

Navigating care – a discussion paper

December 2008

Executive summary

Older people and their families often find the care system very hard to navigate due to its complexity and their low awareness of and difficulty in accessing information and advice. But well-informed “care consumers” are crucial for healthy care markets – driving and more clearly expressing demand for care services and helping providers respond flexibly to that demand.

This report identifies what older people and their families need to help them navigate the care system, and how they would prefer to receive this help. Research by the Foundation and others show that many organisations providing information, advice and advocacy (IAA) are making valiant attempts to help people with their care choices and related issues, but these mainly third sector organisations are limited by available resources – as such, gaps in the IAA market exist:

- The volume of IAA provided does not meet demand
- Some groups of older people are particularly overlooked
- The areas of advice older people need to navigate the care system are often delivered piecemeal and with a lack of continuity or integration
- Some of the more resource intensive services and communications channels are harder to come by

Furthermore, the future development of the care system is likely to see the need for support in navigating the care system increase. The social care reform agenda, which is giving people more choice in and responsibility for planning their own care, as well as adopting the broader concept of “care and support” to include housing, leisure and community services as contributing to older people’s wellbeing, will lead to greater demand for help in navigating this system. In addition, as numbers of self funders, personal budget holders, and people with more complex care needs grow, so too will the volume of demand for information and advice.

This paper presents some options on how gaps in the current provision can be addressed, as well as how the challenges of the future care system might also be met. These include:

- Creating “first stop shops” at national and/or local level
- Developing the role of local authorities as local “first stop shops” or commissioners of IAA
- Stimulating a market for brokerage services to operate alongside an IAA service

We suggest a new navigation system be created, consisting of a national first stop shop combined with a network of local first stops, with local authorities commissioners of the latter. A new navigation service could become an interface between the individual and the range of statutory agencies, third sector and commercial organisations, and their separate application procedures and processes, which make up the future mixed market of care and support.

However, the most appropriate approach to helping people navigate the care system now

and in the future must be decided in conjunction with wider decisions regarding the architecture of a future care system.

Section I – introduction and context

1. The subject of this report

Based on market analysis from Deloitte and consultations with low earners, the Foundation identified the complexity of the care market as a pressing issue for older people and their families.¹ Low awareness of, and difficulty in accessing, information and advice to help navigate this complex market served to exacerbate the problem. This report looks into this issue in depth by answering the following questions:

- a) What do older people and their families need to know in order to navigate the care market?
- b) How do they need to access this information?
- c) Is the current market providing this?
- d) If not, how can the gaps in provision be filled?

In answering these questions, the Foundation considers both the current system of care for older people, as well as the future care system – one where:

1. people's information and advice needs may differ in the light of a greater emphasis on personal responsibility and choice and the wider use of personal budgets and self-assessment procedures; and
2. the increased focus on "support and wellbeing" may lead to greater integration of care with other services important to older people's quality of life – such as housing, transport, and community and leisure services.

2. Methodology

This report draws on a variety of different sources to answer the questions outlined above, including:

- An extensive literature review of existing research into older people's information and advice needs
- Primary data from a questionnaire sent to information and advice giving organisations across England asking about their current client base and their capacity to meet demand
- Discussions held at a series of expert groups hosted by the Foundation addressing the wider issue of the architecture of a future care system
- Feedback from focus groups held with low earners discussing a possible delivery model for a new advice service, carried out by Opinion Leader on behalf of the Resolution Foundation.

3. The care market

In *A to Z: Mapping long term care markets*, the Resolution Foundation described, based on analysis from Deloitte, how the system of long term care for older people operates as a mixed market of funding (coming from the state and the individual) and supply (with care provided by the state, private and third sectors). The market is mixed in this way mainly

¹ Resolution Foundation (2008) *Lost: low earners and the elderly care market* and *A to Z: Mapping long term care markets*

because care is a “social” good: i.e., something which the state has a responsibility to provide (directly or more frequently via a financial contribution) to the most vulnerable in society, and those who cannot afford to buy it themselves.

One of the consequences of this is that the care market is relatively complex, with a mixed sector of provision the access to which is decided by a complicated interaction of means and needs-tested eligibility. It is hardly surprising, then, that much of the research reviewed and carried out by the Foundation concluded that people find the care system very confusing, find making care choices very difficult, and generally have a low awareness of what services are available and what they are entitled to.

Yet in any market, it is vital that consumers can make informed choices about the things they buy, based on accurate information. An “informed consumer” is someone who knows the range of services (or products) available and the relative value, price and quality of each. It is with this knowledge that the consumer can purchase the services that best meets their needs, according to their budget.

If a consumer is poorly informed, not only might they suffer because they cannot access the services they need, but suppliers may also lose out as consumers may not be aware of their existence. Poorly informed consumers also likely to lack confidence, so may not buy as much or as often as well-informed consumers, which also slows business. They are also less able to hold suppliers to account – they may not recognise poor quality or may not know how to switch suppliers. This in turn undermines the incentives for suppliers to improve their quality or become more efficient, as they may not be rewarded with more customers. In short, a market with poorly informed consumers will be less competitive and innovative. In addition, in markets where consumers are vulnerable due to poor information, the state will often step in with consumer protection regulation. But heavy regulation can restrict innovation, and increase operating costs – which are usually passed on to the consumer.

In the context of long term care, “an informed consumer” is an older person, their family and carers, who know what care services are available, and which would best meet their care needs. This knowledge is important for local authority funded older people and self funders alike: the latter needs to know how best to spend their private funds, whilst the former needs to know either how to spend their personal budget, or what they are entitled to from their authority.

However, the care market is one where very few “informed consumers” exist as we describe them above. There are three main reasons for this. This first is that the care system is highly complex, and navigating it is difficult without help. It is defined by an interaction of means and needs tested benefits and services, delivered by the third, commercial and statutory sectors, the rules and costs of which vary widely by location. Furthermore, “social care” itself is a relatively narrow set of services. An older person and their family will need to navigate housing, health, benefits and so on in order to secure a full package of support which meets their care needs.

Secondly, current ways in which older people can be helped in navigating the care system – often via voluntary sector organisations, and some local authorities, providing information, advice and advocacy (IAA) – can be patchy, in terms of the issues they deal with and how they provide support. Older people may not be able to access all of the help they need from one organisation and find it hard to know who to turn to. The challenge of accessing

appropriate IAA for some can prove too great, and many people try and navigate the care system without seeking any help at all.

This second problem is made worse by the fact that people tend to seek advice about care only when in crisis – e.g. after a fall. Lack of prior preparation often means people have low levels of awareness not only about their care options but also about where to go to access IAA. Even if people find an organisation to turn to for help, they then need to take in a large amount of information as a matter of urgency. People in such situations are unlikely to make well informed choices.

As such, many find navigating the care system a challenge, and poor decisions are often made. Furthermore, poor care decisions can potentially lead to serious consequences for a person's health, wellbeing, and their and their family's finances. It is for this reason that navigating the care system effectively is so crucial.

4. The future care market

Unfortunately, current demographic trends combined with the government's reform priorities could make the situation described above even worse:

- There will be an increase in the number of older people, particularly single older people and those with mental health and other serious care needs, in the future. So there will be increasing numbers of people needing help with the care system who may have no family or friends to help them, and who may need quite significant levels of support to make care choices.
- Current trends in local authority funding means there are greater numbers of self funders in the care market – i.e., those using their own money to purchase care services. These people receive less support and guidance from their local authority and need outside help to spend their resources effectively.
- Even if current funding trends are reversed and there is an *increase* in the number of older people receiving state funding, they are likely to have personal budgets. In line with the government's *Transformation Agenda*, there will be a significant increase in the number of people with personal budgets to spend on care and support services as they see fit. These people are likely to need much greater levels of advice and guidance to help them identify the services that will meet their needs and spend their budgets effectively, possibly including employing their own personal assistant. Some older people may even prefer using a "broker", who can spend a personal budget and organise care services on their behalf. As such, brokerage may also become an important addition to the existing services of information, advice and advocacy.
- The government's reform agenda is also seeking to shift the focus from narrow care services to wider "care and support" services – encompassing lower level services (such as social and community activities), as well as looking at how appropriate housing can contribute to an older person's wellbeing (with the *Lifetime Homes* strategy² and dedicated funding to expand extra care housing capacity³). This means older people will need to navigate a broader and more diverse "care and support" system with more options to choose from.

² *Lifetime Homes, Lifetime Neighbourhoods*: a national strategy for housing in an ageing society, Communities and local government, 2008

³ http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Housing/DH_083199

Any recommendations to improve people's ability to navigate the complexities of the current care system must also take these future challenges into account.

5. Why is navigating care particularly relevant to low earners?

The Resolution Foundation's research into low earners' experiences and perceptions of long term care identified the complexity of the system as a key concern for this group. Our survey found awareness of basic facts about care, such as entitlements to state funding, were very low:

- Over 40 per cent were unaware of the then £21,500 means testing benchmark
- Over half of low earners believed the state would pay for most or all of their care in later life,⁴ whereas in fact over 70 per cent of lower earners are unlikely to be eligible for *any* state funding.⁵

There was also low awareness among this group regarding who to turn to for information and advice, even among those who had had some experience of being a carer or care user:

- More than one in five low earners said they had found it difficult or impossible to access the information and advice they needed.
- A third of low earners said they would have no idea where to go for advice and information about care⁶

Deloitte hosted a series of focus groups with low earners on behalf of the Foundation which found the opaque processes surrounding eligibility for care and benefits had led to a belief that individuals had to "fight" in order to secure what they were entitled to.⁷ People believed this left the system open to abuse: those who know how to manipulate the system or "shout loudest" receive more, whereas those who are entitled to care and services, but who may be less confident, eloquent or informed, were overlooked. This also fuelled cynicism: many suggested that the complexity of the system was the government's way of reducing demand and keeping costs down.

It's absolutely barmy that you've got to fight for every bit of information that you need. To find out that you can get help in the house, to find out there's all sorts of stuff out there that nobody's ever heard of and suddenly find that it's taken about eight years to find this information out and you've had all this struggle and your needn't have done that. I mean it's just barmy.⁸

The idea of some form of care advice service was universally welcomed by a second round of focus groups of low earners hosted by Opinion Leader.⁹ Several participants reported experiencing difficulty in accessing care entitlements and services, and the overall level of confusion regarding how the care system works was very high.

