

Evaluation of First Call in Leicester City and Rutland

A Report to British Red Cross

Authors:

Nadia Bashir

Steve Green

Lindsey McCarthy

David Robinson

Ian Wilson

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Executive Summary

Introduction

The British Red Cross (BRC) First Call service supports vulnerable older people to recover from a crisis, increase confidence and remain independent at home for longer. The service is delivered by staff and volunteers. The service offers practical and emotional support (over a maximum of a 12 week period) using a tiered model of support. First Call is a free service open to all (although the vast majority of service users are older people) and accepts referrals from a variety of sources including self-referrals.

The British Red Cross (BRC) received grant funding from the Centre for Social Action Innovation Fund in 2014 to expand the First Call service into two new areas – Leicester City and Rutland. Work began developing First Call services in Leicester and in Rutland in late 2014 and the service was launched in both locations in February 2015. The stated target was that between January 2015 and July 2016 First Call in Leicester and Rutland would reach 880 older people and 60 older volunteers.

A team from the Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University was commissioned by BRC to evaluate delivery of the First Call service in Leicester City and Rutland. This report details the key findings and conclusions to be emerge from the evaluation.

The evaluation was designed to address two related research questions:

- what are the full range of impacts of the First Call project
- how can these impacts be maximised through the efficient and effective delivery of the project?

On this basis, there were two key elements to the research approach, one focusing on impact and the one exploring issues of process and delivery. The **impact** element of the approach focused on the collection and analysis of gross outcome change data on service users and adjusting this by what plausibly would have happened in the absence of First Call (the counterfactual) to calculate the net additional impacts. The **process** strand of the evaluation employed qualitative methods to explore service delivery and address questions about what works, where and for whom. The key question addressed was whether service delivery was maximising its potential to meet the needs of service users and of other relevant stakeholders and, if not, how might it be developed in order to do so.

Overview of First Call in Leicester City and Rutland

- British Red Cross successfully established staff teams to deliver First Call in Leicester City and in Rutland and launched the service in both locations in early 2015. The staff team was composed of a service coordinator and two project workers in both locations.
- In the early months of First Call in Leicester City and Rutland, staff focused on marketing the service and recruiting volunteers. Staff also worked with service users during this time whilst volunteers were recruited and trained.

- BRC defined a First Call service user as: a). someone living in Leicester City or Rutland who contacted a BRC service (such as Dial a Wheelchair) or BRC administrators that manage general phone inquiries received by BRC, who had been trained to offer advice and guidance and to signpost people with support at home needs to either another organisation who could provide relevant help and assistance or the core First Call team; and b). someone living in Leicester City or Rutland who contacted the First Call team directly, who received either advice and guidance or signposting to a more appropriate organisation, or a home visit from the First Call team to assess their needs.
- The support and assistance provided by the First Call service was wide-ranging and variable in intensity. This reflected the different tiers of support that the service was intended to provide: Tier 1: Telephone support only, to provide a 'safety net' for those who feel they want to have the option of contacting someone, but don't want a regular call or visit.; Tier 2: Regular telephone support to check things are ok, to discuss problems or issues and to offer advice on signposting to other organisations or sources of help. This might involve a home visit, depending upon the client; Tier 3: Befriending with a combination of telephone support and visits to the client's home for companionship and emotional support; and Tier 4: All of the above, but also more practical support such as shopping, domestic tasks, arranging transport, etc.
- A total of 902 referrals were recorded as First Call clients between February 2015 and May 2016. This included 515 people who made contact with the BRC administration team or another BRC service but received information, advice and signposting about support at home services; 117 people who received information, advice and signposting about support at home services directly from a First Call worker; and 270 people who received more intensive support and assistance, including home visits, from First Call workers.
- 270 service users received a home visit from First Call in the two locations.
- A support plan was developed for each service users with more intensive needs, which included up to three goals that the service user wanted to achieve through engagement with First Call. In total, 202 service users set goals.
- The support provided by First Call included one-off advice and information, through to befriending, emotional support and practical help, for example, with paperwork and with shopping.

Perspectives on delivering First Call

- Staff were unequivocal in their view that there was a need for First Call in Leicester City and in Rutland, pointing to the lack of similar services, the increasing reliance of statutory services on referrals to the First Call, and the positive outcomes secured by service users.
- Various factors were identified as serving to limit the number of service users that the First Call team were able to work with across Leicester and Rutland: time taken to develop the service and adjust the delivery model to the particulars of the local context; building trust with referral agencies; limits on capacity; the complexity and duration of cases; and the impact of the impending closure of the service.

- Two key factors prompt questions about the viability of First Call as a volunteer-led service; difficulties recruiting volunteers and the complexity of cases, which required direct staff involvement in case management.
- Many First Call service users had ongoing needs, raising questions about the sustainability of the positive impacts secured by First Call, given reported problems referring people on to relevant services when they exited First Call.

The future of First Call in Leicester and Rutland was uncertain, in light of difficulties securing follow-on funding. Potential consequences of closure include: increase pressure on other services, which were reported to often already be overstretched; frustration and disappointment amongst volunteers and staff; loss of accumulated knowledge and expertise about delivering First Call; and risk of reputational damage for BRC. In the event, British Red Cross was successful in securing a £150,000 grant from the Garfield Weston Foundation to help cover the running costs of the First Call service in Leicester City for three years and Nesta had allowed an underspend on the First Call project to be recycled to support the extension of the service in Rutland for a limited time.

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The experiences of First Call service users

- The personal stories of service users revealed the positive and beneficial impacts of First Call on people's lives. Service users reported First Call had improved social connectivity, confidence and security, assisted people to live independently and enhanced well-being.
- The presenting problems that service users approach First Call with were reported to be social isolation, practical problems, concerns about safety and difficulties identify and accessing other services.
- Four key factors were reported to underpin the presenting problems that prompted people to seek help from First Call: the progress of old age and deteriorating mental and physical health; the loss of care and support; the demands associated with being a carer; and an incident/accident leading to physical or emotional difficulties.
- Service users reported that First Call staff and volunteers had gained a deep understanding of their needs and had worked proactively and diligently to address them.
- This insight was an important feature of the First Call service. It was rooted in the personal, friendly relationships that emerged and resulted in the development of a degree of trust between worker and service user that helped to facilitate better outcomes. For example, service users expressed greater confidence in engaging with other services because they trusted the advice of First Call staff and volunteers.
- Notable progress was often made resolving presenting problems during engagement with First Call. However, services users and workers found exit from the service very difficult when the focus was on befriending activities.

The impact of First Call

- **Inputs** - The total expenditure for the First Call service in Leicester and Rutland was £360,252. Staff costs comprised the largest component of expenditure (£229,601; 64 per cent). Staffing data provided by BRC reveal that on average 7.6 full time equivalent (FTE) staff provided the First Call service per month during the core delivery period from February 2015. In addition 26 active volunteers supported delivery
- **Outputs and outcomes**- 515 people received tier 1 support from the BRC administration team that had been trained to provide advice and signposting about support at home or another BRC service. In addition, 387 direct referrals were made to the First Call team: 204 in Leicester and 183 in Rutland. Almost half of all referrals were from social services. Two-thirds of service users were women, one-third were men and the majority were 75 years or older. By the end of the project, 202 service users had set goals. Improved ability to manage day-to-day activities and improved social networks and friendships were the most common goal outcome areas. Two-thirds of these goals had been achieved by the end of the project. The key outcomes secured by the service included improved ability to manage day-to-day activities; improved social networks and friendships; enhanced feelings of safety and security; and increased satisfaction with the home environment. The service also played an important role facilitating the engagement of older people with other services.
- **Efficiency** - the average input per beneficiary across all four tiers of support was £399. This represents a high level of efficiency. However this has been achieved because the majority of service users (515 service users) received tier 1 support from the BRC administration team (who assisted with delivery of the First Call service by providing advice and signposting to people with support at home needs) or another BRC service. The unit cost is considerably higher if the assessment of efficiency considers only service users who: received support from a first call worker: £931 per service user; received tier 3 or 4 support from a first call worker: £1,334 per service user.
- **Effectiveness** - First Call was effective in supporting service users to achieve 65 per cent of their goals. Effectiveness in achieving goals varied by outcome area.
- **Additionality** - the additionality of First Call is an assessment of the extent to which the outcomes and impacts are additional: they would not have occurred in the absence of First Call. Analysis revealed that 59 per cent of outcomes achieved would not have been achieved without First Call activities.
- **Return on investment** - incomplete monitoring data meant the evaluation was not able provide a full return on investment analysis. Interviewer assessments suggest First Call was unlikely to have led to major saving for the health service. However, service users were assessed as being at less risk of having an accident because of First Call - some of these cases may have led to sizable primary or secondary healthcare usage. For example the estimated value of benefits from an intervention which prevents a person falling and fracturing their hip, can be monetised at £42,495. Based on this estimate if nine service users were prevented from fracturing their hip due to a fall as a result of First Call interventions the net benefit would be greater than the cost of the service.

1. Introduction

The British Red Cross (BRC) First Call service supports vulnerable older people to recover from a crisis, increase confidence and remain independent at home for longer. The service is delivered by staff and volunteers. Volunteers are recruited from the local communities they serve and trained in enabling approaches. The service offers practical and emotional support (over a 12 week period) using a tiered model of support. The intention is that this tiered model enables a flexible and responsive service to be provided to older people. As individual needs change the level of support provided alters (from one off phone calls to home visits providing a range of practical support). First Call is a free service open to all (although the vast majority of service users are older people) and accepts referrals from a variety of sources including self-referrals. The service is promoted to health professionals including GPs, Occupational Therapists, Physiotherapists and Community nurses and also to the local Adult Social Care teams.

