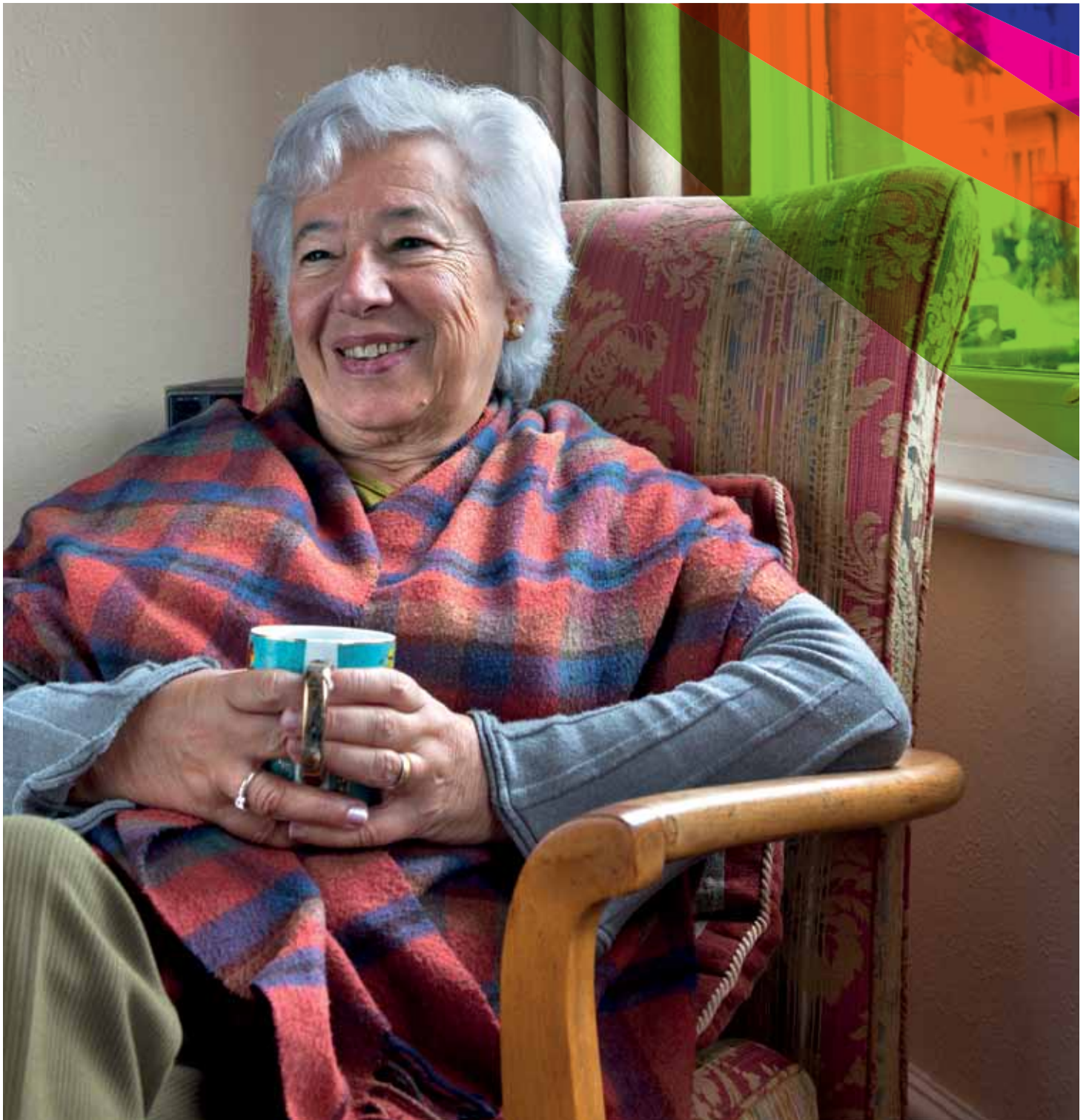


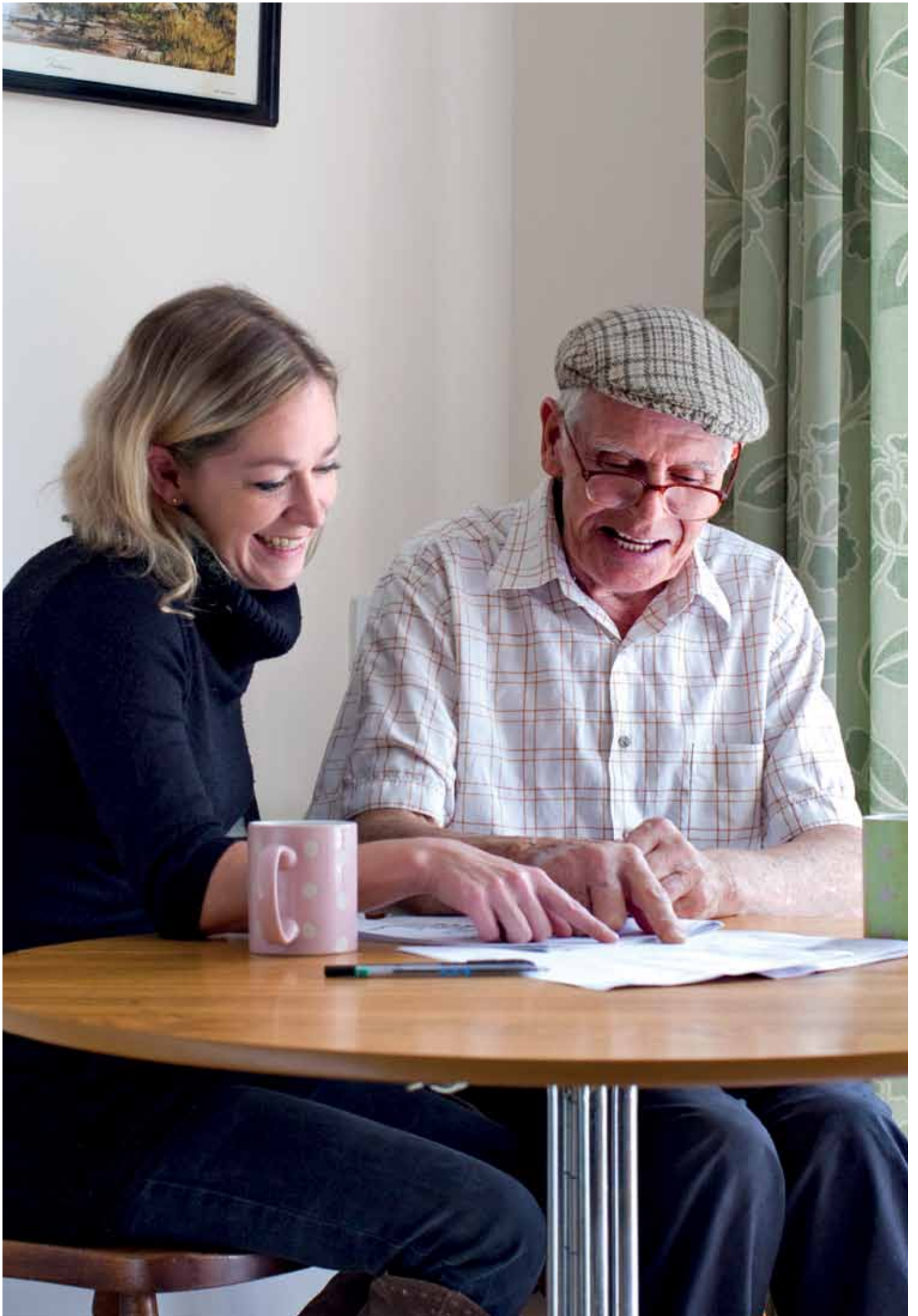
Information and Advice for Older People Evidence Review



This evidence review is part of a series produced by Age UK, in order to provide evidence to underpin decision-making for people involved in commissioning, service development, fundraising and influencing.

