

**Cambridge** Centre  
for Housing &  
Planning Research

# **FirstStop Local Partner Value for Money Case Studies**

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**UNIVERSITY OF  
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# FirstStop Local Partner Value for Money Case Studies 2012

## Introduction

This report explores the progress of four of the local housing options services which are partially funded by FirstStop. The report analyses their successes and challenges and looks at a sample of the client cases they have dealt with to analyse the potential savings to the public purse of their preventative housing options case work.

### FirstStop

FirstStop Advice is an independent, free service offering advice and information for older people, their families and carers about housing and care options in later life funded by the Department for Communities and Local Government (DCLG) and the Big Lottery Fund. It is led by the charity Elderly Accommodation Counsel (EAC) working in partnership with other national and local organisations. FirstStop delivers information and advice through a national telephone helpline and website. FirstStop began as a pilot service in August 2008 and was funded by DCLG to go national in 2009.

FirstStop has also seed-funded a number of local information and advice services. These local projects aim to raise the profile of housing options for older people in their area and to provide a face to face case work service to older people. The case work is a mixture of information and advice provision and more intense case work to assist older people in resolving their housing and care problems.

A training programme about housing options for older people was delivered by FirstStop through Care & Repair England through face to face training, shorter workshops, a cascade model of training, supporting local exemplar projects to deliver workshops, training locally and production of a set of web-based self training materials.

### The evaluation

The Cambridge Centre for Housing and Planning Research at the University of Cambridge has been undertaking an independent evaluation of the FirstStop service since November 2009.

The evaluation has involved: a literature and policy review; interviews with national stakeholders; interviews with FirstStop staff; analysis of FirstStop's client data; two postal surveys of FirstStop customers; follow up interviews with customers who responded to the surveys; an ongoing evaluation of the training programme; interviews with local exemplar project managers; local exemplar project case studies which include interviews with case workers; analysis of detailed client information from the local exemplar project case studies and value for money analysis of the local and national services.

Previous reports from the evaluation can be found at:

<http://www.cchpr.landecon.cam.ac.uk/projects/detail.asp?ProjectID=166>

For more information about the evaluation please contact Dr Gemma Burgess at the Cambridge Centre for Housing and Planning Research.

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## **The local partners 2011/12**

In 2011-12 FirstStop part funded advisors/caseworkers in 20 different organisations. There were approximately 100 advisors /caseworkers delivering Housing Options on a full or part time basis within these organisations:

- Age Concern Eastbourne
- Age Concern Kingston upon Thames
- Age Concern Manchester
- Age UK Wandsworth (was Age Concern)
- Age UK Brighton, Hove & Portslade
- Age UK Croydon
- Age UK Oxfordshire
- Black Country Housing
- WE Care & Repair – Bristol
- WE Care & Repair - North Somerset + South Gloucestershire
- British Red Cross
- Care and Repair W Norfolk
- Citizens Advice Hampshire
- Festival Housing Group, Care and Repair Worcestershire
- Goodwin Centre Hull
- Help & Care
- Nottinghamshire County Council
- Bassetlaw Action Centre
- Papworth Trust
- Somerset West Care and Repair
- Subco
- Watford CHT
- Warwickshire CC

Five of the 20 organisations were 2010-11 partnerships continued for 2011-12:

- Age Concern Kingston upon Thames
- Age UK Oxfordshire
- Festival Housing Group, Care and Repair Worcestershire
- Nottinghamshire County Council
- Somerset West Care and Repair

## Methodology

Out of the numerous local partner organisations, four took part in this stage of the evaluation. FirstStop selected local partners that reflected the breadth of case work conducted and participation was voluntary.

The local partners were interviewed to discuss the successes and challenges of the projects and to agree when cases would be supplied for the value for money analysis. Each local partner agreed to provide a sample of 10 client case notes for the analysis in addition to the data collected centrally in the FirstStop monitoring.

Information about the number of clients dealt with by each service, their total funding from all sources, and their FirstStop funding was provided to enable a calculation of the per client unit cost for each local partner.

The four FirstStop case study local projects were asked to provide the research team with a sample of 10 client case notes following the guidance in Appendix 1. The case workers were asked to provide a sample that represented the typical range of cases they deal with.

All client case notes passed to the research team were anonymised, no names or address of clients were given.

For each client case, the main outcome of the case work intervention was identified. For example, the client may have had a successful benefits check, been assisted to move to alternative housing or to have adaptations fitted. Where possible, monetary values were ascribed to each outcome.