The British Red Cross (BRC) received grant funding from the Centre for Social Action Innovation Fund in 2014 to expand the First Call service into two new areas – Leicester City and Rutland. Work began developing First Call services in Leicester and in Rutland in late 2014 and the service was launched in both locations in February 2015. The stated target was that between January 2015 and July 2016 First Call in Leicester and Rutland would reach 880 older people and 60 older volunteers.

A team from the Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam University was commissioned by BRC to evaluate delivery of the First Call service in Leicester City and Rutland. This report details the key findings and conclusions to be emerge from the evaluation.

1.1 Overview of the Evaluation

The evaluation was designed to address two related research questions:

- what are the full range of impacts of the First Call project
- how can these impacts be maximised through the efficient and effective delivery of the project?

On this basis, there were two key elements to the research approach, one focusing on impact and the one exploring issues of process and delivery.

The **impact** element of the approach focused on the collection and analysis of gross outcome change data on service users and adjusting this by what plausibly would have happened in the absence of First Call (the counterfactual) to calculate the net additional impacts. Data from primary and secondary sources was drawn on to determine change and net additional impact. These included data from

- routine monitoring data collated by BRC, including: referral forms, personal outcomes forms (providing information on goals set by service users as well as progress against goals) and client record sheets (providing information on contacts and activities with service users)

- a baseline self-reported survey completed prior to the 12 week course against which to measure change. This was completed by the staff member during the first session with the service user.
- an end of service self-reported survey at the end of the 12 week course to elicit an early measurement of impact. This was conducted by a staff member or volunteer at the final meeting with the service user.
- face to face interviews with 36 service users, which provided detailed experiences of the First Call process, service received and the outcomes achieved. Respondents were selected in partnership with First Call staff, who were able to help the evaluation team to identify a range of service users: men and women of different ages; in different household situations (living alone; with a spouse or partner); who were carers or were living with their carer; who had a range of presenting issues; and who had received differing tiers and intensities of support from First Call. First Call staff also helped to ensure that all respondents were in a position to engage with the evaluation team. Attention to this ethical consideration inevitably resulted in some people with more extreme health related problems not being included in the sample. As well as collecting information about respondent experiences of First Call, interviews were also guided by a series of questions, prompts and guides designed to assist the interviewer in assessing the sustainability of impacts secured by service users through their engagement with First Call. From this data, objective judgements were made regarding the economic impact of First Call for this cohort of service users, providing an indication of overall economic impacts derived from the service. All interviews were recorded and transcribed into verbatim text. Key themes were explored through detailed analysis of the transcripts in Nvivo. Emerging themes were explored by analysis within and between cases. Quotes and case studies were selected to illustrate key points. See chapter 4 for further details.

Differences in outcomes between the baseline and the second survey and follow-up qualitative interview gave gross outcome change. The data was then combined with expert interviewer assessment of net additionality based on evidence supplied from a range of stakeholders to adjust gross outcome change to give net additional impacts.

This approach was developed in response to the fact that the intended approach proved unviable because of the limits of available monitoring data. For example, the evaluation had intended to collect the following Level 3 Standards of Evidence:

- follow-up interviews with as many of the target of 880 clients as possible approximately 4 to 8 weeks after they exited the service. However, details of only 50 clients were available from BRC, including only 27 who indicated that they were willing to take part in the survey. These data would have allowed the evaluation to: measure longer term impacts across the different tiers of intervention; and ask a series of additionality questions that teased out the beneficiary perceptions of additional impact, including a mix of soft and harder measures of change
- Hospital Episode Statistics (HES) for service users and a matched sample of non-service users to assess the impact of First Call on hospital use (such as unplanned attendance) and discharge outcomes. These data would have allowed the evaluation to quantify the net

additional impact of First Call on hospital usage, but proved impossible because NHS numbers had only been collected for a very small number of service users.

The **process** strand of the evaluation employed qualitative methods to explore service delivery and address questions about what works, where and for whom. The key question addressed was whether service delivery was maximising its potential to meet the needs of service users and of other relevant stakeholders and, if not, how might it be developed in order to do so. To this end, interviews were carried out with three key groups:

- *British Red Cross Society(BRC) staff*: one focus group and two rounds of face-to-face interviews in October 2015 and March 2016 were carried out with all available staff with management and front-line responsibilities for the First Call service in Leicester City and Rutland. These interviews focused on understanding the background to the service, the presumptions underpinning the theory of change, reflections regarding the impact of the service, any challenges encountered and lessons learnt regarding delivery. All interviews were recorded and transcribed. Key themes of relevance to the evaluation objectives were explored through detailed analysis of the transcripts. Issues raised were explored and tested through comparative analysis of data generated through interviews with different staff members. Quotes and case studies were selected to illustrate key points.
- *External Services*: face to face and telephone interviews were carried out with 10 representatives of eight services in Leicester City and Rutland who either worked in partnership with the First Call service, referred clients in, or accepted referrals from First Call. These included representatives from local adult social care teams, local GP surgeries, occupational health, hospital discharge teams and a range of local voluntary and community services. Respondents were selected upon the basis of being identified in monitoring data and through interviews with First Call staff as a key partner either referring clients into First Call or receiving referrals from the First Call service. The focus of these interviews was on exploring the value and contribution of the First Call service to other stakeholders and their clients and any insights regarding the reach, effectiveness and impact of the service. The interviews were guided by a structured set of interview questions, to which respondents were free to provide open ended responses. These included specific questions relating to the impact of First Call upon their own service and clients. The insights generated served to sensitise evidence from the quantitative analysis regarding impact on statutory services and issues of additionality and displacement.
- *Volunteers*: the role of the volunteer is central to the delivery model and key to the success of the service. It was also important to consider the impact (positive and negative) of involvement on volunteers, from a duty of care perspective and in order to ascertain the long-term viability of the delivery model (for example, a high dropout rate amongst volunteers could jeopardise the service). These issues were explored through two rounds of focus groups with volunteers in Leicester City and Rutland. All active volunteers were invited to take part in the focus group sessions. Focus groups provided an opportunity for volunteers to discuss their experiences, reflect on positives, comment on any problems or challenges, and provide suggestions about how service delivery might be enhanced. All focus groups were recorded and transcribed into verbatim text for analysis.

1.2 Structure of the Report

The report is organised into five key sections:

- *overview of the First Call service in Leicester City and Rutland* - provides an overview of the First Call model, including staffing structure, the role and responsibilities of volunteers and the approach to service delivery and case management
- *perspectives on delivering First Call* - reflects on the views, opinions and experiences of staff and volunteers who were responsible for the delivery of First Call in Leicester and Rutland, as well as representatives from key referral agencies, and spotlights lessons learnt
- *experiences of First Call* - reflects on the views and experiences of First Call clients
- *impact* - draws on primary and administrative data to explore inputs, outputs, efficiency, additionality and return on investment associated with First Call in Leicester City and Rutland
- *conclusions* - provides an overview of the headline conclusions to be drawn from the evaluation in relation to the impacts and delivery of First Call

2. Overview of First Call in Leicester City and Rutland

Summary

- British Red Cross successfully established staff teams to deliver First Call in Leicester City and in Rutland and launched the service in both locations in early 2015.
- In the early months of First Call in Leicester City and Rutland, staff focused on marketing the service and recruiting volunteers. Staff also worked with service users during this time whilst volunteers were recruited and trained.
- A total of 902 referrals were recorded as First Call clients between February 2015 and May 2016. This included 515 people who contacted the BRC administration team or another BRC service and received information, advice and signposting about support at home services; 117 people who received information, advice and signposting about support at home services directly from a First Call worker; and 270 people who received more intensive support and assistance, including home visits, from First Call workers.
- 270 service users received a home visit from First Call in the two locations.
- A support plan was developed for each service users with more intensive needs, which included up to three goals that the service user wanted to achieve through engagement with First Call. In total, 202 service users set goals.
- The support provided by First Call included one-off advice and information, through to befriending, emotional support and practical help, for example, with paperwork and with shopping.

