

Evaluation of the Ambitions for Later Life Programme

Age UK

Final Report
July 2019

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Executive Summary

The Age UK Ambitions for Later Life (ALL) programme aims to help older people by using a holistic and person-centred approach which enables advisers to offer a comprehensive service that addresses the presenting issue(s) whilst also looking for other ways of supporting, helping or advising clients to achieve their ambitions.

This final report presents key themes from a qualitative evaluation of the third year of the ALL programme, which commenced in June 2018. Through a mixed methods approach the evaluation aimed to ultimately determine whether the ALL programme has met its objective of allowing local Age UKs to take the time to fully understand a person's situation and provide tailored information and advice based on individual needs. This report has found the following:

- Eleven local Age UKs and the National Advice line delivered the ALL service in its third year and have **surpassed the annual target** of 3,000 clients supported, engaging 3,134 clients. Based on the programme's monitoring data 71% of clients have engaged their local Age UK for the first time through the ALL programme.
- The majority of clients supported to date in the third year of the programme have been over the age of 70. Evidence from the programme's monitoring data reveals that **most clients are seeking support either as a consequence of a health event or due to their changing care need.**
- All of the local sites have used a process of triage to both assess a client's suitability to be supported through the ALL programme and, where necessary, prioritise some clients for support based on assessment of their needs.
- The programme has surpassed the target for the number of sessions delivered through home visits. **The use of home visits has been highlighted as integral to the delivery of a holistic, person-centred approach.** All of the local Age UKs had used the funding to protect and maintain home visits where possible, in particular for the most vulnerable clients experiencing life events.
- **The staffing model used by local sites is strongly influenced by their wider funding position and organisational structure.** Some local sites have used the ALL funding to recruit a dedicated post to deliver the programme, whereas others have integrated the ALL programme into their existing I&A team structure.
- Several of the local Age UKs are **predominantly or solely using volunteers** to deliver the ALL programme. The use of volunteers enables local Age UKs to benefit from their capacity, enthusiasm and skills, however it also requires staff capacity to manage and support them effectively.
- The use of a person-centred approach has been central to the effective delivery of the ALL programme. **The person-centred approach encourages clients to take ownership of their advice needs and realising their ambitions.** This is helpful in ensuring that the ALL programme avoids creating a dependency on local Age UK services by supporting and empowering clients to take control.

- Local sites receive a **high volume of referrals from external agencies** including social care teams, hospital discharge teams, care homes, primary care navigators, Occupational Therapists, GPs, community support workers and a range of third sector organisations. In many cases other services don't have the capacity to undertake home visits.
- The use of the holistic approach to support clients in realising their ambitions enables local sites to signpost or refer to other services. Given the reach of the ALL programme and the range of support needs identified through the client contacts, it is evident that **local Age UKs are enabling a range of other services to extend their reach in the community.**
- All of the local sites fed back positively about the value of the existing ALL toolkit. Generally speaking, the ALL toolkit was used less frequently by more experienced staff, however it did enable staff to look up information for areas of support that they may not have dealt with recently. The toolkit was commonly used as a resource to support the induction and training of new staff and volunteers, with particular relevance to the local sites using volunteers to deliver sessions.
- 98% of clients report to feel very comfortable talking with the advice worker, about what they would like to achieve in the future rather than just the main issue that they came to Age UK for help with. **Some 88% of clients also report that the issues they were initially facing have now been resolved.**
- The primary benefit of the support provided by through the ALL programme is **financial security**, which local sites have indicated as a key 'ambition' for people seeking support. As a result of being more financially secure the case studies evidence that clients are no longer worried about their situation, able to maintain themselves in their homes, can afford to leave the house and use transport such as taxis. This has been transformative for many clients.
- Around half of clients reported that during their advice session with their local Age UK they **discussed other issues beyond the initial query or support** need they had.
- Many clients indicated that the advice session **encouraged them to access the support they were recommended.** It is evident that the role of the advice worker in providing support with form-filling, making referrals and generally providing clients with the confidence to take-up their entitlements is central to the success of the programme in helping clients to address their support needs.
- The evaluation has found that **the ALL programme has met its objective** of allowing local Age UKs to take the time to fully understand a person's situation and provide tailored information and advice based on individual needs.
- Given the effectiveness of the ALL programme particularly through home visit delivery, **Age UK should consider seeking further funding** to enable local Age UKs to continue delivering a high level of home visits and to ensure that waiting lists are shortened.

1 Introduction

Ambitions for Later Life (ALL) is a three-year project funded by Santander. Running since June 2016 the project provides tailored, holistic information and advice to older people experiencing life events or coping with a life change. Age UKs delivering the project provide support to the older person for the issues they present with, but also use advice sessions to explore other areas of their lives, to help older people identify ambitions they wish to achieve. This final report presents key themes from a qualitative evaluation of the third year of the ALL programme, which commenced in June 2018.

1.1 Methodology

The research team have adopted a mixed-method approach which draws on qualitative and quantitative information to generate evidence to respond to the key research questions, including whether ultimately the ALL programme is meeting its objective of allowing local Age UKs to take the time to fully understand a person's situation and provide tailored information and advice for the person based on their individual needs at times of life transition.

This final report is based on the following:

- Consultations with local Age UK staff delivering the service;
- Review of the ALL programme monitoring data for Year 3;
- Review of the telephone questionnaires conducted by the local Age UK sites with a sample of clients;
- Review of the case studies produced by the local Age UK sites; and
- Analysis of the telephone interviews conducted with a sample of ALL clients by the research team.

2 Background to the ALL Programme

The purpose of this programme is to provide one-on-one support for older people who are generally of State Pension Age or older. The programme specifically targets the needs of older people who are experiencing a significant life event or coping with a life change. This could be a later-life transition moment as a result of one or more of the following:

- Bereavement or death.
- Divorce/separation or relationship breakdown.
- Health problems.
- Increased care needs.
- Changes in housing needs or a change in housing circumstances.
- Retirement.

The ALL sessions aim to help older people identify:

- What it is that they want to achieve.
- The skills, support and networks they will need to achieve this.
- The actions they need to take to set them on the right road to success.

Following initial advice being provided to the older person to support them through the life event they have experienced, the intention is for the adviser to work with the older person to help them identify what they would like to achieve following the transition point in their lives. These 'ambitions' are broadly based around the following key areas:

- Money.
- Feeling well and enjoying life.
- Accessing or receiving care.
- Housing or the home.
- Being involved in and accessing local community services.

A total of eleven local Age UKs and the National Advice Line are delivering the service in its third year, with some joining the programme in its first year and others in later years, as outlined below:

- Age UK National Advice Line – “Level 2” team giving in-depth advice (since June 2016).
- Age UK Bradford (since June 2016).
- Age UK Coventry (since June 2016).
- Age UK Essex (since June 2016).
- Age UK Gateshead (since June 2016).
- Age UK Leicester, Shire & Rutland (since June 2016).
- Age UK South Lakeland (since June 2016).
- Age UK Wiltshire (since June 2016).
- Age UK Lewisham & Southwark (since June 2017).
- Age UK County Durham (since June 2018).
- Age UK Nottingham & Nottinghamshire (since November 2017).
- Age UK Sheffield (since November 2017).

2.1 Person-centred approach

The ALL programme aims to help older people by using a holistic and person-centred approach. The use of a holistic approach enables advisers to offer a comprehensive service that addresses both the presenting issue(s) whilst also looking for other ways of supporting, helping or advising them to achieve their ambitions. A person-centred approach uses a non-authoritative approach that allows clients to take more of a lead in discussions so that, in the process, they will discover their own solutions. Using this approach advisers focus on encouraging and supporting clients, which helps to build client's confidence, capacity and motivation to address their advice seeking needs and work towards achieving their goals.

Person-centred approaches originated in the disability sector and are now used within the areas of mental health, social care services and within the healthcare sector. Person-centred practices are used in teams and organisations to ensure that the focus is on what matters to the people receiving support and their families. Person-centred practices can be seen as a 'toolbox' or variety of ways to listen to and gather information with people. There are various evidence based resources that enable people to choose their own pathways to success. As with any other tool, they are only effective if the user has developed the skills to use them and continues to improve them through practice and feedback with others. Working in this way ensures that people are truly listened to and are kept at the heart of all decision-making. An overview of the key characteristics of a person-centred approach compared to a service-centred approach is provided in Table 2.1 below.

Table 2.1- Characteristics of a person centred approach¹

Person-centred	Service/system centred
Talking with the person	Talking about the person
Planning with the person	Planning for the person
Focused on strengths, abilities, skills	Focused on labels/ diagnosis, deficits
Finding solutions that could work for anyone, preferably community based	Creating supports based on what works for people with 'that diagnosis'
Things are done that way because they work for the person	Things are done that way because they work for staff or the service
Family and community members are seen as true partners	Family members & community seen as peripheral

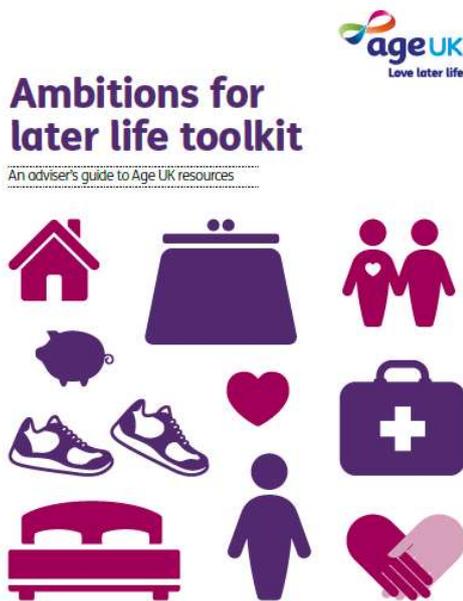
The results of this evaluation indicate that the use of a person-centred approach is effective for clients, in particular for those with common mental health problems such as anxiety and depression², and forms an integral part of the guidance provided with the Care Act 2014.