6. Developments in the information and advice sector

⁴ YouGov poll carried out on behalf of the Resolution Foundation, December 2007

⁵ Resolution Foundation (2008) *Lost: low earners and the elderly care market*

⁶ YouGov poll carried out on behalf of the Resolution Foundation, December 2007

⁷ Resolution Foundation (2008) *Lost: low earners and the elderly care market*

⁸ *ibid*

⁹ Focus groups hosted by Opinion Leader on behalf of the Resolution Foundation, October 2008. Samples size – 40 low earners.

The pace of social care reform has increased substantially over the past year, and there are several forthcoming policy developments which will have a direct bearing on how people navigate the care system.

Firstly, the government's recent national carers' strategy¹⁰ announced plans for a new carers' advice service, provided via a website and a national telephone number. This service is set to be in place by spring 2009. Secondly, in *Lifetime Homes, Lifetime Neighbourhoods*, the government announced that it would develop a national housing advice and information service, via the web, telephone and a local "one stop shop". This document also states that in time, the government would "develop this resource so that it covers social care, health and benefits and links together all the services that older people need to know about."¹¹

Finally, the *Putting People First* adult social care concordat stated that a key element of future social care reform would be "a universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. A 'first stop shop', which could be accessed by phone, letter, e-mail, internet or at accessible community locations... Personal advocates to be available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget."¹² In practice, the government has asked local authorities to establish by 2011: "universal, joined-up information and advice available for all individuals and carers, including those who self-assess and fund. Enabling people to access information from all strategic partners (e.g. third sector organisations, LinkAge Plus, Pensions Agency). Councils could do this using the 'first stop shop' model."¹³

These various statements suggest the government is seeking some form of coordination of sources of advice for older people, to be accessed via a range of channels, and this is certainly a positive step given the scale of the problem. However, each of these three initiatives seem to have been developed in isolation. For example, there appears to be little consideration of how the forthcoming carers' helpline will be assimilated within the wider coordination role local authorities are expected to take on, and in turn, how this role would eventually fit in with the much more ambitious plan outlined in *Lifetime Homes* to build a one stop shop of all advice relevant to older people. There is a risk that these three developments may duplicate each other's activities. It is also unclear whether the government envisages a new independent body delivering a catch-all advice service (as might be suggested by the carers helpline and national housing advice service and its future expansion), or better coordination of existing specialist advice services. Furthermore, none of these plans have considered wider developments in advice services – for example, the Financial Services Authority is currently piloting a "MoneyGuidance" service to give people free generic financial advice.¹⁴ There is likely to be significant overlap between the advice this service provides and the advice given by carers and housing advice services, but joint working with this and other such agencies (such as the DWP's recently created Pension, Disability and Carers Service, who are likely to be in contact with many older people and their families regarding their benefits.¹⁵) has not been considered.

¹⁰ Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own

¹¹ *Lifetime Homes, Lifetime Neighbourhoods*: a national strategy for housing in an ageing society, Communities and local government, 2008

¹² DH, *Putting people first: a shared vision and commitment to the transformation of adult social care*, 2007

¹³ DH (2008) *Local Authority Circular LAC 1 17/01/08*

¹⁴ http://www.fsa.gov.uk/financial_capability/pdfs/money_pathfinder.pdf

¹⁵ <http://www.dwp.gov.uk/mediacentre/pressreleases/2008/jan/emp058-220108.asp>

Both the developing services and policies in social care reform and in wider and related areas must be borne in mind when considering potential solutions to the problems of navigating the care system.

Section II – demand

What do people need to know to be “informed consumers” of care?

A significant amount of research has been carried out to identify what help older people and their families need to navigate the care system, dating back nearly three decades¹⁶. Yet the issues raised have remained fairly consistent.

For example, Tinker et al's 1993 study for ACE¹⁷, based on interviews and focus groups with advice giving organisations and over-60 year olds identified the following issues as those which older people want to be informed about:

1. Social security benefits/entitlements
2. Health
3. Care homes and how to pay
4. Support at home
5. Housing

These topics, in various guises, appear in a succession of studies looking into older people's information and advice needs: in 1999 the following issues were identified based on focus groups with older people:

1. Services for older people
2. Financial advice
3. Health advice
4. Practical help
5. House adaptations
6. Entitlements to money and services

These issues reoccur in the responses of advice-giving organisations, who were asked what issues its clients (older people, their families and carers) mainly sought information and advice about. ACE reported its top issues were care (51% of the enquiries made), income (27%) and housing (8%). Counsel and Care reported benefits (35%), and care (especially funding) (23%).¹⁸

More recently, the Resolution Foundation's survey of 60 advice giving organisations¹⁹ found that the most commonly reported enquiries from clients included:

- Money, benefits, assets, care funding and debt (reported by 40% of responses)
- Housing and/or residential care choices (18% of responses)
- General care and care/support service enquiries (10% of responses)

¹⁶ Many cite Epstein's report from 1980 which asked older people what they were worried about as one of the earliest investigations in this area. Epstein, J (1980) *Information needs of the elderly*, study commissioned by DHSS, Final report, June 1980. London: DHSS

¹⁷ Tinker, A., McCreddie, C., & Salvage, A. (1993). *The information needs of elderly people – an exploratory study*. Age Concern Institute of Gerontology, London

¹⁸ Barrett, J *The information needs of elderly, disabled elderly people, and their carer*. Disability Information Trust, 2000

¹⁹ 200 questionnaires were sent to organisations across England providing information, advice and advocacy to older people. 60 were returned.

- Health and mental health (9% of responses)

It is clear, therefore, that whilst the importance placed on each may vary, the issues which older people and their families want to know about remain consistent. These issues reflect the reality of older people's (and indeed, everyone's) lives – home, finances and care/health. In the case of older people, they are also mutually reinforcing: for example, home adaptations and housing support can improve an older person's health and reduce their need for care, whilst financial advice can lead to better use of resources, leading to better care. Recent reports suggest 700,000 pensioners would be lifted out of poverty if they claimed all of the benefits they were entitled to.²⁰

Research from ACE demonstrates this point: it investigated how older people spent the additional money they received thanks to local Age Concerns' advice regarding access to benefits and entitlements. They found that older people reported a better quality of life due to their increased weekly income, as they spent the additional money on home adaptations, heating and social outings. 56 per cent of older people reported using their money on practical help around the home (such as a cleaner or gardener), for example.²¹ ACE points out that such spending on "low level" services could have significant preventative benefits in the longer term by reducing demand for more intensive care and health services.²² The investigation also found that nearly a quarter of older people reported spending their extra money on care services – suggesting their increased incomes helped stimulate the formal care market too.²³ It is important to bear in mind, therefore, that people cannot have their care needs met by navigating the care system alone – they must also be informed on the issues of housing, benefits and other services which contribute to their wellbeing.

Low earning older people will have the same information needs as others. As a group who are often ineligible for state funded care but who have low incomes, and who tend to be home owners but are likely to be cash-poor²⁴, their key concerns are covered by the areas identified above. However they may prioritise these issues differently to others: valuing financial and housing advice, to help pay for care whilst staying at home; help with choosing *affordable* care services; and help accessing the non-means tested benefits they are entitled to to maximise their low incomes.

When considering the content of advice, it is also important to bear in mind that most of the research looking at information and advice services (not just those related to care) conclude – unsurprisingly – that independence, accuracy and reliability of information are all key to successful outcomes. These factors are consistently identified by service users as something they value, and would seek in any new advice service. For example, based on field work with older people, Dunning concluded that *"independence is a key shared principle of information, advice and advocacy. It is in itself viewed as being an indicator of a good service by older people."* And reflected on how providing independent advice was a challenge for statutory services.²⁵ This is because local authorities often provide services themselves, and also act as gatekeepers to funded care through eligibility criteria: CSCI recently reported that some local authorities were only providing information on their own in-

²⁰ Jenny Willott MP, Parliamentary Questions, 22 July 2008

²¹ Age Concern (2008) *Transforming Lives - Tackling Poverty and Promoting Independence and Dignity through Information and Advice*

²² Age Concern (2004) *Bridging the Gaps: The outcomes of information and advice services for older people and assessment of unmet need*

²³ Age Concern (2008) *Transforming Lives - Tackling Poverty and Promoting Independence and Dignity through Information and Advice*

²⁴ Resolution Foundation (2008), *Lost: low earners and the elderly care market*

²⁵ Dunning, A (2005) *Information, advice and advocacy for older people: Defining and developing services* JRF

house services and steering people towards these.²⁶ Focus groups with low earners hosted by Opinion Leader on behalf of the Foundation also found that independence and reliability were key elements of advice provision and uncovered a suspicion and dislike of being “sold to”.²⁷

How do people like to be helped in navigating care?

Now we have established *what* older people, their families and carers need to know to navigate care effectively, the following section consider *how* people want to be given this information.

1. Integrated information

As explained above, older people and their families need to be fully informed about a diverse range of issues to make an effective decision about care. However, research shows that they want to receive this range of information in a joined up, integrated fashion. This is hardly surprising. No one – not least someone in the midst of a care crisis – wants to have to seek separate pieces of information from multiple sources before they can access the support they need. When consulting low earners on possible new advice services, the key factor that all groups identified first was that a new service had to allow people to access help with *one phone call*. Having to “ring round” and repeat the same query to several people was seen as a major disadvantage of most other telephone-based services.²⁸

“The thing is with these call centres...when you call, you’re sent in different directions. You should get...a human being on the end of the phone.”

A study into the preferences of older people in Slough found that people wanted “needs based” rather than “service based” information – i.e., information and advice based on their range of needs, rather than that based on the specialist area of the organisation giving advice. One older person spoke positively of their district nurse, who had taken on a coordinating role – advising them on and helping them secure multiple services during her visits.²⁹

ACE has also found that its “joined up” method of working has proven to be a key source of positive feedback from its clients, and has delivered a range of tangible benefits. Local offices deliver holistic IAA services by investigating an older person’s entire situation to identify their full range of care and related needs, rather than just dealing with the presenting problem which led the older person to seek help. ACE cites one case of a woman seeking help from a local Age Concern to get out of the bath, which led to the local staff securing a range of home help services, higher levels of benefits entitlement, and a eventually a move to supported accommodation for the woman in question.³⁰

An evaluation of the 1998 Better Government for Older People (BGOP) pilot programme supports this approach, summarising “what works” in giving information as “Coordinated,

²⁶ CSCI (2008) *The State of Social Care in England 2006-07*

²⁷ Focus groups hosted by Opinion Leader on behalf of the Resolution Foundation, October 2008. Samples size – 40 low earners.