2.1 Introduction

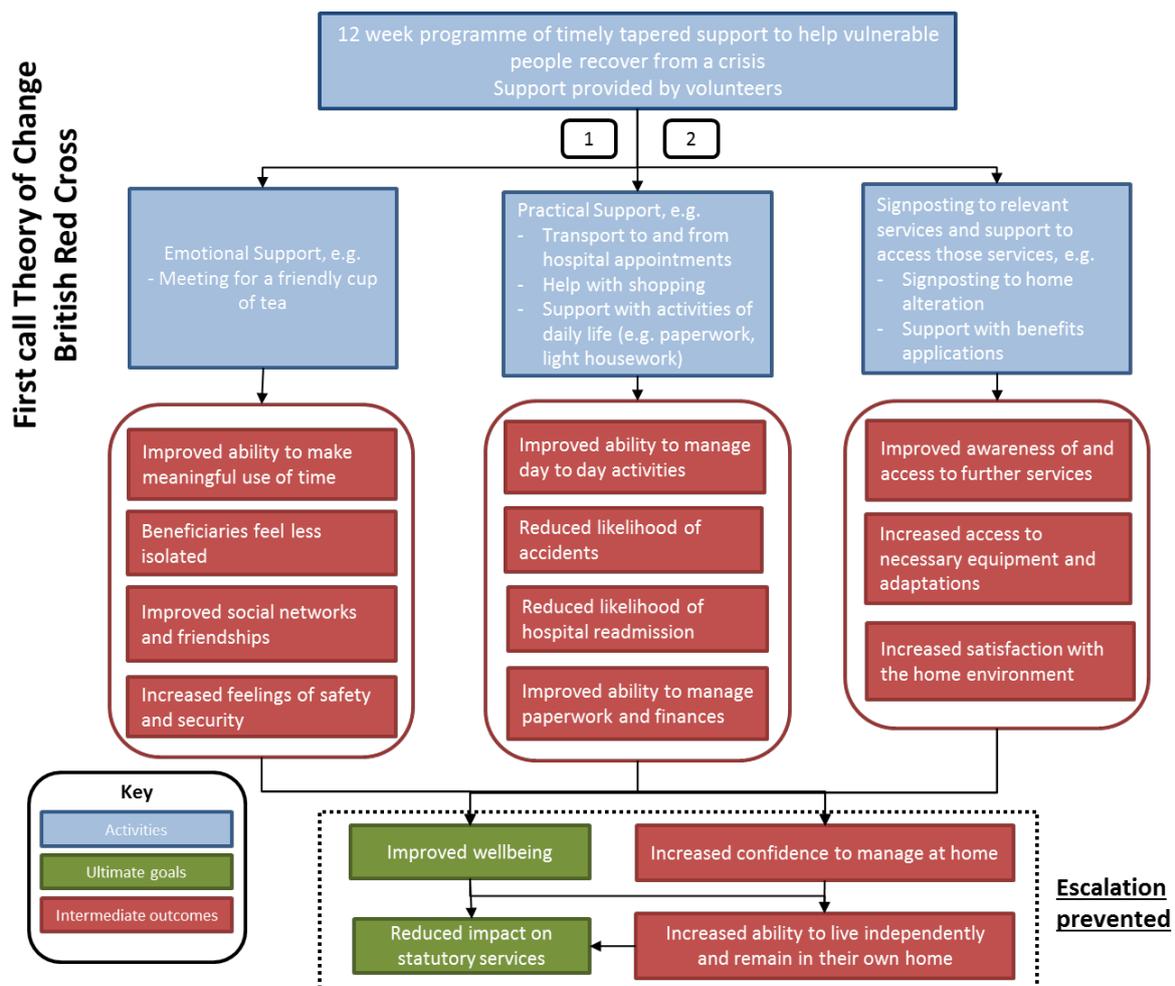
The British Red Cross received a £389,000 grant from the Centre for Social Action Innovation Fund to develop and deliver a new service to support hundreds of vulnerable people at home in the City of Leicester and Rutland. Work began developing First Call services in Leicester and in Rutland in late 2014 and the service was launched in both locations in February 2015. The stated target was that between January 2015 and July 2016 First Call in Leicester and Rutland would reach 880 older people and 60 older volunteers. This chapter provides an overview of the First Call service, the staffing structure, the role played by volunteers and the approach to service delivery and case management.

2.2 Aims and Objectives

The First Call service in Leicester City and in Rutland built on lessons learnt developing and delivering First Call in Lincolnshire, North East Lincolnshire and Northampton. First Call provides support to people in their own homes on a short-term basis (typically up to 12 weeks). This can include the provision of occasional or regular telephone support calls where people can discuss problems and/or be signposted to other organisations or sources of help; being a friend that can provide companionship and emotional support; and practical support with things like shopping, domestic

tasks, getting out and about and accessing services. Key objectives are to increase independence, reduce loneliness and isolation, and improve personal confidence, and to prevent unnecessary hospital admissions and reduce pressure on local healthcare services (see Figure 2.1). The service is free and available to everyone. Referrals are accepted from individuals, family members, friends and neighbours, social services, hospitals GPs and other health care professionals.

Figure 2.1: First Call Theory of Change (Leicester City and Rutland)



2.3 Staffing Structure

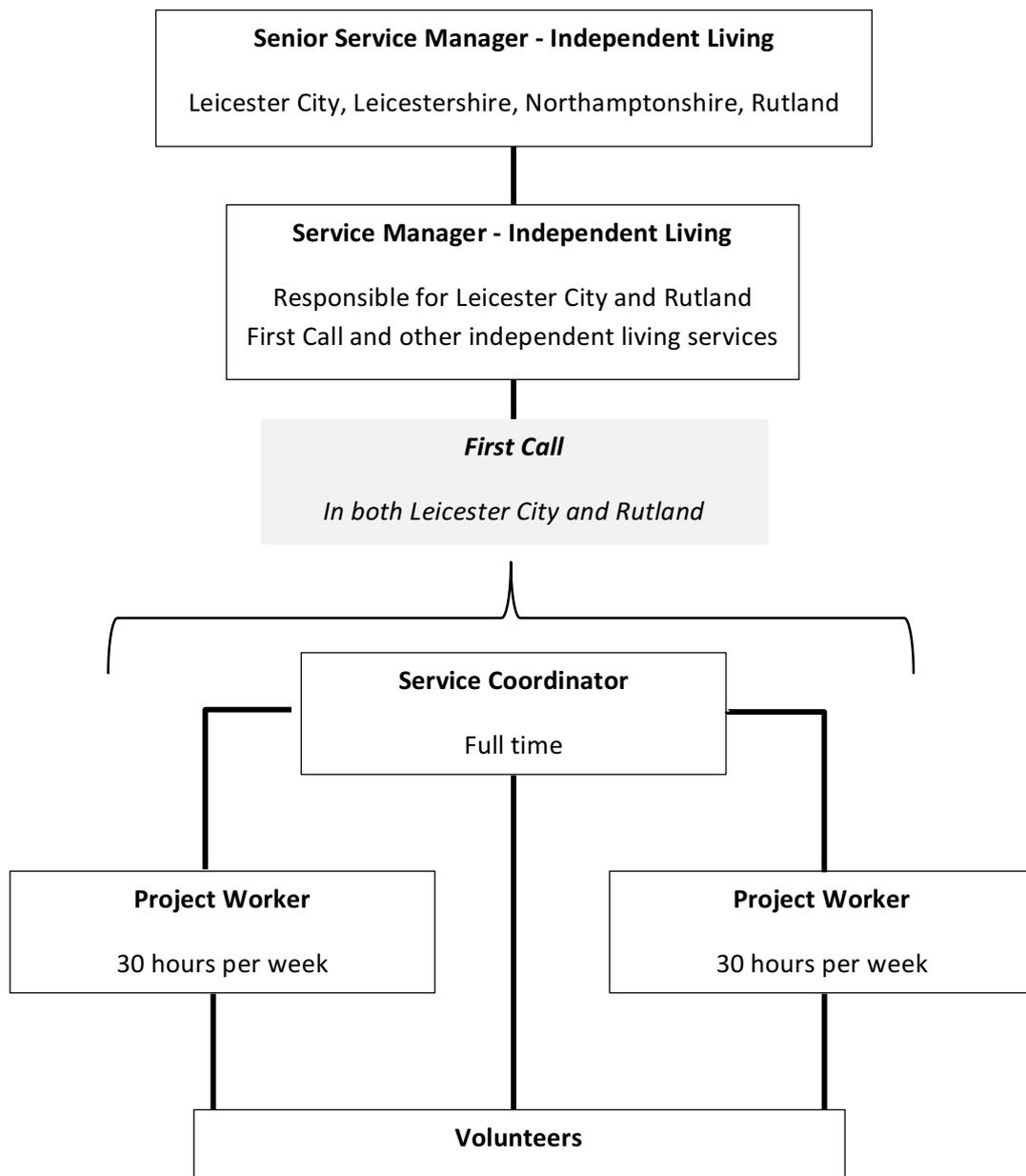
A staff team composed of a service coordinator and two project workers (see Figure 2.2) was recruited and commenced work in both locations in early 2015.

An immediate task for staff was to recruit volunteers, given that First Call was designed to be a volunteer-led service, with volunteers recruited from the local community and trained in enabling approaches. The hope was that volunteers would also provide a link between older people and public and community services by using their local knowledge, thereby enabling clients to access

additional support. The roles and responsibilities of staff members and volunteers were reported to included:

- *Service Coordinator* - oversight of the service on a day-to-day basis; managing referrals; case allocation and workload management (staff and volunteers); marketing the service; volunteer recruitment; engaging with partnership organisations; working with clients; data entry and record keeping.
- *Project Worker* - supporting and assisting volunteers; working with clients; data entry and record keeping.
- *Volunteers* - work with clients; record keeping; and, in some instances, administrative support.

Figure 2.2: First Call Staffing Structure (Leicester City and Rutland)



In addition to the staff team outlined above, staff in relevant BRC offices were trained to handle telephone call enquiries from people requiring support at home. This included administration staff and BRC service teams, such as the mobility aids service. These staff were reported to be a key part of the First Call delivery model, either signposting enquiries to the First Call staff team or to another organisation who could provide relevant help and assistance to people with support at home needs. BRC reported that training was provided about support at home options to ensure that people making contact with BRC were signposted to relevant services based on individual needs. Local directories of relevant services were reported to have been developed and staff were encouraged to take the time to understand the support at home needs of people calling into the service so that appropriate advice and guidance could be provided.

During the early months of the First Call project, staff were reported to focus their attention on raising knowledge and awareness of the service amongst key services likely to refer clients to First Call (such as adult social care and GP practices and voluntary and community sector agencies working with vulnerable adults); marketing the service to the local population; and recruiting volunteers. First Call staff reported that they started to receive referrals in February 2015. Volunteers were required to commit to making a minimum of one visit per week. Some volunteers were able to commit more time to the service, depending upon other commitments.