¹ <https://www.ndp.org.au/images/factsheets/346/2016-10-person-centred-approach.pdf>

² Gibbard, I. & T. Hanley (2008)- 'A five-year evaluation of the effectiveness of person-centred counselling in routine clinical practice in primary care'. Journal of Counselling and Psychotherapy Research, Volume 8, 2008, Issue 4.

2.2 Ambitions for Later Life Toolkit

As part of the project, local delivery partners have access to copies of the Ambitions for Later Life Toolkit. An earlier version of the toolkit, for a previous project, was published in April 2012, with this latest version published in August 2018. The toolkit provides key questions to consider for each life event and ambition, and then suggests useful resources available from Age UK and elsewhere. Local Age UKs are able to use the toolkit as a resource to support them in the use of a person-centred approach to assist clients in achieving their ambitions following a life event.



Contents

Life events

1 Bereavement and death

- Case 1 Your client's partner has died
- Case 2 Your client's carer has died
- Case 3 Someone your client cared for has died
- Case 4 A close relative or friend of your client has died
- Case 5 Your client wants to put their affairs in order

2 Divorce, separation and relationship breakdown

- Case 6 Your client is separating, divorcing or dissolving a civil partnership
- Case 7 Your client is thinking of separating, divorcing or dissolving a civil partnership
- Case 8 Your client's relationship with their children is breaking down

3 Health

- Case 9 Your client has been diagnosed with (or may be concerned about) dementia
- Case 10 Your client is having problems with their eyesight
- Case 11 Your client is worried about falling or has had a fall
- Case 12 Your client has a terminal illness
- Case 13 Your client is feeling lonely or isolated

Ambitions for later life toolkit

4 Care and community care

- Case 14 Your client is going into hospital
- Case 15 Your client's carer is going into hospital
- Case 16 Your client is coming out of hospital
- Case 17 Your client is finding it increasingly difficult to look after herself or himself
- Case 18 Your client is thinking about moving into a care home
- Case 19 Your client is (or is becoming) a carer
- Case 20 Your client is finding it increasingly difficult to look after their partner
- Case 21 Your client's partner is thinking about moving into a care home

5 Housing

- Case 22 Your client is losing their home
- Case 23 Your client needs practical help and support to stay in their home
- Case 24 Your client wants to move to more suitable housing
- Case 25 Your client has moved recently and needs help stabilising their home
- Case 26 Your client is taking over the management of the household

6 Managing your money

- Case 27 Your client is approaching retirement
- Case 28 Your client is being made redundant
- Case 29 Your client is struggling to cope on a reduced income
- Case 30 Your client is struggling to manage their debts

Ambitions for later life toolkit

Ambitions

7 Money

- Case 31 Your client wants more money
- Case 32 Your client wants to continue working after reaching State Pension age
- Case 33 Your client wants to put their finances in order
- Case 34 Your client wants to manage their money better

8 Feeling well and enjoying life

- Case 35 Your client wants to feel fit and healthy in body and mind
- Case 36 Your client wants to keep (or start) doing physical activity
- Case 37 Your client wants to live well with a long-term condition
- Case 38 Your client wants to study or learn new skills
- Case 39 Your client wants a more active social life
- Case 40 Your client wants more social interaction
- Case 41 Your client wants a new relationship
- Case 42 Your client wants to travel
- Case 43 Your client wants help with accessing transport
- Case 44 Your client wants help with accessing transport

Ambitions for later life toolkit

9 Housing and the home

- Case 45 Your client wants to stay in their own home
- Case 46 Your client wants to move to a new home
- Case 47 Your client wants to move to another area
- Case 48 Your client wants to move abroad

10 Accessing and receiving care

- Case 49 Your client wants to understand their future care options
- Case 50 Your client wants to arrange better care and support at home
- Case 51 Your client wants to find a good care home
- Case 52 Your client wants more help and support as a carer

11 Supporting materials

- Ambitions for Later Life Budget Planner
- Benefit and Tax Credit rates - 2018/19
- Dates for receiving Pension Credit (PC) age
- Local resources

Ambitions for later life toolkit

3 Programme performance

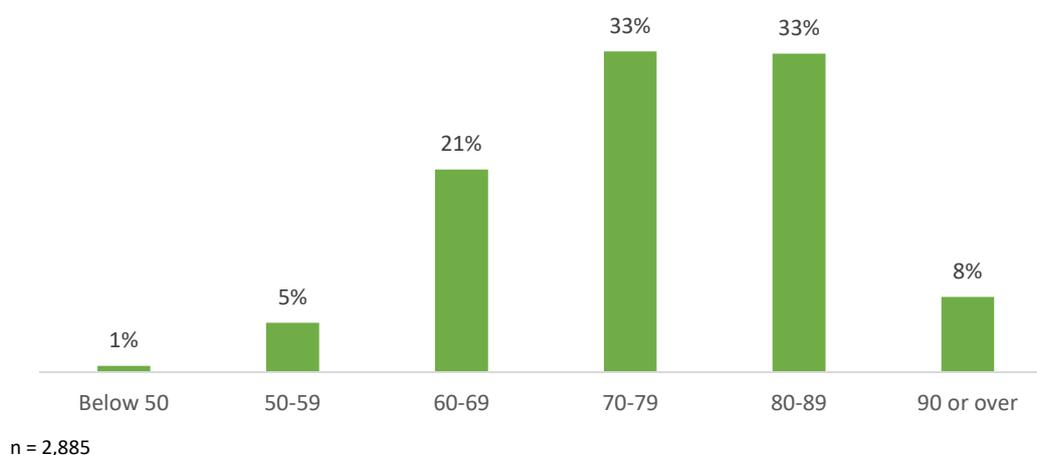
3.1 Number of clients supported

Analysis of the programme's monitoring data for the current third year of the programme reveals that between June 2018 and May 2019 local Age UKs have surpassed the annual target of 3,000 clients supported, engaging 3,134 clients. Nine of the local Age UKs have surpassed their project targets for the number of clients with Wiltshire and Sheffield recording the highest number of clients. In the third year of the programme some 71% of clients have engaged their local Age UK for the first time through the ALL programme.

3.2 Profile of clients supported

The monitoring data submitted by the local Age UKs enables a profile of the clients supported by the programme to be established. In the third year of the project a majority (73%) of clients have been over the age of 70 (Figure 3.1). This is likely to be the result of more complex issues for those over the age of 70 and reflect their need for support linked to life events including bereavement, deteriorating health and increasing care needs.

Figure 3.1 Age profile of clients (Year 3)



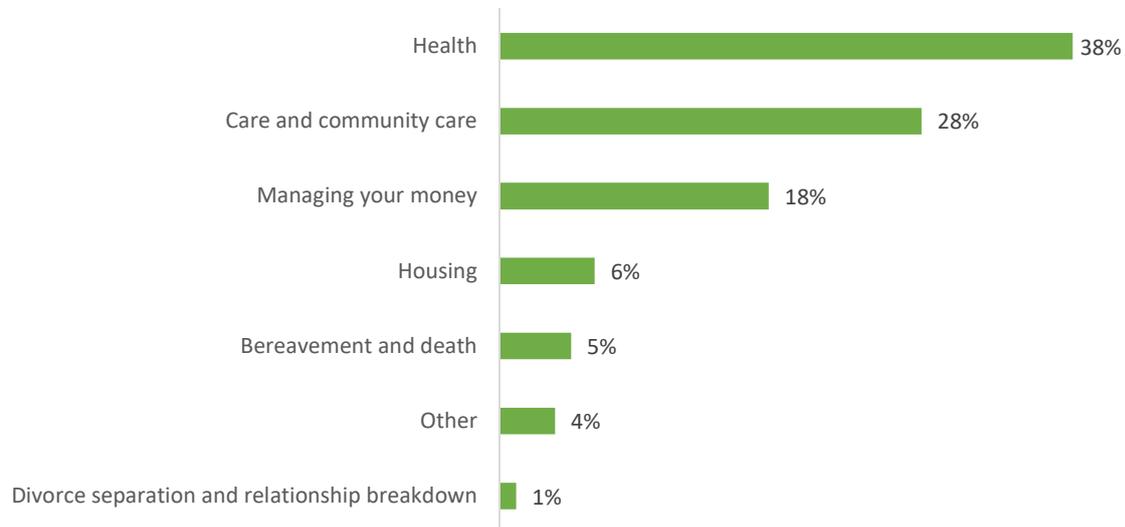
In the year to date, some 59% of the clients supported have been female. The majority of clients (90%) have been White British, with the next most prevalent ethnic groups being Black Caribbean (2%) and Black African (2%).

3.3 Life Event

The monitoring information collated for the ALL Programme includes information about the particular life event that had caused clients to seek support from their local Age UK. The most prevalent events include health events reported by 38% of clients (which may include a recent hospital stay, a recent diagnosis or clients that have had a recent fall) or an enquiry about their care options reported by 28% of clients (which may be because clients are finding it increasingly difficult to look after themselves or a client is becoming a carer).

Nearly one fifth (18%) of clients were seeking support with managing their money, which may be linked to issues associated with their health and/or care needs (Figure 3.2).

Figure 3.2- Life Event Categories (All Years)



n = 7,636

Summary

- In the third year of the programme collectively the local Age UKs have surpassed the annual target for the number of clients supported.
- The majority of clients supported to date in the third year of the programme have been over the age of 70.
- Evidence from the programme’s monitoring data reveals that most clients are seeking support either as a consequence of a health event or due to their changing care needs.