Using the detailed case notes, a conservative assumption was made about what would have happened to the client without the help from the case worker. For example, the client may have been incurring a debt, may have been at risk of a hospital admission caused by living in unsuitable housing, at risk of homelessness, or been potentially in receipt of a Disabled Facilities Grant (DFG). Where possible, monetary values were ascribed to each potential alternative outcome, had the casework assistance not been provided.

The difference between the cost of providing the actual outcomes for the clients and the cost to the public purse of the potential alternatives if they had received no help, represent a saving or cost to the public purse. The cost of the service is deducted to give an indication of the potential savings to the public purse of carrying out these types of housing options case work.

There remain many immeasurable outputs of the case work that were identified during the research that should be considered alongside the quantitative output in financial terms.

## **The local partner case studies**

### **Age Concern Manchester**

AC Manchester does a wide range of work including running day centres and shops, providing home care and counselling etc. The FirstStop project is focused on the income maximisation work that AC Manchester carries out as part of its information and advice service. The income maximisation focuses on ensuring that older people are receiving all the benefits they are entitled to, but with the addition of the FirstStop funding also analyses people's situation holistically to ensure their housing is suitable and if not to assist in adapting properties or helping people to move.

Most of the clients are visited in their homes as it is a large area, the offices are in the city centre, and many people have mobility problems. Home visits also allow the team to explore the case holistically, as the client may telephone about one particular issue but the team can assist in other ways.

### **Age UK Wandsworth**

Age UK Wandsworth offers a range of services to older people, including a housing options advice service which is holistic and provides advice and support on a range of issues including benefits. The advice team conducts home visits, meetings with clients in the office by appointment and also runs a drop in service. The FirstStop funding supports a service that was already being provided but increases the emphasis on housing support.

### **Care and Repair Worcestershire**

Care & Repair Worcestershire is a Home Improvement Agency which is a publicly funded not for profit organisation funded by the government and part of the Festival Housing Group. As part of the Home Improvement Agency (HIA) service, the team provides information and advice about housing options. The FirstStop funding supports a specialist housing options case worker as part of the core agency work. The case worker conducts face to face home visits with clients and also does wider awareness raising work.

### **WE Care and Repair**

WE Care & Repair provides help and advice with repairs and adaptations and works with older people over 60 to help them to live independently in their own homes. The FirstStop funding contributes towards supporting three projects, in Bristol, North Somerset and South Gloucestershire.

Bristol has had a housing options service for more than a decade. North Somerset recently introduced housing options under the Handypersons scheme and the service is completely new in South Gloucestershire.

## Successes

The evaluation has already identified a number of outcomes of the case work for clients. These include:

- Signposting to information or services.
- Information and advice provided.
- Support in decision making.
- Benefits checks.
- Changes to more appropriate care packages.
- Supported to move to more appropriate accommodation.
- Supported to stay in their current home e.g. adaptations (Burgess et al, 2011).

The research also identified a number of benefits to the individuals who used the services:

- Feeling more confident in making decisions, feeling more informed and more able to choose between different options.
- Particularly through the local projects clients were supported to stay in or move to the accommodation of their choice, empowering them to live in the housing that they felt suited them best and giving them wider choices.
- Prevention of housing related health problems e.g. falls and unplanned and unwanted moves into care homes.
- Some clients were financially better off through receiving financial advice and/or benefits checks.
- Reduced anxiety.
- Improved well being and quality of life (Burgess et al, 2011).

This part of the evaluation focused on the four local partner case studies to explore what successes have been achieved and what challenges have been faced in the implementation of the housing options case work services.

The FirstStop funding and support has assisted the local projects in various ways. One way has been the ability to increase their capacity and help a greater number of older people than would otherwise have been possible:

The funding of £13k pays for half an advisor so has allowed us to get one 50% full time advisor. We are doing the same work but have greater capacity so can help more people. The FirstStop cases are not specific, it is the same case work as before, but we can do more. It would be a shame if we lost it as we are still only scratching the surface and there is lots of demand. (AC Manchester)

Lots of customers have more than one problem, not just housing, and they are inter-connected. It is better to deal with them all rather than refer them to separate advisors. The FirstStop funding means we can see more customers and were able to increase our capacity. (Age UK Wandsworth)

The funding has also enabled local partners to do more awareness raising work around housing options for older people and about FirstStop:

The funding has enabled us to increase capacity. I can now go out and give talks to older peoples' organisations now can fund the 50% advisor extra e.g. to sheltered accommodation and to tenants' associations. Since October as of yesterday I have seen 1200 people. I give an hour long presentation on benefits available, tax information, water rates, gas and electric etc. I also mention FirstStop to get the message out. And this is only in 6 months, and I hope that each person mentions it to two or three friends. (AC Manchester)