2.4 Delivery Model

Figure 2.3 provides an outline of the client pathway through the First Call service that serves to usefully summarise the delivery model. BRC defined a First Call service user as:

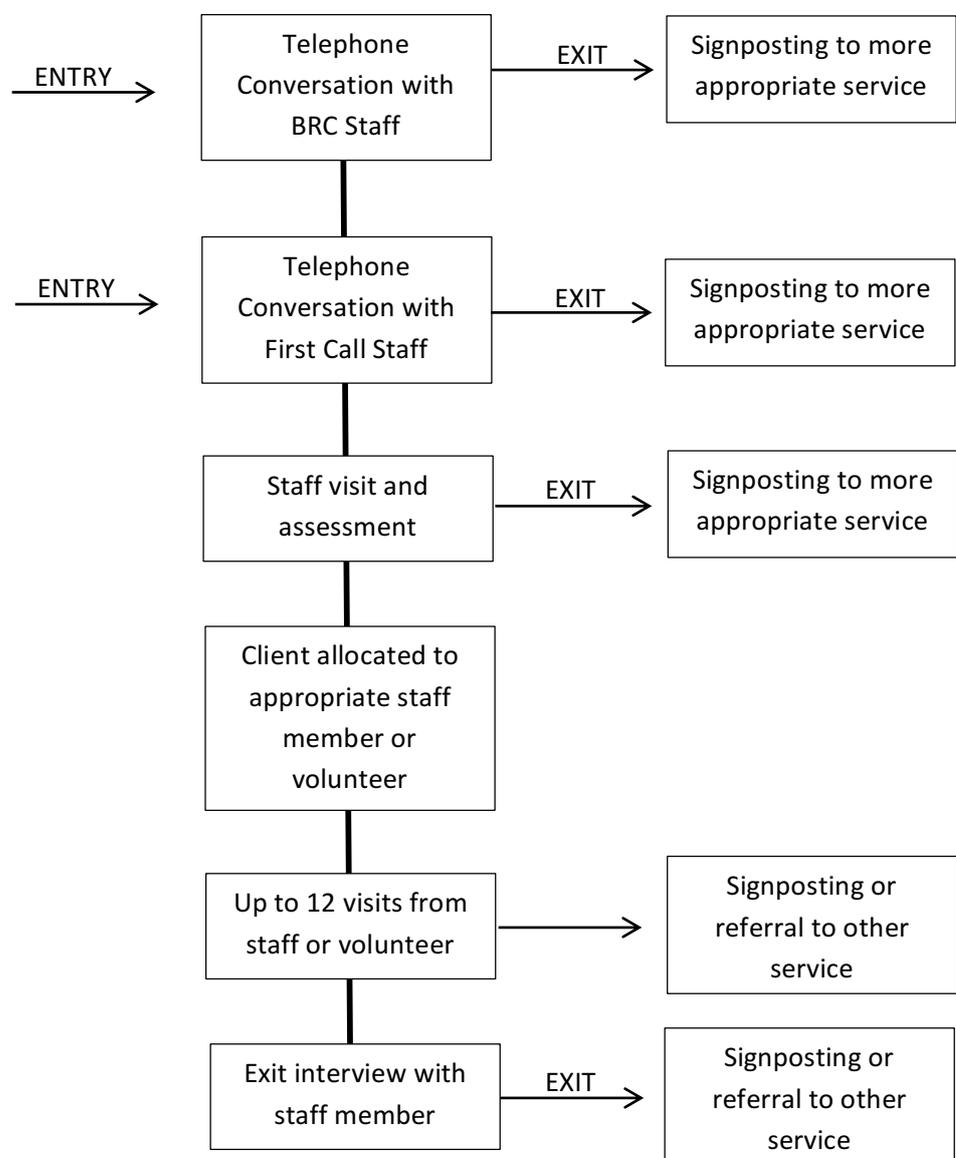
- someone living in Leicester City or Rutland who contacted a BRC service (such as Dial a Wheelchair) or the administration team that manages general phone inquiries received by BRC, and who reported support at home needs. These inquiries were either provided with advice and guidance or signposting to another organisation who could provide relevant help and assistance; or were passed to the First Call team
- someone living in Leicester City or Rutland who contacted the First Call team (see Figure 2.2) directly, who received either advice and guidance or signposting to a more appropriate organisation, or a home visit from the First Call team to assess their needs

Upon receiving direct contact or being passed an enquiry by another BRC service or a BRC administrator, First Call staff would review whether the service user resided within the First Call service area and make phone contact with the service user to assess whether the referral was appropriate and to arrange an initial visit. The initial visit would be carried out by a member of staff and focus on discussing aspirations and needs and confirming whether and how First Call might be able to help. The typical outcome was the identification of up to three goals that First Call would work with the service user to achieve.

Cases deemed to warrant some form of ongoing engagement with First Call, rather than one-off support in the form of advice and guidance or signposting toward alternative provision, were allocated to a staff member or volunteer. Service coordinators reported attempting to match clients and staff/volunteers, as well as trying to take into account practical issues, such as location and accessibility. Matching included consideration of the particular needs of clients and the characters

and strengths of staff and volunteers. Volunteers were reported to typically be allocated cases focused on befriending, whilst staff were allocated more complex cases. However, it was reported that, particularly in the early months of the project, the majority of cases were allocated to a staff member because volunteers were still being recruited and trained. The fact that staff were often required to focus on working with clients was reported to impact on their capacity to complete other tasks, including the recruitment of volunteers and marketing of the project. Ongoing problems recruiting volunteers resulted in this situation continuing for a number of months. In addition, staff reported being surprised by the number of complex cases referred to First Call, which required staff input on an ongoing basis. These issues are discussed further in Chapter 4. Subsequent contact was via telephone or visits (depending upon the particular needs of the service user).

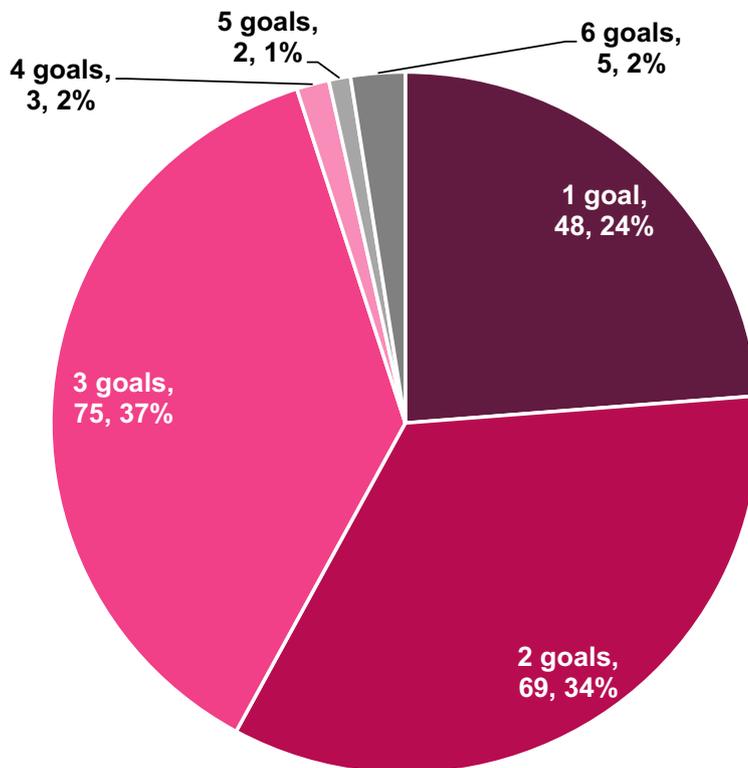
Figure 2.3: The Client Pathway through First Call Service



A support plan was developed for each service user upon commencement of the service. This plan focused on up to three goals that the service user wanted to achieve through their engagement with First Call. The intention was for individual goals to be aligned to service outcomes. Goals were reviewed on an ongoing basis and changed where necessary. Signposting was provided to relevant services where needs extended beyond the scope of First Call support. Progress against goals was measured on exit from the service.

By the end of the project 202 service users had set goals; this comprised 104 service users in Leicester and 98 service users in Rutland. In total 463 goals were set, an average of 2.3 goals per service user. Figure 2.4 shows the number of goals set by each of the 202 service users. Seventy five service users (37 per cent) set three goals, 69 service users set two goals (34 per cent) and 48 service users set one goal (24 per cent). Sixty one service users (22 per cent) had set three goals. Ten service users (five per cent) set more than three goals.