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Key messages

- Information and advice services can be most effective when they are designed to target the specific needs of identified groups, such as older people.
- Although written information can be sufficient for many older people, those with the greatest needs may require information and advice delivered personally (face to face or by telephone), often with practical support to resolve their problems.
- The greatest demand for both information and advice is often linked to times of personal, medical or financial change/crisis, which is often when people are least able to seek the support they need.
- Older people find it difficult to access information and advice for a range of reasons, so services should be accessible through a range of access points and in different ways.
- Information and advice have a key role to play in improving access to public services and benefits for older people.
- A stand-alone information service is generally less effective than one that also provides advice, because many people will need support to fully understand and act on the information provided.
- Good-quality, accurate information can be provided from a range of sources but advice often needs to be independent, especially in cases concerning legal rights.
- It is good practice for information and advice providers to involve older people in the development of the content and design of their service to ensure that it meets their needs and is usable and accessible.
- Good local knowledge is essential for successfully targeting potential beneficiaries and harder-to-reach groups, for example black and minority ethnic elders and people living in isolated rural areas.
- Although information and advice for older people should be targeted at older people, information and advice aimed at professionals, carers and relatives can also be an effective way of meeting the needs of older people.
- Information and advice lines can prove a valuable source of data and intelligence for the organisation as well as providing evidence for policy and planning.
- At times of major policy and legal changes, the need for high-quality, up-to-date and impartial information and advice is particularly important.

1 Definitions

Definitions of information, advice and related terms have been agreed as part of joint work on quality standards for advice by the main advice networks. The definitions are accepted across the advice sector, having been agreed by the main advice networks: Citizens Advice, Advice UK, the Law Centres Federation, Age UK, Youth Access, and the Advice Services Alliance. The definitions are as follows.

Information includes generic leaflets, handouts and other guidance materials that are not tailored to a client's specific needs.

Information service gives clients the information they need in order for them to take action on their situation. It can include information about rights, policies and practices; and about national and local services and agencies. Responsibility for taking any further action rests with the client.

Example

A client asks whether she can get help with her Council Tax bill and how to claim. You give her a leaflet *Help with Council Tax* and details of her local benefits office. You let her know of two advice services nearby that give advice on welfare benefits.

An **advice service** involves:

- diagnosis of the client's enquiry and the legal issues involved
- giving information and explaining options
- identifying further action that the client can take
- some assistance, e.g. contacting third parties to seek information, filling in forms.

Client assistance would usually be completed within one interview, although there may be some follow-up work. The client would take responsibility for any further action.

Example

A client asks whether he can get help with his Council Tax. You carry out a benefits check and advise him that he is entitled to Council Tax Benefit of £6.50 a week. You may help fill in the form or direct him to the local benefits office to make an application.

Advice with casework includes all the elements of an advice service previously listed and also involves taking action on behalf of the client to move the case on. It could include negotiating on behalf of the client with third parties on the telephone, by letter or face to face. It will usually involve follow-up work and the adviser would take responsibility for this.

Example

A client is refused Council Tax Benefit. You check the decision letter and find that the local authority has made a mistake with your client's income details. You call the benefits service and cannot resolve it by phone. You write on behalf of the client to request a revision of the decision, giving reasons and enclosing evidence. You make a note in the office diary to check that you have received a reply within two weeks. Ten days later you receive a reply saying the mistake has been corrected; enclosed is a copy of a new decision that has been sent to the client.

Casework, the term 'case' means different things in different contexts. Here it relates to the definition of advice with casework given above, and means the work that an advice provider undertakes when they act for, or 'take on a case' for, a client.

The fact that an advice provider has a physical file where they keep notes and paperwork relating to a client's enquiry does not mean that the provider is carrying out casework. An advice provider undertakes casework when they carry out work on an enquiry for a client that goes beyond advice. Casework relates to the management of an enquiry, rather than the level of complexity of the issue or the competence of the adviser.

Specialist casework requires the presentation of complex legal arguments.

Example

An appeal at a first-tier social security appeal tribunal involves some or all of the following elements:

- complex legal arguments
- detailed knowledge of another area of law
- reference to case law
- the prospect of an appeal to the higher tribunal if the first appeal is unsuccessful.

Signposting gives clients information about other providers of services appropriate to the client's needs. This will be based on the knowledge of the agency and the needs of the client. The client has responsibility for taking further action and making contact.

Referral requires an adviser to select an appropriate provider of services for a client based on the client's needs, the area of law in which the matter falls, and the agency's knowledge of that provider. The adviser will make contact with the provider and where possible will secure an appointment for the client with a named adviser. It may involve the adviser passing on relevant records or information to progress the client's advice needs.

It should also be noted that information and advice are often delivered by services that are called something else, such as 'welfare benefits service'. Some advocacy services are essentially delivering information and advice (I&A) casework and representation – advocating the client's case for them in relation to (most often) a public authority such as the Department for Work and Pensions, local authority or health authority. Others include some element of I&A within their work. However, the advocacy function is distinct from I&A. The clearest definition of advocacy is from the Disability Rights Commission, which describes advocacy as 'an individual being supported to express views, communicate choices and receive services or participation as a result.'¹ Dunning stresses that advocacy, as well as I&A, is crucially important in promoting older people's independence, and demonstrates that information, advice and advocacy can often overlap in practice.²

As clients often have a number of interrelated problems,³ a holistic approach, giving I&A across a range of topics, is most effective. One report elaborates that advice usually relates to specific issues (for example welfare rights), which have distinct objectives and eligibility criteria. Once background information is provided, the individual may be advised on what course of action to take and how to proceed with it. Information, on the other hand, leaves it up to the individual to interpret and decide how to proceed upon given information. Information may be freely accessible in various formats, or may be circulated generally via a mail drop or mailing lists.⁴



2 Policy context

Good-quality information and advice are essential to enable people in later life to access entitlements and services, make informed decisions, exercise consumer choice and play a full part in their community and society. This is particularly true at times of major changes to policy, law and services for older people. Government policy increasingly focuses on extending choice in public services, increasing independence and giving people more personal responsibility. If older people are to benefit from these developments, the state has a crucial enabling role to play by ensuring that they have access to the information and advice they need to make informed decisions. Information and advice are part of a range of services that start from signposting and continue to representation and advocacy.

People require support in different ways, according to both their need and their ability to act on the information received. While the internet has revolutionised access to information for many people, 37 per cent of people aged 65–75 and 71 per cent of people aged 75 and over in the UK have never used the internet⁵ and people least able to resolve their problems may need more intensive forms of information and advice to achieve a successful outcome. Failure to access information and advice when it is needed can increase the risk of long-term or multiple problems. Information and advice are particularly important in the current economic climate when there is much uncertainty and planned policy change. This section summarises some of the key areas of public policy that could add to demand for information and advice from older people.

Income, benefits and welfare reform

Although poverty among older pensioners has fallen over the last decade, 1.7 million pensioners are living in poverty.⁶ This is despite the fact that up to £5.5 billion of means-tested benefits goes unclaimed each year.⁷ A major role of advice services working with older people is to help people find their way around the complex benefits system and access their entitlements. There is a continuing need for this support in order to reduce poverty and low income.

On top of this, advice agencies will need to cope with enquiries relating to the Government's major programme of benefit reforms. These will affect some older people although at present the main impact will be on people under State Pension age. The reforms are intended to cut welfare expenditure and simplify the systems of support for people of working age. Some changes, such as restrictions in Housing Benefit, have already been introduced and others are on the way – although some of the details are still to be announced (November 2012). Organisations advising older people are already being contacted by pensioners and those in their 50s concerned about the possible impact. In the longer term, a simpler system of benefits for working age people could reduce the need for information and advice. However, any major changes are likely to generate concerns and enquiries in the short term and, given that more announcements on cuts are expected, uncertainty and anxiety among those reliant on support are likely to continue.

Financial advice and retirement planning

Older people have a wide range of needs in making the most of their financial resources. Regulated financial advice is available but many older people may not feel confident about approaching an independent financial adviser and there are some predictions that availability of advice will decrease in 2013 when the Financial Services Authority implements new rules following the Retail Distribution Review.

Although older people tend to have higher than average skills for day-to-day money management tasks, they may be less confident about making more complex decisions. Financial management later in life will often involve highly complex decisions, such as whether to release capital from a home. Furthermore, financial services are fast changing and older people may also need additional support in adapting to new products, services and technologies as well as new ways to compare products.

The Money Advice Service provides generic financial information and advice via a dedicated website and a working-time telephone service. It offers individuals a financial ‘health check’, advice on budgeting and managing risk, and ‘tips and tricks to save money’. However, it has a very broad remit and may not always be able to provide the more tailored and personalised services required by some older consumers. Although some face-to-face advice is offered, the primary delivery channel is the internet.

There are also indications that problem debt among older people may be increasing. The Money Advice Service has also taken over responsibility for co-ordinating debt advice, but again there is a push to focus on online and telephone services, which may not meet the needs of many older people.

