access to services related to housing.

The service is largely run by the Housing and Planning Directorate but the team work closely with other areas of the council such as Community health and social care; with voluntary agencies particularly Age Concern; the Older People's Board and the Primary Care Trust. Strong links exist with the Home Improvement Agency, housing choice is part of a wider integrated suite of frontline services which also address affordable warmth and the handypersons scheme. In addition they have links with the crime reduction teams; occupational health team; housing market renewal and New Prospect housing staff.

The team also liaise registered social landlords and with the families of those requesting help.

Aims and Objectives

The Housing Choice service helps to secure appropriate housing through various strategies which either help people to move or stay where they are. The objectives of Housing Choice were outlined as:

- Providing access to information; to housing support services and accommodation
- To enable people to make informed choices about where they live
- Ensure older citizens have the information they need to maintain their homes and have repairs carried out to enable them to 'stay put' where this is the optimum option
- Provide access to accommodation better suited to older people's needs where necessary
- Provide information about specialist retirement housing
- Provide information for minority groups
- Identify and meet the needs of older homeless people

As a service it is an extension of previous provision for supporting the over 60s in their homes through repairs services and advice etc. The new service is targeted actively at the over 50s and deals with moving house as well as supporting people as they get older in their existing homes. It remains however well connected to these previously supplied services through the Home Improvement Agency.

The service is staffed by two experienced housing and benefits workers. The principal officer has overall responsibility for managing the service and is supported by a project officer whose main role is to carry out consultations with clients. The project officer can carry out up to four visits per week to make assessments which totals 160 clients per year. However, as the workload has built up it has created a considerable amount of administrative work, for clients who want to move but have not yet found anything suitable the project officer has to search the database for potential properties on a weekly basis. It is estimated as of May 2008 that this task alone takes one whole working day.

Further tasks include providing information and advice to clients or their families; referring clients to other services; assessing for minor adaptations to the clients property, anything more than this is handled by the occupational health team including providing funding for this service; escorting clients to visit properties and on occasions helping with the move although the team no longer have time to do this unless it is essential. The officers also follow up the cases after 6 weeks to make sure that the client is satisfied with the outcome.

Evaluation framework

This evaluation has sought to find evidence that the objectives of the LinkAge+ programme are being fulfilled through the projects. We have assessed the data in relation to the extent that the objectives of the project are being met and the degree to which these also meet the opportunity age outcomes. There is a high level of similarity between these two in relation to outcomes because Salford has developed its own strategy for the well being of older people (Growing older in Salford 2005). Within this strategy there is an objective to develop an overall strategy for housing and housing related services; maximize the use of technology to enable independent living and to facilitate and support older people in making decisions about housing. Clearly Housing Choice contributes to the realization of this strategy.

This evaluation focused on the organization and operation of the service. We did not feel it was necessary to discuss client's experience of the service as customer satisfaction surveys already existed which showed a very high level of satisfaction. Where clients might have been unsatisfied this is most likely due to a lack of appropriate housing for their needs or situations in which it is difficult

to place them. In neither case was it felt that face to face data collection would improve this situation for individuals nor collect anything useful for the evaluation. Therefore we have looked at the purpose of the service and have evaluated it against its objectives and targets and have considered the business model used.

FINDINGS

(i) Marketing the service

A proactive approach to marketing has taken place during the development period to alert individuals and other service providers of Housing Choice.

The team have produced a number of leaflets describing the service and related services and these are freely available within the council buildings and other local service provider's offices.

Professionals dealing with the over 50s age group have also been invited to attend presentations about the service to raise awareness.

Advertising space has also been purchased in Hope Hospital and in the local press.

The service was advertised when it was first established and there is a steady stream of contacts and referrals from other agencies. The service can also be accessed via Salford Council's Website; by telephone and through letters or email. Most clients access the service themselves or via a friend or relative which supports the idea that the service has been well publicised. About 1/5th of clients are referred by other agencies (Annual Report 2007).

(ii) Client segmentation for Housing Choice

As outlined above most clients refer themselves to the service but some clients are referred. Throughout 2007 118 clients were referred from other agencies or third parties (see table 1).

Housing Choice deal with a variety of clients with varying needs. Once in the system clients fall into four main categories, they are:

1. Simply obtaining information for consideration about whether the service might be useful;
2. Have a requirement for a further service such as minor adaptations, repairs, or equity release in which in the majority of cases will require a referral or signposting to a further service;

3. They wish to or have to move as their property is no longer suitable in which case they will join the waiting list for homes or liaison will take place for sheltered housing;
4. They are or will shortly be homeless and therefore require urgent attention.

Table 1 - Referral by organization to Housing Choice over 2007

Occupational therapist	5
Community Health and social care	34
Home Improvement Agency	8
Housing Offices	29
Housing market renewal teams	6
Age Concern	13
Family member or friend	23
Total	118

Clients needs are either met by the service themselves or by another service. The level of support clients need will vary. Clients may be referred to other services or simply signposted depending on their level of need and ability to be self-reliant. The vast majority (90%) of the clients are able to do most or all of the work themselves. However, roughly 10% of clients will require full support to enable them to take advantage of any services. The service attempts to resist doing everything for clients to avoid encouraging dependency.

Recent data suggests that over the period 20% of the referrals to the service have been signposted on to other services; 20% have moved to more sustainable housing; 25% of clients are making general enquiries looking into options for the future, some of whom return as clients; and 35% are awaiting suitable accommodation to become available from Salford's housing stock. One percent of clients are difficult to rehouse for reasons of anti-social behaviour or housing related court proceedings.

If clients are waiting to be rehoused their data is put into the SAFFRON system which is essentially the database for New Prospect Housing an arm's length housing body now managing ex council stock. The team can make a bid for a property on behalf of the client. Other more able people may do this for themselves but for the older age group the choice based lettings service could be highly confusing and therefore the team carry out searches on their behalf. Their role as advocate in this system is important as they can influence decision making.