Figure 2.4: Number of goal set by service users



2.5 Support and Assistance

The support and assistance provided by the First Call services in Leicester City and Rutland was reported to be wide-ranging and variable in intensity. Staff and volunteers explained how the intensity of their work varied from case to case. This fact was reflected in the four tiered levels of support provided by First Call, depending upon the needs of the service user:

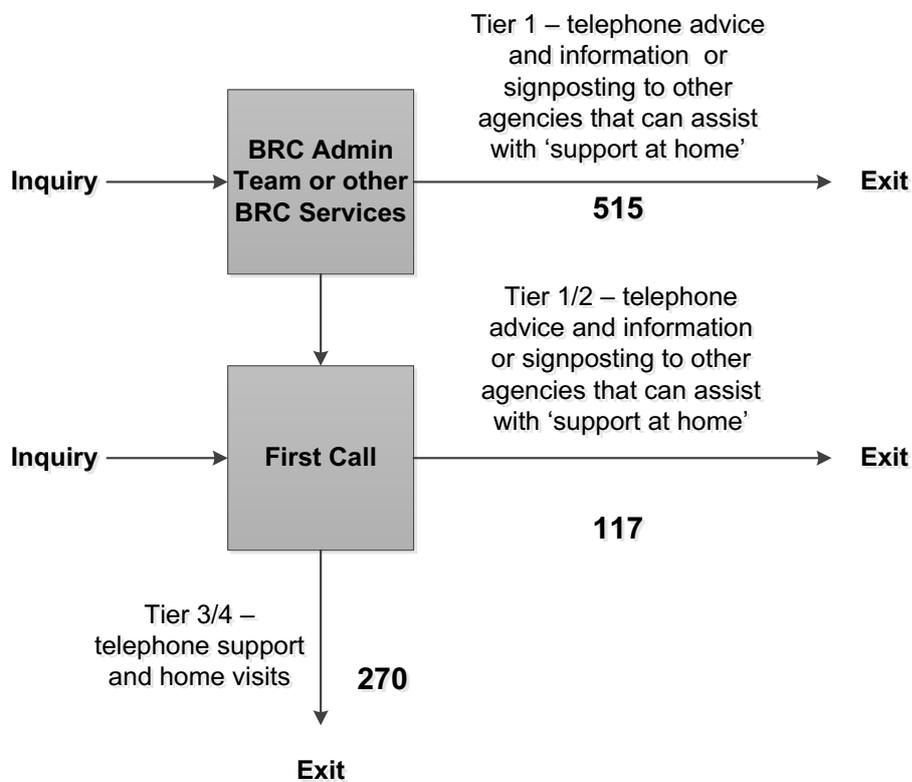
- Tier 1: Telephone support only, to provide a ‘safety net’ for those who feel they want to have the option of contacting someone, but don’t want a regular call or visit.

- Tier 2: Regular telephone support to check things are ok, to discuss problems or issues and to offer advice on signposting to other organisations or sources of help. This might involve a home visit, depending upon the client.
- Tier 3: Befriending with a combination of telephone support and visits to the client’s home for companionship and emotional support.
- Tier 4: All of the above, but also more practical support such as shopping, domestic tasks, arranging transport, etc.

If the client’s needs exceeded what could be offered by First Call they were referred to a relevant health or social care agency, or their existing health or social care provided was contacted and informed about their unmet needs.

Figure 2.5 provides details of the number of service users receiving the different tiers of support between February 2015 and May 2016. Of the 902 people recorded as receiving the First Call service, 515 received tier 1 support from the BRC administration team or another BRC service. These people were recorded as First Call clients because they received advice, information or signposting relating to support at home. A further 117 people received tier 1 or 2 support over the telephone from a First Call worker (staff or volunteer as described in Figure 2.2). A further 270 people received tier 3 or 4 support from a First Call worker.

Figure 2.5: Number of service users receiving the different tiers of First Call support



The tier 3 and 4 service provided by the First Call staff team involved a series of up to 12 visits. Visits typically took place once a week, but could be less frequent depending upon the particular situation and needs of the client. If the reason for referral was addressed and resolved, a client might exit the service after less than 12 visits. Clients exited the service after 12 visits, although exceptions were made in certain circumstances (see below). Staff or volunteers were expected to make a summary note of each meeting, providing brief details about who attended, where the meeting took place, what was discussed and any resulting action points. At the point of exit, an interview was conducted by a staff member. Clients with ongoing needs were referred to an alternative service wherever possible.

A total of 3,391 contacts were made with the 270 service users who had a home visit: an average of 12.6 contacts per service users. The average number of contacts was broadly similar in Rutland (12.9 contacts) and Leicester (12.3 contacts). These average figures mask considerable variation in the actual number of contacts received:

- 65 service users (24 per cent) had 1 to 5 contacts
- 59 service users (22 per cent) had 6 to 10 contacts
- 53 service users (20 per cent) had 11 to 15 contacts
- 53 service users (20 per cent) had 16 to 20 contacts
- 40 service users (15 per cent) had 21 or more contacts

The support provided was reported to be wide ranging:

Volunteer	Each person I've seen there's been something slightly different. The first lady I did a bit of shopping for her and sat and chatted to her, the second lady I took her to the shop because she'd had a fall and lost confidence about going out on her own so I went out with her to do her grocery shopping, went on the bus and came back in a taxi, and these two gentleman it's been mostly befriending but I've taken one of them out in their wheelchair. So each one's been slightly different but you've been told in advance.
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Staff reported that most cases focused on befriending and supporting independent living:

DR	How would you summarise the aims and objectives?
Staff	To help those people who are referred to us to remain independent and hopefully to remain within their own homes or to regain independence if they've had a stay in hospital or they've had a fall and lost their confidence. Equally for the lady I just spoke about, for her, she's ok getting out and about but she can't travel on buses because of something that's previously happened, so she wants us to escort her to try and rebuild that confidence and that's literally because she can't afford to keep taking taxis. The word independence is key to the aims and objectives. The other big issue is befriending, I don't know the figures because I don't have time to look

through to see how many of our clients only require befriending but it's got to be at least 60% I would say

Supporting independent living was reported to include a wide range of practical help and assistance. In attempting to explain the range of support provided, one respondent commented that it was easier to comment upon what support First Call does not provide:

Staff There's escorting, confidence building, carer respite, we've arranged funerals, practical stuff, it's probably easier to say what we don't do, we don't look after pets, we don't take people in our cars but that's pretty much it. This afternoon I'm going to visit a gentleman, the referral was he's very concerned about his income ... he thinks he's going to have to sell his car so could you go and help him look at his finances So I've seen all his financial documents, tried to get him cheaper car insurance but couldn't, he wanted to get a breakdown for his annuity because he felt he was paying too much tax and I got in touch with them and they're sending him a breakdown. I need to ring the tax office today for him so I need to be there at least an hour and a half because I know I could be waiting an hour to get through, but he's old, he can't do those things for himself..... So it's turned out to be emotional support as well and he'll ring me if the nurse doesn't turn up in the morning to dress his hand, you do become, there's a lot of emotional support and friendship involved, they do start to turn to you.

Another staff member confirmed that clients frequently requested practical help with financial matters, examples given included assisting a client to sell their house, arranging for bills to be paid and referring people for information and advice regarding benefit payments. The latter often involved referral to another agency, such as the local Citizens Advice Bureau:

Staff One of the biggest referrals that we make is to the CAB for benefit checks because so many older people are suffering financial hardship and I would say 90 per cent of those referrals turn out as a positive outcome.

DR So they have increased income as a result?

Staff 1 Yeah which enables them to pay for help or a carer or...

Staff 2 It's a huge positive....

Staff in both locations reported that the complexity of cases that the First Call service was managing had tended to increase with time. This finding is discussed in detail in Chapter 4, but was explained with reference to the fact that adult social care teams gradually became more aware of and confident in the First Call service and increasingly referred more complex cases to the service. Furthermore, more complex needs were reported to often emerge upon engaging with service users who approached the service with a seemingly straightforward request for help and assistance.

First Call monitoring data suggests that the most common forms of support and assistance provided to service users included:

- befriending - 56 per cent of service users received befriending; 970 instances of befriending were provided
- emotional support - 52 per cent of service users received emotional support; 713 instances of emotional support were provided
- help with paperwork - 49 per cent of service users received help with paperwork; 333 instances of help with paperwork were provided
- help with shopping - 21 per cent of service users received help with shopping; 177 instances of help with shopping were provided

3. Perspectives on Delivering First Call

Summary

- Staff were unequivocal in their view that there was a need for First Call in Leicester City and in Rutland, pointing to the lack of similar services, the increasing reliance of statutory services on referrals to the First Call, and the positive outcomes secured by service users.
- Various factors were identified as serving to limit the number of service users that the First Call team were able to work with across Leicester and Rutland: time taken to develop the service and adjust the delivery model to the particulars of the local context; building trust with referral agencies; limits on capacity; the complexity and duration of cases; and the impact of the impending closure of the service.
- Two key factors prompt questions about the viability of First Call as a volunteer-led service; difficulties recruiting volunteers and the complexity of cases, which required direct staff involvement in case management.
- Many First Call service users had ongoing needs, raising questions about the sustainability of the positive impacts secured by First Call, given reported problems referring people on to relevant services when they exited First Call.
- The future of First Call in Leicester and Rutland was uncertain, in light of difficulties securing follow-on funding. Potential consequences of closure include: increase pressure on other services, which were reported to often already be overstretched; frustration and disappointment amongst volunteers and staff; loss of accumulated knowledge and expertise about delivering First Call; and risk of reputational damage for BRC.

3.1 Introduction

Chapter 2 provided an overview of the First Call service model. This chapter explores the views, opinions and experiences of First Call staff and volunteers (together referred to as 'workers') who were responsible for delivering the First Call service in Leicester and Rutland. These insights were gathered through two rounds of interviews with staff in the First Call team (see Figure 2.2) and two rounds of focus groups with First Call volunteers in both Leicester and Rutland. It also draws on the views of representatives from key agencies that referred clients into First Call and to which First Call service users were signposted, including adult social care, GP surgeries, the local CCG and voluntary and community sector organisations working with older people, who were interviewed in May 2016. Wherever possible, key points are illustrated through the use of quotes from interviews and focus groups with staff and volunteers, although the need to protect confidentiality and anonymity sometimes limits the use of direct quotes, particularly when discussing more controversial issues or making more critical observations.