Social care

Provision of advice and information for people looking for care and support can be crucial. It helps people understand their rights and entitlements from the local authority as well as their local options based on their need and ability to purchase support. These options could include community networks and support schemes as well as formal services, so knowledge of the local community is vital.

Advice and information are patchy and often do not help people make decisions about their care and support options. Tackling this has been acknowledged as one of the main ways that the care reform process can improve people’s experiences of social care.

Lack, or poor provision, of information and advice can lead to people making important decisions about their care with very little knowledge about what support might be useful, how to pay for it and how to challenge poor care should the need arise. All of these factors are likely to undermine the effectiveness of the market as a means of driving quality. This situation is particularly bad for self-funders, as there is evidence that they are sometimes excluded from advice and support given via local authorities.⁸

When the Law Commission reviewed the current adult social care legislation, it found that there were inadequate provisions to ensure that local authorities provided high-quality advice and information to their citizens.⁹ The Dilnot Commission on Funding of Care and Support also recommended that a national advice service be set up as part of its recommendations for social care reform.¹⁰

And the Government has acknowledged that advice and information are central components of their plans for care reform. It is proposed that local authorities will have stronger duties to ensure that advice and information are available locally, including for self-funders.

It is important that these strengthened local authority functions ensure that all older people can access information and advice, regardless of their level of need or income, and that these are available as face-to-face support if necessary. It is also important that advice and information continue to be available from independent sources, particularly when it comes to challenging decisions made by the local authority about care and support.

Healthcare

Improving patient choice and control in health services has been a significant component of recent changes to the NHS and a central aim of the Health and Social Care Act 2012. Choice of service provider and even the team that delivers a person's care will become increasingly widespread. The reforms envisage that people will expect to be more involved in decisions about their care – in fact, patient involvement is a duty placed on new bodies overseeing the NHS locally.

Creating and disseminating information for people to make meaningful choices about service provider and clinical team will be particularly challenging. Assessing quality of healthcare services is extremely difficult, even for people with expert or specialised knowledge.

In addition to enabling people to be more involved in decisions about choice of provider, older people may need help to be involved in shared decision-making, which is the well-established approach of supporting patients to decide on courses of treatment or care in partnership with their healthcare team. This will typically involve providing information on a procedure, supporting patients to understand the implications of treatment, the risks and benefits and all the potential options. This helps to reduce unnecessary treatment, engages people in managing their care, and helps create health outcomes that are meaningful for patients.

There is more work to be done by the NHS and others in delivering choice in the health service and ensuring greater use of shared decision-making. However, many older people will need information and advice in order to understand their options and make appropriate choices about health treatment and care.

Housing advice

There is increased debate about the ability of older people to move into more suitable housing. Advice and information play an important role in allowing older people to consider a range of housing options. They should not feel pressured to move into housing that does not recognise their individual needs and aspirations.

Currently only a small proportion of older people choose to move into sheltered, retirement and extra care housing. Access to advice and information could help more older people to consider these as positive options (assuming that they are locally available).

As well as bricks and mortar, housing advice needs to consider access to care and support, social networks, neighbourhood services, and transport links that enable older people to live independently.

The Government has invested in the First Stop housing advice service, managed by the Elderly Accommodation Counsel. This is a good source of advice and information on all aspects of retirement housing. The Government announced a total of £300 million for specialised housing up to 2014/15, with details to be announced shortly. Home Improvement Agencies (HIAs) also play a crucial role in helping older people to review their housing choices and their ability to remain in their current home.

Although the Government set out its support for HIAs in its recent housing strategy *Laying the Foundations*, a number of schemes have closed or are struggling to survive due to cutbacks. It is important that local authorities consider the longer-term benefits of sustaining these services, given the savings they deliver to health and social care services.

Reforms introduced by the Localism Act 2012 will mean that there will be one mandatory ombudsman service with responsibility for all social housing providers, including local authorities, as well as some private providers. Residents will not be able to make a direct complaint but will have to go through a designated person. Ongoing cuts in Supporting People budgets may mean the further withdrawal of low-level housing support, including wardens. There is likely to be an increase in providers charging for additional housing support service in schemes.

Advice on energy and keeping warm

Energy bills are a major area of expenditure and a source of concern for many older people, particularly with continuing price rises. Older people may need help to switch suppliers, information about keeping warm, and advice to make their home energy efficient. The Government's flagship energy efficiency programme, Green Deal, started to operate in October 2012. This is a market-led approach aimed at stimulating demand for households to invest in energy-efficiency measures through long-term loans.

Older people considering taking out a loan will need to understand how the scheme works and whether it is appropriate in their circumstances. For example it is unlikely that people living in hard-to-heat homes, particularly those with solid walls, will be able to qualify for Green Deal because the measures for these types of home are considerably more expensive. Independent advice will be particularly important as Green Deal providers will be able to carry out cold calling in order to find customers.

Another area of change is that the Government intends that every home will have a smart energy meter by 2019 with the offer of a stand-alone display giving real-time information on energy consumption. This should give households better information and control over their energy consumption than they have today. Because suppliers will be able to read these meters remotely, visits to homes to read meters will be unnecessary and it will see an end to estimated bills. These changes could bring benefits to older people although the experience of local organisations in dealing with the digital TV switchover suggests that some older people will need follow-up help to understand the new scheme.

Equalities

The Equality Act 2010 has extended legislative protection for older people against discrimination. In October 2012, regulations came into force banning age discrimination in the provision of services (including the provision of goods and facilities). It is now unlawful for service providers to discriminate on the basis of age unless the practice is covered by an exception from the ban, constitutes positive action designed to address disadvantage experienced by a particular age group, or good reason can be shown for the differential treatment ('objective justification'). The ban covers those aged 18 or over, in both the private and public sectors, and is applicable in England and Wales. However, financial services such as banking and insurance are covered by an exception.

For equality legislation to be effective in rooting out and preventing harmful age discrimination, it is essential that individuals are equipped to recognise and challenge the discrimination they experience or witness. In this context, high-quality information and advice about the new protections offered by the legislation are vital.

Access to legal advice

It is likely to be harder for people with limited resources to obtain legal advice after Parliament's passing of the Legal Aid, Sentencing and Punishment of Offenders Act 2012, which will introduce changes to legal aid in 2013. One important change is that legal aid will no longer be available for some types of cases, including most welfare benefits work. New eligibility rules will be introduced and changes to the treatment of capital may particularly affect older people.

Legal aid is an important source of funding for many advice organisations which, especially given the pressures on the budgets of local authorities and other funders, will find it very difficult to make up the shortfall and continue to offer the same support.

The Impact Assessment to the Act indicates that the changes will affect 585,000 clients (of all ages) who will receive around £240 million a year less in legal aid services.¹¹

These and other government-funded services play an important role, but older people will continue to need access to more detailed support and advice, by telephone or face to face, geared to their specific needs. And often it is important for people to have information and advice from an organisation independent of government and service providers.

Government support information and advice

The Government is bringing together its consumer information in a single website, GOV.UK, which was launched in October 2012. This should make it easier for individuals with access to the internet to find the information they need. However, many older people are not able, or do not wish, to use online resources, and information alone will not always be enough.

The Government funds consumer advice through the Citizens Advice consumer service, which took over responsibility for providing consumer advice and information from Consumer Direct on 1 April 2012. The Citizens Advice consumer service provides free, confidential and impartial advice on consumer issues.

Information collected by the consumer service is shared with the Office of Fair Trading (OFT) and other enforcement partners, including local authority Trading Standards services. Responsibility for OFT-recognised information on consumer codes of practice will transfer from the OFT to the Trading Standards Institute as from April 2013.

The Government has recently commissioned a new Equality Advisory and Support Service (EASS) to replace the Equality and Human Rights Commission's helpline. The new service is aimed at individuals who need more expert advice and support on discrimination than advice agencies and other local organisations can provide. It will explain legal rights and remedies within discrimination legislation and also give people options for informal resolution and help them to pursue them. Where informal resolution is not possible or not what the client wants, the new service will offer, for discrimination problems, referrals to mediation or conciliation services. Individuals who are representing themselves in a discrimination claim will be able to receive information about, and support with, preparing a claim but not legal advice or representation.

In response to the changing funding landscape and demand for advice, in November 2011 the Government announced a review of not-for-profit advice provision to identify how government and the sector could engage more effectively to ensure that vulnerable people still get the independent, free advice they need. As a result, in October 2012, the Government announced an additional £33.6 million funding for not-for-profit advice providers in England over the next two years, 2013/14 and 2014/15.