²⁸ Ibid

²⁹ Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

³⁰ Age Concern (2004) *Bridging the Gaps: The outcomes of information and advice services for older people and assessment of unmet need*

person based information”³¹ The report cites several pilots which had attempted to coordinate the delivery of information – Hackney and Nottinghamshire Councils recruited someone specifically to look after older people’s information needs and act as a single point of contact; and East Devon introduced a “one person one story” form to allow a single visit/telephone call to be used to identify both social service and benefits needs, with the aid of one form. However, data protection issue had proved a barrier in this pilot, and other pilots reported different organisational procedures, health and safety rules and so on hampering attempts at more integrated working.³²

These logistical difficulties at local level are symptomatic of a wider problem regarding the way in which government services are configured – in order for an older person to secure the care they need, they may have to deal with a large number of separate statutory agencies, third sector and commercial organisations, each with their own processes and procedures. This may require multiple phone calls, to arrange multiple visits and assessments, and the completion of multiple forms. As one Age Concern manager pointed out:

‘a very large proportion of enquiries - about two thirds - relate to issues or problems with the statutory sector - e.g. incomprehensible benefit forms, problems accessing services, etc - re benefits, health care, community care, council housing, and council housing repairs...’³³

This is illustrated by the BGOP pilot in Kensington and Chelsea: an audit of all of the information emanating from the health authority and social services departments found more than 200 pieces of literature relating to older people. A panel of older people were tasked with reviewing this body of information, and concluded several pieces of information were duplicated, some conflicted, and there was little communication between departments and agencies.³⁴

It is for this reason that creating a single point of contact between an older person and the services and benefits they need is so crucial. More than a navigation tool, IAA could become an interface between the individual and the vast range of statutory agencies, third sector and commercial organisations, and their separate application procedures and processes, which make up today’s mixed economy of care and support.

2. A combination of information, advice and advocacy

As we mention above, people are currently helped with their care choices by organisations mainly offering information, advice and advocacy (IAA). These have been defined as:

- Information – the communication of items of knowledge, facts and ideas
- Advice – an opinion or recommendation regarding a course of action
- Advocacy – speaking up or pleading the case for³⁵

³¹ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick

³² Ibid

³³ Age Concern (2004) *Bridging the Gaps: The outcomes of information and advice services for older people and assessment of unmet need*

³⁴ Kerr, L and Kerr, V (2003) *Older people doing it for themselves: Accessing information, advice and advocacy*. JRF

³⁵ Dunning, A (2005) *Information, advice and advocacy for older people: Defining and developing services* JRF

An additional service, that of “brokerage”, has begun to develop in its own right as the numbers of self funders and personal budget/direct payment holders grow and require more specific help to spend their resources. Whilst still relatively marginal, demand for brokerage services will certainly increase in the wake of the universal roll out of personal budgets.³⁶ The Foundation found that of the 60 voluntary organisations it surveyed in July 2008, 35% stated they provided ‘Information’, 25% provided ‘Advice and Guidance’, 21% provided ‘Advocacy and Brokerage’, and 12% provided ‘Just Advocacy’. However, as an emerging sector, there is no one definition of what “brokerage” means in this context, however, it includes many elements of advocacy: helping an older person identify their care needs; providing information and advice on what services are available to meet these needs; and helping to access the services required, but might also include more practical services – such as helping to plan and spend a person’s budget on the services required, and potentially provide account holding, payroll and record keeping services, particularly if someone employs their own personal assistant. Nevertheless, the exact nature of what brokerage entails remains untested at this early stage³⁷, and could in the future extend much further to include brokers acting as formal agents for older people and receiving personal budgets from local authorities directly (see below).

Whilst organisations often define and categorise their services according to information, advice, advocacy and increasingly brokerage, and much research will use these terms as a way of classifying areas of activity, evidence suggests these categories mean less to older people. As Quinn et al point out, based on their consultations with older people in Slough, older people value *outcomes*, and are less interested in how these are achieved:

“They wanted assistance or help in order to receive a service, and did not distinguish between information, advice or advocacy as services in their own right. Information was seen as a means to an end.”³⁸

When older people are asked to explain the types of help they need, they identify activities which fall into all three categories of IAA, even though they do not define them as such (as mentioned above, the concept of brokerage is still relatively new and demand for this form of support has yet to be monitored). This suggests that all three forms of help may be required to ensure older people and their families can navigate the care system, depending on the particular case. Research indicates that information alone, without some advice on a course to take, is less effective and can be viewed negatively by older people and their families.³⁹ The Foundation’s own research into financial advice also concluded that information alone would have little impact on changing people’s financial behaviours.⁴⁰ This could be more so in the context of care decisions – where complex, emotive issues are being dealt with by people reluctant to think about their old age and ill-health. One of the organisations the Foundation surveyed commented “When delivered properly, information and advice involves providing clients with emotional support when dealing with difficult issues... it is not a question of simply handing out a leaflet and leaving the person to get on with it..”⁴¹

However, older people are a heterogeneous group – the level of support each person needs will vary from information through to advocacy, and may include brokerage in the future. The

³⁶ Delivered as part of the government’s *Transformation Agenda*

³⁷ *Going for Broke*, Community Care Magazine, 11 September 2008

³⁸ Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

³⁹ *Ibid*

⁴⁰ Resolution Foundation (2005) *Closing the Advice Gap*

⁴¹ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

Foundation's research demonstrates how organisations providing IAA have a varied client group, each having very different IAA requirements. Of the organisations surveyed:

- 34% advise or work with 'Older people sorting out their own care or finances'
- 27% advise or work with 'Friends or relatives sorting out care on behalf of others'
- 18% advise or work with 'Informal carers'
- 14% advise or work with 'Professional carers'
- 6% advise or work with 'Other' groups⁴²

What is important, therefore, is that organisations helping people navigate the care system have the capacity to draw upon a range of methods of support across the IAA spectrum and to use them seamlessly under a more accessible and intuitive concept of "help". Of course, some specialist services (such as brokerage services in the future) may require a more defined status (particularly if these are paid for – see below) separate to mainstream "help", but the referral to these and other specialist services could be made as seamless as possible through close partnership working and information sharing (see below).

3. *A diverse range of delivery channels*

A considerable amount of research has been carried out regarding what channels of communication are most effective in providing help to older people, their carers and families. However, as explained above, this heterogeneous group of people have a varied range of needs and circumstances, and therefore the most appropriate method of communication will differ from person to person. We should also bear in mind that many relatives and carers seek advice on an older person's behalf, and their communications needs also need to be taken into account. Channels deemed of little value to some older people (e.g. the internet and written information) may be the preferred method for families and carers, so a full range must be available to target every group.

The heterogeneity of older people and their families often results in conflicting conclusions from studies looking in to how best to deliver information and advice – for example, some studies dismiss the use of the internet given older people's lack of access and familiarity with the medium, whilst others believe online information could be a practicable solution through the use of digital "information points" in the community.⁴³

There are, however, some general conclusions that can be synthesised from a range of previous studies:

- Face to face (F2F) provision is consistently reported as the most preferred format for older people. One study found 40% of older people selected this as their favoured channel, with TV coming a poor second at 17%.⁴⁴
- Outreach and home visits, as an extension of F2F provision, one also viewed as important, particularly for rural communities or isolated or immobile older people.⁴⁵

⁴² Ibid

⁴³ Kerr, L and Kerr, V (2003) *Older people doing it for themselves: Accessing information, advice and advocacy*. JRF

⁴⁴ Barrett, J *The information needs of elderly, disabled elderly people, and their carer*. Disability Information Trust, 2000

⁴⁵ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick and Age Concern (2004) *Bridging the Gaps: The outcomes of information and advice services for older people and assessment of unmet need*

- Nevertheless, many older people rely on their friends and relatives to learn about the care system and these people may be prepared – or indeed prefer – to receive information and advice over the phone or the internet. The Foundation’s own research regarding financial advice showed 70 per cent of people interviewed said they would be happy to use a telephone-based service to receive financial advice or expressed no preference. Of the remaining 30 per cent who would prefer face-to-face advice, two-thirds would still use a telephone service. Only 10 per cent of people said they would only use face-to-face advice.⁴⁶
- As such, the use of F2F, and in particular home visits as the most resource intensive form of F2F, should be targeted at those who are the hardest to reach: primarily those who do not have friends or family to help them navigate their care, those with mobility or another impairment, living in isolated areas, or who are from BME groups.
- Written information is generally seen as having the least value. Leaflets are often viewed as jargon heavy and poorly laid out for older people⁴⁷, as well as experiencing poor use (older people view them as junk mail and do not read them) and becoming out of date quickly and difficult to update and replace.⁴⁸
- Involving older people in the design and the delivery of information and advice can be valuable. It capitalises on peer dissemination of information (i.e. word of mouth between older people and their families) as well as acts as a means of improving the user-friendliness of the format (e.g. font sizes in written communications, tone and jargon in oral communications).⁴⁹
- Relatedly, the format of information and advice needs to take into account the abilities, experience, knowledge, language and culture of those seeking it, as well as sensory, literacy and mobility impairments.⁵⁰ This includes ensuring information and advice is available in a range of other languages.
- Different communication channels are suited to different type of content, as well as the form of help being offered (i.e. information, advice or advocacy).⁵¹

Based on these general findings, using a diverse “multi-channel” approach to deliver advice and information is the best way of reaching as many people in the heterogeneous group of older people and their families as possible. This involves using outreach, F2F, telephone, written and internet based information as appropriate, and incorporating good practice in each. However for many, telephone access to an advice service would be adequate, and certainly could be used in conjunction with a website as a first port of call for the majority of users (perhaps before F2F or other services were then used).

Section III – supply

Is current provision delivering what older people want?

Having reviewed the research into what older people and their families want to know to make care choices, and how they want to receive this information, this section discusses whether existing organisations helping people navigate care are meeting these needs.