(iii) Meeting objectives

Through carrying out these objectives Housing Choice meet the criteria outlined for Link Age+ services. The service is based on the idea that information should be freely available in order for older people to make informed decisions. The service respects the individual needs and preferences expressed by older people. The service is run on a no obligation basis. Clients can take away the information and decide for themselves what would be best. It is a pro-active and preventative approach as the service can deal with housing issues before they become critical. Through properly addressing housing need it helps to deal with the whole person promoting independence and wellbeing. The service also joins up existing provision through providing access through signposting or referrals to a wide variety of services which in total would require substantial searching on the part of the individual should they have to do it themselves. It effectively draws together information about what is available in the area for clients to see at a glance. Furthermore, it does not intend to duplicate any other service but rather to enhance it. It represents joined-up thinking by supporting the importance of housing and related issues for vulnerable groups, i.e. in the way that individuals can be re-housed into more suitable housing as they become frail and at risk of falling.

Housing Choice has effectively met all the above objectives where the service has not as yet been able to solve major issues are in the areas of clients moving home being able to keep existing pets and in providing two bedroom properties for couples who wish to have their own rooms. New Prospect Housing and other Registered Social Landlords do not allow pets where there are communal entrances or shared facilities. There are also barriers to residents keeping pets if they are in need of social care as care packages do not accommodate animal welfare. The issue of a lack of two bedroom properties has been exacerbated by the limited number of these properties within Salford's Sheltered Housing stock.

In terms of meeting the wider goals associated with the Link Age+ evaluation (see table 2 attached) the service contributes to the key outcomes under independence and well being as had previously been suggested; aspects under support and care such as being helped to live at home and access to adaptations and equipment; aspects under independence and supportive communities such as quality of home and access to goods and services but in addition makes a contribution to healthy active living in relation to having appropriate accommodation which can aid healthy living. The fact that the Department of Health is providing further funding for this service suggests that it is believed to have a significant impact on the health of older people. The service has been positively evaluated by Age Concern staff as contributing to the well being of older people in Salford (personal communication – not part of the evaluation per se).

(iv) Meeting targets

Targets were set for the Housing Options service (see table 2). The service was intended to go live in July 2006 but delays meant it was 6 months late developing. Whilst this has slowed the service it has not affected the performance of the service within the 2 year evaluation period they have exceeded their targets and delivering more than intended, the target for the 2 year period was 250. Within the first year of going live 271 clients were referred and work had occurred or begun with 245 of these. The current total for referrals is 330.

The table below summarises the performance data

Table 2 – Summary of performance data

Quarters 2007-08	Target	Actual referral data
1st (live operation)	25	
2nd	45	
3rd	45	-
4th	45	271 (245 given assistance as at the time of report)
5th	45	-
6th	45 (total 250 over 2 years)	330 (number of actual referrals over 18 months - not necessarily all dealt with)

The service has helped 88 households to move home during the period up until January 2008. Demand for the service is high and currently the average wait for a visit is 4-6 weeks but it will increase unless another worker is recruited.

(v) The service model

The service model used which might be described as pragmatic coordination works well. The features of the service model which appear to be key are as follows:

- Highly skilled and experienced staff
- Well connected staff
- Co-location with the Housing Directorate
- Extensive cooperation with other agencies and professionals
- A flexible model which can allow for simple enquiries, modest coordinative activity by staff or a fully integrated and supported service

The service has benefited from having a highly trained and professional team although future recruitment may open up a training post. Part of the reason for the success of the service and its high performance is related to the experience of the staff employed. It is also fair to say that although a lot of partnership type

work exists between the team and other organizations the service is co-located with many other council services that it might refer clients to or need to contact for information. This in conjunction with the level of experience results in good working relationships across the organization and has also contributed to the success of Housing Choice.

The service model is holistic in essence: it relies on strategic planning; it utilizes many different service skills and provides a whole person approach to service delivery when necessary for very vulnerable clients. However, the service has not attempted to offer all services centrally or to operate on a single model where for example, the service is run on a personal advisor basis where a package might be put together for the client after assessment. This does happen but only where needed.

The service is practically oriented and relies on referrals and signposting with the degree of help given being commensurate with need. It is then a flexible service based on dealing with the individual needs of the client. It thus avoids an overly complex or expensive approach to service delivery. The service is moderately expensive because of the nature of dealing with housing needs, for example having to visit clients to make sure service providers have an accurate picture of the level of housing need in any one case. They are also at times dealing with the highly vulnerable who can no longer maintain their own homes nor manage to move on their own. Where, in the few instances the individual has no family the team will provide support as necessary.

(vi) Costs and benefits

The service has been funded at £120,000 for two years. Some additional funding was also provided to assist a group of tenants who were made homeless because of a compulsory purchase order CPOs. If the funding of 60,000 plus the additional 13,000 per year for dealing with CPOs is divided by the number of clients in the system being dealt with at the end of year one, 245 clients the cost per client is £298.00.

There are clearly a number of benefits to the quality of life that people can gain through being appropriately housed. In addition to this it may be possible to assume some savings are made elsewhere given early and preventative action is often taken. As more people become aware of the service the savings could be greater still.

Savings might be made in the following areas, in the costs of:

- falls

- placing people in sheltered homes or other publicly funded home if individuals can manage to run their own home for longer with some support
- saving on new building/conversion if family homes can be released back into stock thereby
- repairs could make houses easier and cheaper to heat therefore aiding health
- other care packages can be reduced if clients are appropriately housed

However, there has been no methodology for assessing how much might have been saved throughout this project therefore it is difficult to provide any estimates.

CONCLUSIONS

The Housing Choice service is an exceptionally well run service. It has like all new services faced challenges which it has dealt with through service design. There are two main issues which face the team that are not easy to deal with when clients want or need to move home. The first is ownership of pets, some elders are particularly attached to their pets and cannot see how they could move and leave the pet. This problem can create difficulties as New Prospect (arms length housing service) do not allow pets in their homes. The elderly person is faced with a stark choice stay put or let go of the pet. The second major problem that the team have found is re-housing older couples in two bedroom homes. Very often older people have separate rooms when one partner is ill and wakes frequently thereby providing a better rest for the other partner. However, housing rules and particularly housing benefit rules are based on housing need only and such couples often find they cannot access two bedroom properties or they may need to pay a supplement themselves which may be beyond their means.