In most cases the local projects are providing a service that is not available elsewhere locally and without it would have left older people in the area with nowhere to go for advice and information:

Some of the work would not have been done. The raising awareness by giving talks would not have been done. It has given us extra capacity. People have nowhere else to go so would have done nothing. The council used to have a big advice unit for all ages but it was disbanded last April as part of the cuts. (AC Manchester)

In some areas the FirstStop funding is helping to support successful housing options services which have been running for many years but which have lost funding in the recent cuts, and in other areas it is supporting housing options services in areas where there have previously been no services at all:

With the comprehensive spending review funding for housing options was cut from March. FirstStop funding filled a gap. In Bristol it is keeping a service going that has been there a long time. The funding has enabled us to reach more people with housing options. In the last two months FirstStop has also been funding South Gloucestershire which is completely new and has never had a housing options service. It is mainly for home owners and private tenants. North Somerset had Handypersons Part B funding so housing options continued and the FirstStop funding enabled us to develop and expand it. (WE Care & Repair)

The FirstStop funding has provided a useful alternative to local authority funding and may also help local partners to attract further funding:

It is also good to have a non-local authority source of funding as some work involves advocacy and the separate funding gives us more independence. And local authorities like funding partnerships. (WE Care & Repair)

The funding from FirstStop has not only enabled local partners to increase their capacity and do more awareness raising work, but also to increase their focus on housing in particular as part of the more generic work they do:

Housing options at this depth is new for the agency. We had a housing options element and we would not have done DFGs if they were not suitable but this level of housing options is new. The caseworker has worked with vulnerable people who would not have come to the agency before; often they have debilitating conditions and could not face the hassle of dealing with solicitors, packing the house to move etc. No other service provides this as this group are not within the Supporting People remit. It has widened and increased the depth of the housing options work. (C&R Worcs)

It is a continuation of what we were doing already but with more customers and we were struggling with funding and may not have been able to continue



the service. There was a lot of uncertainty and we had reduced our capacity. The FirstStop funding helped us to continue the service. It gave us more of a focus on the housing side of advice. And through the FirstStop training we increased our knowledge and expertise to improve the advice. There are lots of resources on the website. It is helpful to us and our customers. (Age UK Wandsworth)

It is great to have funding to focus specifically on housing advice. With the funding we have been able to do a separate web page on housing advice with a link to FirstStop's webpage. We have been able to raise the profile of the advice we do. (Age UK Wandsworth)

The greater focus on housing enables case workers to offer more holistic advice:

"We visit them at home. It is better as they tend to forget documents. Especially if we look at it in the round. For example, an individual client may phone and ask us to help them with council tax benefit, but for a home visit we write to them beforehand and ask them to show us letters about work pensions, all their benefits, prescriptions etc. We tend to find that what they initiate is not the benefit they are missing out on. It is holistic and is often the ones they wouldn't think of such as the non means tested ones on health such as Attendance Allowance and Disability Allowance". (AC Manchester)

The funding has supported the local partners to provide services they could not before offer and without them these clients would have been unlikely to have received any support:

People would not have been picked up. There would have been an increase in hospital admissions, in falls, in homelessness and care home costs as there is pressure to enter care from family. We had a recent case of two brothers living in an isolated rural area. One was in and out of hospital because the property was not suitable. The caseworker found them a new build bungalow and did everything to help them to move down to sending off the guarantee for the new boiler. The caseworker does some resettlement work. These people would not have been found without the service. (C&R Worcs)

We are filling a gap especially for owner occupiers and private tenants with no family and friends. (WE Care & Repair)

The projects are providing services which have many benefits to individuals, as described above, some of which are hard to quantify:

For older people it is about dignity. People say they can manage but actually they have adapted to cope which is a different thing. (AC Manchester)

But some of the benefits to individuals are very tangible and can be measured, for example, the amount of extra income secured through benefits checks can be substantial and make a considerable difference to someone's quality of life:

On benefits to 31<sup>st</sup> December 2011 the yield for people in Manchester was £616,175 so at 300 cases this is £2054 per person. It is substantial. For example, a husband and wife started with nothing as I increased their income by £15,000 a year. It can range from zero or a few hundred pounds to £15k per year. (AC Manchester)

This not only benefits individuals but the wider community and local economy:

I've brought in £3/4 of a million in extra benefits, so if those people live for 10 years which is not unrealistic for someone who is 65 or 70 then an extra £7 million will circulate in the local community and economy. It is spent on gardeners, taxis etc, on all the things which make a person independent. So it benefits both individuals and the wider community. (AC Manchester)

Being part of the FirstStop network has brought benefits to the local partners. The resources provided by the national FirstStop service are used by the caseworkers and by their clients:

I use the FirstStop website daily. I speak to one of the national advisors who is a 'buddy'. I use the accommodation directory, everything. I refer everyone to FirstStop, not everyone has the internet but I take brochures and show them the website. (C&R Worcs)

The buddy system of pairing a local caseworker with a national advisor or a caseworker from another local partner has proved valuable to the local partners:

I also have a buddy and we teleconference once a month. It is quite useful to chew the fat. (AC Manchester)

It is very useful to pick up with my 'buddy' and liaise and meet every couple of months to discuss the casework and share ideas. The buddy system is useful to do joint mini-supervisions with each other. (C&R Worcs)

The local partners can benefit from the FirstStop training and support and in return help to keep the local information directories up to date:

When I met the FirstStop crew recently we looked at working closely. We have an advice line for local residents. It has a high number of enquiries at more than 5000 across the region. There is need and it will expand. But we have never trained for managing a large volume of calls and the link with FirstStop will provide us with training, we will be able to access their website as advisors do and in return we will keep the local directories up to date, which benefits us too. We did a trial and the local information was out of date. It is a new way of working with the local partners. We will also engage with the quality standard for advisors they are developing. (WE Care & Repair)

## Challenges

A number of challenges have also been faced by the FirstStop funded local partners. Some challenges are not related to being part of the FirstStop network but are more generally related to the current economic situation:

The biggest problem in the last 12 months has been the downturn through cutbacks on benefits. The government has got tougher so it has got harder and harder. We are spending resources on cases where we have to fight much harder than we did 12 months ago. And this is not going to change in the next 12 months. (AC Manchester)

Some parts of the local work are particularly difficult, such as trying to access older people in isolated rural areas:

The brief is to target rurally isolated people but this is a challenge as they are hard to engage in any services, we have had some success, but it is time consuming in a rural area where people are nervous and have never had help before. (C&R Worcs)

Dealing with HAs is challenging. We see lots of tenants. We have built good relationships with their teams but it is not urgent to HAs and there is pressure to hand cases over to the HA housing officers, but people get left and especially the elderly who do not stand up for themselves. (C&R Worcs)

One challenge is the short term nature of the funding provided which creates uncertainty for staff, local professionals and clients using the local services:

One challenge is the short term nature of the funding. We understand the rationale but it is difficult for clients and professionals who value the service as it provides information and advice for occupational therapists and takes the pressure off them so they can do their core work. It is a risk if the funding goes. (C&R Worcs)

Whilst a lot of awareness raising has been carried out, there is still a lack of awareness about the FirstStop service amongst professionals and the general public:

I am surprised that everyone is not aware of FirstStop. (C&R Worcs)

There are limitations in using the national FirstStop resources as local information can be out of date:

We have better local knowledge where we have worked for years and our own information is more up to date. (WE Care & Repair)

Whilst the buddy system was found to be very helpful, the away days which required caseworkers to spend a day with other local partners were not always found useful:

Of more limited benefit is to get lots of people together far away in London etc out of the office. There are lots of people at the meetings who are at different stages which is not so useful. They are at a different pace, some are new, and it was easier for the caseworker to develop the post together with the caseworker in another local partnership at a similar stage. It would be useful

to have an online forum on the FirstStop website to share things with other partners. (C&R Worcs)

The biggest challenge of being part of the FirstStop network is the monitoring requirements, which were regarded as time consuming and resource intensive, providing little useful information to partners, and did not use the relatively sophisticated monitoring systems which partners already had in place:

We have a problem of double entry. But if we only use the FirstStop sheet it is of no use to us as we need the full picture from FEMIS. The spreadsheet is not good at recording what happens and it is easier on FEMIS where there is more space. The sheet has not been designed by someone who is going to use it. I told them at the beginning it was useless and would not give any useful information. (Local partner)

The main issue is monitoring. It is extraordinarily time consuming and complicated. We have to report to all sorts of people all the time but this is by far the most complicated and time consuming. We use Charity Log MIS which [parent charity] uses and is geared to casework. It captures a lot of casework activity and the ideal would have been to directly transport the data into a report for FirstStop. But we can't so the caseworkers have to sit and manually go through the system to fill in the FirstStop spreadsheet. We try not to keep a separate spreadsheet for FirstStop, some we can populate from our MIS but some has to be done manually. It is very difficult if the caseworkers are on holiday for anyone else to do it. The frequency is also an issue; both monthly and quarterly are detailed. Relative to the money we get the monitoring required is disproportionate compared to other funders. (Local partner)