This is in addition to the Advice Services Transition Fund of £16.8 million per year in 2013/14 and 2014/15. It is intended that these additional resources be used to develop and deliver good practice across a number of key characteristics, including collaborative working, focusing on early intervention and prevention, outcomes-based delivery, exploiting all available channels including remote delivery such as digital, and developing resilience and innovation to diversify income streams and service delivery models. Not-for-profit advice providers will need to come together in partnerships with plans for collaborative working to address local needs to be eligible for the funding.

Conclusion

This section has summarised some of the wide range of key policy developments that will affect many older people. Reductions in public spending, concerns about the future, major government policy changes, and a cut in legal aid are all likely to lead to an increase in the numbers of older people needing information and advice. However, advice agencies are already facing high demand and are concerned about their future funding. At a time of uncertainty and change, it is essential that older people are able to access the independent information and advice they need.



3 The need for information and advice

Why is there a need for information and advice for older people?

The Joseph Rowntree *Foundation Report of the Older People's Inquiry into 'That Bit of Help'* lists information as one of the seven areas of help required by people in later life.¹²

Benson and Waterhouse, in their information and advice strategy report for Age Concern, argued the following.

In some respects, older people and their carers have similar needs for I&A to the rest of the population. Some of these needs can be met by generalist I&A services, whether provided by ACs [Age Concerns] or by other organisations. It is important that these services are accessible to older people and their carers.

In other respects, however, older people and their carers have distinctive needs for I&A. In the main, these arise from certain life-changing events and from the ageing process itself. They lead to distinctive needs regarding: social contact and care (including leisure pursuits), finance and housing, health and practical support.

The impact of these factors can reduce the capacity of the individual to access I&A and other services. The way in which some older people need to access I&A is, thus, also distinctive; requiring personal contact provided in places which are already accessible to them.

These specific needs for and access to I&A services are compounded for three particular groups of older people: those affected by poor health and disability; those living in rural areas; and those from ethnic minority communities.^{13,14} For an analysis of the information and advice needs of BME elders for financial inclusion, see the recent Runnymede Trust/CPA report.¹⁵

Older people often seek information and advice during times of personal, medical or financial crisis.¹⁶ High-quality, timely advice can prevent further detriment down the line (financial, emotional, health, legal, etc.), and often, when advice is sought, other problems are uncovered.¹⁷ Older people may also need information for a number of other reasons, including the need to exercise choice, know about services, and participate in decision-making.¹⁸ High-quality information and advice can help older people to live independently.¹⁹

A recent report stresses the need for information, advice and advocacy services to ensure that older people obtain the help they need from the adult social care system to guarantee that they can remain independent.²⁰ Critically, older people are not taking up the full range of benefits available to them – up to £5.5 billion goes unclaimed each year.²¹ I&A provision is essential not only for assisting older people with benefits take-up, but also encouraging them to access direct payments and individual budgets and to help them commission and negotiate care services.²²

The independence and impartiality of the information and advice provider is of crucial importance to older people. Statutory services may offer advice about entitlements, but if they are also the gatekeepers to those entitlements there may be an actual or perceived conflict of interest – 88 per cent of older people feel that it is important that advice is either impartial or independent.²³

The benefits of success in the provision of I&A services are well summed up by a report²⁴ that found that older people ‘can gain financially through new and backdated benefit claims. They also have improved housing, access to transport and support and social care services.’

The report also presents case studies that outline the gains for individuals as: ‘improved physical and mental health, greater confidence and increased social contact and involvement in the community.’

Information and advice services are also important to policy-makers. The provision of I&A can influence public policy by identifying problems, at local and national levels.²⁵

Advice agencies see the effect of poor public service delivery on their users. In Nottingham, a group of advice agencies working with Advice UK identified that 30 per cent of their capacity was taken up dealing with demand that was generated by the failure of external organisations to act or get something right for their users.²⁶ Unfortunately, free and independent advice is low on the list of political priorities, and is underfunded, despite high demand and unmet need.²⁷

What topics do older people seek information and advice on?

Older people seek information and advice on a number of topics. The most sought-after I&A covers topics such as benefits and money, health, residential care, finding help at home, non-residential care services, housing-related issues, bereavement, end-of-life issues and consumer issues. Other topics of interest include employment or voluntary work, travel, legal advice, and nationality/immigration issues.²⁸

One study found that older people are as interested in receiving information and advice about leisure activities as about service provision for illness.²⁹

It is further estimated that up to 10.4 million older people may need to access I&A about issues such as care for an older relative, retirement planning and home maintenance.³⁰

What are the barriers that older people face in learning about and accessing information and advice services?

Older people may face a number of barriers when seeking information and advice. Previous bad experiences, an unwillingness to seek information, a low perception of needs, the complexity of the system, and professional withholding or ignorance of information can all obstruct older people from gaining useful and timely information and advice.³¹

An Age Concern England report on the impact of information and advice (*Transforming Lives*) finds that older people may be unsure of their eligibility, daunted by the complexity of benefits and how to take them up, and/or discouraged by past failures in trying to claim. They may have difficulties reading and filling in forms, may suffer language barriers, and may not wish to trouble others by asking for help.³²

A Joseph Rowntree Foundation project that explored the information, advocacy and advice needs of older people in Slough found that barriers to accessing I&A include becoming aware of available I&A, gaining access to appropriate and comprehensive I&A, and receiving practical assistance to act on the information and achieve a solution.³³

Those who are housebound and/or those with mobility difficulties or sensory impairment may also have problems gaining access to relevant information and advice.³⁴ People living in rural areas may also be particularly burdened, as a lack of services threatens older people's social inclusion and increases vulnerability to poverty.³⁵

There are also barriers that can affect the provision of effective information and advice. This is particularly true of BME older people, for whom, in addition to language problems, there may be a number of practical issues, such as bilingual advisers with insufficient subject knowledge, the lack of suitable specialised terms in some mother tongues, cultural issues such as lack of willingness to discuss certain problems with strangers, and a lack of suitable volunteers.

A fuller list of barriers, together with examples of good practice, can be found in an Age Concern England report.³⁶

All of these problems are especially important because the developing issues of personalisation, direct payments and personal budgets – that is, self-directed support in general – works well only when backed by high-quality information and advice. As the Department of Health has said, transformation (i.e. personalisation and the shift to prevention and early intervention) is dependent on good information, advice, advocacy, support planning and brokerage being available.³⁷

What are some of the benefits to older people of good information and advice?

The primary function of information and advice is to help people solve their problems. Generally this means that effective I&A will lead to some practical gain or improvement in an older person's situation or the removal of an issue or barrier. Typical examples of this are the successful claiming of welfare benefits, receiving appropriate health and social care and support, accessing social activities and other local services, reductions in household bills, accessing home improvements, moving into more appropriate housing, and resolving issues of arrears and debt.

In addition, older people may also enjoy more general improvements to their quality of life after receiving good information and advice. Reduction in anxiety or frustration, relieved pressure on carers, and being enabled to become more active are all reported benefits of information and advice.³⁸

Older people who have been recently diagnosed with a health condition, those who have been living with the condition, and their friends and relatives, can look to the specialist organisations that give a range of helpful general advice, in-depth advice, and counselling. Some examples are listed in section 5 of this review. The benefits of such help typically include reassurance, the dispelling of myths and misinformation, a realistic description of the condition and its likely consequences, and a useful signposting function for further help and support.

Advice services can have a positive impact on health and can alleviate pressures on medical services. A report on the impact of debt advice³⁹ found that 12 months after receiving debt advice, two-thirds of participants stated that their health had improved, 90 per cent of whom said that this improvement was strongly associated with the advice they received.