The service has fulfilled a need locally making information about options easier to access and then helping clients resolve their housing issues. There are quite a number on the waiting list for rehousing but the service has also moved a considerable number into new homes. Should this service show over the longer term that more social housing is needed or more of a certain type then this service also has the potential to feed information into the strategic planning process for the future. Given the increasing numbers of older people in society housing is likely to be a priority area for public

Healthy Hearts and Hips

INTRODUCTION

Healthy hearts and hips (HHH) is one of 10 projects within Salford's LinkAge scheme. It is an exercise programme designed to encourage older people to adopt a healthier and more active lifestyle. It has particular emphasis upon helping to prevent falls and hip fractures and is a key part of the falls strategy operating across Salford.

HHH existed prior to the additional LinkAge funding and had 70 trained mentors who delivered 48 sessions per week across the city. Additional funding of £71,000 was made available to extend the project over the two year period. Importantly, the additional funding has led to changes in the quality of the service as well as the quantity and this has to taken in account.

The project contains a number of elements:

- It trains volunteers as mentors to deliver the exercise classes;
- It trains mentors either through a 6 week course or a two-day programme;
- Classes are run across a number of venues including community centres; sheltered housing; day centres and care homes for the elderly;
- Four part-time support workers work with mentors, each taking responsibility for two of the eight areas in Salford.
- As well as the HHH classes (described as the trunk) there are additional activities such as Reminiscence; Massage; Relaxation; Tai Chi and occasional social events such as tea dances (described as the branches).
- Salford Leisure (a trading arm of Salford city council) who run this element work closely with the Museum staff (i.e. reminiscence activities); the PCT; social services; age concern and links have developed with the healthy community collaborative; some ethnic groups and the women working together group.

The assumptions behind the benefits of HHH for individuals are fourfold:

1. That exercise schemes will keep elders active and fit (avoiding heart problems, obesity and diabetes);
2. That they can help towards the prevention of falls and hip fractures. This is done partly through exercise itself and partly through the groups being a vehicle for health education and promotional activities;
3. They can foster mental alertness and promote a feeling of well being including reducing isolation.

4. The training of volunteers as mentors realises benefits for older people themselves as they are included in educational and training activities which benefit them.

The assumptions behind the 'organisational' benefits are:

5. Volunteers are an underutilised asset in our society and using them affords the sustainability of such projects which may not be possible using only professional mentors;
6. The groups which form become examples of community self-help and support mechanisms: this has two benefits, it provides dignity for elders in terms of them feeling they are in control and can still collectively provide for their own needs and it may prevent elders from drawing on other types of public sector support such as continual visits to the GP to gain the support/reassurance that they need; and
7. Closer working among partners at 'streetlevel' and among strategic partners reduces duplication, creates a more strategic and planned approach and can benefit from cross sectoral learning and synergies can be created between partners about need and the best ways of dealing with such needs.

The HHH project has potential to fulfil many of the outcomes of the LinkAge programme. A summary of these is provided in table, highlighted areas are those that were not originally written into the project brief but the evaluation suggests HHH supports in practice.

Evaluation framework

This evaluation has sought to find evidence to support the objectives of the LinkAge Plus programme. We have assessed the data in relation to the extent that the objectives of the project are being met and the degree to which these also meet the opportunity age outcomes. There is of course a high level of similarity between these two in relation to outcomes, not least, because Salford has its own strategy for the well-being of older people of which the HHH project is one strand of work. Specific targets were set for HHH and Reminiscence developments in terms of numbers of mentors trained; numbers attending groups; number attending additional leisure activities and numbers receiving the newsletter. We have focused our efforts on the former two in relation to the outcomes achieved.

FINDINGS

Falls in the elderly have two far reaching impacts. Firstly, a fall can cost the NHS up to £12,124 if a hip fracture is incurred. If the number of falls could be reduced this money could be spent elsewhere. As such the investment in HHH could be important in a cost benefit analysis if savings are made. Secondly, a fall for an elderly person can leave them fearful of going out in case they fall again and so can lead to further decline in their quality of life, emotional well being and physical health including loss of muscle tone which renders them more prone to falling again. Studies quoted in Salford's falls strategy state that for women over 74 who have already suffered a fall, 80% would rather be dead than experience the loss of independence and quality of life resulting from a bad hip fracture. It is therefore highly important, for both the above reasons, that falls are addressed through preventative and rehabilitative work in order to maintain quality of life for older people as long as possible.

It has been cited that 50% of older people (age range unspecified) fall each year and these account for 40% of the fractures dealt with by the NHS (Skelton and Todd 2004). Interventions to address falls in the elderly is an important area of public policy and there exist specific tests to measure the risk of falls in elderly people, this is called the Tinetti falls test which measures balance and gait. An overall score is achieved between the two part of the tests. Recently, a Salford University student carried out an experiment using this test on two groups of Salford's older people taking part in HHH. This showed improvements in the test scores in both residential groups and community groups (Winstanley undated).

Of all fractures, hip fractures are the worst in terms of impact on the individual and health service. Actual data for Salford during 2003-04 shows 180 older people (over 65) suffered a hip fracture. Projections of reduced falls following a programme of interventions (not just HHH type interventions) suggest that roughly 50% of hip fractures could be prevented.

Any savings made through this almost certainly would not be transferred to classes such as HHH, but may be transferred into elective surgery for those needing hip replacements. Three hips can be replaced for the cost of one hip fracture. Of course, decisions on investments to services are actually taken at a much higher and often abstract level. It is, however, the intention in Salford to mainstream the expansion of HHH.

The intentions of the service is that it can be used as a preventative measure for those who have not yet fallen and to support ongoing rehabilitation for those who have. As such HHH from a health perspective is referred to as a low level intervention. Other interventions such as risk assessments and a specialist falls clinic are higher level or primary interventions. This wider strategy will make the attribution of any reduction in falls and thereby the savings made through HHH

difficult to determine. It is possible that the overall strategy might be a useful focus for attribution of causal effects.