This chapter is organised into five sections:

- the need for First Call
- meeting demand
- the challenge of delivering a volunteer-led service
- the sustainability of outcomes
- the future of First Call in Leicester City and Rutland

3.2 Demand for First Call

Staff were unequivocal in their view that there was an urgent need for the First Call service. This opinion was based on three key observations. First, the view that there was no similar services in the local area. Reference was made to examples of befriending services and home from hospital services, but these were reported to be either more specific in focus, more time limited services, or paid for services.

DR To what extend do you think the service you're providing is additional to what the client was already receiving, or are you just replacing another service that was already doing that?

Staff I think most of it's additional because our service is quite unique, there isn't another service out there that does what we do for as long as we do it, the 12 weeks is important because there are many things you can't achieve in six weeks or eight weeks, 12 weeks is more realistic.

Second, the fact that there was a pressing need for the service, as evidenced by the warm welcome First Call had received from many different referral partners including adult social care teams, GPs and other support services. The majority of referral partners interviewed from both Leicester and Rutland stated that there was a genuine need for a service such as First Call. The number of referrals to the First Call projects increased through time as more agencies and individuals became aware of the service through the awareness raising activities of the project teams:

SG You were talking about referrals increasing with time, so people are now becoming aware of first call, how it can help?

Staff That's a major point, because early on they weren't sure what the service did and they weren't sure whether they could trust the service, who they could pass to the service, so initially it was more befriending, but as they've seen the results of the service they now pass some of the more complex cases on.

SG So the referral process has improved over the time?

Staff Very much....and that's increasing all the time, initially it was just adult social care but now it's OTs, social workers, nurses, physios, doctors, self-referrals.

Referral partners also acknowledged that they increasingly referred clients to First Call increased as they their knowledge and understanding of what the service could offer improved. For example,

one referral partner suggested that she was initially unclear about what First Call could offer and thought it was little more than a 'signposting service'. However, she came to realise that "First Call could do some very practical things that we can't - like taking someone out to the shops".

First Call staff suggested that the service was helping adult social care teams to manage increasing demand from older people at a time of budget cuts and that they were frequently working with service users who might previously have been assisted by adult social care teams (see section 3.3 for more details). However, it was sometimes necessary to refer such cases back to adult social care teams because of their needs:

Staff We've built up some good relationships now with the adult social care teams... so we have got those contacts so we can signpost back to say we're advising you to pick this back up or this is not one for us. I've come across a couple ..., the team saying to me we've received this referral and I'm like why are we, social services should be dealing with that, you need to send it back to the social worker and say it needs to be picked up by you guys. Sometimes I think is it a quick fix for them, they've become aware of somebody so let's just hand them over to Red Cross, they'll work with them for three months, they may come back to us, they may not.

Referral partners acknowledged that some inappropriate referrals had been made to First Call, including cases where the client/patient was in a crisis situation. However, several partners, including social care respondents, pointed out that First Call was often responsible for one aspect of a package of care support being received by people with .

First Call staff reported that there were also examples of the service engaging with older people with high level needs who were currently unknown to statutory services and were helping to direct them into statutory services:

Staff Yes there are people who are not on that pathway and you think how or why aren't they. We spoke about it with our CCG contact in Leicester who we've got quite a good relationship with and he's noticed from the people, because he's asked for some information and he can take that to the GPs so they can use our service and he said he's noticed that the people we're seeing are not on any pathway, so they've dropped out of the net somewhere and we've come across them and then we've been able to work with them and get them into those services.

First Call staff also reported that First Call was sometimes working with people who were unwilling to accept support from other services:

Staff Sometimes people don't want to engage with the services, in that situation our approach can be slightly different and by the end of the visits if we can get that service user to accept those services then that's a bit step forward. So although the problem's too big for us to deal with, if that service user will not engage we can help in that way, because if we can help them to engage then they're on the right track so it's useful.

The third reason given to explain why the service was needed in Leicester and in Rutland was the positive impact that First Call had on the lives of the older people who benefitted from the service. The experiences of service users receiving tier 3 and 4 level support reported in Chapter 4 usefully illustrate these positive impacts. BRC staff also argued that notable benefits flowed from the tier 1 telephone advice and signposting provided by administration staff and other BRC service teams. Two key observations were forthcoming. First, the role that the service played in providing valuable, compassionate advice and guidance to people at a time of crisis, and, second, the role that the telephone service played in supporting the progress of older people, some of whom were disengaged from formal provision, along a referral pathway toward relevant and appropriate support and assistance.

Referral partners were also confident that First Call was a much needed service, and many interviewees recognised that their clients and patients were benefitting from engaging with First Call. However, several partners reported that it was difficult to be clear about the support provided and benefits for clients because First Call did not feedback to referring agencies about what support had been provided and what gains had been secured for clients. Referring agencies suggested that this would help to enhance understanding of the First Call service and evidence its value to other services.

3.3 Meeting Demand

According to available monitoring data, First Call was successful in meeting the target of reaching 880 service users (see Figure 2.5 and Chapter 5). However, First Call workers reported that various factors had served to limit the number of service users they had been able to help and assist, above and beyond advice and signposting over the telephone. These comments focused on the work of the core First Call team, which had dealt with 117 tier 1 and 2 cases and 270 tier 3 or 4 cases; the other 515 people recorded in the monitoring data as receiving help with support at home needs had received information, advice and signposting from other BRC services or the BRC administrators, who were trained to provide advice and signposting regarding support at home needs, and did not engage with the core First Call staff team (see Figure 2.5).

Particular factors identified by First Call Staff as limiting the number of service users benefiting from the tiers 3 and 4 help and assistance provided by the core First Call teams included:

- *time taken to establish the service* - staff suggested that the targets did not adequately take into account the time required to set up First Call in Leicester and in Rutland: to recruit and train staff; to recruit and train volunteers; to develop links and build trust with referral agencies; and to market the service to older people. The early months of the project were dedicated to these activities, which were necessary to generate referrals and ensure the service was in a position to receive service users. One staff member estimated that it had taken some nine months to put the First Call model into full operation and a further three or four months to iron out various challenges. This included adapting the service to cope with the number of complex cases that the service was dealing with and the greater input required from staff working directly with service users than was originally envisaged (see below). The outcome of this development process was reported to be First Call teams that were skilled and cohesive. Cases were allocated to staff and volunteers that reflected

individual skills and qualities; staff and volunteers were clear about their roles and responsibilities; and outcomes were continuing to improve, although this was difficult to quantify.

building relations with referral agencies - staff reported that referral agencies became more willing to refer clients to First Call as they became familiar with the service and reassured about the quality of the support and assistance provided. Referrals also increased as agencies realised the potential for First Call to help with efforts to manage demand for their own service at a time of shrinking resources. Consequently, referrals to First Call increased with time. Staff reported being confident that referrals would have continued to increase if the service had continued, reporting that there was considerable unmet demand. Evidence from interviews with referral partners supported this assertion. Most interviewees believed that it took some time to establish a service and increase referrals. In addition, referral partners believed that there was potential for referrals to increase in the future, mainly because of cuts and constraints on other services, but also because there was greater potential for a more 'joined-up approach' to meeting the health and well-being needs of older people. One interviewee, for example, said that GPs and other healthcare workers were increasingly attempting to provide patients with medical and social support - and that First Call was a way of doing so. One GP stated that First Call was a valuable service to refer patients with a Care Plan¹.

Another interesting point raised by several referral partners was the method for referral to First Call. While most found it relatively straight forward to refer to the service, several interviewees suggested that access to an 'online' referral service would have been a benefit. This was particularly pertinent for front line health workers, such as GPs, whose time to make referrals was limited. Being able to do so online might have led to more referrals. In Rutland, a multi-agency referral mechanism called First Contact operates². First Call used the system to some extent, but several referral partners believed that referral could have been smoother if First Call had fully aligned with First Contact's referral mechanism.

- *limits on capacity* - a number of factors were reported to have limited capacity of the First Call Service. A key factor was the challenge of recruiting volunteers to deliver what was designed to be a volunteer-led service (see below for a more detailed discussion). Referral partners reflected that First Call was effectively in competition for volunteers with an array of volunteer-led services in Leicester and Rutland. Whatever the reasons, the consequence was that staff had to become more heavily involved in working with clients than originally planned. As a result, time available for publicising and marketing the service was limited. Staff also reported that it made little sense to widely publicise a service that would struggle to cope with an increase in demand. Staffing issues were also reported to have limited the capacity of the service. The absence of just one staff member can have a major impact on the capacity of a staff team of three; the staff teams in both Leicester and Rutland experienced periods of time without the full complement of staff, either as a result of ill health or staff leaving the project. Finally, one staff member observed that a considerable

¹ <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/care-plans.aspx>

² <http://www.ruralcc.org.uk/first-contact.html>

amount of time was spent keeping files up to date, which limited time available for working with clients.