In Wales, an initiative where all GP practices were linked to an adviser found that 62.5 per cent of GPs felt that patients who had received advice experienced an improvement in general health.⁴⁰

An annual customer satisfaction survey of Age UK Advice callers found the following benefits to older people of using the service: 80 per cent of older people were clearer about their rights after the Age UK consultation; 78 per cent reported that they had taken/will take direct action after contact with Age UK Advice; and 55 per cent said that the impact of the issue on their life had reduced as a result of the advice.⁴¹

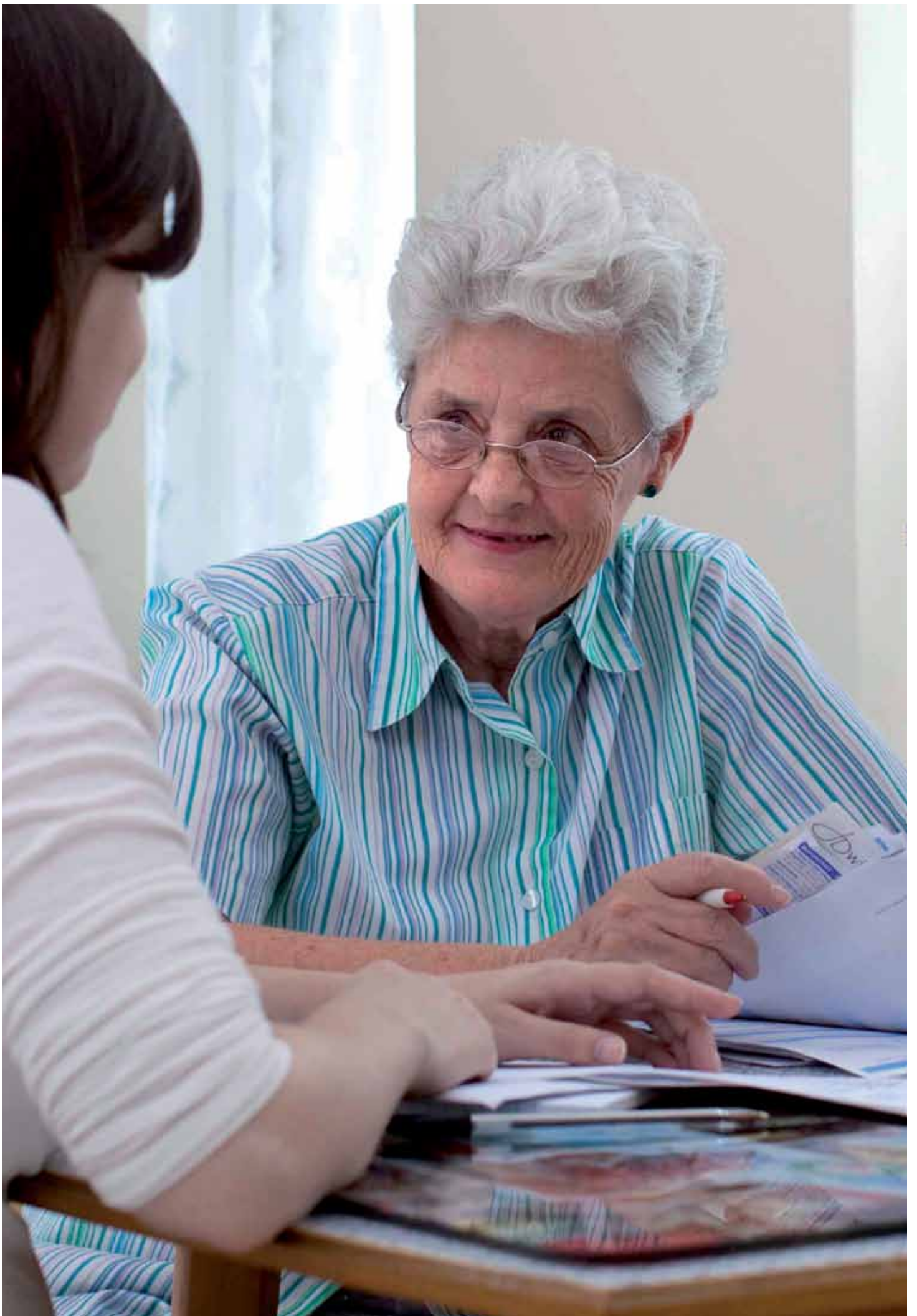
Best practice in the provision of telephone advice

In 2012, Age UK commissioned research looking at older people's experiences of using call centres for advice.⁴² The overall aim was to establish a set of advice line standards determined by older people, which Age UK, the advice sector and businesses could use to develop their services. The findings revealed that most people wanted to speak to a 'real' person, for that person to speak clearly, be pleasant and well informed. Speaking to a real person made the overall process of calling less stressful, which is particularly pertinent for an older person who may be seeking advice during a financial, social or emotional crisis. Automation in general was unpopular because the number of menus and options can be confusing, and it is easy to mishear, be distracted or miss an option.

A key feature of a good service identified by the respondents was that their call be resolved, ideally by one person. Being transferred to another call agent was only seen as beneficial if they had more knowledge to deal with their call. Generally, people did not have good experiences of transfers in call centres, but would accept them if transitions were quick and smooth so they could keep details of the call clear in their mind. If a second agent was not available, call-backs were the preferred option by all respondents, ideally within 30 minutes so the details were still fresh in their mind. However, when calling about an emotive matter, such as selecting a care home, there was much lower tolerance with speaking to more than one person.

In terms of following up a call, most participants welcomed a letter to confirm discussions; email was the next acceptable method, with online chat, text messages and online information rejected by most.

In summary, access to high-quality information and advice is of great importance to people in later life. I&A providers need to know their audience, including the special topics, channels and access needs that older people may have. While funders and providers might be tempted to rely on web-based I&A provision, especially when faced with reduced funding, this is not likely to reach a large proportion of the older population. Instead, many older people prefer personal contact, especially face to face, and tend to want advice with follow-through, rather than information only. Providers may have more success meeting clients' needs by working in partnerships with each other, rather than in isolation.



4 Addressing the need for information and advice

Best practice in the provision of information and advice

Distinctions between ‘information’ and ‘advice’ are not really helpful to older people. Rather, they welcome advice that helps to relate information to their particular circumstances, and assistance to obtain the services they need. Additionally, too much information can be as problematic as too little information.⁴³

Many studies have found three common principles for providing good information and advice to older people:

- the importance of personal contact, especially face-to-face interactions
- involving older people in the design of I&A services, making sure that these meet their needs
- utilising a range of channels and formats to provide I&A.

Personal contact

Most studies find that older people prefer, by far, face-to-face interactions when seeking information and advice.^{44, 45, 46, 47, 48}

The next most-preferred mode of interaction (though far less than face to face) seems to be the telephone.⁴⁹ However, a Citizens Advice report indicates that many older people do not use call centres as they find it difficult to conduct lengthy and complex telephone calls.⁵⁰

Analysis of the evidence of users of the Citizens Advice Money Guidance service demonstrated that, all other things being equal, users of face-to-face providers were 1.9 times as likely to feel that their needs had been very well understood compared with users of the telephone service.⁵¹

In contrast, web-based I&A is not very effective for reaching older audiences directly. Over 60 per cent of 70–79-year-olds and 75 per cent of those over 80 never use computers.⁵² However, it can be an effective way of delivering I&A to the families and carers of older people.

It has been found that older people often rely more on personal help with form-filling and home visits than other groups.⁵³

While home-visiting and form-filling are among the most important features of an I&A service, they are the features most likely to be abandoned under funding cuts.⁵⁴

Involving older people

Another key factor for providing good I&A is the involvement of older people in the development of content, design and implementation.^{55, 56, 57}

Because the older population is so diverse and needs can change often and rapidly, there is no ‘one size fits all’ solution for I&A provision. Including ‘target audience’ older people in the development of I&A services is good practice in order to meet needs, and to ensure that it is usable and accessible.⁵⁸

Utilising a range of channels and formats

Studies indicate that I&A is best provided through a range of channels and formats.^{59, 60} For example, a combination of face-to-face and telephone presence might be preferable – supported by some form of written literature (to cater for those who prefer that format).⁶¹

A Total Place Pilot report⁶² also stresses the need for a range of information for older people from a variety of providers:

Providing information, advice and support in a way in which people need it, when they want it, clearly militates against the notion that any sort of single provider solutions will be effective. The multiple, diverse contact points which individuals access clearly mean there is value in having cross sector principles for the provision of relevant information, advice and support for older people.

Multiple service providers ideally would be acting together, rather than in isolation. As mentioned earlier, older people often seek information at a point of change or crisis, and need timely and comprehensive information. Older people want continuity of contact and a follow-up service, not to simply be referred on to yet another potential source of information.⁶³ However, organisations need to understand that while the benefits of partnership-working are important, partnership-working is much more difficult, complex and time-consuming than working in isolation.⁶⁴

Ensuring that older people receive good information and advice

Older people learn about I&A services in many different ways. One survey of Age Concern users finds that 43 per cent of older people learned of Age Concern services through word of mouth (relative, friend), while 19 per cent learned of services through a health professional. Additionally, 17 per cent had used other Age Concern services, 11 per cent learned of I&A services through a social worker or other local authority staff, and 10 per cent learned of services through the media.⁶⁵ Similarly, another report finds that older people learn about I&A services through friends, families, neighbours, their GP, and/or through national and local organisations.⁶⁶

The Total Place Pilot report⁶⁷ stresses the need for a range of access points and providers, and also sums up best practice in providing information and advice locally.