The HHH service is produced by Salford leisure who have much broader interests in supporting quality of life in older people especially acknowledging the contribution of the social and mental health elements as well as those contributing to physical health. This is not to suggest in anyway that the two partners are not working well together but it has perhaps led to the wide range of outcomes which HHH is supposed to fulfil including helping to reduce falls which is given particular emphasis. This is perhaps the difficult element to evaluate thoroughly enough to prove that HHH has indeed made an impact on the number of falls for the above reasons. It is probably also currently too early to see an impact on the numbers of falls but it might be possible towards the end of the scheme and relevant falls data will be collected where possible.

In trying to assess the potential of HHH to help prevent falls we have looked at the demographic data. This data shows that there are 24,702 people aged 70 or over in Salford who could potentially benefit from this service, although we do not assume that they would all want to. Currently our estimations of those taking part are approximately 700 – 800 (unconfirmed figures) which represents approximately 3. 2% of the 70+ population. The degree to which this service could make an impact on falls figures must therefore be limited unless the users represented those most at risk. However, HHH is designed to support those with a low risk of falling. Nevertheless the evaluation data suggests that HHH could make a valuable contribution to the prevention of falls and also to the more general well being of older people in Salford across the whole range of opportunity age outcomes. It must also be remembered that there may well be savings through fewer visits to the GP and prescriptions for anti-depressants through the contributions made to mental health and elder's social life.

To date 148 mentors have been trained to run HHH classes and 81 classes are run on a regular basis (see table 1) i.e. 33 more than the original 48. These are geographically spread across Salford but this spread is limited by willing volunteers in these areas and places where the classes can be held which are easy for older people to get to. From our interviews, the proximity of the classes to where people live was a key factor in take up – many complained of the difficulties travelling on buses because services were regularly cut.

The targets for 55 mentors trained and 28 additional groups were narrowly missed at the end of year one. Toward the end of year two the service has 81 classes running and 148 mentors trained. The target for mentors trained has been exceeded by 12 but the target for the number of additional groups has been missed by 9 groups. However, many of the groups operate with more than the 10 attendees planned for so it is likely that HHH is reaching somewhere near or

over the target number of people. Whilst the increase of 33 groups appears low it has to be remembered that some groups may have closed and others have taken their place, or mentors may have been utilised in keeping an existing group going.

At the beginning of the project only those over 60 were allowed onto training but this has now been changed, age is not a barrier to becoming a mentor. This change is in part a response to the rolling out of HHH to care homes where most of the staff are relatively young. The service manager felt quality and commitment are what counts rather than age and she did not want to jeopardise the project's potential by limiting the number of willing mentors.

We noted that only a few men took part, sometimes coming along with their wives, sometimes taking part in the activities organised in the residential homes or sheltered housing, rarely if at all attending from the general community. Two of the groups observed had no male members at all, but one had plans to begin a 12 week course for men at the same venue to see how well it worked. There might be many reasons for this including cultural, demographic and perhaps the assumption that men are at less risk.

Including ethnic minorities was also a challenge but HHH is now included within the activities of a Chinese day care centre and there is also an Asian women's group which is working well. There are plans to extend this to Asian men.

As table 1 shows the most popular venue is sheltered housing with 34 groups. Most of these groups are open, i.e. you don't have to live within the sheltered housing complex to attend the group. However, space often limits the size of the group but this is a problem for all venues. A few take place in day care or hospital settings which have not been part of this evaluation. A key strand of the work has to get more carers involved from residential and nursing homes. This is growing steadily but there are concerns that carers are forced to take up the training undermining the principles behind the voluntary nature of the classes and perhaps also the quality of what residents receive, as a result not all requests for training have been accepted. In 2010 physical exercise will be a compulsory activity in care homes suggesting that some homes are keen to get their staff trained early and at no cost. It is widely known that the quality of activities organised in care homes is of variable quality and the support given to activities workers attempting to improve this also varies.

Table 1 – Types of groups and numbers

Venues	Number of groups July 07	Number of groups May 08

Community settings	11	13
Sheltered housing	34	34
Daycare centres	7	14 (including hospital settings)
Residential and nursing homes	13	20
Hospital settings	4	-
Total	**69**	**81**

The seven classes we observed had between 12 and 20 attendees. All had regular attendance. Some were relatively new others had been running for some time, although, the additional funding for the support workers was welcomed as a positive benefit by the mentors. All the groups were different but there are some essential differences between sheltered housing groups; care home groups and community centre groups. Sheltered housing tends to have a fairly captive and broad audience many of whom are at a low risk of falling and causing serious damage; care homes, obviously have people who are much more frail, many of these may have fallen before or are at a high risk of falling; and the community settings vary, sometimes, but not always providing a venue for those who are referred from the falls clinic. There are some issues around referrals where the individual is at very high risk of falling as it is felt that for some volunteers, many of whom are quite elderly themselves, it is too much responsibility. Specific groups are then established to meet this need as far as possible.

We were able to observe the groups and also to talk to the mentors; often the support worker and also a number of service users. Groups tend to have their own dynamic – they are not uniform nor is every session done to a prescribed list of exercises. Mentors use their knowledge of what works for their group and ring the changes to maintain interest. For example, some groups liked Tai Chi others did not. The sessions are relaxed affairs with a good deal of interaction between the mentors and the users. Below we have listed the three key types of group we observed and some key points from the visit.

Community centres

We observed two groups which took place in community centres. The first was a group of quite elderly women, many at risk of falling or had fallen previously. This class was currently being maintained by a support worker and a health improvement worker. Some of the users were quite frail but all still active in mind and body. The age range here was 71 - 89. There were 15 in the group at present but 10 attended on this occasion. The group had been able to expand from 9, due to a larger room coming vacant in the building. A separate men's group was being established to run for 12 weeks on an experimental basis. One participant here was training as a mentor and was looking forward to getting this opportunity after having been forced to retire at 65. She volunteered in other settings and had done for many years. Other people were on the waiting list for this group and they regularly had contact from the falls clinic. Like other groups

this one also did relaxation techniques, Tai Chi and Movement for Mature Movers.