- *the complexity and duration of cases* - it was suggested that the complexity of many of the cases referred to First Call serve to limit the capacity of the First Call teams. The complexity of cases appeared to have taken staff by surprise and was reported to reflect the difficulties referral agencies were experiencing managing their own caseloads. These cases were reported to demand far more input from staff and volunteers than originally envisaged. This input sometimes extended beyond 12 visits because there was no obvious alternative service to signpost First Call clients on to. One staff member reflected that the complexity of the cases that the service ended up managing was, in part, a consequence of the fact that there were no clear thresholds that gave staff a common understanding of when a case might be deemed beyond the capacity or expertise of First Call. However, evidence from interviews with referral partners found that there was support for First Call's '12 week' approach. Interviewees reported that this seemed an appropriate length of time to 'take somebody towards independence', without becoming permanently reliant on the support offered. While several referral partners accepted that some cases were complex, and clients/patients had longer term difficulties, they also believed that First Call's service was part of a broader offer and in complex cases other services were closely involved. This points to the importance of First Call being integrated into care and support planning.
- *managing the decline of the service* - it became apparent in early 2016 that alternative funding might not be secured and that the First Call service in Leicester and Rutland might not continue beyond the duration of the Nesta funding. This had inevitable knock-on consequences that served to undermine service delivery in the final months of the project. For example, the Service Coordinator in Rutland secured alternative employment and was not replaced; volunteer recruitment was suspended on the basis that it was not reasonable to recruit and train volunteers to deliver a service that might not be continuing; some referral agencies caught wind of the impending closure of First Call and the number of referrals began to reduce; and, as the closure of the service approached, the decision was taken not to accept more complex referrals that might require input beyond the duration of the funding. When referral partners were interviewed in April/May 2016, some were aware that First Call was potentially coming to an end; others were not.

Discussions with staff explored whether there were any groups or sub-sections of the population of older people who had remained beyond the reach of the First Call service. An issue raised in Rutland was the challenge of reaching out to people in more remote parts of the county, in smaller towns and village. These were twofold. First, the difficulties of raising the profile of the service in more remote parts of the county:

Staff	We were talking about taking the service out to the rural communities, maybe getting the First Call transport in Grantham, Red Cross transport and going out and taking all the information because we did an open day with a lot of the other agencies in Oakham last week and everyone was there Age UK, Diabetes UK, Alzheimer's Society and it was such a poor turnout and a lot of it is because people don't know about it and if they do they've got no way of
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getting into town and that would have been amazing on something like the Rutland bus, to go out into the villages.

The second challenge was working in a rural area with limited public transport. This was reported to pose problems for potential volunteers:

Staff Everything is different in Rutland,such as it's very difficult, well there's no public transport to speak of so getting people who would like to volunteer but don't have their own transport to come into work or to see anybody unless it's in their village, that's a difficulty, as is the internet and so many places can whack out all sorts of information on websites and it gets straight through, it doesn't here, we're lucky to get a phone call through.

3.4 The Challenges of Delivering a Volunteer-led Service

Two key findings raised questions about the viability of First Call as a volunteer led service: difficulties recruiting volunteers; and the complexity of cases referred to First Call.

British Red Cross set itself the target of recruiting 60 older volunteers during the course of the project. A total of 28 people had been recruited as First Call volunteers in Leicester and Rutland. BRC has vast experience recruiting volunteers. However, challenges were reported recruiting volunteers for First Call. These included: the major time commitment involved in volunteering; the need (although not a requirement) for volunteers to have their own transport; the particular skill set required to be a First Call volunteer; and limited staff time to dedicate to recruiting volunteers.

Potential volunteers were reported to sometimes be put off by the time commitment associated with being a First Call volunteer. Training was reported to involve a commitment of some 30 hours, although staff and volunteers welcomed a move to concentrate training into a three day course, rather than requiring volunteers to attend a series of sessions over a number of weeks:

Staff 31 hours of training for a start, minimum, but that training's become easier now, it's more focused and there's a full three day course which covers pretty much all of it. So if that volunteer is still working they may have to take some annual leave to do those three days but then it's done, whereas before it was all over the place, there was lots of different training courses at different times and it would take weeks. It's much easier and much quicker to get somebody competent.

Staff recounted instances of people withdrawing their interest in becoming a volunteer upon becoming aware of the ongoing time commitment. Once training was complete, volunteers were expected to commit to making a minimum of one visit per week (equivalent to two hours per week). They were also requested to brief staff following each visit and to update client record sheets. In Rutland, it was agreed that volunteers would come in to the First Call office a minimum of once every two weeks. Not surprisingly, given the commitment of time involved, most First Call volunteers were retired.

Another factor referenced by staff when explaining the difficulties recruiting volunteers was the competition for volunteers between agencies:

Staff It [recruiting volunteers] has proved to be a bigger challenge than we anticipated and it still is. We've had people show an interest and then we're competing with other voluntary organisations there are a lot of volunteer services and they do often win over the people that might otherwise come to us.

Other factors identified as complicating volunteer recruitment included the need for people to be mobile and preferably have their own transport, given the potential for clients to be dispersed across a wide geographical area in both Leicester City and Rutland. Staff also explained that some people who expressed an interest did not necessarily have the skills required to be a First Call volunteer (23 people who expressed an interest were deemed to be unsuitable for the role by First Call staff). One staff member suggested that blanket campaigns has resulted in expressions of interest from numerous people who were not suitable as volunteers, on the basis of skills, temperament and availability. However, these expressions of interest had to be reviewed, which proved to be a time consuming process.

Staff also highlighted a vicious circle, whereby the time that they had to actively recruit volunteers was limited by the fact that they were heavily involved in working with service users because only a small number of volunteers had been recruited and trained. This was reported to be particularly the case in the early months of the project. Reflecting on the targets for volunteer recruitment, the general consensus amongst staff that they were somewhat ambitious, given these numerous challenges. Finally, staff reported that volunteer recruitment inevitably slowed as it became apparent that the future of the project was not secure beyond the duration of the grant funding.

In a bid to overcome these challenges, various different initiatives were tried to boost the number of volunteers. In addition to attending promotional events, making contact with volunteer bureaux, circulating handouts and posters about volunteering opportunities, BRC staff established a Facebook page with a direct link to the volunteer expression of interest form which could be completed and submitted online. A total of 72 forms were completed. Follow-up work with all 72 contacts resulted in 20 people being invited to a group meeting (the other 52 withdrew their interest following a phone conversation with a BRC worker, were unsuitable, for example, on the basis of their age or lack of mobility, or were not contactable). Only 10 of these 20 people completed the full application form, with five subsequently booking on to undertake training. Three of these people became active First Call volunteers.

The second key factor raising questions about the viability of the volunteer-led approach to delivering First Call relates to the increasing complexity of cases referred to the service. Staff in Leicester and Rutland reported that an increasing number of referrals involved complex cases, often related to mental health issues. Sometimes, such cases were referred for befriending to help address social isolation and loneliness. However, more complex issues often emerged upon assessment or engagement. The consensus amongst staff was that it was not appropriate to allocate such complex cases to volunteers.

SG So, do you think that the level of needs that you're seeing, the type of referrals that you're getting, volunteers are capable of working with them?

- Staff1 It depends because there's a lot more mental health coming in to play now and a lot more needs of the clients, so the volunteers have got to be a bit more with it because sometimes when we go in, I wouldn't like the volunteer to go in, it's only because of my knowledge and my experience that I've known when to think this is a bit risky or I wouldn't know what to do in this situation.
- Staff2 If it was focused on the original intention which was basically befriending service, brilliant, volunteers, perfect.
- Staff1 Which is what we tend to do, we tend to keep the volunteers for the befriending side, the complex ones when we go out and assess we keep them for ourselves, some of them we pass onto the ones that are more knowledgeable. It's knowing who can do what.
- Staff2 We're finding that the service is now getting a lot of referrals that are befriending but when you go in it's a lot bigger.
- Staff1 It's more mental health problems.

Staff reported that the proportion of cases that might be deemed 'more complex' and demand greater staff input had increased with time. This was explained with reference to the fact that adult social care teams gradually became more aware of and confident in the First Call service and increasingly referred more complex cases to the service:

- Staff I think from day one it was a case of we [adult social care] need somebody to go and wash Mrs Smith's curtains, there might be a home provider out there but we haven't got time to chase it up can you do it? So, yeah, probably we were asked to become involved because they hadn't got the manpower to do so. That's changed the more we've worked closer with them and they now have an idea of what we specifically do, so they know a big part of our 12 week service includes signposting, so if they haven't got the time to signpost somebody, yet they know they need that support, they'll often refer them to us. More long term things as well, transition from their own home into a care home, that would have been the job of the social worker in community adult social care and they'll pass that to us, we've done three or four of those. So the more we work with them and the more they're aware of what we do and do well it changed from could you go and give Mrs Smith's house a quick mop.
- DR Does that mean they've tended to refer to you an increasing number of complex cases?
- Staff Yeah I would say so and not always truthful about it either, there's been a couple of times where they've [adult social care] referred to us to ask us to go out and said "we're not sure what the exact problem, if you go and do your own assessment", and then we've discovered that they [the service user] have been through the mental health team and we're sure adult social care were aware of that, a couple of times that's happened. But we do what we can and if we can't we bat it back.....the service we advertise as being anyone

experiencing a crisis has changed to people being discharged from hospital or older people struggling to cope in the community. It's almost gone from this broad spectrum down to a specific focus.

One staff member reflected that in the early months of the First Call service staff were sometimes reluctant to not accept referrals, in part because of the need to foster positive relations with referral agencies. Experience of the challenges of working with more complex cases helped increase the confidence of staff to refuse referrals that were deemed to require specialist intervention. Another observation from staff about the reasons for First Call working with a far greater proportion of complex cases than originally envisaged was the failure to adequately articulate the aims, objectives and limits of the First Call service to referral agencies. While referral partners accepted that some of their clients/patients had complex needs, and in the early days of the service some inappropriate referrals had been made, all had confidence that First Call could support people in difficult circumstances. Most referral partners reported that they were aware that staff, rather than volunteers, were supporting more complex cases and were reassured by this fact. Several partners suggested that if First Call had been entirely volunteer led, it may not have been as effective for some clients/patients. This is an important point; referral agencies frequently did not consider First Call to be a volunteer-led service.