We have also concluded that a segmented approach to targeted marketing recognises the different needs of individuals and communities and is more appropriate than one which focuses on the particular interests of individual agencies. The timeliness and accessibility of information is critically important.

Age UK's report *Going the Extra Mile*⁶⁸ points out the valuable role played by neighbourhood wardens in providing trusted information and a gateway to other services. Their understanding of the needs of service users, direct face-to-face contact, and their personal knowledge enable them to facilitate access to the right information. Older people particularly value the 'one-stop-shop' approach they provide.⁶⁹ However, it is important that such intermediaries, who are not trained advisers, do not stray beyond information provision and signposting into giving advice.

It should be noted that good information and advice should be supplied not only to older people but also to carers and professionals.⁷⁰

Also important are the qualities of the adviser providing the information and/or advice. Advisers need to be friendly, reliable, supportive, knowledgeable, locally well-connected, understanding, and able to get things done. A good adviser has positive personal qualities but also professionalism and a high level of knowledge.⁷¹

Organisations providing I&A need to aim for, or at least benchmark their services against, the appropriate quality standard – or other network-specific I&A standards. For information providers publishing resources, this means the Department of Health Information Standard. For advice, this means the Advice Quality Standard (formerly CLS), although the fact that this does not include any element of quality of advice assessment means that some advice networks have developed their own standards, such as the Citizens Advice Membership Scheme. Age UK has piloted ways to assess both quality of advice and customer experience, alongside quality of process.

In summary, Benson and Waterhouse⁷² give a comprehensive list of characteristics to ensure that older people, especially those most vulnerable, receive good information and advice. They should:

- focus on social and care services, housing rights and services, social security and other benefits, health and healthcare, local facilities (shops, transport, etc.), leisure activities, practical assistance with daily life and where to get I&A about these matters

- be locally based
- build services that incorporate personal, individualised, face-to-face contact
- maintain and nurture reputations for trustworthiness, personal support and independence
- not charge for I&A services
- develop a profile that will be seen as approachable by all (including ethnic minority elders)
- take services to people rather than requiring people to come to services – especially incorporating outreach and/or home-visiting
- use and develop the contacts that other services have with older people and their carers (including Age Concern’s own other services and those of local ‘non-Members’)
- develop links with groups working with marginalised or isolated older people
- recognise the importance of family, friends and carers as sources of information and advice for older people and target services accordingly
- avoid over-reliance on written information
- recognise both the usefulness and the limitations of phone-based services and the application of information technology
- consult their users and act on the results.

5 Examples of information and advice services

National information and advice services

Age UK offers a national advice line aimed specifically at older people and those who care for them. The service, Age UK Advice, was launched in April 2010 and deals with more than 300,000 calls each year. Age UK has introduced the seamless transfer of callers between its national advice line and local Age UK information and advice services with the aim to have 80 local Age UKs integrated by 2013. Telephone services such as Age UK Advice, and access to information in shops, day centres, doctors' surgeries, etc., are particularly important to people aged 65 and over, only a third of whom have home access to the internet.⁷³ Nevertheless, for a variety of reasons, the internet is becoming a cost-effective and popular means of dissemination, particularly for smaller organisations.⁷⁴

The Age UK website (www.ageuk.org.uk) offers easy access to its comprehensive range of information guides and factsheets. In 2011/12, Age UK had over 1 million I&A visits and downloads from its website. Age UK also provides information guides and factsheets in printed format and distributed over 4 million I&A resources in 2011/12. The Citizens Advice website (www.adviceguide.org.uk) similarly offers a wide range of information (although not specific to older people). It also operates the Citizens Advice consumer service, which provides free, confidential and impartial advice on consumer issues, energy and postal services. Independent Age has a website (www.independentage.org) and telephone advice service, focusing on older people in need of care.

Elderly Accommodation Counsel operates a website (www.housingcare.org) outlining housing options for older people, and the FirstStop Advice helpline and website (www.firststopadvice.org.uk).

GOV.UK now provides the majority of web-based information about public services; NHS Direct provides large-scale national telephone helplines; and the Legal Services Commission is moving towards contracting with fewer, larger providers and providing first-stage advice through the Community Legal Advice helpline.⁷⁵

Many of these services are not specifically designed for people in later life and therefore may not be as accessible or user-friendly for older people as they could be. One example of how a general service can, nevertheless, serve the specific information and advice needs of older people is given in a 2009 Joseph Rowntree Foundation Solutions paper, highlighting recent work in Newcastle by the Quality of Life Partnership, which has developed ways of working with existing systems to make them more 'older person friendly'.⁷⁶

Most of the general information and advice provided by specialist groups is not aimed specifically at the older population. For instance, the information services for lesbian, gay, bisexual and transgender (LGBT) groups have traditionally focused on the younger end of the age range, and providers such as Stonewall have only relatively recently begun to redress the balance.

Organisations that provide information on specialised topics such as care – for example the Care Quality Commission – cover topics of interest to people in later life and their relatives, providing a useful service for those with internet access who are seeking information on local care provision as well as professional guidance.⁷⁷

Carers Direct, part of the NHS Choices website, provides comprehensive information, advice and support for carers through a website, national advice line and online directory of local care services. It also provides direct access to the vast amount of information on NHS Choices about health conditions that many carers will need.

There is a wide variety of information and advice services on the specific health conditions associated with later life, from the well known to long-term conditions that the person affected may never have heard of prior to diagnosis. There are far too many information and advice services of this sort to give more than a couple of typical examples, but the overall pattern is that the majority focus on giving information (on websites and written factsheets) and support (from individuals and local branches or support groups) more than on advice.

The general information on the Alzheimer's Society website covers all the areas normally needed by those diagnosed with dementia and their carers, friends and families, giving clear and helpful information, more detailed medical information for those who want it, and information on how to get help at a local level. News on events and updates on medical advances are reported both on the website and in newsletters.⁷⁸

Information on Parkinson's from the Parkinson's UK website includes a range of information on the condition itself, practical general advice, and links to local sources of support, which are easy to access for those who are able to use the internet, and the helpline is also accessible.⁷⁹

Smaller organisations provide a similar service on their websites, but on a much smaller scale. For example, the Dystonia Society provides a telephone helpline for newly diagnosed people, and has a network of local volunteer-run branches, but, as with many similar organisations, most of the medical background information is provided by links to NHS websites. In the case of the Dystonia Society, but typically for many small, condition-based charities, there are other information sources; in this case, a monthly newsletter and occasional information sessions organised by the local support groups, with the opportunity to hear from and question a leading neurologist.⁸⁰ The ability of smaller organisations to provide information in formats not reliant on the internet is variable, but the gap between accessibility for those with access to the internet and those who do not is most marked in these cases.

Other countries

In other countries, organisations that aim to give information and advice vary in their methods of dissemination, depending on their resources and the national circumstances. In the United States, for instance, age organisations such as the influential and well-funded Association of American Retired People (AARP) make extensive use of their websites and email newsletters.

AARP's website has topic-based, practical information guides (available free of charge to the public, even though AARP is a membership organisation), such as the Caregiving Resource Center⁸¹ and the extensive Health pages.⁸² Clearly worded information is supplemented by signposting to sources offering advice and support.

The main Swiss provider of age-related information and advice, Seniorweb,⁸³ is, as its name indicates, solely on the internet. It does give some general advice similar to that on the AARP website, although in much less depth and almost exclusively health-related, but it concentrates on advice in the form of answers given by doctors to specific questions mostly on topics related to age-specific conditions, such as arthritis and dementia.⁸⁴

Of the countries that have their own age charities (other than a national member of the HelpAge federation), most follow the pattern of AARP, if in greatly reduced quantity and detail. For instance, one of the main age organisations in South Africa, Age-in-Action, gives a few factsheets on common topics on its website, plus helpline numbers for personal contact throughout South Africa.⁸⁵ Like AARP, Age-in-Action is a membership organisation and offers additional information and events to its members.

Smaller, single-issue organisations such as the Celiac Sprue Association (CSA) in the United States also rely heavily on internet resources.⁸⁶ The CSA has a limited range of advice, recipes and links available, some commercial, but without the in-depth factsheets and links to support groups provided by its counterpart Coeliac UK,⁸⁷ which also gives specific advice to older people diagnosed with a gluten allergy.