The second group was an ethnic minority group and HHH was offered as part of a wider community resource centre for Asian women. There were spaces here for 22 but 10 were present on our visit. This group has two mentors one of whom is now a support worker who remains in close contact. The age range here was mainly between 65 - 73 although a couple of users were only 50.

Sheltered housing

We observed three sheltered housing groups. These groups were attended mainly by those living in the sheltered housing but was open to others living in the locality. However a common story was that more would come but they have no transport. The users were aged from 60-90 and some were quite frail but did what they could. The exercises were not altered to suit the weakest but kept at a level to stretch the more able. All the sheltered housing groups tended to have the most lively interaction since they knew each other well and did various activities together. The mentor here was the warden. This group had been running for 8 years. They had 16 people registered now an increase from 8/10 before LinkAge. A couple of men were regular attendees.

The second group had also been running for 4/5 years. Seventeen people were registered but only about 12 attend at any one time. The age range was 60-91 and there were 3 - 4 men in the group. Again the mentor was the warden keen to provide activities for the residents. The support workers were useful for running the classes to cover leave or illness. The current service manager is highlighted as being more proactive than the previous incumbent and this provided the opportunity for continuous learning.

The third group had two older people acting as mentors. They were 82 and 78 respectively. They had trained when the warden had taken another job to avoid the group closing. The users were aged over 70 but both mentors and users were very active and lively. They had no men in the group.

Care homes

Two groups were observed. Both were run by activities organisers in good quality homes. The first home had 21 residents and approximately 13-14 would attend each week. It had been running for 2 years. All the exercises used here were chair based as the residents were quite frail. Although participation was limited by many residents the class did seem to liven up many in the group as it progressed.

In the second home they had 15-20 residents although the class had been kept small for our purposes. This home was well financed and there was never any problem with expenditure on activities.

Benefits for older people

Ten people were interviewed in care homes. The key messages that came across were:

- Elders like to take advantage of activities as it fills the time;
- It helps to keep joints flexible, particularly for those with joint problems;
- Helps with relaxation, even though it may not last;
- Social aspect is important many express a wish to take part in activities;
- More active residents like the physical activities offered;
- Activities welcomed after long spells in bed.

Seven interviews were conducted in community settings: The key messages were:

- Maintains flexibility;
- Pain is reduced in joints;
- Relaxation has helped with reducing headaches;
- Social life important;
- Company and the exercise is good;
- Most attend regularly;
- Some do exercises at home.

Twenty interviews were conducted in sheltered housing, in one of the three groups we used a group interview with 12 users. The key messages were:

- Improves health;
- Many do the exercises and or relaxation at home;
- Social life is important;
- Most come regularly – seen as important;
- Helps keep the mind active;
- Helps prevent depression – it gets you out;
- Helps joints and mobility – you notice when you don't do it;
- Seen benefits after 3 months;
- Relaxation is calming;
- Enjoyment;
- It helps mobility but it is relaxing as well;
- Group is friendly.

Table 2 overleaf provides a summary of how HHH can be seen to be contributing towards the opportunity age outcomes. The highlighted entries are those that were not part of the original outline of what HHH could contribute to achieving but our findings suggest that these objectives are also gained even if in quite small ways.

It is clear that users do feel they get some benefit and they value the service, whether the benefit is physical, mental or social. Knowledge that exercise would help to maintain good health was widespread and some felt it helps with specific ailments usually in relation to joints. Few mentioned having fallen or the fear of falling. The data we have collected is also supported by Salford Leisure's own feedback from the classes demonstrating that the older people attending value the whole range of elements involved in the classes.

The mentors, especially those who cared for the elderly in care homes were certain that residents benefited and you could often see an improvement over time. Falls prevention advice, quizzes and other information was used routinely in the groups. It was however, less clear that wider information about new services for older people was made available or given some priority. This may be because for the LinkAge services it is too soon promote them widely.

Equally the service manager is clear that small interventions can make all the difference to the quality of life for older people. Several case studies have been provided which demonstrate this.

In addition to the exercise classes various other activities were brought in such as visits to the Museum, the use of the reminiscence boxes or trips out. Most of the groups we spoke to had some experience of using the reminiscence boxes. These external events such as tea dances were very popular amongst HHH class members and they attracted a wider audience as well. Charges for such events were kept to a minimum and are highly valued by older people in the area especially those who live alone.

In addition to the benefits for service users we have to consider the benefits for the mentors. For the older people who run groups for their peers, becoming a mentor does provide opportunities to become an active member of the community and has benefits for themselves and their communities. Although we have only spoken to two such mentors or would be mentors the opportunity is valued. It was noticeable that both these individuals had volunteered throughout life.

Salford leisure are generally proactive in responding to need in the community and have provided case studies where individuals in the community have been visited by the leisure workers to see if there are any activities that they could get

involved in. These visits are often a response to someone raising the alarm that an older person is becoming withdrawn from the community.

The organisational benefits

The organisational benefits include the use of volunteers to afford sustainability through co-production; that a more strategic and planned approach utilises resources in more efficient and effective ways.

The volunteering element of HHH is highly important, albeit that many volunteers are paid workers in the context that they work. However, they do not have to be involved in HHH. There is clearly a benefit in cost terms and therefore sustainability of using volunteers. Volunteers themselves also gain satisfaction from the activities too. There is also the potential for greater value to be created since the health messages from HHH are spread more widely across members in community and are not merely retained within the knowledge of specialist health workers. Mentors therefore can act as champions for self-care.

It might be possible to put an economic figure on the value of volunteering on the assumption that individuals are providing the service in the place of a paid professional. Therefore we assume that Salford would have to build the service up through training professionals to meet its objectives. We would need more data but we could estimate that the value of 20 volunteers could be estimated to be similar to how much it would cost to employ 1 full time leisure support officer. This is assuming that each volunteer runs 1 class each week and value is also given to their preparation time and time spent in meetings and formal training. Effectively then, there is a multiplier effect of 1.5 for each FTE support officer currently employed. Again, the assumption is that the support officers are essential to rolling out the programme beyond those keen to be early adopters.