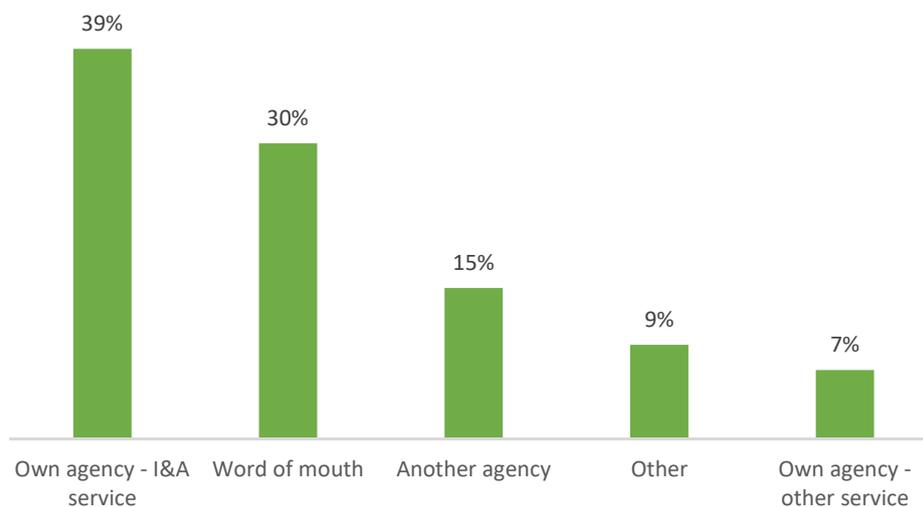
4 Programme delivery

This section of the report provides an overview of the delivery of the ALL programme in its third year, drawing on the monitoring data submitted by local Age UKs and consultations with local Age UK staff.

4.1 Client journey into the service

Monitoring data submitted by the local Age UKs reveals that just over one third (39%) of clients heard about the ALL service through Age UK’s Information & Advice team or through another Age UK service (for example the Integrated Care Team in Age UK Bradford & District³). Around one third (30%) of clients heard about the programme through word of mouth (Figure 4.1).

Figure 4.1- How clients heard about the service



n = 3,134

Generally speaking local Age UKs haven’t explicitly promoted the ALL programme given concerns around creating a demand for support that would exceed their capacity to respond. A number of the local Age UKs reported to have waiting lists for clients requesting and/or requiring a home visit through the ALL programme. Given that the ALL programme aims to support older people experiencing life events, local staff have expressed anxiety about clients having to wait several weeks to receive advice and support, in particular given the vulnerability of many older clients.

³ This service is funded by NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) and the City of Bradford Metropolitan District Council. <https://www.ageuk.org.uk/bradforddistrict/our-services/complex-care-team/>

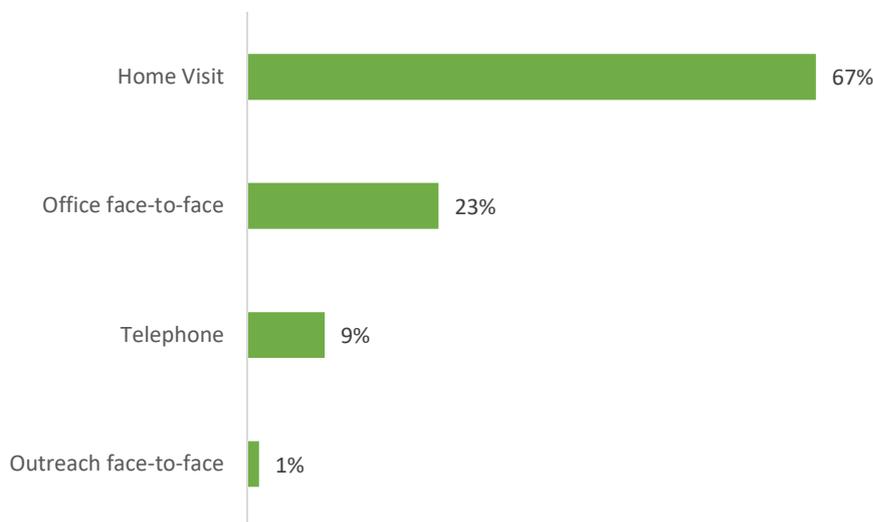
In some areas, clients are made aware of the support available through their local Age UK or specifically the ALL programme as part of multi-agency arrangements, for example the COMPASS place-based prevention programme operated across South Lakeland⁴ or commonly through care navigators, GPs or hospital discharge teams.

All of the local sites use a process of triage to both assess a client’s suitability to be supported through the ALL programme and, where necessary, prioritise some clients for support based on assessment of their needs, for example through the use of an Individual Service Assessment (ISA) used by Age UK Gateshead. This usually operates by a member of the Customer Service Team speaking with clients to ascertain their support needs and then scheduling a call back from a member of the I&A team to probe further to determine what support clients require and whether this is something that their local Age UK can assist them with. It is generally at this point that an advice session is scheduled.

4.2 How clients are supported

The programme has a target for local Age UKs to deliver a minimum of 40% of the advice sessions through the use of home visits⁵. Monitoring data for Year 3 indicates that two thirds (67%) of clients have received support via a home visit with 23% of clients supported via advice sessions held within Age UK’s local office (Figure 4.2). Some 9% of clients have received support via telephone – these are clients contacting the national Advice Line. The focus on face-to-face contact between clients and the local Age UK advice team forms an integral part of the person-centred approach.

Figure 4.2- Delivery channel for advice session



n = 3,134

⁴ <https://www.ageuk.org.uk/southlakeland/our-services/compass-in-cumbria/>

⁵ In one project year most Age UKs are required to deliver the service to 250 older people including a minimum of 100 people who receive a home visit. All advice sessions are required to be in person with the exception of the national Advice Line.

It is understood that the local Age UKs that have surpassed the target for home visits have done so as a result of clients being unable or finding it difficult to get to the Age UK office, or in some cases, because they are more comfortable having conversations about their needs in their own homes. There is variation across the local sites in terms of their use of different channels for delivering the advice session (for example South Lakeland has used home visits for 96% of clients whereas Coventry has used home visits for 42% of clients). These variations can be attributed to a range of factors including staffing changes, local capacity pressures, travel logistics to attend the client's home address, the location of the Age UK office (for example one local site moved offices to a less accessible site during the course of delivering the project) and also client preference.

The focus on home visits has required local sites to plan effectively to ensure that these are conducted efficiently (minimising avoidable travel time) and safely (avoid excessive travel burden on staff/volunteers). A common approach outlined by local sites was to cluster meetings in one area on the same day. This was supported by effective triage which can differentiate between clients that are at crisis point and in need of immediate support and clients that are able to wait for an appointment to become available. The importance of effective planning and diary management for scheduling site visits cannot be over-emphasised as an integral component of the ALL programme. The logistics and costs associated with home visits can also be overcome, in some cases, through the utilisation of volunteers and effective volunteer coordination.

4.3 Staffing

The staffing model used by local Age UKs varies and is strongly influenced by their wider funding position and organisational structure. Some local Age UKs have used the ALL funding to recruit a dedicated post to deliver the programme, whereas others have integrated the ALL programme into their existing I&A team structure.

Where local Age UKs no longer have an office that is accessible to members of the public advice sessions are scheduled on an outreach basis in a range of community venues. Several of the local Age UKs are predominantly or solely using volunteers to deliver the ALL programme. This is largely due to necessity as a result of reduced staff capacity and funding cuts as opposed to an intentional and planned delivery approach. Where volunteers are used delivery capacity can also vary considerably, for example in Wiltshire the programme is delivered by a network of volunteers which facilitates access to clients across the county whereas in Essex the programme is delivered by one volunteer which presents considerable challenges in meeting requests for home visits.

The use of volunteers enables local Age UKs to benefit from their capacity, enthusiasm and skills, however it also requires staff capacity to manage and support them effectively. Local Age UKs have highlighted differing motivations and drivers of their volunteers with some preferring to support clients in the office as opposed to at home and others being unable or unwilling to drive to attend home visits. In addition, each volunteer differs in terms of their availability to support clients with some able to deliver multiple visits per week whilst others are only able to deliver one or two a month.

The geographical scope of local Age UKs can also present challenges when using volunteers to deliver a programme of support across their whole area as some may be motivated to support older people in their immediate neighbourhood as opposed to further afield. This is demonstrated in Age UK Wiltshire and in Age UK County Durham which cover large geographical areas with urban and rural communities. As with any volunteer programme retention can also create challenges in particular given the costs associated with recruiting and training new volunteers as well as ensuring continuity of approach.

4.4 Use of a person-centred approach

The use of a person-centred approach has been central to the effective delivery of the ALL programme. In consultation, local Age UK staff described how the holistic nature of ALL enabled clients to discuss their issues and find solutions collaboratively with staff,

‘Clients get more support and are also encouraged and empowered to act on the advice and support provided. It also ensures a range of the clients inter-related needs are met and provides an effective mechanism of signposting or referring clients to other partner services.’

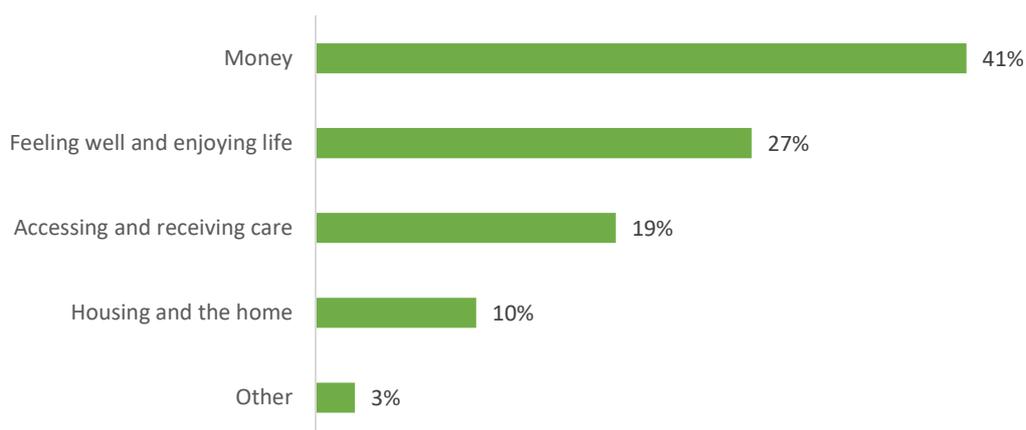
Feedback from some local Age UK’s has highlighted that the use of the term ‘ambitions’ was slightly misleading both for staff and clients as it perhaps implied that the programme would help clients wishing to fulfil particular life goals related to specific activities or events. In practice as the project went on, clients’ presenting support needs have focused on more practical issues associated with their later life transition such as their household finances or organising a suitable and affordable package of care.