⁴⁶ Ibid

⁴⁷ Margiotta et al (2003) *Are you Listening? Current practice in information, advice and advocacy services for older people* JRF

⁴⁸ Barrett, J (2000) *The information needs of elderly, disabled elderly people, and their carer*. Disability Information Trust

⁴⁹ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick and Margiotta et al (2003) *Are you Listening? Current practice in information, advice and advocacy services for older people* JRF

⁵⁰ Carter, T. and Beresford, P. (2000) *Age and change: models of involvement for older people*, York Publishing Services

⁵¹ Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

1. Integration of information

Studies have found that many different organisations providing IAA deliver this according to a specific interest or specialism. Quinn et al found third sector information and advice in Slough was often “service based” (i.e., care advice was given separately to housing advice, and so on) and cross-agency information was hard to collate⁵², whilst Kerr found many advice services in Barnet targeted specific ethnic or religious groups which limited the creation of joined up provision.⁵³

An illustration of this is that of the 60 voluntary organisations surveyed by the Foundation in July 2008, only 3 mentioned they dealt with housing issues. This suggests that housing advice may be one area covered by specialist advice organisations, which general advice organisations targeting older people do not cover – even though we have seen above how housing advice is a key factor in enabling care choices. One organisation we surveyed stated they could not secure funding to train their staff about care issues, and would therefore “always be providing a patchwork service.”⁵⁴

Regarding statutory services, CSCI has found that many local authorities provide information regarding local authority services only, and usually exclude self-funders.

“In most of the six councils respondents at all levels were unable to identify ways in which the council either did or might provide support for self-funders... In all the sites it was common practice to provide directories or lists of homes but nothing more by way of information or advice.”⁵⁵

Whilst the Audit Commission’s recent investigation found very few councils were able to provide information about employment and volunteering opportunities in the area.⁵⁶

Fragmentation of advice services means that people navigating care may have to seek information from a range of different sources to find out separately about care, house adaptations, benefits, transport, and so on. They may also encounter a duplication of information from a variety of overlapping sources: one person may receive information from their local authority, a national voluntary organisation specialising in their health condition (such as RNID), another specialising in advice for their ethnic background or language, and another community or user led organisation in their local area.

It is understandable that the current provision of IAA is fragmented, as it reflects many of the organisational and departmental divisions of existing public services relevant to older people’s care. Organisations naturally develop specialisms in one field and may find crossing boundaries to provide integrated IAA beyond their capability or resources. To overcome this, many organisations “signpost” their clients to others, in an attempt to cover all of the various advice needs an older person may have. Around 15% of the organisations we surveyed specifically mentioned signposting as one of their main activities.⁵⁷ The

⁵² Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

⁵³ Kerr, L and Kerr, V (2003) *Older people doing it for themselves: Accessing information, advice and advocacy*. JRF

⁵⁴ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

⁵⁵ CSCI (2008) *The State of Social Care in England 2006-07*

⁵⁶ Audit Commission (2008) *Don’t stop me now: preparing for an ageing population*

⁵⁷ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

disadvantage of such an approach, however, is that someone seeking advice may find themselves passed from organisation to organisation before their enquiry can be dealt with.

2. *A combination of information, advice and advocacy*

Providing a spectrum of IAA may prove problematic for some voluntary organisations. Quinn et al note that there was disagreement between and within organisations regarding the definitions of IAA, and what exactly they provided. However several organisations in this study were reluctant to offer advice due to perceptions of “legal responsibility if something went wrong.”⁵⁸ And would stick to what they described as a “signposting service”, providing information and nothing more. Yet some organisations who felt providing advice was legally problematic were actually fulfilling advocacy roles in order to secure information for their clients. The Foundation also found some advocacy services reported that they could only provide advice and information once their advocates were at capacity due to lack of resources.⁵⁹ For older people and their families to achieve successful outcomes, they must be able to access a combination of information, advice and advocacy as required, rather than one or two of these in a disjointed manner. As one organisation we surveyed commented, “there is little point expanding information and advice without practical support and advocacy alongside it.”⁶⁰

Another need which may not yet have been expressed is the need for brokerage. Given the forthcoming expansion of the use of personal budgets it is likely demand will grow for brokers to help people plan and spend their budgets and carry out payroll and accountancy tasks. Whilst around a fifth of the organisations we surveyed reported delivering “advice and brokerage” services, it has been pointed out that “brokerage” as a term remains poorly defined in its new context of personal budgets.⁶¹ Brokerage services (in the sense of helping plan and manage direct payments or personal budgets) currently tend to be delivered by local authorities as part of personal budgets, or by specialist organisations such as A4E.⁶² It is unlikely many of the small third sector organisations currently delivering IAA will be able to branch out into this form of brokerage without significant additional resources and expertise. Nevertheless, as a natural extension of IAA, organisations will certainly need to provide a relatively seamless “hand off” to brokers for those clients who need this additional support.

3. *A diverse range of channels*

The organisations surveyed by the Foundation reported a mixed range of methods for delivering IAA - 27% reported to deliver this via the telephone, 28% F2F, and 30% with “case work” (which we defined as home visits, follow-up and advocacy). 14% stated they used “web enquiries” to deliver advice.

However, much of the current information provided by statutory sources still relies heavily on written forms of communication. Notwithstanding the requirement for local authorities to develop a “universal advice service” by 2011,⁶³ much of the information emanating from local authorities, government departments and agencies takes leaflet form or is located on websites. Given the vague nature of the government’s requirement on local authorities to

⁵⁸ Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

⁵⁹ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

⁶⁰ Ibid

⁶¹ *Going for Broke*, Community Care Magazine, 11 September 2008

⁶² <http://www.a4e.co.uk/DirectPaymentforSocialCare.aspx>

⁶³ DH (2008) *Local Authority Circular LAC 1 17/01/08*

fulfil this duty and its reference to enabling access to advice partners, it is possible that this may do little more in some areas than build on the existing “signposting” activities most local authorities currently carry out (i.e. where people seeking help are referred to another organisation, often without any further assistance or follow up of their case.⁶⁴) Yet in a recent Audit Commission investigation, older mystery shoppers seeking information found that more than two-thirds of councils referred them to a website without checking if they could access it, and fewer than a third offered to send literature in the post.⁶⁵ CSCI found that it was common practice for councils to send out a directory of local care homes, and little more, as part of its information strategy, whilst 63% of the older people it surveyed reported that the written information they had received from their council had not told them what they wanted to know.⁶⁶

In a multi-channel delivery approach, written information has a role to play – for example in providing sources for easy reference. It is important, however, that its limitations are realised, it is used appropriately, and not relied upon too heavily simply because it is a relatively low-cost information channel.

A second problem is that some delivery channels, such as F2F and casework, are resource intensive. Every organisation the Foundation surveyed mentioned resourcing as a major challenge, and many noted recent cuts in funding. It is possible that in an environment of tighter local authority budgets, and less funding channelled to IAA services (see below), more expensive delivery channels may be sacrificed. ACE has already reported a reduction in home visiting due to funding cuts⁶⁷ and one organisation we surveyed reported cutting down on F2F advice and relying more heavily on using the telephone due to lack of funding.⁶⁸

4. Other gaps in the market

The existing supply of IAA to help people navigate their care choices is enjoying mixed success in meeting current demand from older people and their families’ regarding *what* help they want, and *how* they want it.

However, there is a more fundamental problem of capacity. Demand for help in navigating care far outstrips supply. It is difficult to identify exactly how much unmet need might exist, but the following factors ought to be borne in mind:

- Most existing services are at capacity – 45% of those organisations we surveyed reported “we have had to limit our activities due to lack of resources/staff” and 41% reported “we meet the needs of our client base but would not be able to meet a large increase in enquiries.” One organisation stated, “if we were to have twice as much funding we would more than double our capacity easily – there is so much unmet need in the county but we cannot advertise our service actively as we would not be able to cope with demand.” In fact, only one of the 60 organisations we surveyed reported being “under-used” and trying to build their client base.⁶⁹

⁶⁴ CSCI (2008) *The State of Social Care in England 2006-07*

⁶⁵ Audit Commission (2008) *Don't stop me now: preparing for an ageing population*

⁶⁶ CSCI (2007): *A fair contract with older people? A special study of people's experiences when finding a care home*

⁶⁷ Age Concern (2008) *Transforming Lives - Tackling Poverty and Promoting Independence and Dignity through Information and Advice*

⁶⁸ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

⁶⁹ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

- As we explain above, the care system and related services are extremely complex. Several studies (including the Foundation's own poll⁷⁰) have illustrated how poorly informed people are regarding their care choices and baffled by the system. Counsel and Care's recent survey of 5000 of its clients shows high levels of confusion around key issues such as care funding, and numbers of complaints regarding a lack of information, particularly from the local authority.⁷¹ This suggests there is substantial unmet need for information.
- It is hardly surprising that understanding the care system is challenging even for professionals. The Foundation's survey of 60 IAA organisations found that 14% mainly advise carers,⁷² whilst CSCI found that "Knowledge of local care homes by care managers in councils was highly variable, as was their understanding of their role in advising people on choosing a home. Of these care managers, 42% simply gave limited advice or signposting." This suggests that help provided by statutory sources within the system is not as comprehensive as it could be.
- There may be significant levels of hidden demand in the system, as many people are unaware that information and advice are available, and may not recognise they need help. The Foundation's own survey found 40% of people reported that they had not needed care information yet, but would have no idea where to get it.⁷³ This is exacerbated by what Epstein has called the "passive 'come and get it' approach to information provision".⁷⁴ One older person in a more recent study described their experience as "going into a restaurant without a menu."⁷⁵ The Audit Commission recently reported that in 80% of cases, the older mystery shoppers they sent to councils had to actively probe for information.⁷⁶
- The Foundation's survey of 60 IAA organisations found that over two thirds reported their reach was "local" – i.e. within their local authority or community. Only 11% reported having a national reach.⁷⁷ Whilst local sources of IAA have a number of benefits (see below), this does mean there is a greater risk of "patchy" geographical coverage: some local authorities may have few organisations operating in their area, and some remoter communities may have little access to them – and yet there are relatively few universal (i.e. nation-wide) advice sources to turn to.
- Finally, many existing advice organisations are voluntary, and the vast majority provide IAA for free. As such, they mainly rely on outside funding and grants, often from the local authority. ACE recently published data which showed 80% of local Age Concern offices reported a cut in funding for their services in line with tighter local authority budgets,⁷⁸ whilst over 90% of the organisations surveyed by the Foundation reported a lack of funding as their key concern. CSCI commented that, in the light of patchy advice provision from local authorities and people's demand for independent advice, "Government policy highlights the role of the third sector in providing advice,

⁷⁰ YouGov poll carried out on behalf of the Resolution Foundation, December 2007

⁷¹ Counsel and Care (2008), *A Charter for Change: reforming care and support for older people, their families and carers*

⁷² Resolution Foundation survey of 60 advice giving organisations in England, July 2008