Local services

Most of the information and advice for older people is available from 'generalist' providers.

Local Age UKs are collectively the biggest provider of independent information and advice to older people.⁸⁸ The most recent estimate (2012) suggests that Age UKs in England and Age Cymrus in Wales answer around 848,010 enquiries from older people every year, with enquiries about benefits being the largest area of work (280,000 enquiries per year).⁸⁹

Citizens Advice in England and Wales advises 200,000 older people (aged 65+) each year in seven key areas:

- preventing poverty
- helping people deal with debt
- helping people avoid homelessness
- creating confident consumers
- empowering the employed
- lightening the legal load
- welcoming migrant workers and refugees.⁹⁰

Most health conditions affecting people in later life have nationally available information on websites and via helplines, in addition to face-to-face services at a local level, which range from drop-in services (such as the Alzheimer's Society advisory service in Lancaster and Morecambe, supported by Lancashire County Council) to informal mutual-support groups (such as Myasthenia Gravis Association branches around the country).⁹¹

Housing options services offer information and advice to particular groups, including older people, people with disabilities, and adults with learning difficulties as well as to carers, relatives and care workers. A housing options service provides information and advice about alternative housing possibilities. Although some operate at national or regional level (telephone helpline or website), many cover a local area, offering home visits, support, advocacy and practical help with moving home.

Examples of information and advice provision in local Age UKs

The profile of a typical Age UK I&A service is as follows:⁹²

- clients seen – average 5,000 per year
- paid staff – average 2.5 full-time equivalent – 420 across England
- volunteers – average four – 672 across England
- phone calls – average 50 per cent of total contacts
- home visits – average 15 per cent of total contacts
- welfare benefits – average 33 per cent of total enquiries
- funding – 49 per cent of Age UKs receive I&A funding from local authorities, 1 per cent from health authorities, 8 per cent from the Lottery and trusts, and 12 per cent from Age UK grants and national programmes; 13.7 per cent use their reserves and many also have to make use of unrestricted income to cover the full service costs.

As part of the development of Age UK's flagship I&A service, all local Age UKs are expected to provide information and advice in four key core topic areas:

- benefits and money
- social care
- housing options
- local services and support.

They will also be expected to meet specific quality, monitoring and service-level requirements to ensure a consistent, high-quality service across all Age UKs.

Below are examples of additional services provided by local Age UKs or where funding has been agreed to run services, on specific subjects or in making information and advice more accessible.

Outreach advice in health settings

Age UK Hackney has run an I&A service in various GP practices around the London Borough of Hackney for several years. It is in high demand and is a much-needed service.

The service is funded by Safer Action for Health (SAFH), which also funds a number of other advice agencies in the borough. Altogether the scheme is available in 26 GP practices run by a partnership of seven different advice agencies. Age UK Hackney provides I&A in five GP surgeries around the borough. The service consists of a weekly advice surgery held at the practice and booked on site, as either single or double appointments. Advice-giving covers all areas, including welfare benefits, housing, family, and community care.

The service also links healthcare-related schemes such as self-management programmes/ expert patient initiatives to the need for I&A about managing finances. Improvements to wellbeing are monitored with 'before and after' questionnaires. Feedback from clients has highlighted the importance of having an advice service in a medical setting, as the adviser can liaise with doctors/nurses on behalf of clients in order to seek answers to questions about their medical condition. Clients are also able to get an advice appointment quickly and easily. Advisers are able to build up good relationships with clients, who report feeling listened to and confident talking about their problems and asking for help. A GP surgery is also seen as a confidential, professional place where needs are understood and met.

Such partnership-building between service providers and care professionals is essential to reaching clients with the service.

Information and advice on care

Age UK Kensington & Chelsea has established a 'primary care navigator role' that is part of a clearly commissioned and managed pathway for older people with a variety of long-term and complex needs. It is a collaborative project involving three organisations – NHS Kensington and Chelsea, the Royal Borough of Kensington and Chelsea, and Age UK Kensington & Chelsea. Initially two posts were established, 50 per cent funded by the local authority and 50 per cent through NHS Kensington and Chelsea. Age UK Kensington & Chelsea was the employer, and the posts were established in two GP practices. The project was overseen by a steering group (supported by the NHS London Leading Workforce Transformation (LWT) team) and included representation from the three partner organisations and LWT participants from the health and higher education sectors.

The aim of these new roles was to ensure that older people (and their carers) with long-term and complex care needs were accessing the most appropriate services and support to maximise their physical, emotional and social wellbeing. An induction and supported learning resource, which included orientation to the role and evaluation, was developed, and each primary care navigator was assigned a mentor external to their employer and host organisation.

Over the first year, the primary care navigators saw a total of 273 patients and received 323 referrals. The main referral sources from the two GP practices differed, with one surgery seeing more GP referrals and the other receiving more referrals from practice nurses. The pilot is beginning to measure the effects of self-reported health and wellbeing and is also gathering data about the use of health services before and after the navigator intervention. For example, data shows that in the six months prior to seeing the navigator, each patient, on average, used their GP services 8.6 times. Six months after seeing the navigator, this reduced to 4.6 times.

At the end of the one-year pilot, additional funding was made available from the local authority to continue to support the project for a further two years, and for a third navigator to be recruited. Soon this project will be operating from four GP surgeries within the Royal Borough of Kensington and Chelsea.

Age UK Kensington & Chelsea is working with Age UK to explore the feasibility of rolling out the primary care navigator model, as they are increasingly seeing a growing interest within their borough from GPs wanting to have a primary care navigator in their surgeries.

Information and advice for black and minority ethnic older persons

Black and minority ethnic (BME) elders may have special needs in information and advice. They may be more isolated from mainstream services (due to lack of awareness and/or inappropriate services), may face premature ageing and language barriers, or may have other special needs related to lower incomes, migrant status issues, certain diseases with high prevalence in specific ethnic groups, and different household structures leading to different social care needs.⁹³

Good practice for local BME communities is based on knowledge and awareness of the ethnic profile of the area, the community groups operating within it, and the specific needs of different communities. Links to BME community groups can be made through voluntary organisations and government providers.

Age UK Camden runs the Camden Moneywise project, which is funded by the Nationwide Foundation. The aim of the project is to tackle the financial exclusion and improve the quality of life of older members of BME groups, particularly older Somali speakers (aged 50+) through providing information and advice on benefits, money, and housing within the London Borough of Camden. Although the key areas of advice are benefits, money and housing, they provide a holistic service to all their clients, and can advise on any areas of information and advice needed.

The main client groups they work with are those people in the Somali and Bengali communities who are over 50, over 50 and with dementia, or a carer of someone over 50.

They aim to support the local community organisations that work with BME older people in a range of ways: by providing trained volunteers to deliver information and advice in a community language to their clients; by providing training opportunities, free of charge, with Age UK Camden or link in with other training opportunities; and by providing regular advice outreach sessions. A large part of this project's aim is to train volunteers who speak a community language to deliver advice: to help them gain skills, look for employment, or just give something back.

In year two of the project, a total of 301 clients used the service, 159 (53 per cent) of whom were Somali and 142 (47 per cent) were from other BME groups. Benefits, debt advice and information on grants were the most popular topics, achieving income maximisation for clients of £132,559.⁹⁴

Information and advice on housing options

For the last four years, **Age UK South Staffordshire** and **Age UK Stafford & District** have run a First Link housing support service, which is staffed by a senior manager, senior home visitor and home visitor. First Link is funded by Supporting People and provides short-term, low-level, housing-related support to people aged 55 and over who live in South Staffordshire and wish to live independently in their own homes but may require assistance to do this. The aims of the service are to support and enable individuals to maintain their tenancy and home, maximise income, increase independence and be empowered to make their own choices about the services they access and receive.

Many people who receive floating support services such as First Link only require short-term assistance. The service is not meant to exceed two years of support. They aim to enable independence and meet specific goals within a set time. Clients can leave the service at any time within two years.

The service can help with: advice, advocacy and liaison; managing finances and benefit claims; signposting to and accessing local community organisations; establishing social contacts and activities; developing domestic/life skills; finding other accommodation; emotional support, counselling and advice; establishing personal safety and security; setting up and maintaining home or tenancy; maintaining the safety and security of the dwelling; and peer support and befriending.

A customer satisfaction survey is sent to all clients upon closure (and 10 per cent of open referrals every six months), to obtain their views about the service they have received.

Information and advice on benefits and money

Benefits and money information and advice are highly sought after, garnering the highest demand from service after service.