The support workers are key to rolling out HHH to a wider and possibly more vulnerable audience. They each cover 2 areas within the city and keep an overview of all the HHH classes running in their areas. They might facilitate people into the group especially from the falls clinic; they supply materials; they help organise additional events and variations to the routine, for example, in the better weather they organise healthy strolls; they make sure that promotional materials are used by the groups and more generally they provide support for the mentor and the group – often taking over the group if it is in danger of closing down or just covering for illness and leave. They will run groups until a suitable mentor is found to take over the group.

The support workers in this way also contribute to the sustainability of the project as does the proactive manager. The service is of good quality and the workers seek to maintain that quality.

A number of aspects can be viewed as being positive examples of partnership working. The creation of the falls strategy with the PCT and the bid for funds for HHH within the LinkAge+ scheme can be seen as itself an example of where partnership working can bring benefits through exchange of ideas and synergy. The HHH team have close working relationships with the Museum Staff, Age Concern; social services; the healthy community collaborative and the women working together group – all of whom have sent people to the HHH training. We might argue that there is also greater collaboration now with at least the activities workers within care homes. Last but not least there is partnership working with the mentors as individuals or as sheltered housing wardens.

CONCLUSIONS

Overall the HHH service is developing well. It demonstrates that it helps meet the outcomes wished for at a low cost to the state. It may not have quite reached its targets for mentors trained or numbers of groups established but it is doing well and the attention given to quality is perhaps as important as the quantity. The use of volunteers supported by a professional team brings a number of benefits for older people in that they can be involved in producing services of value to themselves which achieves the objectives of being a valued and active citizen rather than a passive recipient.

The questions raised about the degree to which HHH will contribute to the reduction in falls cannot yet be answered. Given the evidence that as part of a wider programme of intervention such exercise classes make an important even if not easily measured contribution we cannot argue that they do not. The key problem here is disentangling the contribution HHH makes in relation to the wider falls strategy. Evidence from other parts of the country suggest that similar initiatives have reduced falls (at least in the short term) by 60%. These other initiatives have also been based on partnership work and included exercises as one way of helping to avoid falls (Chicester Council 2007). This suggests that HHH is likely to be making a contribution the degree of that contribution may rest on the targeting of the service onto those most at risk. However, we also have to take into account short term benefit and longer term benefits. If, as in the above example, the exercise regime is concentrated on those most at risk it may have a large impact in the short term. Focusing HHH on a more general population as well as those most at risk may bring benefits in the longer term.

Furthermore, as has been argued here avoiding falls is only one part of the benefits that this service brings and these need to be given equal prominence.

Creative START 50+

INTRODUCTION

The Creative START service began operating in January 2007 and is geared towards those in the local community aged 50 plus. It expands the offering of the START in Salford arts project to older people. This project runs arts based training, educational and cultural activity in areas such as painting, creative writing, pottery, woodwork, textiles, digital photography/ media in order to encourage the development of creative, personal and social skills in a positive environment.

The service objectives are to deliver arts based training focused on maintaining mental, physical and social well being from community venues in different areas of the city. The service is organized in blocks of activity with the first ten weeks orientated around drawing and painting. It is organized by two arts co-coordinators recruited specifically to deliver the Creative START 50 Plus service, presenting some sessions and hiring session artists to lead on different topics to groups in each of the eight neighbourhood areas in the city.

Making people aware of the service was a key challenge and the arts co-coordinators have taken a multi-pronged approach to marketing through contacting the neighbourhood team and the local community development officer. On occasion they have, where appropriate, contacted older peoples forum groups in the area. The coordinators then attend this or something similar and give a presentation of the service they are running backed up by posters and leaflets. Word of mouth is perceived by the coordinators to be the most effective for drawing in a wider number of participants and the coordinators have been to events directed towards older people which might be run by the Salvation Army or the PCT and geared towards multiple service providers for older people.

The type of sessions on offer ranges widely. A non-exhaustive list includes; Drawing Portraits, Creative Writing, Landscape Painting, Belly Dancing, Digital Photography, Calligraphy and Sculpture. Participation in the program lasts one year and towards the end of this period users are encouraged to establish or join user led groups so that they may continue with their artistic interests and sustain a support group with some assistance from START staff. To help support the development of user led groups following the first cohort of Creative START 50+ participants START in Salford paid for a number of sessions to be delivered by professional artists. This helped to give the user led groups focus and a measure of continuity as they made the transition to becoming an independently constituted body. As few participants had experience of creating and developing

such a group prior to this, START provided important support and advice on how to go about this process and where relevant information and assistance might be found.

Aim of the evaluation

To review the operation of Creative START 50 Plus and consider the evidence in support of its use of art as a means to maintain the mental, physical and social wellbeing of older people in Salford.

FINDINGS

Who uses Creative START 50 Plus?

The following section explores the demographics of who is using the Creative START 50 Plus service drawing on internal monitoring and evaluation material. In January 2007 the remit given was to have eight groups set up and each coordinator running four sessions a week themselves. Then April to June 2007 there was to be a further 8 groups set up. The previous groups would now have session artists employed to carry on running the activities.

There are currently 15 tutor led groups and four user led groups as of April 2008. The groups vary in size from 6-8 people up to a maximum of 30 in one group. The initial target of 200 users per year set out in the START in Salford Business plan is, by and large being met. The drop out rate was just under 5% (4.9%) for January to December 2007 taking the number of participants to just below target at 193.