⁷³ YouGov poll carried out on behalf of the Resolution Foundation, December 2007

⁷⁴ Epstein, J (1980) *Information needs of the elderly*, study commissioned by DHSS, Final report, June 1980. London: DHSS

⁷⁵ Quinn, Snowling and Denicolo, (2003) *Older people's perspectives: Devising information, advice and advocacy services*. JRF

⁷⁶ Audit Commission (2008) *Don't stop me now: preparing for an ageing population*

⁷⁷ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

⁷⁸ Age Concern recently launched its "The Price of No Advice" campaign based on a survey of its local offices, of which 80% reported funding cuts. <http://www.ageconcern.org.uk/AgeConcern/DE798725676F41428AC5164BE2E2AF1A.asp>

advocacy, service brokerage and other support services. Local commissioning and funding of these services need to improve to ensure high-quality local provision, stability and continuity in the voluntary sector and good outcomes for people.”⁷⁹

A lack of resources may have a number of consequences: first, it may lead to cuts in certain types of services (particularly more resource intensive services such as F2F, outreach and advocacy), and also lead to an overall decline in the volume of enquiries such organisations can deal with – as staff may need to be cut, or diverted for fundraising roles. Quinn et al found that five of the 23 organisations they had interviewed at the start of their study had ceased to exist by the end of the year long project, due to lack of funds and/or restructuring.⁸⁰

In addition, as sponsorship and grants are more forthcoming for new pilots, rather than the maintenance of existing services, this can lead to the repackaging and discontinuity of services. As organisations we surveyed commented “what is required is solid, stable services for clients rather than re-inventing the wheel every couple of years.” And “The funder bodies also seem to feel that existing services do not warrant funding and are only appear interested in new initiatives, which means that good quality dedicated teams who have a wealth of experience in this field are struggling to make ends meet”⁸¹ The short-term funding environment of many third sector organisations also means high staff turnover, and as Quinn et al found, the experience and contacts such staff build up are usually lost to the organisation when the staff member leaves – shortage of resources means staff are too busy fundraising or delivering services to keep databases of knowledge up to date. “Information was kept within those individual’s diaries – or heads.”⁸²

There is certainly a question, therefore, as to whether the current IAA sector is fit for the future. Developments in the care market based on demographic change and government reforms are likely to see greater demand pressures – both in terms of an overall increase in volume of demand, as well as a growth in the need for more intensive support (to account for larger numbers of older people with no family help or with mental illness) and more specialised services (to cater to growing numbers of self funders and personal budget holders who may want help in employing their own assistants, for example). Given the current capacity and resources of the existing sector, it may prove unsustainable in the face of these future challenges.

Who might be most affected by these?

We can identify several groups who might lose out in the current care advice market:

- self funders who, as CSCI found, receive little guidance from the local authority and have to find help from third sector advice organisations;
- those with more complex situations who will struggle to receive comprehensive advice to cover all of their diverse information needs;
- those with higher care needs, who might require F2F advice or home visits which might be harder to come by due to funding shortages;

⁷⁹ CSCI (2008) *The State of Social Care in England 2006-07*

⁸⁰ Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

⁸¹ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

⁸² Quinn, Snowling and Denicolo, (2003) *Older people’s perspectives: Devising information, advice and advocacy services*. JRF

- non-English speakers and BME groups who may need translators and additional support, which is more costly to provide and therefore harder to come by; and
- those living in remote or rural locations who may find it hard to access advice services (again due to funding shortages, as providing advice and outreach in sparsely populated areas is more costly) and may not be able to identify one of the few IA services which national reach.

Section IV – How might the gaps in existing advice provision be filled? Options for “future proofing” the navigation of care.

This section outlines some possible approaches that could help people navigate the care system more effectively both now and in the future, by addressing the weaknesses in the current supply of IAA.

From the analysis of older people and their families’ needs, it is clear that to address the weaknesses outlined above, the following would be required:

- A method of providing independent and integrated information, advice and advocacy on a range of issues relevant to older people navigating care – including housing and benefits advice.
- A way to access this range of IAA via multiple communication channels, including F2F, telephone and written forms.
- A service which could be integrated with the growing market of organisations offering brokerage services as a natural extension of IAA for some older people (particularly those using personal budgets).
- A service which can be integrated with developing services in other advice areas, such as MoneyGuidance
- A service which was free to access. None of the research reviewed for this paper referred to paid-for advice, probably because the vast majority of care advice currently offered is free.⁸³ But it is worth bearing in mind that charging for care advice would significantly reduce the take up of such a service and may give the wrong impression of service designed to provide independent advice.⁸⁴
- A means of ensuring the capacity to deliver continuity in IAA to all older people who need help navigating the care system, and which can pro-actively engage with those who are unaware that such help exists ahead of a care crisis.
- A means of ensuring consistency of advice and a reduction of the fragmentation and duplication of advice sources that can exist at local level in the current system.

⁸³ 95% of the organisations the Foundation surveyed in July 2008 said they did not charge for the support they provided

⁸⁴ Resolution Foundation (2005) *Closing the Advice Gap*

There are, however, a variety of ways in which these features could be delivered. The most appropriate form for this delivery will be highly dependent on the wider architecture of the care system in which it operates. For example, in the light of government reform priorities, it is likely that the care market will need to evolve to help deliver the wider objectives of older people's wellbeing and inclusion within the community. This could mean a future IAA service will need a far greater degree of integration between care and associated services, including health, housing, and community and leisure services. It is also likely that local authorities will have a greater role in ensuring their local populations have access to advice and support to make their own care choices, but may have a smaller role in commissioning or delivering care services on behalf of older people.

Whilst the vision behind the future of social care has been clearly defined by government in documents such as *Putting People First*⁸⁵ and *A Case for Change*⁸⁶, what a care and support system of the future capable of delivering this vision will *look like* remains undecided. As such, there remain a number of outstanding issues the role of IAA and its place in a future care system, which can only be resolved in conjunction with more fundamental decisions regarding the future architecture of care. The following section presents some options for delivering IAA to meet weaknesses in the current system as well as possible future challenges, before identifying these outstanding issues.

Options for a care advice system for the future

There are a variety of forms a more effective "navigation system" could take to address the weaknesses identified above. All will include a degree of coordination and integrated of both advice content and delivery methods, but the degree of this integration, and the body responsible for this, could vary widely:

- a new independent IAA service, which could variously take the form of
 - a national "first stop shop"
 - a local "first stop shop"
 - some combination of the two - a "hub and spoke" configuration
- a service managed by local authorities
 - taking the role of a local "first stop shop"
 - commissioning a "first stop shop" from local providers
 - providing brokerage in-house
- a specialist brokerage market to develop alongside either option

1) A new independent IAA service

a) First Stop Shops

Unlike one stop shops, which attempt to gather all relevant information and advice sources under one roof, "first" stop shops act as a single contact point for a range of separate IAA services an individual might require.

⁸⁵ DH, *Putting people first: a shared vision and commitment to the transformation of adult social care*, 2007

⁸⁶ DH, *The case for change - why England needs a new care and support system*, 2008

Creating a “first stop shop” for the range of services relevant to navigating care maybe an effective approach, given that delivering all aspects of advice and information relevant to care in a single service would be very challenging. This is due to a) the complexity of the care system itself, b) its interrelatedness with other services and specialist areas (such as housing and health) and c) the subsequent number of voluntary and statutory organisations involved in the delivery of advice regarding care and other related issues.

A first stop shop approach is currently being trialled by Counsel and Care, the Elderly Accommodation Counsel, Help the Aged and NHFA Care Fees Advice services. They have combined their specialist advice areas into “FirstStop”, providing a single service for advice on care and support, accommodation, money and benefits and complaints and redress. Older people and their families can call a single telephone number and be directed to the most appropriate service for their enquiry. If, as it likely, they need more than one issue dealt with, their case can be passed to another of the organisations without them having to repeat the details of their situation to another person. This makes signposting between these services a smoother process than would have been the case if they were operating as separate advice organisations.⁸⁷

A wider ranging first stop shop could take advantage of forthcoming developments in related IAA area: bringing together the carers’ helpline and housing advice and information service (outlined in the government’s carers’ and lifetime homes strategies respectively) under its single umbrella. Indeed, the first stop shop could expand and include a much wider range of advice services, such as the new MoneyGuidance service being trialled by the Financial Services Authority. The breadth of the issues covered, and the number of organisations integrated under a first stop shop umbrella, is an issue which can only be addressed by considering the boundaries of a future “care and support” system for older people. This is explained in more detail below.

A first stop shop approach would also have the advantage of being compatible with the existing nature of the IAA sector (i.e., there are a large number of issue-based and specialist organisations already operating). These organisations would benefit from a single interface between them and older people seeking their help, as well as a more seamless method of referring clients between them, but they may not be very easily (or willingly) integrated into a single “one stop shop” for all advice.

The potential impracticality of “one” stop shop approaches to care advice was recognised in focus groups with low earners, hosted by Opinion Leader on behalf of the Foundation. On discussing a possible new advice service, it was agreed that speaking to a single person to answer all queries would be the best outcome, but that given the variety of issues that might be raised (covering care but also housing, finances, benefits, leisure and social opportunities, etc.) it was accepted that one person was unlikely to have the breadth of knowledge to do this. Possible second-best options to one person delivery might include:

- A “triage” process where someone would listen to a person’s situation, identify key information and advice needs, and pass them on to the relevant adviser within an IAA service.

⁸⁷ <http://www.firststopcareadvice.org.uk/>

- Upfront in depth: *Care* advisers to deal with initial referrals to an advice service, as care queries (care choices, eligibility for care, assessments, etc.) are likely to be the most commonly raised issues. These advisers could deal with care queries in detail, but then pass people on to sectoral specialists if a person also needed to know about housing or benefits for example.
- Upfront in breadth: More widely trained advisers dealing with initial referrals, who are able to provide basic information and advice on a range of issues. These would be able to answer many initial queries, but if faced with a complex case or specialist query, could pass clients on to an appropriate person (depending on the query) within a second tier of more specialist advisers.

Any of these approaches could be adopted at the “front end” of a first stop shop, depending on the resources available for training and the potential scale of a new service (i.e. how many care related issues it might attempt to coordinate within a single point of contact). Nevertheless, an important factor in all of these methods would be making sure a client did not have to repeat their query to different specialists within the same service (and possibly within a single phone call as they are passed on to different areas). Also, the wider the range of issues covered by a first stop shop (i.e. a wide range of different advice services sharing a single point of contact) the better, to reduce the need for clients to be signposted to other *external* services to meet their advice needs (which would more probably require a person to make another phone call or appointment, and repeat their query to someone else).

b) Local networks

The examples of how a first stop shop might operate above are based on the assumption that it would be a national presence – coordinating national sources of information (such as a new carers’ helpline, and organisations with national scope, such as the Elderly Accommodation Council).