Monitoring is a huge issue. The spreadsheet is time consuming because they want qualitative information, if it was just numbers it would be quick. It takes a few hours and I have other record keeping to do. There are issues about confidentiality so I submit it FirstStop without names and addresses as there are data protection issues, particularly since it is sent by email. (Local partner)

The biggest challenge is the level of monitoring. It takes the caseworker a phenomenal amount of time relative to the amount of funding and takes her away from casework. There are also issues to take up with FirstStop about why they need names and addresses. I am not sure what they use this for but it makes people wary. (Local partner)

## Unit costs of the local partner case studies

Each local partner submitted a monthly report of how many cases they had seen for FirstStop through the local casework and the amount of funding they received from FirstStop was recorded in their initial agreements. For the evaluation they also supplied the total cases seen by the service and the total funding cost. This enabled a calculation of the proportion of total cases that the FirstStop funding supported relative to the total funding and clients covered by each local partner. The client unit cost was calculated based on the relative proportion of clients to funding provided by FirstStop.

### AC Wandsworth

Total cases a year	1800
FirstStop reported cases	180
Total funding	£72000
FS funding	£13000
Proportion of total that was FS funding	18%
FS cases assuming cases proportional to funding	325
Unit cost by reported cases	£72
<b>Unit cost by case assuming proportional to funding</b>	<b>£40</b>

### Care & Repair Worcs

Total cases a year	222
FirstStop reported cases	108
Total funding	£35135
FS funding	£13000
Proportion of total that was FS funding	37%
FS cases assuming cases proportional to funding	82
Unit cost by reported cases	£120
<b>Unit cost by case assuming proportional to funding</b>	<b>£158</b>

### WE Care & Repair

Total cases a year	614
FirstStop reported cases	456
Total funding	£58800
FS funding	£45000
Proportion of total that was FS funding	77%
FS cases assuming cases proportional to funding	470
Unit cost by reported cases	£99
<b>Unit cost by case assuming proportional to funding</b>	<b>£96</b>

Total cases a year = Bristol actual+N Som spreadsheet+half for S Glous  
 FirstStop reported cases Bristol spreadsheet+N Som spreadsheet+half for S Glous

### AC Manchester

Total cases a year	300
FirstStop reported cases	175
Total funding	£315000
FS funding	£13000
Proportion of total that was FS funding	4%
FS cases assuming cases proportional to funding	12
Unit cost by reported cases	£74
<b>Unit cost by case assuming proportional to funding</b>	<b>£1050</b>

FirstStop provided detailed information on expenditure on local development and delivery which totalled £280,516 in 2011/12. This is equivalent to a unit cost per client of £132 averaged across all of the local partners. The unit costs for the four case study local partners vary considerably. This may reflect the nature of the work they do, for example, some of the FirstStop funding was used by AC Manchester to carry out awareness raising activities reaching more than 1200 people rather than only casework, which is reflected in the higher unit cost, as this work is not counted in the reported case load. The analysis shows that not all partners are reporting case numbers in proportion to the amount of funding received from FirstStop. For example, AC Manchester receives only 4% of its funding from FirstStop but is reporting 58% of its total cases in the FirstStop monitoring. AC Wandsworth on the other hand received 18% of its funding from FirstStop but is reporting only around 10% of its cases in the FirstStop monitoring.

## Value for money – case studies exploring potential savings to the public purse

The cases below are examples of the types of work carried out by the local partners, although the type of support provided by each local partner varies, as do the nature of the enquiries from older people. However, the examples below demonstrate possible savings to the public purse which can result from these types of housing options support.

### Age UK Wandsworth

Based on the 10 case studies provided, the actual outcomes were identified for each client and based on the in depth case notes, an informed assumption about the likely alternative outcomes was made for each client. The actual outcomes for each client were then costed to estimate simply what cost they will have to the public purse over one year. The cost to public purse of supporting the actual outcomes was estimated for the ten sample cases at £47,689:

	With intervention	Cost to state pa	Additional intervention	Cost to state pa	Total cost to state pa
1.	Minor adaptations	3000	Benefits check	2045	5045
2.	Home care	1191			1191
3.	Stay in own home	4327	Benefits check	2045	6372
4.	LA paid discretionary top up on HB	6604			6604
5.	LA paid discretionary top up on HB	9100			9100
6.	Moved to SH	4327	Benefits check	2045	6372
7.	Minor adaptations	3000			3000
8.	Grant to return home	1950			1950
9.	State covered cost of service charges and works	6010			6010
10.	Benefits check	2045			2045
					<b>£47689</b>

The cost to the public purse of the identified alternative outcomes for each client if there had been no case work intervention were then approximately costed to estimate what they would have cost the public purse over one year. The cost of the alternative outcomes without any intervention was estimated to be £74,901 for the ten sample cases:

	Without intervention	Cost to state pa	Without intervention	Cost to state pa	Without intervention	Cost to state pa	Total cost to state pa
1.	Moved to SH	4327					4327
2.	GP visit	36	Hospital admission	396			432
3.	Homeless	26000	Court action	245	GP visit	36	26281
4.	Downsized	-6604					-6604
5.	Downsized	-9100	Hospital admission	396	GP visit	36	-8668
6.	Homeless	26000	Hospital admission	396			26396
7.	Move into residential care home	24336	Hospital admission	396			24732
8.	GP visit	36					36
9.	Court action	245	Debt to LA	7688			7933
10.	GP visit	36					36
							<b>£74901</b>

The potential and approximate savings generated by the 10 case work interventions can be found by deducting the costs of likely outcomes for the individuals without intervention from the costs of supporting the actual outcomes resulting from the case work intervention. This suggests a potential saving of £27,212. This gives a per client saving of £2721. The unit cost was £40, so minus the cost of the FirstStop funding, there was an approximate average saving to the public purse of **£2681.2** for each of these sample cases.

Saving per sample client	2721.2
Unit cost	40
Saving after deduction of service cost per client	2681.2



## Care and Repair Worcestershire

Based on the 10 case studies provided, the actual outcomes were identified for each client and based on the in depth case notes, an informed assumption about the likely alternative outcomes was made for each client. The actual outcomes for each client were then costed to estimate simply what cost they will have to the public purse over one year. The cost to public purse of supporting the actual outcomes was estimated for the ten sample cases at £13,575:

	With intervention	Cost to state pa	Additional intervention	Cost to state pa	Total cost to state pa
1.	Downsized 3 bed to 2 bed OO	0			0
2.	Moved to SH	4327			4327
3.	DFG stairlift	3000			3000
4.	Downsized 4 bed to 1 bed HB	-346			-346
5.	Downsized 3 bed to 2 bed HB	-346			-346
6.	Moved OO	0			0
7.	Moved within HA	0			0
8.	Downsized 2 bed to 1 bed HB	-346	Support worker	414	68
9.	Moved to SH	4327	Benefits check	2045	6372
10.	Moved within HA	0	Relocation cost	500	500
					<b>£13575</b>

The cost to the public purse of the identified alternative outcomes for each client if there had been no case work intervention were then approximately costed to estimate what they would have cost the public purse over one year. The cost of the alternative outcomes without any intervention was estimated to be £45,301 for the ten sample cases:

	Without intervention	Cost to state pa	Without intervention	Cost to state pa	Without intervention	Cost to state pa	Total cost to state pa
1.	GP visit	36					36
2.	Moved into a home	24336					24336
3.	Moved to SH	4327					4327
4.	Hospital admission	396					396
5.	Hospital admission	396	OT/Social worker	414			810
6.	DFG major	6000					6000
7.	DFG	3000					3000
8.	DFG	3000					3000

9.	Hospital admission	396					396
10.	DFG	3000					3000
							<b>£45301</b>

The potential and approximate savings generated by the 10 case work interventions can be found by deducting the costs of likely outcomes for the individuals without intervention from the costs of supporting the actual outcomes resulting from the case work intervention. This suggests a potential saving of £31,720. This gives a per client saving of £3172. The unit cost was £158 so minus the cost of the FirstStop funding, there was an approximate average saving to the public purse of **£3014** for each of these sample cases.

Saving per sample client	3172.6
Unit cost	158
Saving after deduction of service cost per client	3014.6

### **WE Care and Repair**

WE Care and Repair were not able to supply detailed case information so a VFM analysis could not be conducted.

### **Age Concern Manchester**

This case study has not been conducted in the same format as the others because the nature of the work carried out is very different. The methods used in this evaluation have analysed the cost to the public purse of providing the casework interventions and cost of providing the service against what the cost to the state would have been without the service. In the case of AC Manchester, the total cost of providing the service was £315,000 per annum and the cost to the state of the casework was £616,175 through increased benefits payments to claimants, making the total cost to the state approximately £931,175. However, benefits to individual clients were approximately £2054 each per annum in additional income, which could enable significant improvements to an individual's quality of life and will also benefit the wider local economy.

Two examples are given below supplied by the local partner:

#### **Case Study 1: Mrs E**

Mrs E, who lives alone in a Sheltered Housing Complex, contacted Age Concern Manchester because she required assistance in making applications for Housing Benefit and Council Tax Benefit. Mrs E had very recently moved into her current home from an area outside of Manchester. Case worker C arranged to visit her in her home to offer advice and assistance.