Monitoring data collated for the whole programme reveals that four in ten clients (41%) have sought support with money matters, around one quarter with helping them feel better and improve their quality of life (27%) and one in five (19%) with helping them to access or receive care (Figure 4.3). Whilst around half (46%) of clients have referenced one ambition in their contact with their local Age UK, around one in four (24%) have referenced three or more ambitions, which highlights the benefits of adopting a person-centred approach⁶.

The use of home visits has been emphasised by local sites as integral to the delivery of a holistic, person-centred approach. All of the local Age UKs had used the funding provided through the ALL programme to protect and maintain home visits where possible, in particular for the most vulnerable clients experiencing life events. The use of triage enables staff and volunteers delivering home visits to draw together relevant information in advance of the visit based on an initial assessment of the client’s presenting needs. For clients that have received previous support through their local Age UK, a review of the CRM also allows staff and volunteers to build up a better understanding of the client’s circumstances and home context.

⁶ Source: ALL Programme monitoring data

Figure 4.3- Ambitions Categories (All Years)



n = 13,729

Local Age UKs highlighted the benefits of using home visits as part of the delivery of the ALL programme, which included:

- Facilitating the process of building trust and rapport with clients and encouraging them to discuss sensitive and personal matters associated with their life event and resultant support needs;
- Enabling Age UK staff to observe the home environment and use visual clues around the home to identify support needs not presented by clients; and
- Delivering advice sessions in a more relaxed and familiar surrounding which can also facilitate involvement of family members and/or friends who can assist clients in achieving their ambitions.

Feedback from local sites has highlighted that the trust that older people have in the Age UK brand and its independence from statutory services such as local council's adult social care teams has enabled them to extend their reach into communities. Anecdotal feedback from clients suggests that some are unwilling to engage and involve statutory services due to a lack of trust, a previous negative experience or fear of losing control of their own situation.

Generally the home visits take, excluding travel time, approximately two hours, which is slightly longer than a 'standard' home visit. Local sites have highlighted the importance of ensuring that the home visits don't feel rushed so that clients feel valued and adequately supported. The duration of the home visit also helps clients to relax which can often result in them disclosing additional support needs that were not raised in their initial contact with their local Age UK.

Local sites also emphasise the importance of making sure that the initial home visit doesn't feel like a standard service assessment with the client required to complete multiple forms and paperwork. The focus on the initial home visit is in having a guided conversation where clients have sufficient opportunity to talk about what is important to them and what they are hoping to achieve.

The person-centred approach encourages clients to take ownership of their advice needs and realise their ambitions. This is helpful in ensuring that the ALL programme avoids creating a dependency on local Age UK services by supporting and empowering clients to take control.

Local sites indicated that it was difficult to provide detail on a typical number of advice sessions required by clients supported through the ALL programme and/or whether this differs from clients accessing other Age UK services. The number of sessions is strongly influenced by the nature of support needs disclosed by clients (which itself may not be at the initial advice session), the timelines associated with securing an outcome from any benefit claims (which may involve an appeal or mandatory reconsideration).

In light of the often complex and multi-faceted nature of the support needs and ambitions disclosed by clients, many require at least two and some three follow-up contacts with their local Age UK, in particular where form-filling support is required. The second contact or home visit can often be the point at which clients open up about other challenges they are facing and as such the follow-up support can be effective in ensuring that local Age UKs can provide a holistic package of support that address a range of client needs. Where clients require support for submitting a benefit claim, the outcome of their application may take several weeks and as such a follow-up contact is often scheduled to coincide with the outcome of the client's claim. In some instances, local Age UK staff has also provided informal follow up support, typically over the phone, to clients to ensure their needs have been met by the service.

Where home visits are delivered by volunteers, it is important to ensure that they are clear on the parameters of their role and expertise. Local sites using volunteers have put in place processes to ensure that they seek guidance and support from relevant I&A staff following the visit. One of the emerging learning points from the delivery of the ALL programme is that the breadth of a client's ambitions and support needs is such that staff or volunteers often have to draw on the wider experience and knowledge across their respective Age UK. In this regard, the ALL programme is helping to strengthen multi-disciplinary working and a team approach for the benefit of clients.

At the end-point in the delivery of the ALL programme, local sites reiterated concerns with the research team, due to their future funding uncertainty, regarding their ability to continue to deliver home visits for clients wishing to discuss their ambitions for later life, with a likely shift to the use of telephone support. Based on feedback from local sites the shift towards the use of telephone support as the main channel of supporting clients could be **less** effective in enabling clients to address their advice needs than the use of home visits.

4.5 Referral networks

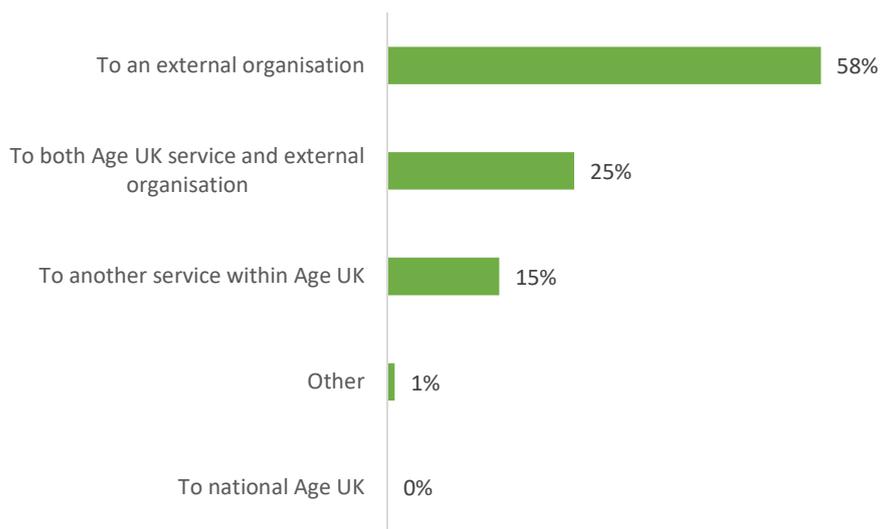
Given that clients supported by the ALL programme have experienced a recent life event, local sites receive a high volume of referrals from typical and previously set up routes such as external agencies including social care teams, hospital discharge teams, care homes, primary care navigators, Occupational Therapists, GPs, community support workers and a range of third sector organisations. In many cases, other services don't have the capacity to undertake home visits. For those that do provide home visits these can often be focused on a specific issue or area of support (e.g. The Pensions Advisory Service, Welfare Rights Teams, Carers Support) and don't provide a more holistic assessment of a client's needs.

4.5.1 Referral destinations

The use of the holistic approach to support clients in realising their ambitions enables local sites to signpost or refer to other services. When a person is signposted to further help, they are given all the necessary details to make an approach. It is then their responsibility to follow this up. When a person is referred, staff take on responsibility for facilitating initial contacts between the person and the referral point.

Data reported by the local sites indicates that in Year 3 of the programme approaching half (46%) of clients are referred or signposted as a result of their support through the ALL programme whilst the 54% that are not referred or signposted are likely to have had their issues resolved by the Age UK supporting them. Where a client is referred or signposted to another service, in the majority of cases (58%) this is to an external organisation (Figure 4.4) such as the local council, local health services or third sector organisations.

Figure 4.4- Client referrals or signposts (Year 3)



n = 1,433

Given the reach of the ALL programme and the range of support needs identified through the client contacts, it is evident that local Age UKs are enabling a range of other services to extend their reach in the community. This includes internal services such as support for people living with cancer, lunch clubs and home help, and external services such as Community Support Workers and Occupational Therapists.

Local sites also have links into social prescribing schemes which can support clients in engaging in local activities that fit with their ambitions and can also help reduce concerns around social isolation and loneliness. In other words, home visits delivered by local Age UKs are often a route for older people to engage with a range of agencies which can provide wider and longer-term benefits through a range of statutory and non-statutory services.

4.6 Training needs of staff and volunteers

Local sites have highlighted a number of areas where training has been provided to staff and/or volunteers delivering the ALL programme. This has included:

- Motivational interviewing.
- ‘The first five minutes’ course (e-learning) – an Age UK online training course designed to develop the skills and knowledge of staff and volunteers delivering front line services. This has also been used as refresher training for existing staff.
- Using a person-centred approach.
- Bereavement counselling.
- Dignity in dementia.

Training has been accessed nationally through Age UK’s e-learning, but also through other organisations (national and local) including Advice UK, MIND, housing associations and the Department for Work & Pensions.

One of the themes highlighted during consultations with local sites was the perceived benefits of the staff and/or volunteers delivering the service having some relevant ‘life experience’ as this helped them to empathise with some of the life events that older people were dealing with. It also helped with making a connection with the clients.

Whilst this does not suggest that young members of staff aren’t able to deliver a quality service, anecdotal feedback from some clients suggests that this is more about their assumptions about the assumed life experience of older members of staff and their credibility when helping them to deal with specific issues they are facing (e.g. older staff and/or volunteers are assumed to be more likely to have experienced a bereavement, divorce or separation or a major health episode). This has potential implications for the profile of volunteers that local sites may wish to engage to support older clients seeking support following a life event.