However, it is important to bear in mind that care for older people is a highly localised service. The care market is in fact a series of local markets, each with their own distinct supply and demand characteristics.⁸⁸ Consequently, people may have to navigate very different systems according to where they live. It may be more useful for older people and their families, therefore, to be able to access localised information via local first stop shops, or some other means of networking together the variety of sources of local advice that exist (including local voluntary and community groups, offices of national networks such as Age Concern, as well as the local authority, the PCT, etc.)

This approach would have all the benefits of a national first stop shop (i.e. a single point of contact, seamless referral between different specialist organisations, etc.) but by drawing on the expertise of local community groups and the local authority/PCT, would benefit from being able to more easily provide locally specific information regarding eligibility criteria and available services (which a national level service might find challenging given the local variety within the care system). Local first stop shops might also be able to arrange for advice to be delivered in ways better suited to some older people – namely via face to face advice, home visits, and advocacy services – as they would be based in local communities and linked to organisations currently providing such outreach services in the area. This is quite different from a national first stop shop, which would more likely rely on a telephone

⁸⁸ Resolution Foundation (2008) *A to Z: Mapping long term care markets*

and website as its main delivery channels and might be geographically removed from those who ask for help. Local first stop shops could also draw together the local information and knowledge from the variety of local voluntary and statutory bodies it represents, and act as a valuable source of pooled local knowledge for all IAA organisations to draw upon when helping people navigate care. The absence of such a local information pool was identified by Kerr as something which undermined the consistency of information being provided between organisations within a local area.⁸⁹

“First Contact” in North Somerset and Gloucestershire’s “village agents” scheme are two examples of combining a single point of contact characteristic of “first stop shops”, with community-based outreach typical of locally run advice services:

“First Contact” is a scheme based on a multi-agency checklist used by a range of agencies – including the fire service, primary care trusts, housing service and social landlords, energy efficiency schemes, etc. If a staff member from any of the partner agencies goes into a home, they will complete the checklist to find out if the older person has any other particular needs, such as a fire safety check; home security check; home repairs or mobility adaptations; advice on money and entitlements; signposting to local voluntary and community groups and clubs; or advice on types of housing and accommodation that may be available. Checklists are fed back to one central point of contact where staff coordinate the responses of partner organisations. A representative from the organisation will then contact the older person to discuss what might be available.⁹⁰

This scheme essentially pools the resources of multiple agencies and allows them to target older people in need with far fewer home visits or assessments.

Gloucestershire’s “village agents” scheme, which seeks to “bridge the gap between the local community and statutory and voluntary organisations able to offer help or support” provides outreach via a single point of contact for the over 50s. Village agents visit older people in their area and make contact by attending community events. They can then get in touch with and help organise services among a range of agencies (such as home adaptations, home care, benefits advice) on behalf of older people.⁹¹

The disadvantage of local advice networks is that they may be limited in the scope of advice they are able to provide. A local first stop shop is limited by the specialisms and coverage of its constituent IAA providers – therefore, in areas where some forms of IAA are in short supply (they may be lacking housing advice specialists, or lacking advocacy services), the first stop shop may only provide patchy support. This can lead to local variation in the range and quality of advice available.

In addition, there are some issues related to care which are national in scope – such as pensions and benefits. Queries related to these issues, and more general queries relating to care, may not require specialist local knowledge. Using local organisations to deliver this generic advice would be less cost effective than using a national platform. Similarly, evidence suggests that many older people and their families are quite comfortable with

⁸⁹ Kerr, L and Kerr, V (2003) *Older people doing it for themselves: Accessing information, advice and advocacy*. JRF

⁹⁰ Audit Commission (2008) *Don't stop me now: preparing for an ageing population*

⁹¹ <http://www.gloucestershire.gov.uk/index.cfm?articleid=18211>

accessing advice via the telephone or internet. There would be an opportunity to deliver this more cost effectively (and with greater capacity) on a larger scale.

c) Combining national and local first stop shops in a “hub and spoke” configuration

Given the issues raised above, there is a strong case for combining the benefits of a national and local first stop service. This could be achieved by using a “hub and spoke” approach: a national “hub” (a first stop shop as outlined above, using the web and telephone as a single point of contact for a range of specialist advice organisations at national level) would work alongside a network of local “spokes”. These spokes could be based in each local authority, and would replicate the national hub model on a smaller scale by acting as a single access point for a range of local advice organisations.

This dual approach would address many of the weaknesses in the current provision of IAA outlined above. For example, it would enable older people and their families access to:

- 1) **Coordinated** information and advice regarding a wide **range of issues** relevant to navigating care, via the national service
- 2) **Locally specific** information when required via local services
- 3) Access to information and advice via **a range of channels**, including the web and telephone, as well as advocacy and F2F advice if needed, via both the national and local services.

Additionally, a hub and spoke approach may also prove a more cost effective method of using resources, which in turn may ease the local **capacity** problem outlined above: The burden of demand for IAA currently placed on small local organisations could be effectively shared with the national hub and the economies of scale it might bring. For example, general information, advice and advocacy dealt with over the phone by local organisations could be passed to the national body to carry out, leaving local organisations more capacity to deliver services where they add value – namely, locally specific advice, F2F, home visits, and advocacy/case work which requires F2F activity (such as form filling). As the Foundation’s research shows, over two thirds of IAA services have a local authority or community-reach⁹² – suggesting there is substantial existing capacity to make use of in delivering local and face to face advice.

National and local services would need to work closely together, however, to ensure resources were most effectively used at each level and clients were able to be referred between national and local levels and to the appropriate source of help as seamlessly as possible.

One way of achieving this would be via a two-way referral process. The national service could offer a single telephone number and website and provide national-level advice and information on a wide range of areas helping people navigate care. It could then put callers in touch with the local service in their area, if they required specific local information or needed face to face advice or advocacy. Conversely, local services could refer their clients to the national hub for wider general or national advice, or in cases where local expertise was not available to meet the query. By being able to refer generic enquiries “up” to the hub, valuable resources could be saved at local level to improve the capacity of more costly but

⁹² Resolution Foundation survey of 60 advice giving organisations in England, July 2008

valuable outreach services. This process would need to be supported by significant information sharing between national and local levels, to enable “warm referrals” – i.e., where people can have their case (including relevant information regarding their query and circumstances that they have given) referred to another advice specialist within the service at national or local level, without having to repeat their query to someone new.

2) A local authority-led system

The options outlined above assume the creation of a new IAA service as a separate body to local authorities. However, the government’s *Putting People First* and the Transformation Agenda clearly envisage a role for local authorities in establishing a joined up information and advice service, and require some form of linkage of local advice services by 2011. The way in which this might be developed could vary from local authority to local authority, which may further exacerbate the postcode lottery that already exists in the care system.

This is because local authorities are each starting from a different base: for example, some local authorities provide integrated advice services in house to help older people navigate the care system,⁹³ but it is clear from studies regarding older people’s experiences and more recent reports by the Audit Commission and CSCI that many local authorities do not meet people’s IAA needs. They may exclude self-funders from information and advice provision; steer people towards local authority services; only provide information on one or two issues in a disjointed way; and rely heavily on written and web-based information.

In addition, local authorities will each take a different route to achieve the objective of a joined up IAA service defined in *Putting People First*. Some may develop in-house advice services, or develop specific elements (such as brokerage and advocacy) in house and commission the rest from external (i.e. third sector) providers. Others may choose to commission all services from external providers and stimulate the local market to provide comprehensive IAA and brokerage, whilst yet others may want to act as a coordinator of existing services (i.e. act as the “signposter” to a range of local advice sources) and little more.

To avoid such a diverse range of models from developing, local authorities would need to be given a more explicit role in establishing local IAA services as part of the Transformation Agenda. Most importantly, this role must also be compatible with the future care system, which is likely to see the functions of the local authority change in key ways:

- In line with the government’s increased focus on personal choice and responsibility, and as the numbers of self funders and personal budget holders increase, local authorities will need to take on more of an enabling and facilitating role – to help people make their own care choices and access services to meet their needs.
- This is likely to include a shift from providing services or purchasing services on people’s behalf, to shaping local markets (including stimulating supply from the private and voluntary sectors) to ensure a sufficient and diverse services are available for people to choose from.⁹⁴

⁹³ Such as Knowsley’s IKAN service

⁹⁴ This is the subject of the Resolution Foundation’s discussion paper *Local Market Shaping*

However a potential conflict then arises: to fulfil its role as market shaper and facilitator of choice, local authorities should support demand through providing information, advice and advocacy. But is this compatible with local authorities still acting as gatekeeper of state funding and the provider of some care services? There may also be a conflict of interest, for example, if local authorities need to provide information and advice which may increase demand for services they may have to pay for, and CSCI has already found that some older people seeking advice from their local authority “felt they were being influenced to choose council-run care homes or homes where the council had block contracts designed to lower the unit cost of places.”⁹⁵

This suggests the local authority may not be best placed to deliver IAA services directly, but could have an important role shaping and stimulating local IAA markets to ensure there is sufficient local support for people to access. This could be compatible with the a local “first stop shop” approach, in that a local authority could be one of the key partners (i.e. source of information) under a first stop shop umbrella, as well as the commissioner of third sector organisations to provide a wider range of advocacy and outreach in their area. The local authority could perhaps commission a “lead partner” (such as the local Age Concern) to act as the coordinator and “front end” of the first stop shop.

Alternatively, the local authority could take on the coordinating role of the first stop shop itself. It could act as the “local hub” outlined above, pooling local information (including its own) and providing the single telephone number from which people could access a range of advice specialists according to their query. The advantage of the local authority acting as a first stop shop for a network of local advice services is that this would build on existing links between local authorities and the community groups. The local authority would also be well placed to raise awareness of the service, identify those in need, and refer people to the new service as part of their day to day contact with older people and their relatives. As coordinator, the local authority would also be in the best position to identify gaps in local IAA coverage, which would assist in its role as strategic commissioner of these services from the third/independent sector.