Figure 1. Number of users Jan 07 – Dec 07

Quarter	No. of new clients	Dropout	Total
January-March 07	87	8	79
April-June 07	49		49
July-Sept 07	47		47
October –December 07	20	2	18
Total	203	10	193

Source: START in Salford Monitoring & Evaluation reports

In the absence of data for the first quarter our analysis concentrates on the April – December 2007 period. Over the April-December period the figures (see Figure

2.) suggest that around one third of those participating in activities were men and two thirds were women. The artist coordinators indicated that some activities appealed more strongly to men than others. Digital photography was perceived to hold more appeal than Textiles for example whereas visual art activity appealed to men as much as women. The coordinators felt that provided the men were already in the program when the textiles activity took place they were happy to engage with it, but anecdotally they felt that men were less likely to join a group if it was involved in textiles activity at the time of their enquiry.

Figure 2. Gender of users Jan 07 – Dec 07

Quarter	Male	Female
January-March 07*		
April-June 07	7	42
July-Sept 07	14	33
October – December 07	9	11
	30	86

Source: START in Salford Monitoring & Evaluation reports

The majority of Creative START 50 Plus users can be categorized as White British. Only 6 are identified as coming from a different ethnic group. Two identify as Black British and four as White European. The predominance of the White British community reflects also the findings of the core START service that suggested that use by members of minority ethnic groups was minimal. The Black and Minority ethnic population of Salford at 4% is relatively low in comparison to England & Wales as a whole, which is 9% according to the 2001 Census. This places the low take up amongst the BME population in context. The researchers found no indication from users, artist coordinators or management that the structure of the program was affecting access to the activities for specific groups. Further research would be needed to ascertain why the BME population in Salford were making less use of Creative START 50 Plus than might be expected.

Figure 3. Number of people by ethnic group Jan 07-Dec 07

Quarter	Ethnicity						
	White British	**Black British**	**White European**	**Non disclosure/ other**	**Asian British/ Indian**	**Asian British/ Pakistani**	**Chinese**
January-March 07*							
April-June 07	43	1	4	1	0	0	0
July-Sept 07	45	1	1	1	0	0	0
Oct- Dec 07	19	-	-	1	0	0	0
Total	107	2	5	3	0	0	0

Source: START in Salford Monitoring & Evaluation reports

The age profile set out in Figure 4 suggests that the service is reaching a broad age range, but drawing most of its members from the 60-69 and 70-79 age groups. A sizeable minority of users are aged 50-59, but not surprisingly the numbers aged 80 or over are much smaller.

Figure 4. Age of users Jan 07 – Dec 07

Quarter	Age				
	50-59	**60-69**	**70-79**	**80-89**	**90 +**
January-March 07*					
April-June 07	11	18	17	3	0
July-Sept 07	12	17	16	1	1
October – December 07	2	9	7	2	0
Total	25	44	40	6	1

Source: START in Salford Monitoring & Evaluation reports

Figure 5. Number of users living alone or with others

Quarter	Living alone	Not living alone
January-March 07*		
April-June 07	21	28
July-Sept 07	12	34
October – December 07	14	6
Total	47	68

Source: START in Salford Monitoring & Evaluation reports

Interestingly the percentage of those using the service that live alone is over 40% (40.9%). Respondents in the focus groups and interviews noted that a key benefit of the service was its impact on social wellbeing. As we discuss in the next section this manifested itself in different ways. The clearest example was in the chance it gave service users to meet new people and build new friendships and informal support groups. The arts coordinators thought it offered people the chance to make new friends and connections that could be followed up outside of the group activity setting.

'They get support, tremendous support as they have gelled within a group and they support each other and they become friends to the extent of meeting each other outside the group setting' (Arts coordinator- Creative START 50 plus).

It was the opportunity to forge new friendship and sustain them that was viewed by one arts coordinator as integral to the development of the user led groups.

'Ultimately that support for each other has led to the user groups, as they wouldn't exist if it wasn't the case that they didn't like meeting up week after week' (Arts coordinator – Creative START 50 Plus).

The perspectives of the arts coordinators regarding the importance of the Creative START activities for improving users feeling of social wellbeing and the breadth of their social network was supported by user testament during the focus groups.

User perspectives on Creative START 50 Plus

In this section we focus on the two focus groups conducted. One with current users of the Creative START service who are six months into the program and one focus group with previous participants who are now involved in running User Led groups

In a parallel examination of the core START service (Johnson & Wiggan, 2008) we found that participants were positive about their experiences of the service. The views expressed in the Creative START focus groups were similarly overwhelmingly positive on the myriad of benefits people indicated the service had delivered.

The participants who had completed the course thought that it had improved their knowledge of art and their creative skills. This opened up new avenues of activity that previously many had lacked the confidence or resources to explore. The low cost of the Creative START program and subsequent User Led Groups was a key attraction for some participants who found that living on a low income put adult education courses beyond their reach.

"We did creative writing and it's been a really good year and its taught us a great deal. It's taught us we don't have to be restricted. Many of come from an era where you were told by a teacher that you had to do it in a particular way and if you didn't then it were wrong. For a lot of people of my generation it's restricted them as you think you can't do it because the teacher said you can't do it, but what we've learnt from the instructors is that you learn the basics and then you put your own impression on the work and I think this has given people a confidence they didn't have before". (user led group participant).

"I never thought I could draw, at school you could do it or you couldn't – you were either good or bad and there was no encouragement if you were told you were bad. And this is wonderful because I've found a talent I never thought I had" (user led group participant).

"I've had a digital camera for three years and I couldn't understand it. So I joined a group and I've learnt more in six months about the camera and computer than in 3 years with books" (current course participant).

"Another thing is that when you're on a limited income it's very difficult to do things or go anywhere. One of the first things you think is how much is it going to cost. This was a great way to be introduced to drawing, water colours, acrylics and you didn't have to spend any money and you could find out whether you liked it" (user led group participant).

The main benefits identified by participants were linked to how involvement with the service enhanced their social wellbeing and improved their ability to

cope with mental ill health and poor physical health. Their comments reinforced the points made by the coordinators that the service had given people confidence. It had widened their social circle permitting the formation of new friendships and for those experiencing loneliness and isolation it provided a low cost space for people to meet and engage in a common activity. In some cases it had also enhanced participants relationships with other family members. Developing their art and creative skills and interests was welcomed by all participants as offering a means through which to bring the generations together by stimulating discussion and joint activity between older and younger members of the family.