4.6.1 Use of the ALL toolkit

All of the local sites fed back positively about the value of the existing ALL toolkit. Across the three-year duration of the ALL programme local sites reported using the ALL toolkit with just over half (55%) of clients (equates to 4,374 clients).

This was regarded as a valuable reference resource which enabled I&A workers to 'dot the I's and cross the T's'. Generally speaking, the ALL toolkit was used less frequently by more experienced staff given their existing knowledge, however it did enable staff to look up information for areas of support that they may not have dealt with recently (for example, one local Age UK indicated that the factsheet on Divorce and Relationship Breakdown was helpful as this was an issue that they don't regularly deal with).

The ALL toolkit was commonly used as a resource to support the induction and training of new staff and volunteers, with particular relevance to the local sites using volunteers to deliver sessions. Other resources referenced by local sites included the Disability Rights Handbook and AdviserNet. Some local sites also indicated that the toolkit was also used as a resource by Reception staff as it helped them to deliver a triage function and provide basic information.

Several staff suggested that it was better to avoid using the toolkit extensively as part of the first contact with clients as this could detract from having a quality conversation with them about their needs and aspirations. In this regard, the toolkit supported staff and/or volunteers to put in place a recommended plan of action for clients as part of the process of writing up case files following the initial contact. Age UK Sheffield has piloted the use of pre-loaded tablets and an ALL app. However, they felt that the technology could become a distraction and present a barrier to building the necessary rapport and trust between the client and the staff and/or volunteer supporting them.

Local sites provided few suggestions on how the ALL toolkit could be improved or evolved. In some cases, this was because it hasn't been used regularly by staff and/or volunteers. One suggestion put forward by a number of staff was to consider launching the ALL toolkit as an online resource. This, it was suggested, would assist with navigation and would also enable clients or friends and family members of clients to seek out information that would help them to address their support needs following a specific life event (e.g. on the Age UK website for members of the public to use). Another suggestion was to provide a summary version as a more portable resource for staff/volunteers to take out of the office. One local site also indicated that it would be helpful to include more information on health conditions, in particular given an ageing population and a greater proportion of clients with comorbidities⁷.

⁷ In medicine, comorbidity is the presence of one or more additional conditions co-occurring with a primary condition

4.7 Quality assurance

All of the local Age UKs have quality assurance systems in place to review the delivery of the staff and/or volunteers delivering the ALL programme. This is particularly important where the service is delivered by volunteers who generally have less experience and knowledge than paid members of I&A teams.

Effective supervision was highlighted as a fundamental aspect of quality assurance. All of the sites used team meetings to enable staff involved in the delivery of the ALL programme to reflect on specific areas or issues that have dealt with. This approach was regarded as valuable in building a strong team ethos and facilitating knowledge transfer. In some of the sites staff have received training in undertaking independent file review as part of local quality assurance systems.

The majority of the local sites, including the National Advice Line, have attained and operate within the framework of the Age UK Information and Advice Quality Programme (IAQP), which governs their approach to providing high-quality information and advice services, including the ALL programme.

4.8 Empowering clients

Feedback from local sites indicates that the use of a holistic, person-centred approach is effective at both encouraging and empowering clients to take an active or even lead role in addressing their issues and needs following a life event. The role of the advice worker may focus on building their confidence or removing any barriers that may prevent them from addressing their needs (e.g. a lack of awareness of local support services or difficulty in contacting them).

A common theme identified by advice workers was the fact that many clients have had negative experiences or have a lack of trust in local services. This, in combination with their anxiety regarding their recent life event, can make it difficult for them to navigate these services and as a result without support from an advice worker many clients may give up. The ALL programme is thus helping clients to be more persistent which has benefits by building their resilience to self-manage any future advice and support needs.

For staff and volunteers delivering the ALL programme, their conversations with clients can also provide valuable information on the awareness of or accessibility of other local support services. Sharing this knowledge with local partners has the potential to help them transform their services through more effective promotion and ensuring that they are most person-centred by design.

Summary

- All of the local sites use a process of triage to both assess a client's suitability to be supported through the ALL programme and, where necessary, prioritise some clients for support based on assessment of their needs.

- The programme has surpassed the target for the number of sessions delivered through home visits. The use of home visits has been highlighted as integral to the delivery of a holistic, person-centred approach. All of the local Age UKs had used the funding to protect and maintain home visits where possible, in particular for the most vulnerable clients experiencing life events.
- The staffing model used by local sites is strongly influenced by their wider funding position and organisational structure. Some local sites have used the ALL funding to recruit a dedicated post to deliver the programme, whereas others have integrated the ALL programme into their existing I&A team structure.
- Several of the local Age UKs are predominantly or solely using volunteers to deliver the ALL programme. The use of volunteers enables local Age UKs to benefit from their capacity, enthusiasm and skills, however it also requires staff capacity to manage and support them effectively.
- The use of a person-centred approach has been central to the effective delivery of the ALL programme. The person-centred approach encourages clients to take ownership of their advice needs and realising their ambitions. This is helpful in ensuring that the ALL programme avoids creating a dependency on local Age UK services by supporting and empowering clients to take control.
- Local sites receive a high volume of referrals from external agencies including social care teams, hospital discharge teams, care homes, primary care navigators, Occupational Therapists, GPs, community support workers and a range of third sector organisations. In many cases other services don't have the capacity to undertake home visits.
- The use of the holistic approach to support clients in realising their ambitions enables local sites to signpost or refer to other services. Given the reach of the ALL programme and the range of support needs identified through the client contacts, it is evident that local Age UKs are enabling a range of other services to extend their reach in the community.
- All of the local sites fed back positively about the value of the existing ALL toolkit. Generally speaking, the ALL toolkit was used less frequently by more experienced staff, however it did enable staff to look up information for areas of support that they may not have dealt with recently. The toolkit was commonly used as a resource to support the induction and training of new staff and volunteers, with particular relevance to the local sites using volunteers to deliver sessions.

5 Impact on older people

This section of the report presents an assessment of the emerging evidence of the impact of the ALL programme on the older people supported by the service. It draws on the feedback from older people captured from telephone questionnaires completed with a sample of clients by local Age UKs as well as evidence presented in case studies for a sample of clients. It also draws on qualitative interviews conducted with a sample of clients by the research team at Wavehill Ltd.

5.1 Evidence from telephone questionnaires

In Year 3, local Age UKs have completed 225 telephone questionnaires with a sample of clients supported by the ALL programme. The telephone questionnaire is completed between 1-3 months after the service has been provided; this time gap allows enough time for change to occur but ensures that the majority of clients will still be able recall the service. The headline findings from the telephone questionnaires completed at the end of Year 3 is provided below:

- **98%** of clients report feeling comfortable talking with the advice worker about what they would like to achieve in the future, rather than just the main issue that they came to Age UK for help with;
- **48%** of clients agreed that, during the advice sessions, they asked for help with areas of their life that they hadn't thought of getting help with before.
- **96%** of clients rate the straightforward nature of the information and advice they received as excellent or very good.
- **96%** of clients rate the information and advice they received as either very or fairly easy to understand.
- **97%** of clients found the information and advice helpful or useful.
- **88%** of clients state that they followed up on the information and advice provided.
- **88%** of clients report that the issues they were initially facing have now been resolved.
- **89%** of clients report that they feel that they have been able to achieve the ambitions or goals that they had wanted to.

5.2 Evidence from case studies

The local Age UKs delivering the ALL programme have produced a small number of case studies to provide further detail and evidence on the presenting needs of clients and the support provided. These case studies are very similar in content and demonstrate the support provided to clients through the programme after they have experienced a major life event.

In the majority of the case studies, clients had contacted their local Age UK due to a deterioration in their health. In some cases, the referral had been made on their behalf by other services such as their GP or the Alzheimer's Society. Other life events such as bereavement or divorce were a factor in some referrals. Six of the thirteen cases specifically mentioned that the clients were struggling financially and four referred to the fact that the client felt isolated or depressed. Five clients were looking for assistance to apply for Attendance Allowance.

Eleven clients featured in the case studies were supported to apply for Attendance Allowance and nine were supported to apply for further benefits such as Pension Credit. Clients were also supported to purchase equipment and adaptations for their home to ensure it was made suitable for their needs. Where requested, local sites helped clients apply for their blue badge and also to secure discounts to bills including utilities. Three clients were supported to receive winter warmth grants. For one client, the advice worker supported them to overturn a housing bill which was based on incorrect earning information.

For the three clients presenting with issues relating to social isolation and loneliness, one was referred to a befriender at Age UK, one was put in touch with a Peer Advocacy Support Group and one will shortly be attending a Silversurfer IT course.

The primary benefit of the support provided by the ALL programme was financial security, which local sites have indicated is a key 'ambition' for people seeking support. As a result of being more financially secure the case studies evidence that clients are no longer worried about their situation, able to maintain themselves in their homes, can afford to leave the house and use transport such as taxis. One case study commented that the client was able '*for the first time she could remember*' to manage financially with no worries. Clients who were referred to local groups and activities are able to '*get out of the house more*' and as a result feel more socially included.

A common theme expressed by clients was how reassured they felt by their contact with the advice worker, particularly in distressing times.

"She dealt with our concerns / claim professionally and promptly, taking time to listen to our concerns at a really stressful time for us."