A possible disadvantage of this approach might be that the sense of public trust in an impartial and independent service might be undermined, stemming from the conflict of interest outlined above. Nevertheless, acting as the “front end” of a first stop shop is essentially a coordinating role, rather than a form of direct provision per se – the local authority would need to refer people to the range of local advice organisations under its first stop shop umbrella, rather than deliver advice via an in-house team. Furthermore, it is quite possible that a future care and support system, the local authority’s role may change considerably and this conflict may not exist. Focus groups with low earners suggest *some* role for the local authority would be welcomed, as a natural location for a free, public, community service.

“The council should be involved . . . they’re the hub of the community.”⁹⁶

1) *A market for brokerage*

⁹⁵ CSCI (2007): *A fair contract with older people? A special study of people’s experiences when finding a care home*

⁹⁶ Focus groups hosted by Opinion Leader on behalf of the Resolution Foundation, October 2008. Samples size – 40 low earners.

Brokerage is likely to become a vital part of a future care system as more people take control of their own care, purchase their own services and employ their own staff. CSIP has identified the key elements of brokerage as:

- Researching what is available
- Information-giving (or Signposting)
- Technical advice-giving
- Informal support
- Day to Day Management
- Support Needs Planning
- Advocacy⁹⁷

Whilst many of these functions would be fulfilled by a well resourced IAA service, key elements – namely “day to day management” which CSIP defines as “Providing some, or all of the practical assistance in running a budget. For example, in relation to holding an account, paying bills and keeping records. It may or may not include a Payroll service where the person opts to use their budget to employ Personal Assistants.” And support needs planning, which involves working with social workers and care providers to identify and create a care plan, and cost the services required, would fall outside the remit of existing advice providers. It is likely older people will need to pay for these professional services if they are delivered by the independent sector.

Nevertheless, if independent brokers develop and provide the services as identified by CSIP above, there is a risk they would duplicate some of the work carried out by existing IAA organisations – the difference being that the IAA delivered by brokers would probably involve a fee. There are a range of options to avoid this – such as integrating brokerage services within the organisations covered by first stop shops, or jointly working with brokers so that they focus on where they add value (i.e. providing professional services and budget planning) rather than more generic advice giving.

The brokerage market is still in its early stages of development, with a small number of specialists providing these services and not in every part of the country. It is possible that with the advent of a better IAA system, brokers will naturally specialise and market their services mainly for those who require budget planning and help with employing personal assistants.

Currently, a number of local authorities with in-house brokerage services cover care planning and budgeting, but stop short of the professional services (such as payroll, CRB checks and contracting) some older people may want. Local authorities may expand into these services as more people become personal budget holders, but there are clear arguments why it may be preferable to stimulate a private market of brokers, at least alongside in-house provision:

- Firstly, future demand for brokerage may not only come from personal budget holders – self funders too may take advantage of the growth in personal assistants, in the light of increasing numbers of single older people who may not be able to rely on informal care, and will need to purchase brokerage services from independent sources.
- Second, self funders (and potentially many personal budget holders) may prefer to use independent rather than local authority brokers if they are better value for money or perceived as more impartial.

⁹⁷ Strong, S (2008) *Self-Directed Support: The Role of Support Brokerage within Individual Budgets* CSIP

- Finally, and most importantly, local authorities may not have the internal capacity to offer services such as payroll and record keeping to all personal budgets holders, and certainly not to self funders who may also demand these services in future.

A possible approach

The Foundation has considered the options presented above in the light of future developments in the care system, which is likely to see the role of the local authority evolve to have more strategic oversight of local care markets, rather than a direct provider or purchaser of services. If this were the case, then the local authority will also be best placed in the future to integrate information, advice and advocacy in the local market to support older people navigate the local care system. We have, therefore, made the following conclusions:

- A new care navigation service ought to be a combination of a national first stop shop with a network of local first stop shops in each local authority, linked together with strong information sharing and referral procedures;
- Local authorities should have a critical role in developing local first stop shops: they should either provide the “front end”, or more preferably commission a local organisation to act as the first stop shop coordinator; they must also stimulate the market for local advice and support where shortages occur, and act as a key partner in the first stop shop in providing accurate and up to date local information;
- Local authorities must also stimulate a market for brokerage to meet the demand for professional services required by those older people employing personal assistants, and ensure this market as strong referral links with local first stop shops.

There remain, however, logistical questions regarding this approach, such as:

- i. How broad should a “first stop shop” be? Which areas of advice should included under its umbrella, and which advice services should work (externally) alongside it?
- ii. How much central guidance and control would the national hub have over local first stop shops? (i.e. would there be a single brand and quality mark shared across all first stop shops?)
- iii. Should the national hub act as the “first port of call” and primary referral point to local hubs? At what point would referral “up” from local organisations and “down” from the national hub take place? Does there need to be a consistent distinction or decided on a case by case basis?

However, decisions regarding the most effective model for a new navigation service can only be made in conjunction with wider decisions regarding the architecture of a future care and support system, such as the balance of responsibility between national and local government and the future role of local authorities as potential “care market shapers”, gatekeepers of state funding, and providers of services. Irrespective of which delivery model is chosen, however, it is clear that a new navigation service, which can build on existing provision to address the weaknesses in meeting people’s advice needs, will be central to any future care and support system.

Section V – How do we ensure people use a new IAA service?

In spite of there being significant unmet need for information and advice in the care system, this does not guarantee a new IAA service will be in great demand. There are many examples where people clearly lack information, but do not seek it, or where they receive it, but do not act on it. In the context of care, an additional factor is that people only tend to seek advice at the point of crisis, when they are least able to benefit from IAA. If a new advice service is to improve people's ability to navigate the care system, then it must:

- Encourage people use the service (preferably before they reach a care crisis).
- Ensure people act upon the information and advice being provided.

There is much debate regarding how such outcomes can be achieved, and this has been an issue that other areas (such as financial and health advice) have struggled with. Certainly a new service cannot replicate the "come and get it" approach which some statutory information sources have been accused of, but how to pro-actively inform people early enough for it to be valuable, but late enough for it to be relevant, has proven a problematic issue.

The Foundation discussed the issue of promoting the take up of IAA with a range of stakeholders in July 2008.⁹⁸ The group agreed that being informed about care before it was needed was extremely important to give people time to plan financially and make vital decisions, but at the same time acknowledged that widespread public reluctance to consider care risked such an approach being a resource-intensive "up hill struggle" which might ultimately have little impact on people's behaviour. As such, a two-pronged approach was discussed – "normalising" the seeking of IAA, combined with a more pro-active life-stage approach.

Normalising the receipt of advice and information (i.e. making it part of people's routine) and reducing stigma can improve its take up before crises occur. This can be achieved via the use of information points in shopping centres, libraries and other locations.

Several Better Governance for Older People (BGOP) pilots have used Touch-Screen kiosks situated in libraries and in convenient locations which older people can use. South Lanarkshire used touch-screen information points for people to access the council's website which gave information on a range of services for all age groups. The website has a dedicated 50+ section, which allows older people to access the information points without feeling stigmatised.⁹⁹

"Start Here" information points are also being used by a number of local authorities. This software package allows people (not just older people) access information on a range of services via a touch-screen, and simulates a "first stop shop".¹⁰⁰

Another suggestion from the Foundation's stakeholder group was to encourage more marketing by care providers. It was pointed out that many care providers (residential, home care and preventative services) were marketed at GPs and social care staff, rather than the public. Advertising of care homes and services was seen as an important way of improving people's awareness of the choices available and something which needed looking in to.

⁹⁸ *Redesigning Social Care: Expert Groups' Discussion* can be found at www.resolutionfoundation.org

⁹⁹ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick

¹⁰⁰ Margiotta et al (2003) *Are you Listening? Current practice in information, advice and advocacy services for older people* JRF

Nevertheless, the group agreed that the automatic take up of information and advice could not be taken for granted. Therefore, whilst making information part of a person's "natural landscape" was a valuable first step, pro-active information and advice provision was needed to encourage people to think ahead and take action regarding care. There are a number of ways this can be achieved:

1. Outreach
2. Intermediaries
3. Viral networks
4. Strategic marketing

Using outreach

There have been several successful examples of outreach, which overcomes people's natural apathy to seeking advice by bringing it closer to home: a BGP pilot seeking to improve benefits take up among older people used a "Benefits Bus" which acted as a mobile information centre and visited outlying villages¹⁰¹, whilst the Gloucestershire Village Agents (mentioned above) visit Women's Institute meetings, luncheon clubs and other community activities in order to make contact with older people. This is a resource intensive method, but may ultimately be the only way in which the hardest to reach (and often the most vulnerable) older people can be targeted.

Other forms of outreach could take advantage of different life stages – like Bounty Bags sent to new mothers, a pack could be sent to older people at a certain age outlining their entitlements and services available. Currently, people are sent a letter informing them of free GP health checks when they reach 75, as well as pensions statements and free travel information at earlier ages. Packs could coincide with one or more of these existing processes.

Using intermediaries

A way of reducing the resource-intensive nature of outreach is to make use of those existing agencies which may already be in contact with older people or visiting them in their homes. These can include GPs, fire safety officers, post office and library staff, chiropodists, religious or community leaders, social workers and housing officers, and staff of the DWP's newly created Pension, Disability and Carers Service who are likely to be in contact with many older people and their families regarding their benefits.¹⁰² They could be used to encourage take up of a new IAA service and, for those older people who agree, even put the service in touch with people they believe need help.

Evidence suggests existing distribution channels of information and advice for older people (social workers, health visitors, GPs and so on) are not as effective as they could be – several studies have found that older people in regular contact with these individuals are no better informed than those who have little or no contact.¹⁰³ It is important, therefore, that a

¹⁰¹ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick

¹⁰² <http://www.dwp.gov.uk/mediacentre/pressreleases/2008/jan/emp058-220108.asp>

¹⁰³ Barrett, J *The information needs of elderly, disabled elderly people, and their carer*. Disability Information Trust, 2000 and Margiotta et al (2003) *Are you Listening? Current practice in information, advice and advocacy services for older people* JRF

new IAA service makes better use of this valuable resource. Rather than relying on such individuals to be able to provide a range of IAA themselves, a new model should make it as easy as possible for them to act as a conduit between older people and the IAA service which collates a range of information from several agencies.