Case worker C, visited Mrs E in her home with Mrs E's daughter attending the meeting by prior agreement. Case worker C took the opportunity to conduct a full Benefits Check. This was done to ascertain what means tested and non means tested Benefits Mrs E might be entitled to and to see what Benefits she was actually

getting by reviewing her bank statements, medical prescriptions and other relevant documents.

It was ascertained that the Benefits that Mrs E was getting were State Pension, Pension Credit and Attendance Allowance at the Highest Rate and was actually getting the correct amounts of Benefit for each of the above.

With authorisation from Mrs E Case worker C took the opportunity to telephone the Pension Service to advise them of her new address so that future correspondence would be sent to the correct address.

A Housing Benefit and Council Tax Benefit claim form (26 pages) was completed by Case worker C and sent to Manchester City Council along with required documentation validating both Mrs E's current capital position and income sources/amounts. As a consequence of the work done by Case worker C Mrs E was awarded the following Benefits:

- Council Tax Benefit £12.69pw
- Housing Benefit £93.78pw

Mrs E and her daughter expressed that they were extremely happy with the advice and assistance given to them by Age Concern Manchester and that without this help they would not have been able to cope with the stress in trying to sort out the problems.

- **Increase in Annual Household Income** £5,536.44
- **Back pay for increases in Benefits** None

### **Case Study 7: Mr G**

Mr G, who owns his own house, contacted Age Concern Manchester because he required help because his Gas Central Heating Boiler had been broken for the last 12 months. Case worker C arranged an appointment for Mr G to attend the AC Manchester Wythenshawe Outreach Surgery, which is near to his home, to discuss what advice and assistance Age Concern Manchester could offer him.

At the Wythenshawe Outreach Surgery it was ascertained that Mr G's income was Income Support, a small Occupational Pension and Disability Living Allowance. He had been awarded the latter because of his severe Emphysema and he could only get out and about using his Mobility Scooter.

On behalf of Mr G the team did an on-line application to Warm Front for a Grant under the "Heating and insulation improvements from the Warm Front scheme". Following their representations Warm Front arranged for a home visit by one of their Technical Surveyors. The outcome of the home visit was that he was made "High Priority" in terms of replacing his gas combi-boiler and was awarded £1,500 to carry out this work.

During the period dealing with the Warm Front Grant the caseworkers discovered that Mr G would soon reach the age of entitlement to claim Pension Credit rather than Income Support. Consequently with Mr G's authorisation they telephoned the Pension Credit Office to make an initial claim. It was during the conversation that they ascertained that the Pension Service had a "flag on their system" stating that Mr G had an interest in two possible Occupational Pensions. This was discussed with Mr G but although he did in fact receive one of the pensions he had no knowledge about

the other one. Details of this other Occupational pension (Company name and telephone number) were obtained from the Pension Credit Office. Age Concern Manchester then followed this up and negotiated with a Life Insurance Company over the phone (Mr G was in attendance when these telephone negotiations were taking place and was fully appraised of the situation at all stages of the negotiations). When all the relevant information had been explained to Mr G he agreed to accept a Cash Lump Sum Payment of £8,573.14 plus a monthly pension of £101.30. Mr G was highly delighted with this because he had no idea that he was entitled to this.

Following representation by Age Concern Manchester Mr G was awarded Pension Credit of £117.78pw replacing his Income Support of £96.35pw.

Mr G expressed that he was extremely happy with the advice and assistance given to him by Age Concern Manchester and that without this help he would not have been able to cope with the stress in trying to sort out the problems.

- **Increase in Annual Household Income**      **£2,329.96**
- **Back pay for increases in Benefits**      **£10,073.14**

## Conclusions

These four local partner case studies show the benefits of this type of housing options work and the additionality which can be created through the use of the FirstStop network. The partners were able to increase their capacity and help more older people overall, to help people with housing issues in more depth, and to do more general awareness raising around housing options for older people. FirstStop provided the case workers with useful resources through the website, national advice line and the support from the buddy system.

Earlier stages of the evaluation explored the benefits of the local partner case work and potential financial savings that may result from this type of support for older people. This report looked at ten client cases from each of the four local partner case studies to explore whether the case work intervention might have saved money for the public purse, for example, by reducing potential expenditure by the local authority or health service. Housing options case work may assist older people to make better decisions and to avert housing or health crises which can not only be detrimental to an individual's quality of life, but also very costly to public services. For example, if an older person who is struggling to cope at home is assisted to acquire home adaptations, this can enable them to continue living independently and avert a need to move to expensive residential care accommodation.