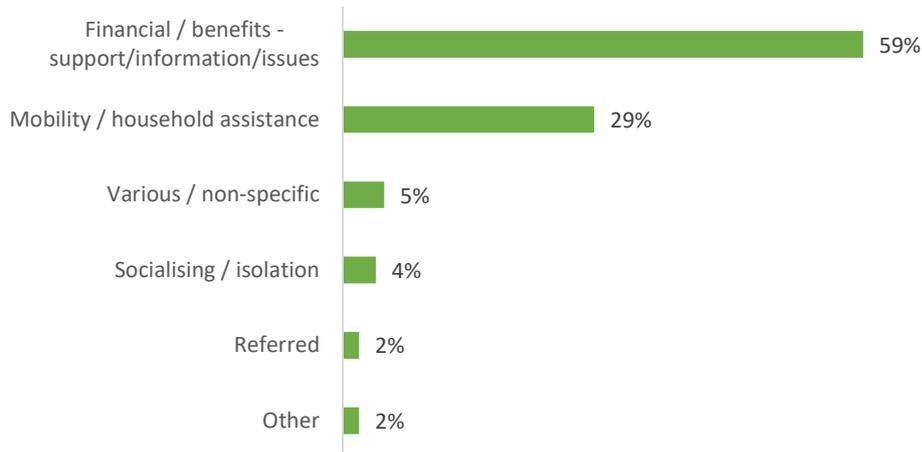
"Just by coming round a couple of times you have cheered me up"

5.3 Evidence from qualitative interviews

The research team at Wavehill Ltd completed a total of 105 qualitative interviews with a sample of clients supported through their local Age UK as part of the ALL programme. The section of the report presents feedback from clients based on their experience of receiving support through the programme. A copy of the telephone questionnaire is provided in Appendix 1.

A majority (59%) of clients contacted Age UK to seek information and advice regarding their household finances, often triggered by a major life event such as experiencing bereavement or a period of illness (Figure 5.1 over page).

Figure 5.1- Reason for contacting Age UK (n=105)



'I went into hospital and had an operation because I had a fractured pelvis and they put me into a nursing home for six weeks after that which got me into debt. I just wanted to see if Age UK could help me with money, my son got in touch with them for me. I've been ill and worrying so much about it, I've never been in debt all my life.'

'I needed help with day to day tasks in life, my COPD condition is getting worse so I wanted to see if I could get help financially and possibly help at home.'

'My consultant registered me as partially blind and the council sent me a letter telling me I could claim benefits and advised me to get in touch with Age UK.'

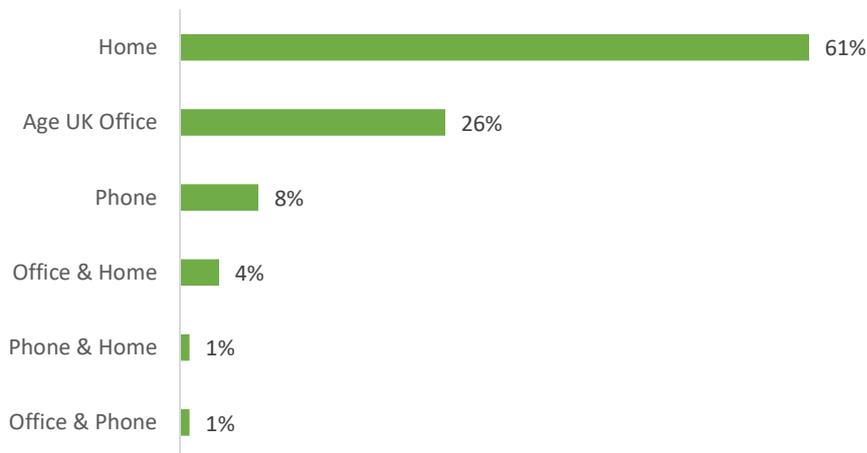
'My husband was made redundant but has since passed away, he passed away at the end of June, we went to their office initially to talk about pensions and they helped us fill in forms but I've since been back because the council kept sending me letters about my pension and council tax which I didn't really understand.'

'In November last year I was in hospital five times in and out of the ward. I had very bad bronchitis so I couldn't breathe which turned into Costochondritis, and I just couldn't stand the pain anymore. I came out of hospital and had to get in touch with Age UK because I live alone and I couldn't do anything for myself, I had no energy, I couldn't wash or dress myself so I phoned them to ask for some help until I got over it.'

The majority of clients (79%) hadn't previously received support from their local Age UK and as such were experiencing the service for the first time. For some clients this initial step of making contact and seeking support was challenging as they initially didn't feel comfortable in discussing their personal matters with an outside agency.

For nearly two-thirds (61%) of clients the initial advice session was delivered in their home, with the next most common location being their local Age UK office (Figure 5.2 over page).

Figure 5.2- Delivery channel for advice session



Nearly all clients (99%) reported that they felt comfortable speaking with the member of staff from Age UK about the issue they had contacted them about. For clients supported through a home appointment, the ability to have the initial conversation at home was valued and made them feel more comfortable in discussing their advice and support needs as well as being able to readily access any paperwork they needed to show.

'I felt very comfortable, anything like that I would rather do face to face in the comfort of my home, instead of over the phone or at their office.'

'It was fantastic, I felt very comfortable, it made a difference them coming here because it meant less stress for the both of us.'

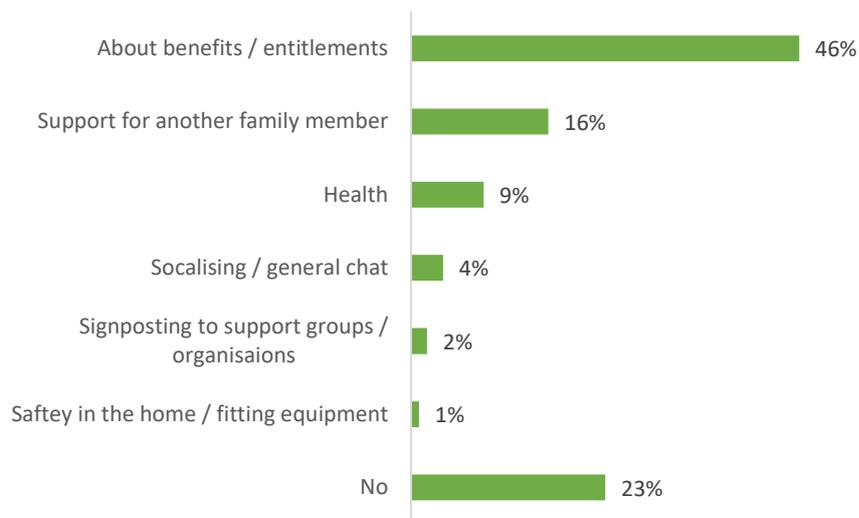
'Both ladies have been really lovely. It definitely made a difference having the conversation at home and my daughter was here as well so if there was anything I didn't hear, she heard.'

'She was absolutely brilliant, I couldn't fault her in any way, nothing was too much trouble for her, she is an absolute angel. It was much better her coming to us because depending on where we could park, my husband can't walk far distances so it would have had to be near the office. Also, everything she needed was here, all the paperwork so if we went to the office, it might have meant making a few trips back and forth with the information she needed.'

Just over three-quarters (77%) of clients indicated that during their initial advice session, the conversation with their advice worker covered other issues beyond the initial query they had. For nearly half of cases this involved issues relating to benefits / entitlements (46%) but also the availability of support for another family member (often a spouse) (16%), help with the client's health needs (9%) or addressing social isolation (4%) (Figure 5.3 over page).

This provides a demonstration of the value of a holistic, person-centred approach used by Age UK in the delivery of the ALL programme and this facilitates discussion on a wider range of advice and support needs beyond the initial presenting issue.

Figure 5.3- Issues covered beyond the initial query



'I told her that my brother in law had been diagnosed with pancreatic cancer so she got in touch with someone from Cancer UK who could help. I'd previously filled in forms for my mum's benefits but still needed to get a social worker to come in and OK the care plan so she could get the care she needed, the lady from Age UK arranged for the social worker to come in and do that. It was also useful having the lady from Age UK advise me on the care plan.'

'Yes, she advised me about my health issues, being able to get extra money every month, carers allowance. She helped me fill in the forms for carers allowance and I now get the highest level of payment, I wouldn't have known how to do it without her. I get help with the rent now too, I didn't know about any of the things she told me. She had a look around the bungalow and advised me where I could get better help off the council who have been here since and put steps in at the back door so it's easier for me.'

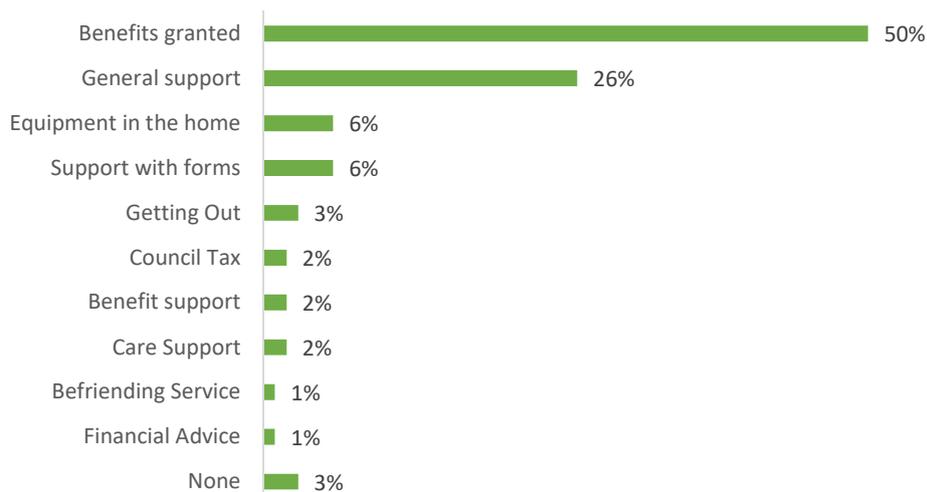
It is evident from the interviews that whilst not all of the clients supported through the ALL programme discussed specifically what they would like to achieve in the future, many were able to focus on more immediate and/or existing issues. Where clients have felt comfortable to discuss their immediate or future ambitions, this has provided a range of benefits including reassurance that advice and support is available to help them achieve their goals and also prompting them to engage in local activities which can reduce their sense of isolation and also promote their independence. Around one in five clients (21%) reported that it made a big difference being able to discuss what they'd like to achieve in the future rather than just resolving their existing issues.