> *"The hardest thing is for someone on their own is to pick up their courage to go the first time, but then once you do you find everyone is the same as you they're all brilliant and they're in the same boat as you – I thoroughly enjoy it, it's done me a lot of good"* (user led group participant).
>
> *"I've been on my own and it's good, you meet people and they give you courage. You talk about your disabilities and other things and you learn. It gets you out of the house that's the main thing"* (user led group participant).
>
> *"What I've found is that it's a link with the younger generation, my son is in his early thirties and I didn't realise that he liked certain artists. I was looking for painting and I asked my son to bring it up on the computer and he said I like that and I like this as well and he brought up some on the computer the pictures that he liked. And I thought that was really interesting because before that we'd never talked about art before. Another member of the group has a grand child who is into art and they found they could go to WH Smiths and it was their grandchildren who were giving advice about what to buy. It's another link you see between the generations, most of the time kids get to a certain age and they don't want to know you, but with art they actually open up"* (user led group participant).

These activities gave users a focus and channeled energy into a specific task with a clear goal ensuring that groups were more than a social gathering, but maintained a social element whilst temporarily taking people away from their day-to-day concerns. Some participants reported this had made a difference to their experience of mental ill health enabling them to cope better with bouts of depression. Others felt that by attending the sessions the physical ill health they experienced was ameliorated.

"I suffer from depression and the arts course has helped keep me going and this START program was for me a blessing. Sometimes things go on and you can't control them and you need something to help you. Having somewhere to go and meet people and START gives you that. Things go on in your life and you have to deal with them and sometimes dealing with them it can get you down and you need to be able to get away form that and START gave me that" (user led group participant).

"I also suffer from terrible depression and some days I think 'oh I'm not going to get through', but then I've got that on Friday and it is like a life saver because I'm out and meeting with people" (user led group participant).

"If you're unwell then you tend to sit at home and dwell on it whereas if you've got something to do then you don't think about it" (current course participant).

"I've had a stroke and whilst I've had to cut back on many activities, this type of activity does help – I'm no longer able to type but gradually I'm getting repaired and becoming involved in something that involves a bit of brain and a bit of manual dexterity together is a help" (current course participant).

The issue of transport was raised in both groups along with the importance of holding the sessions during the day and at locations readily accessible. Users commented that older people were concerned about their personal safety if required to travel in the evenings. They therefore welcomed the fact that these sessions occurred during the daytime. Transport was also identified as a issue for some potential and current participants. Users felt that some areas of Salford were poorly served by public transport and that this had made attending sessions problematic for some of their colleagues. Other participants mentioned that even where people had access to a car concerns existed on issues of secure parking due to previous experience of vandalism and theft from motor vehicles.

A consensus existed across the two focus groups that access to tutor support was essential for the maintenance of a viable learning group. During the 12 month course it was viewed as essential that qualified artists led the groups. Participants at this stage did not have the expertise of confidence to play a role in leading groups nor did they have the desire to do so. They were attending because they wanted to learn something and widen their social network without the responsibility of participating in the running a group themselves. And from their comments it is doubtful that at the time they would have had the capability to do so.

"There's a big limitation on people's ability and willingness to come out and travel especially amongst older people. A lot of people for illness or whatever reason no longer

The support given by START during the transition to user led groups was identified as critical to ensuring that the groups could successfully negotiate organizational issues such as writing a constitution, electing officers and applying for funding. If this had not been forthcoming the participants thought that the sustainability of the groups would have been brought into question.

"When we set up the group we had the people here (arts co-coordinators) to encourage us and help us and that was important as we wouldn't have known about setting up a constitution or the community fund and that support was really important for those first six weeks otherwise it wouldn't have happened" (user led group participant).

"We couldn't have done without the teachers, it's like a ship can't sail without a captain and we would've just become a social group" (user led group participant).

"One of the problems you find with Salford is that they start a group and then they won't run it again and you think why do they do that, they get a group of people together and then they pull the rug from underneath it. You get involved in something and then the next thing it's gone and it's not there anymore and you think… oh right then, how many times do you here we've run out of money" (user led group participant).

"It's very helpful to have a tutor who sets an agenda week to week. If we're not careful if it becomes too client led then the meetings may degenerate into gossip shops and not anything constructive" (current course participant).

"You need somebody to lead a group and you need somebody to be there every week and we're retired we can taker off when we want. The whole point of joining a group like this is that you aren't responsible for anything" (current course participant).

CONCLUSIONS

- The Creative START 50 plus scheme has been largely successful in achieving its target of 200 participants per year.

- The majority of participants identify as White British. We found no evidence to suggest that recruitment and enrolment practices favoured or discriminated any section of the local community. Further efforts may be required though to improve the reach of the service and encourage older citizens from Black and Minority Ethnic groups to participate.

- A large number of service users live alone and identified opportunities to make new friendships and increase their social network as a key benefit

that the service offers. For some individuals becoming involved in art and creative activity had enhanced their relationships with younger family members. These parents and grand parents found they had a new shared interest with the younger generation stimulating discussion and joint activity.

- Service users with experience of mental and physical health problems suggested that the service provided a number of benefits. It gave a structure to the week with the activity acting as a focal point. Combined with attendance at sessions this helped to get people away from their day-to-day concerns and problems and improved self-confidence.

- Professional tutors were a key component of the service. Many participants had limited or no previous experience of this kind of activity and valued the support and assistance session artists and the arts co-coordinators gave. The transitional support provided by START to the user led groups were seen by the user led focus group as key to their viability. In the absence of this support some respondents remarked that the groups would have not been successful due their lack of familiarity with the procedures for setting up groups and booking and paying for art tutors. By ensuring this support was in place START has enabled a number of groups to establish themselves and has prepared a pathway for future 50 Plus participants to follow upon completion of the Creative START course. There were concerns expressed by some of the members about how financially viable the self led groups would be, for example, if they have to pay for a room plus tutors on occasions in addition to materials, it could get expensive and if the numbers dropped it made it more so.

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