The ten example client cases provided by the four local partners were very diverse. They reflect the breadth of issues encountered by older people and the range of support which can be provided. For example, the case work assisted some people to remain in their own home with adaptations or home care, whilst for others the most appropriate support was to move to sheltered housing or to downsize. One local partner focused on maximising income by identifying unclaimed benefits. Through these interventions a number of detrimental outcomes for the individual older people were averted. These included avoiding court action for debt, possible homelessness, possible GP visits or hospital admission as a result of health issues caused by unsuitable housing, and preventing the need to move to residential care. The four local partners provided example cases which show in this simple analysis that these types of housing options support can generate potential savings to the public purse and can improve the income and quality of life of older people.

## **Appendix 1**

### **Recording outcomes in case studies for VFM**

When writing up your case studies please try to include the following information, in addition to basic recording information:

1. Case complexity
2. Contact time e.g. three one hour face to face visits, follow up phone calls to services etc. We need to be able to estimate average time spent on each level of case.
3. Change in tenure e.g. from owner occupier to private renting, from private renting to local authority/HA, from local authority tenant to care home etc.
4. Change in who pays for their housing e.g. owner occupier sold house and bought own sheltered housing, or, council tenant remained on housing benefit but in a smaller sheltered property, owner occupier sold house and moved to residential home paid for by self/council etc.
5. Change in property size e.g. from 3 beds to 1 bed.
6. Change in care arrangements e.g. had carer for 2 hours a day, 7 days a week, council funded, now has carer for 1 hour a day, 4 days a week, council funded.
7. Changes to housing related health issues e.g. previously fallen at home and admitted to hospital, now has grab rails paid for by local authority.
8. Changes to other support e.g. used to have a social worker for 2 hours a week, OT and community nurse visits visit for 1 hour twice a week, now only has social worker for 2 hours a week. Downstairs bathroom fitted paid for by DFG/ER or Benevolent fund grant
9. Other changes considered positive outcomes e.g. less isolated, happier etc.
10. It is ok to include assumptions based on your knowledge of the case, e.g., client had three hospital admissions in past year and suffered from depression since not being able to use upstairs bathroom. Expect fewer hospital admissions and improved mental health since downstairs bathroom fitted, funded by client.

11. Change in Benefits obtained

12. Money/Legal advice – Financial advice on downsizing/self funding/er/lpa –  
impact of

## Appendix 2

### Assumptions used in the VFM analysis

#### Local authority residential care for older people

The cost to a local authority of providing residential care for older people is £24 336

<http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf>

Median costs were £468 per week.  
£24 336 annual

#### Hospital admission

2010-11 reference costs publication, Department of Health, 17 November 2011

NSRC4 NHS Trusts and PCTs combined reference cost schedules 2010-11

Accident and Emergency Services: Leading to Admitted £141

Paramedic Services: Emergency Transfers / Urgents £255

255+141 = £396

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131140](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140)

#### Home care

The mean hourly cost of all home care including LA-funded home care and independent provision, was £18.

Unit Costs of Health and Social Care 2011, PSSRU

<http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf>

#### GP visit

10.8b General practitioner — unit costs Per surgery consultation lasting 11.7 minutes  
£36

Unit Costs of Health and Social Care 2011, PSSRU

<http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf>

#### Homelessness

Research in 2008 by the New Economics Foundation indicated an annual cost to the state of £26,000 for each homeless person. This figure included the cost of benefits, hostel accommodation, and care of children.

<http://homeless.org.uk/costs-homelessness#.UA0j7qBRrw>



## **Court action**

<http://hmctscourtfinder.justice.gov.uk/courtfinder/forms/ex050-eng.pdf>

To issue a claim for money, the following fees are payable based on the amount claimed, including interest: £5,000.01 - £15,000 £245

## **Social worker (adult services)/OT time**

Assumed without intervention a further three hours of OT/SW time would be required at £212 per hour = £414

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Unit Costs of Health and Social Care 2011, PSSRU

<http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf>

## **Move to sheltered housing**

One outcome of the case work was that some clients moved into sheltered housing. This has a cost to the public purse.

The cost to a local authority of providing sheltered housing over one year is £8476.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Average rent and service charge paid for sheltered housing by occupants 2009 is £4148.56.

- Based on averages from Dataspring.
- Assumed older people paid an average rent towards the sheltered housing. Some will get HB but some were owner occupiers so made assumption that cancels each other out.

Overall cost to a local authority of providing sheltered housing over one year is £4327.44.

- Cost of providing SH minus income in rent.

## **Adaptations**

One outcome of the case work was that clients avoided home adaptations. The average cost of a major housing adaptation is £6,000 (Heywood and Turner, 2007). A more minor one is assumed to be half at £3000.