'It made a huge difference, I've got contacts in health care to call upon if there are any problems or if I have any questions. I get attendance allowance now, we got a council tax rebate and they arranged for us to have a blue card or badge. Age UK put me in touch with adult social care who then put in mobility aids for the house.'

'It did make a difference, Age UK were the only company that were really helpful with the advice and assistance I got with arranging mum's carers, I wish I went to them sooner. I'd filled in the forms for her attendance allowance and pension credits myself but it would have been nice to talk to them sooner to make sure I was on the right track with everything.'

Feedback from clients provides evidence of their satisfaction and appreciation of the follow-up support and actions undertaken by their advice worker as part of the ALL programme. The effectiveness of these actions are outlined by many clients who stated their initial issues and other identified issues have been satisfactorily resolved. In terms of the outcome of their engagement with the ALL programme, half (50%) of clients indicated that they were successful in their application for benefits (commonly Attendance Allowance), whilst around a quarter (26%) received general support for a range of issues (Figure 5.4). For those clients indicating that they had not been successful with their application for benefits at the time of the telephone interview, this was because they were still waiting on a decision, they had been unsuccessful but were appealing or they have been unsuccessful but were not pursuing an appeal.

Figure 5.4- Outcome of advice session



Just under half (48%) of clients reported that they were signposted or referred to another service and just over half (55%) were sent further information from their local Age UK.

'She sorted out the council tax and PIP. She sent me leaflets about cookery courses that I might be interested in... It was a very efficient service, she came at the time she said she would and helped me out with all my financial problems, she was great.'

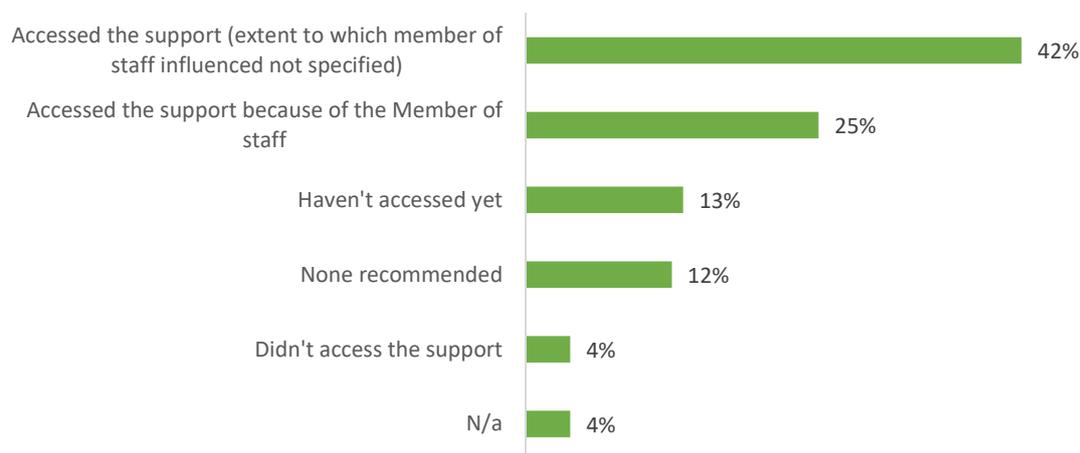
'I'm now able to claim benefits, she got me PIP which I wasn't getting before and also the blue badge. She sent me all sorts of information by post, it was a very efficient service, she came out to see me several times. She came to see me a couple of weeks later to check everything was OK.'

'She got me a cooker, I didn't have one before, she managed to source a cooker for me within about five weeks after the initial meeting. She did checks on my benefits entitlement and sorted out the electric bill too.'

'They referred me to the social services for the grip rails. What Age UK have sorted out for me is unbelievable, I didn't realise we were entitled to the benefits that we're getting now, we get attendance allowance and my husband gets more disability allowance, we also get pension credits on top of that, we don't have to pay rent and rates either. I can use that extra money for shopping and getting a cleaner in.'

Many clients indicated that the advice session, as part of the ALL programme, encouraged them to access the support they were recommended (Figure 5.5). It is evident that the role of the advice worker in providing support with form-filling, making referrals and generally providing clients with the confidence to take-up their entitlements is central to the success of the programme in helping clients to address their support needs

Figure 5.5- Extent to which the advice session encourage client to access support



'It has done, we wouldn't have known about Attendance Allowance if it wasn't for her.'

'Very much so, she advised us about what we could get, we'd never claimed anything before so we weren't aware of any of this.'

'Tremendously so, it gave me the confidence, it opened up another path to exploring things and more of an overview of what support I could get.'

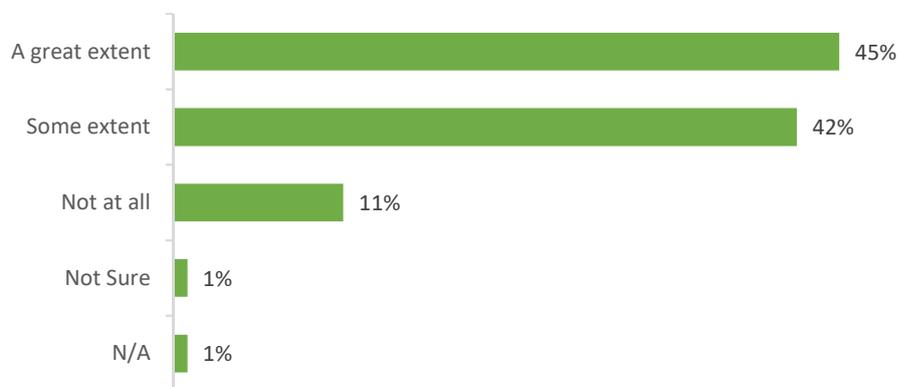
The majority (78%) of clients interviewed stated that the needs they mentioned in their initial advice session(s) have been resolved. A small number of clients stated that their needs have only been partially resolved to date, mainly because they are still awaiting the outcome of benefit applications that they have submitted. Where clients indicated their needs haven't been resolved, these are generally beyond the control of their local Age UK.

'My financial needs have been resolved, never had this help before, I'm amazed at what they've been able to do, I can get out and about a bit more now so I'm more independent and don't have to rely on my daughters too much.'

'All my needs have been resolved, everything's sorted out, I don't get any more letters from the council now, I got all the answers I needed thanks to Age UK.'

A key feature of ALL programme is the extent to which the advice sessions have supported clients who were previously unaware of support was available for them. Nearly nine in ten clients agreed that the sessions had provided them with information about services and support they were previously unaware of (Figure 5.6).

Figure 5.6- Extent to which the advice session(s) provide client with information about services, support or opportunities you were previously unaware of



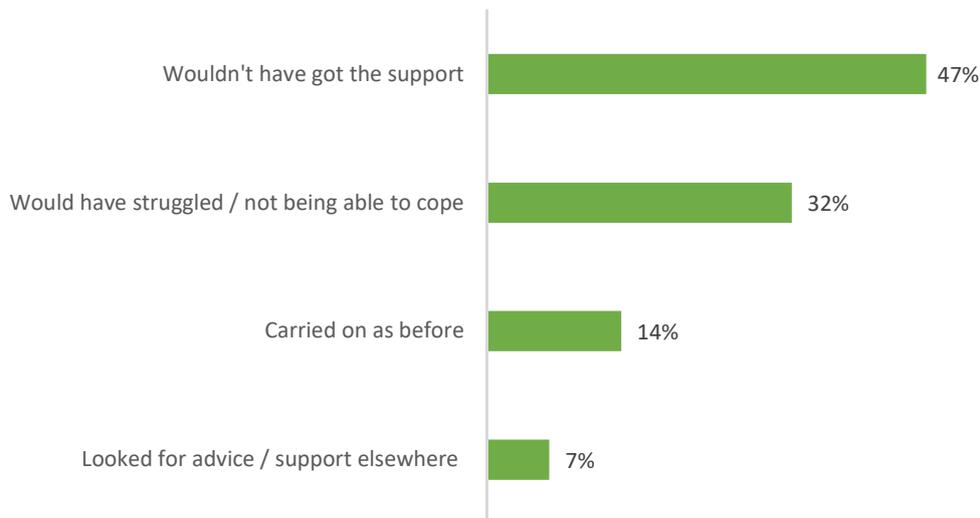
'I was unaware of most of what they could offer, I knew about what Age UK did, just not to the extent of what they've done.'

'I wasn't aware of PIP at all, I'd never heard of, I wasn't aware of the blue badge either. She got them all for me. All the information I was sent by post had information on services I was unaware of too.'

'I didn't know that I could get my food delivered, it was great to get that information, it makes life a lot easier for me.'

Clients were asked what they think would have happened if they haven't had advice and support from their local Age UK as part of the ALL programme. Responses demonstrate that for many the absence of support would have meant that they would have struggled to cope (32%) or simply wouldn't have got the support they needed (47%), with only a minority stated that they would have looked elsewhere for support (Figure 5.7 over page). This suggests that Age UKs are here perceived to be an important source of support.

Figure 5.7- Likely outcome in the absence of advice and support from Age UK?



'I'd still be struggling to get Attendance Allowance. It was only because I mentioned to my GP that they got in touch with me. I wouldn't have bothered filling the forms in myself again or appeal their decision, you need experts to fill in those forms.'

'I'd probably be on the street, there's no way I could have paid my council tax and rent when they stopped my PIP. Without her, I might not have been able to sort things out, I'm hopeless with things like that but she could use the right words and say the right things on the phone to resolve the issues.'

'I think I would have been totally housebound. I wouldn't have been aware of what's offered. I was managing with just my family but I felt I was intruding on them because my daughter has a young baby, my daughter in law came over to clean and I don't feel safe on my own so they would have to go out with me to do shopping. I felt I was taking time away from them although they said it didn't matter. The blue badge enables me to get about by myself more often.'