For Age UK, advice on entitlement to benefits, and practical help in claiming benefits, is a key area of work. Benefits enquiries make up 32 per cent of all enquiries dealt with by Age UK I&A services. Such advice can result in significant extra income for enquirers. A good example of this is the E.ON Benefits Take-Up programme, whereby the energy company E.ON provided funding for 77 local Age UKs to carry out 32,198 benefit entitlement checks, which resulted in £16,760,349 of (previously unclaimed) benefits being successfully claimed – an average of £521 additional income per person per year.

As an indication of value for money, every £1 invested by the programme in benefits advice leveraged £10.41 in unclaimed benefits.

The biggest increase in income gained through advice as part of the programme was for a couple advised by **Age UK Wandsworth**. They advised a couple who were living with a range of disabilities, and finding it a struggle to live on their low income. Although the husband had physical disabilities, he was providing 24-hour care for his wife. An application was made for Attendance Allowance and, due to the severity of their disabilities, they were both awarded the higher rate of £73.60 per week. As a result, they also became entitled to the Severe Disability Premium and Carer's Premium of Pension Credit, which increased the amount they received. Additionally, the husband had not claimed State Pension even though he was 75. A claim was made that resulted in State Pension of £116 per week being awarded. In total, Age UK Wandsworth helped the couple claim an additional £288.80 per week (over £15,000 per year).

A number of Age UKs offer the Money Advice Service. The Money Advice Service was set up by the Government to offer free, unbiased money advice to people across the UK. Part of the service is delivered by local Age UKs in the North East (South Tyneside), the North West (Blackburn and Mid Mersey), the East Midlands (Nottinghamshire) and the South East (West Sussex). There is also an additional money adviser based at Age UK Bristol. In the first year, around 3,500 people were helped through the Money Advice Service based at local Age UKs.

Age UK Blackburn with Darwen has been running its I&A service for over 20 years. It is a deprived area, and as most people do not have a lot of money or assets they would not normally seek and pay for independent financial advice. As a result, Blackburn with Darwen's service has experienced growing demand for advice on financial topics such as private pension options and savings choices that their advisers were not trained to deal with. The opportunity to apply for funding under the national Money Advice Service meant that Age UK Blackburn with Darwen could start providing generic money advice to older people in its area. This innovative scheme allows them to fill the gap between its core I&A service and what an independent financial adviser would provide.

Age UK Blackburn with Darwen is contracted to provide face-to-face money advice sessions, primarily targeting older people across Blackburn with Darwen and in parts of Lancashire and Greater Manchester. The contract is based on payment by results so they get paid a sessional rate for the amount of sessions they deliver in a month. The service has established a good network of contacts and organisations across the public, voluntary and private sectors from which they regularly receive referrals.

The service is delivered in several ways: regular booked sessions in their offices from referrals from their own I&A service; booked sessions for customers of other organisations; and employers wanting to offer sessions to their employees, particularly at a time of change such as risk of redundancy.

All customers receive a one-to-one session (approximately 45 minutes) and a follow-up session if appropriate. The session consists of a diagnosis through discussion to identify all relevant issues, and usually includes a budget review. This leads on to options and information, and each customer leaves with a personalised action plan. The service is quality assured by A4e, which holds the national contract for the Money Advice Service.

The service not only allows people who may not have a problem to review their financial position and think about their options, but also provides timely I&A at a point of major change such as retirement or redundancy.

Information and advice delivery with volunteers

As the cuts to funding for I&A start to bite, finding ways to keep a local I&A service running is challenging. Many volunteers are providing support to local organisations to keep them going.

Age UK Milton Keynes started delivering information and advice in Age UK shops in its region in 2007. Their strategy was to take I&A out into the community and generate more casual enquiries from people who may not visit the advice centre ordinarily. They started out delivering I&A in one shop and this model has expanded into four shops. Volunteers, who are comprehensively trained in information, advice and advocacy, deliver some I&A in shops so that staff are freed up to carry out other activities such as home visits. They have also successfully trialled delivering I&A in other settings and have a well-established I&A service in their café which is entirely run by volunteers.

Age UK Dorchester runs a successful I&A service with volunteers and a paid, part-time co-ordinator. I&A services and reception are staffed by volunteers – Monday to Friday, 9am to 4pm. Within I&A, they have a further two advocacy volunteers who work 1.5 days each. Both have attended professional courses to enhance their experience and are looking to specialise in dementia support (although not exclusively) to tie in with the Memory Advisory Service contract they operate for the NHS in Dorset.

Their welfare benefits advice programme has been a success on a number of levels and is a model of service provision. It provides a comprehensive advice and benefits service with experienced advisers for poor, older people living in rural, deprived Dorset, and has been able to access people that other agencies such as The Pension Service and Citizens Advice have been unable to reach. The Welfare Benefits Outreach team numbers 23 volunteers, who undertake home visits not only within Dorchester but also throughout the whole of rural West Dorset, from Lyme Regis to Wareham, and from Sherborne to Weymouth. They now exceed in number The Pension Service's own home-visiting team for the whole of Dorset, and indeed take referrals from them and Citizens Advice, as they concentrate on the most urgent cases.

The Welfare Benefits Outreach team is co-ordinated by a half-time worker who takes referrals either directly or from any of their services or partners, e.g. older people's forums, U3As, the Memory Advisory Service, and the Partnership for Older People project – Wayfinders. The co-ordinator will match the client to an adviser, considering location, availability and experience.

They are regarded as the prime agency in undertaking benefits checks and assisting older people to claim Attendance Allowance and Pension Credit. They also run drop-in benefits surgeries and work closely with Dorset County Council's benefits team, with which they also exchange referrals. Most surgeries operate on a monthly basis, and are largely by appointment.

They have recently obtained funding from Lloyds TSB to expand their reach to provide welfare benefits advice in Wareham and Swanage, and are in the process of confirming a funding agreement with Citizens Advice to sponsor an adviser to provide appointments and home visits in that area, one day per week.

Age UK Norfolk has about 150+ volunteers working within its Information, Advice and Advocacy department.

- 130+ support their Money Matters and Advocacy services
- 10+ take calls on their telephone helpline
- 10+ support their benefits take-up service, completing claim forms, benefits checks, etc.
- 5+ provide Lasting Power of Attorney support
- 10+ support the service by doing research, updating resources, database input, carrying out general administration tasks
- Several volunteers provide more than one of these services

Their Money Matters service provides support to help older people in their own homes with their personal administration, household bills, etc. This is an excellent service and is often instrumental in keeping people financially safe (safeguarding), in keeping people living independently, and relieves anxiety.

Volunteers undertake the work to support users of the service; the staff's role is to recruit, train and support volunteers as well as assessing what needs to be done to help older people and introducing the volunteer. This unique service currently has around 300 active cases and often the support provided can go on for years.

Without volunteers, they could not provide the Money Matters service or meet the demand for their other services. In addition, volunteers bring an extra dimension to their work with their enthusiasm, life skills, time and dedication. Well-supported and well-managed volunteers can make a substantial contribution.

Age UK Hertfordshire has set up a similar Money Matters service model.

Integrated phone lines

Some 53 local Age UKs are now integrated or in the process of integrating with Age UK's national advice line. The aim is to provide a seamless transfer for clients between local and national services, as well as to provide an out-of-hours service when local Age UKs are closed.

Age UK Oxfordshire integrated with the national helpline in April 2012. The main objective was to extend their opening hours for clients, and reduce the anxiety associated with having to wait until a service is open. It helps their reception staff and volunteers to manage demand at busy times and gives callers simple access to local advice no matter which helpline they call.

Age UK Wirral has found integrating with the national helpline has worked very well. They feel that the advantage of giving clients a seamless service is positive because they are transferred directly to their local Age UK from the national advice line and then made aware of the many other services available locally that they can access.

Notes

- 1 'I&A – Clarifying Definitions', J. Edwards, Age UK, 2010 (unpublished)
- 2 *Information, Advice and Advocacy for Older People: Defining and developing services*, A. Dunning, Joseph Rowntree Foundation, 2005
- 3 Legal Services Research Centre, 2009: http://lsrc.org.uk/ciacclanresearch.html?ifrm_1=publicationsclacclan.html
- 4 *Are You Listening? Current practice in information, advice, and advocacy services for older people*, P. Margiotta et al., Joseph Rowntree Foundation, 2003
- 5 *Internet Access Quarterly Update*, 2012 Q2ONS, August 2012
- 6 *Households Below Average Income 1994/95–2010/11*, Department for Work and Pensions, 2012
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