Selected intermediaries could be given information about the IAA service, and some form of dedicated communication channel (an email address or phone messaging service where they could leave an older person's contact details). They could ask the older people they come into contact with on a daily basis if they would like someone from the service to give them a call and leave the person's details with the new IAA service for a follow-up contact. If a national/local hub approach were used as explained above, the national hub could contact these harder to reach older people and provide information and advice as required. If, on assessing the situation, they find a F2F visit was required, the older person's details could be passed to their local first stop shop.

The benefit of this approach is that its reach is much broader than other conventional advertising channels, such as television, and far less costly (see below). It also has the potential to be more effective – information concerning a service which is passed on by someone enjoying high levels of trust (for example a GP), will benefit from this positive association. The Community Legal Service has successfully piloted this approach, tasking GPs, social services and community health teams in different areas to actively refer people to the CLS when a relevant problem was spotted. One of the findings of the pilot which had contributed to its success was that people often confided in their GPs about non-health related problems. A link to the CLS gave GPs a way of helping people with problems which fell outside of their area of expertise. In Northampton, the CLS/GP surgery pilot generated £1.5 million in extra benefits for 448 under-claiming clients over 2 years, and wrote off or renegotiated £169,000 in debt.¹⁰⁴

Individuals and organisations selected as “trusted referral partners” will need to be selected carefully, as public perception of a new advice service is likely to be directly affected by them. It is also important to remember that some potential partners – particularly GPs and health visitors – may be very overworked already and may not have time to carry out this responsibility. Nevertheless, as with referrals to health specialists and hospitals, giving GPs the opportunity (rather than the obligatory duty) to “refer” their older patients to an IAA service may be appreciated – a specialist service to whom GPs can refer means they do not have to attempt to provide such advice themselves when their patients ask. The same might be true for social workers and other local authority staff who are in contact with older people on a daily basis. The Foundation's research found that 14% of those organisations asked reported that they provided information and advice to professional carers and social workers.¹⁰⁵ This suggests that even professionals working within the care system find it a challenge to provide information to their clients – an IAA service which provided a dedicated referral channel for such professionals would be particularly valuable.

Using viral networks

¹⁰⁴ *Innovation in the Community Legal Service: A review of 22 projects supported through the Partnership Initiative Budget*, Community Legal Service, 2005

¹⁰⁵ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

Studies often find that older people find out about care and related services primarily through their friends and family.¹⁰⁶ IAA organisations are already helping friends and family stay informed: Counsel and Care, a national advice helpline, reported to the Foundation that over 90% of the enquiries they receive are from friends and family on behalf of older people, and 52% of those organisations surveyed by the Foundation reported they mainly dealt with friends, relatives or informal carers.¹⁰⁷ But it is vital that a new IAA service recognises the importance of friends, relatives and carers, and uses communications channels appropriate for older people *and* other groups who may be seeking advice on their behalf.

Friends and family can also be used to facilitate the dissemination of information and advice more directly – BGOPI pilots in Devon and Wales trained older people to help other older people fill in benefits forms, whilst a pilot in Scotland used older people as “information sharers” at road show events. By encouraging word of mouth awareness-raising of a new IAA service, keeping friends and family well informed to help older people navigate their care, and potentially recruiting older volunteers to disseminate F2F information, a new advice service can harness the more trusted and popular methods of staying informed used by even harder to reach older people.

One idea which arose from focus groups with low earners discussing advice services was to make use of the range of channels now available on digital free view television, and hold “phone ins” where people’s queries regarding care and related issues could be answered live on television. This would be a form of outreach but would facilitate the sharing of advice between older people with similar questions. Another suggestion from these focus groups was to use older people as volunteers in local advice organisations, to give advice to their peers and spread knowledge through their community.¹⁰⁸

Strategic marketing

As we have seen above, the availability of information and advice to navigate care suffers from very poor public awareness. One study found over 70% of the older people interviewed were unaware of 13 out of 17 IAA organisations presented to them.¹⁰⁹

Therefore, marketing a new service requires the fixing of a brand in the public consciousness as a first step. A “first stop shop” model would benefit from having a single public face rather than a number of fragmented identities, which would help the single brand gain public recognition. A second step is to convey key messages about the new service in order to encourage take up – it must be seen as independent and trustworthy; comprehensive; and something to use both at the point of need, but also to prepare people in advance (as an objective identified above is to encourage better planned care). Such messages require a strong “call to action” in order to encourage people to use the service before they feel they really need to.¹¹⁰ Focus groups with low earners also identified the need to attract families and carers and reduce the stigma of using such a service by older people, by promoting the concept of services and opportunities, rather than “help” for “old” people.¹¹¹

¹⁰⁶ Barrett, J *The information needs of elderly, disabled elderly people, and their carer*. Disability Information Trust, 2000

¹⁰⁷ Resolution Foundation survey of 60 advice giving organisations in England, July 2008

¹⁰⁸ Focus groups hosted by Opinion Leader on behalf of the Resolution Foundation, October 2008. Samples size – 40 low earners.

¹⁰⁹ Barrett, J *The information needs of elderly, disabled elderly people, and their carer*. Disability Information Trust, 2000

¹¹⁰ Resolution Foundation (2006) *Closing the advice gap*

¹¹¹ Focus groups hosted by Opinion Leader on behalf of the Resolution Foundation, October 2008. Samples size – 40 low earners.

This would require a “marketing mix” which included television and radio (to gain public awareness of the brand and convey top-line messages¹¹²), as well as literature and posters to explain in more detail the purpose and areas of IAA the service covered. The “trusted intermediaries”, outlined above, would also act as a valuable and cost effective method of disseminating information and raising awareness of the service, as would harnessing viral marketing methods.

Another critical factor would be when and where a service was marketed – BGOP pilots found the local paper was an effective method of reaching older people, if adverts were placed in the right place and on the right day.¹¹³ Other pilots found local radio was particularly effective at reaching BME groups.¹¹⁴ Places frequented by older people – Bleeker suggests hairdressers’, dentist and GP surgeries, post offices, corner shops, leisure centres and bingo halls – are key locations to disseminate information.¹¹⁵ We could add churches, bus stops and libraries (mobile libraries would also combine an element of outreach which would be valuable¹¹⁶) to this list. Other important locations are those places where people might be in a frame of mind more disposed to seeking and acting on advice – i.e., where people might be at life-stages which might prompt them to think about care for themselves or a relative. This could include GP surgeries and hospitals, county courts, registry offices, and so on. Ensuring information about an IAA service is available at moments where people might be disposed to seeking information is an important method of improving take up.

Learning from behavioural economics

Several of the ideas to encourage the take up of advice outlined above are supported by the concepts of behavioural economics – for example:

- Timing of advice is crucial – for many people, a life event is the only way they are prompted to action. Unless their situation changes (particularly for the worse) – they will lack motivation to act upon advice. This is why marketing a service in GP surgeries, hospitals and key locations where people may be thinking about care or facing a change in their situations is so important.
- People feel more comfortable doing things if other people are doing them. Marketing an advice service not for people “in trouble” but something which is socially “normal” to do will increase its reach and acceptability. This is why using outreach points in “mainstream” community locations (such as libraries and leisure centres) to integrate the service with people’s daily routines are important, and why some BGOP services targeted too specifically for “old” people have been less successful than predicted.¹¹⁷
- Trust and personal relationships are often valued more highly than expertise – which is why many older people turn to their family for advice even if this is not very good quality.¹¹⁸ It is important therefore that older people’s families and carers are also targeted by an advice service so that these individuals can navigate the care system

¹¹² Ibid

¹¹³ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick

¹¹⁴ Ibid

¹¹⁵ Margiotta et al (2003) *Are you Listening? Current practice in information, advice and advocacy services for older people* JRF

¹¹⁶ Kerr, L and Kerr, V (2003) *Older people doing it for themselves: Accessing information, advice and advocacy*. JRF

¹¹⁷ C. Hayden and A. Boaz: (2000) *Making a difference: better government for older people evaluation report*, Coventry: Local Government Centre, University of Warwick

¹¹⁸ Ibid

on behalf of their older relatives. This is also why viral networks would be effective to both raise awareness of a new service, as well as help spread advice and information within communities of older people, and why intermediaries with strong trust relationships with older people (such as GPs) would encourage take up of advice.

The Foundation has considered how these and other principles of behavioural economics might improve the efficacy of the content, format, delivery and marketing of financial advice¹¹⁹, but many of the techniques identified in the Foundation's report can be applied to navigating the care system. Indeed, taking behavioural economics into account may be even more crucial in the context of navigating care. This is because one of the central tenets of behavioural economics – that people are generally apathetic and do not prepare for eventualities, and often put off action until a critical event prompts them – is particularly applicable to care, and many issues related to older people. People generally do not like to consider the prospect of needing care – which they might associate with ill health, a loss of independence, dignity, quality of life, and their mortality. This may certainly be a driving factor behind why few middle aged people consider their care needs in advance (either in terms of financial preparation or becoming informed of how the system works), and also why advice is often only sought at a point of crisis (e.g. after a fall).

Section VI – conclusions

It is clear that making choices regarding care and related services in old age will always be a challenging time. Nevertheless, this otherwise stressful situation is only exacerbated by the lack of help available for people to make their choices. At the root of this problem is the sheer complexity of the task facing them. The current care system is beset by complicated eligibility criteria, funding rules and fees which differ from local authority to local authority. So whilst many organisations attempt to help people navigate their care choices, existing provision falls short in some key areas. The Foundation's suggestions regarding the wider reform of the care system, outlined in *Navigating the way: the future care and wellbeing of older people*, would significantly improve the transparency and clarity of the care system. Nevertheless, a comprehensive navigation service remains central to our recommendations, for three reasons:

- The numbers of “very old” older people with complex conditions and older people without familial support is set to increase, potentially requiring more intensive advice and support irrespective of how clear the system becomes;
- Government reforms will place more responsibility in the hands of older people (in the form of personal budgets), and more choice for all (by fostering a wider range of preventative and community services and more flexible provision). Care decisions become more complex and the choices available increase.
- Well informed and confident consumers are central to well-functioning markets. Mechanisms to support and encourage “care consumers” are therefore vital in a future care system based on a fairer and more efficient market.

¹¹⁹ A summary and presentation based on this report can be found at http://www.resolutionfoundation.org/events_seminar_summary_29062007.php

This paper identifies some of the weaknesses in the current delivery of information, advice and advocacy, presents a range of options to address these by building on existing provision and suggests a possible approach based on considerations of the future development of the care system. However, decisions regarding a future navigation service must be made in conjunction with wider choices regarding the future architecture of a care system, and the roles and responsibilities of different actors within it.