'We'd still have been where we were. It's sometimes fear of the unknown, we didn't necessarily want to be talking to people about our personal matters and finances, especially not over the phone but I'm glad we spoke to Age UK.'

'I think things would have been rather difficult doing it on our own, we didn't know what channels to go through, we knew we were entitled to something but not sure what and how to claim.'

Clients offered few suggestions on what they think their local Age UK could have done differently or better to help them resolve the issues they faced. The main issue for clients awaiting outcomes of a benefits claim or an application for support to another service was to receive periodic calls to keep them informed about their progress and to ensure that they didn't feel forgotten about.

'No. I was more than grateful to her for coming out. She helped me as much as she could, she's there if I do need anything else.'

'No, the service is 100% and the [advice worker] was that good, next time I go down to see her I'm going to take her flowers.'

'I can't think of anything, the financial side of it was the main thing, I'm blown away by it because I've not had any support before.'

'No, the [advice worker] did a lot for me, I wouldn't have known how to manage without them, they do a really good job. I'm really pleased with what they do and they're always at the end of the phone if I need anything.'

'They changed my life, they were smashing, so helpful. I just hope other people, if they find themselves in my situation go and get help from them, I'd recommend them anytime.'

'Age UK seem to be well in touch with all these things and well linked so I'm pleased about that, it's a help knowing they're there for future reference, I believe they're very reliable and without wanting to bother them too much, I know they're there to turn to if needs be.'

Summary

- 98% of clients reported feeling very comfortable talking with the advice worker about what they would like to achieve in the future rather than just the main issue that they came to Age UK for help with. Some 88% of clients also reported that the issues they were initially facing have now been resolved.
- The primary benefit of the support provided by through the ALL programme is financial security, which local sites have indicated as a key 'ambition' for people seeking support. As a result of being more financially secure the case studies evidence that clients are no longer worried about their situation, able to maintain themselves in their homes, can afford to leave the house and use transport such as taxis. This has been transformative for many clients.
- Just over three quarters of clients interviewed had not previously received support from their local Age UK and as such the ALL programme was their first experience of obtaining support due to their life event.
- Around half of clients reported that during their advice session with their local Age UK they discussed other issues beyond the initial query or support need they had.
- Many clients indicated that the advice session encouraged them to access the support they were recommended. It is evident that the role of the advice worker in providing support with form-filling, making referrals and generally providing clients with the confidence to take-up their entitlements is central to the success of the programme in helping clients to address their support needs.

6 Lessons learnt

Delivery of the ALL programme has highlighted a number of lessons which can support local Age UKs in using a holistic and person-centred approach to support clients in achieving their ambitions in later life. A summary of the lessons emerging from this evaluation of the programme is provided below.

- It has been reported by 89% of clients that they feel that they have been able to achieve the ambitions or goals that they had wanted to after accessing the ALL programme, highlighting its effectiveness as a means of support.
- The flexible person-centred approach is able to meet the needs of clients who have a broader range of needs than initially anticipated. It was reported by 48% of clients that they have been provided with support on issues wider than their initial enquiry.
- The primary benefit of the support provided through the ALL programme is financial security, which local sites have indicated as a key 'ambition' for people seeking support. Achieving financial security enables clients to focus on other areas of their lives and have the resources to pursue other activities and ambitions. One case study commented that the client was able '*for the first time she could remember*' to manage financially with no worries. Clients who were referred to local groups and activities are able to '*get out of the house more*' and as a result feel more socially included.
- The use of home visits has been highlighted as integral to the delivery of a holistic, person-centred approach. All of the local Age UKs had used the funding provided through the ALL programme to protect and maintain home visits where possible, in particular for the most vulnerable clients experiencing life events.
- The follow-up support provided through the second contact or home visit can often be the point at which clients open-up about other challenges they are facing and, as such, is an effective approach to deliver a holistic package of support that addresses a range of client needs.
- The use of volunteers enables local Age UKs to benefit from their capacity, enthusiasm and skills, however it also requires staff capacity to manage and support them effectively. Local Age UKs have highlighted differing motivations and drivers of their volunteers with some preferring to support clients in the office as opposed to at home and others being unable or unwilling to drive to attend home visits. The geographical scope of local Age UKs can also present challenges when using volunteers to deliver a programme of support across their whole area as some may be motivated to support older people in their immediate neighbourhood as opposed to further afield.

7 Recommendations

This final section of the report provides a number of recommendations for Age UK and the local partner network based on evaluation of the programme.

- Given the reach of the ALL programme and the range of support needs identified through the client contacts, it is evident that local Age UKs are enabling a range of other services to extend their reach in the community. The home visits delivered by local Age UKs in particular are often a route for older people to engage with a range of statutory and non-statutory services. Local Age UKs should highlight their contribution to referring into a range of services as part of conversations with local commissioners and at local advice networks.
- For staff and volunteers delivering the ALL programme, their conversations with clients provide valuable information on the awareness of or accessibility of other local support services. Sharing this knowledge with local partners has the potential to help them transform their services through more effective promotion and ensuring that they are most person-centred by design.
- Age UK should consider launching the ALL toolkit as an online resource. This has the potential to improve its navigability whilst also enabling clients or friends and family members of clients to seek out information that would help them to address their support needs following a specific life event.
- Given the benefit volunteers provide in terms of capacity, enthusiasm and skill, it is important for local Age UKs to consider the logistics of recruiting volunteers within their own setting, ensuring they know the role and parameters of the volunteers and that there is enough internal capacity with which to support and coordinate volunteers delivering the programme. It should also be considered that the ALL toolkit is a good reference point for training new volunteers.
- Given the effectiveness of the ALL programme particularly through home visit delivery, Age UK should consider seeking further funding to enable local Age UKs to continue delivering a high level of home visits and to ensure that waiting lists are shortened.

Appendix 1 Telephone Questionnaire

Age UK Ambitions for Later Life Beneficiary Consultations

Wavehill Ltd have been commissioned by Age UK to undertake an evaluation of 'Ambitions for Later Life' (ALL) which is a three-year project funded by Santander that has been running since June 2016. The project aims to provide a tailored, holistic information and advice to older people experiencing life events or coping with a life change.

This questionnaire is designed for individuals who have recently received support from Age UK, to assess whether their needs and circumstances were fully understood.

We understand that consent for Wavehill to contact you regarding this evaluation was provided by yourself to Age UK, approximately two weeks ago. The questionnaire will take about 15 minutes to complete.

Before we ask any questions, we need your permission to pass your answers on anonymously to national Age UK who are running the project. This project is being funded through Santander and anonymised statistical information will be provided to both Santander and Age UK in order for them to monitor the effectiveness of the project.

Yes, the client is happy to share their answers in this way

No, the client is not happy to share their answers in this way - end survey

Confidentiality

Your contact details were provided by Age UK. Participation in the survey is voluntary. You can decide to not take part before or during the interview and can choose to not answer certain questions if you prefer.

If you have any questions, please contact Andy Parkinson at Wavehill who is leading the team undertaking the study (andy.parkinson@wavehill.com | 07713 357386). or Justin Butler at Justin.Butler@ageuk.org.uk or on 0207 033 1632.

Under the new data protection legislation, you have the right:

- To access your personal data held by Age UK
- To require Justin Butler to correct any mistakes in that data
- To (in certain circumstances) object to or restrict data processing
- For (in certain circumstances) your data to be 'erased'
- To data portability allowing you to move, copy or transfer personal data easily from one IT environment to another

Please contact Justin.Butler@ageuk.org.uk if you wish to request any of these options.

We do have additional information about data protection, would you like me to read this out?

Yes - refer to additional information below

No - happy to proceed with the survey - skip to Q1

Additional Confidentiality Information

If you have any concerns about how your data has been handled, you can lodge a complaint with the Information Commissioner's Office who is the independent regulator for data protection. You can contact the Information Commissioner's Office on 01625 545 745 or 0303 123 1113, via the website www.ico.gov.uk, or write to: Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

The data collected will be stored securely on Wavehill's systems until September 2019 and will be used by Age UK for the purposes of evaluating the Ambitions for Later Life project and sharing overall feedback with the funder of the service you have received. However, we will not share your personal details with any third parties. Any comments that you make will be confidential and the information you provide will only be used for the purposes of this evaluation.

Comments that you make will not be attributed to you. This means it will be impossible for anyone to identify you from any published reports because information will be anonymised. It is also important to note that the team undertaking the evaluation do not work for Age UK or any of the other organisations that are involved in the delivery or funding of this project. This is an independent evaluation.

Q1 What was the reason that you contacted your local Age UK?

Q2 Have you previously received support from your local Age UK?

Q3 Was the initial advice session delivered in your home or at Age UK's office?

Q4 How comfortable did you feel speaking with the member of staff from Age UK about the issue you contacted them about?

Q5 During your advice session(s) with your local Age UK, did you go on to talk about other issues beyond the initial query you had? If so, what were these?

Q6 What difference (or not) did it make for you to be able to discuss what you'd like to achieve in the future rather than just resolving your existing issues?

Q7 What happened following your advice session(s) with the member of staff from your local Age UK?

Q8 To what extent did your advice session(s) with the member of staff from your local Age UK encourage you to access all the support you were recommended?

Q9 Have the needs you mentioned in your advice session(s) with the member of staff from your local Age UK been resolved?

Q10 To what extent did your advice session(s) with the member of staff from your local Age UK provide you with information about services, support or opportunities you were previously unaware of?

Q 11 How did your experience of having an advice session with the member of staff from your local Age UK compare with any previous experiences you have had seeking support from advice agencies?

Q12 What do you think would have happened to you if you hadn't had advice and support from Age UK?

Q13 Is there anything you think Age UK could have done differently or better to help you resolve the issues you faced?

Q14 Would you like to provide any further feedback about the support you have received from your local Age UK?