The increasing complexity of cases was also related to the particulars of the client group, and how new needs could emerge or hidden needs were uncovered through regular engagement. For example, staff talked about a number of cases that were referred for befriending or practical support, but in the event, involved end of life support. This was recognised as being beyond what could reasonably be expected of volunteers and as demanding specific training. However, volunteers were reported to be keen to continue to work with service users in such circumstances, reflecting the strong emotional bonds that were frequently reported to develop between volunteers and service users. This provision was reported to often extend beyond the normal 12 week period for First Call support:

- DR That's a particular skill set though [end of life support], and not just the skills, the emotional strain, I imagine quite a few volunteers might not have that?
- Staff We feel this as staff, we've raised that, we need training because we're not set up to support people at end of life and we need specific training to do that and so do our volunteers. I wouldn't put any volunteer into that situation, this is particular service users whose prognosis we haven't been sure of at the time when we've taken them on, we've put in a volunteer and then they've had a diagnosis and we've spoken to the volunteers and said you don't have to visit them and they've chosen to, and then they've gone home and researched it themselves so they like to be very hands on.
- SG That aspect of work is not necessarily a 12 week service though is it?
- Staff No and it does often go over the 12 weeks.

Whilst acknowledging the challenges of delivering First Call as a volunteer-led service, it is important not to overlook the benefits accrued by being a volunteer with the First Call service, which were identified by volunteers during the focus group sessions:

Volunteer1 I've been doing it about a year now, I did all the training and everything, I love it, I think it's good.

Volunteer2 I've been with First Call since it started..... I really enjoy it, it's made a big difference to me, my self-confidence and feeling I'm doing something worthwhile.

Volunteers also referred to the sense of achievement and reward to be gained from making a difference to someone's life:

DR If somebody was thinking of becoming a first call volunteer what would you say to them? How would you sell it to them?

Volunteer1 You meet some lovely people and you don't know what you're going to do until you get there, you could go for a walk, just sit, make a dinner or do some housework so that's a nice surprise as well.

Volunteer2 And you're making a difference to them.

Volunteer1 Yeah you're helping them, they look forward to you coming.

Volunteer3 I can see those individuals grow as time goes on. When something happens like this there are so many things going on you feel totally swamped and don't know what to focus on first and I think if you break it down into steps and I like the way when the coordinator goes out and identifies the three main things or one thing, or whatever, that starts to focus that individual's mind and they can see that they can work towards that goal as opposed to having all these issues, which one do I go for first. So you can see them progress a lot, even take on new things, new interests as they're getting stronger emotionally as well as physically. Or if it's someone who's lost a partner, where do you start? And if you can get them to look at one aspect and see that they've been able to achieve that, it's very satisfying.

3.5 The Sustainability of Outcomes

There was no way of knowing whether tier 1 and 2 support and assistance had provided clear benefits and whether these had proved sustainable. However, staff and volunteers were optimistic that many of the gains secured by service users who had received tier 3 or 4 support would be sustained following their exit from the service. This was thought to be particularly true for service users who had sought help and assistance with a specific, one-off problem, such as help with financial or legal matters, repairs to their home, or accessing a particular agency or service. In contrast, concern was expressed about the sustainability of the positive impacts First Call had on the well-being of people with ongoing issues related, for example, to health problems or a disability.

This included people who benefited from befriending, staff reporting a shortage of alternative provision to refer clients on to when they were exiting the First Call service:

Staff that's the hardest one to do because at the end of the 12 visits you have to say goodbye and you're fully aware that that person will be exactly the same as they were when you first met them so you haven't really changed anything, that's hard.

In response, it was reported that staff and volunteers sometimes kept in touch with service users and continued to provide support and assistance. Staff reported that there were instances where discretion was employed and a formal decision was taken to continue providing support beyond 12 visits:

Staff We do have flexibility but we have to justify it.... as to why we're doing what we do and half way through we'll say we might have to go longer, might not. A while ago there was a very complex case and it took me a good while to sort a lot of things out because as we went further on the goals were getting bigger, it ended up being something like seven goals because there were more complex issues coming out, but I wasn't just going to leave somebody without passing it on which took time. In the end I think I ended up with them for 18 weeks but as soon as I knew they were passed on and were ok I still gave telephone support but I did close it.

A specific example of a type of case where support was often provided beyond the normal 12 week period was befriending support to people near the end of life. The difficulties that can sometimes be associated with withdrawing the service from service users in such circumstances are illustrated by the reflections of one particular volunteer who talked about a formal decision being taken to continue to support beyond 12 weeks or visits:

Volunteer the two gentlemen I'm visiting at the moment it's gone past the 12 weeks but I've been given permission to carry on, so I've not had to actually withdraw.

DR Why was that decided to carry on?

Volunteer I can visit him indefinitely and if it's not the Red Cross it'll be me going to visit him as me. There's no-one else for me to go and visit at the moment so I can carry on for the time being.

DR What would have happened do you think if you'd stopped going?

Volunteer I don't know what would happen with [name] because every week he cries and says 'promise me you'll never stop coming to see me' and I think it would be very hard, even though he'd probably forget quite quickly, but even so I think he'd be extremely distressed.

DR It would be on tough on you as well.

- Volunteer Yes.... At the end of the 12 weeks [staff member] came to visit the gentleman with me to say goodbye and he said to me 'will you come and visit sometime?' I said yes, which I did, I went to see him last week. You think about them and wonder if they're all right because before he had a stroke, he couldn't walk properly so this is why we went walking.
- DR From what you're saying the relationship you have with people is far more complex than a service provider/client relationship...
- Volunteer Yeah so I don't know with [name], I won't stop visiting because even if it's not with Red Cross I'll still carry on.

Red Cross staff were clear that there was no expectation that volunteers would continue to visit service users once they had exited the service. However, as in the case above, a number of volunteers reported that they were committed to visiting certain former service users in a personal capacity and in their own time.

Several referral partners questioned whether First Call should be providing 'befriending'. They regarded befriending as a life-long commitment, rather than a time limited service. It was also pointed out that Age UK was providing a be-friending service in Rutland and Leicester by Age UK, albeit as a paid-for service. Rather, referral partners suggested that First Call should have concentrated on helping people to 're-engage with the community', by supporting them to attend groups, and undertake social activities. It was suggested that these goals could, in many cases, be achieved within 12 weeks and were likely to prove sustainable.

Staff and volunteers also reported that they sometimes provided ongoing support and assistance on an informal basis in their own time:

- Staff1 We try and signpost to other services but because of what we do, there aren't really that many service around, that's why we're there in the first place. So it is difficult but we do try and provide a follow on service if we can. Often we find, you mentioned people being lonely, and that's often why we're there in the first place, but invariably other issues come out as to why that situation is there.... I've got a service user that still rings me now six or nine months after the visits have finished..... This service user normally rings when they're in a particularly stressful situation and need somebody to talk to, they understand the visits have finished but it's just that reassurance that somebody's there and they've not go to face everything on their own.
- Staff2 Sometimes they just ring for a bit of advice because they know you've helped them in the past so they tend to come back to you.... we always reply to any voicemails that have been left, if we don't do it then we do it the next day.
- Staff1 It can be quite demanding on the time we've got, but sometimes it does get a bit... because there's only a small number of staff and sometimes it's a bit pushed to get everything in because the staff are committed, it's not a process we go through, 12 weeks, that's it, we're committed to the service users so we

don't want to leave that service user without any support, but sometimes it is demanding on time.

One response to the ongoing needs of former service users in Rutland for befriending was to run a coffee morning type event to promote ongoing engagement and to limit social isolation:

Staff That's one of the reasons we spoke about this tea and cake session because although we've gone out and worked with these people for 12 visits, we've signposted them, escorted them to different social clubs and got them involved with Age UK and other things, there is still the whole social isolation that is going to happen in a place like Rutland and we thought it would be a really good opportunity if we could hold once a month something like that, we'd get it off the ground and now that we have got more volunteers we'd then hand it over to them to run and we'd invite ex-service users so they could come and word would get round, again that whole awareness thing.

Another factor reported to undermine the sustainability of the positive impacts secured through First Call was the tendency for other services to retreat once a referral was accepted by First Call, and the difficulties getting them to re-engage when clients exited First Call:

Staff there was one guy who had mental health problems, him and his wife, it was becoming a problem for them in the house all the time, his confidence was built up, got him out and about, got him to Age UK and he found like-minded people and some activities he could do, we carried on with him over the 12 weeks because he was on the brink of being independent and I would not pull out at that point, it only needs three, four weeks more so that's what we did. He was riding high, his wife was much happier because they weren't stuck together all the time in the house, he'd found things to do. So then said two more visits, he said ok, didn't want to see us go but we then tried to get back into adult social care to make sure he'd got a care worker and a support worker who could continue that good work and he's had nothing from them. He's rung us three or four times since and it's like nobody wants to know.

DR So sustaining the successes you secured relies on other services?

Staff Yeah it has to.

Referral partners did not recognise that this was the case and suggested that First Call was typically part of a package of support offered to a client/patients with more complex needs.

Withdrawing the First Call service from clients was recognised by volunteers as one of the most challenging aspects of being a First Call volunteer:

DR What do you think are the biggest challenges of being a First Call volunteer?

Volunteer 1 I think the letting go was quite challenging for me.

Volunteer 2 Yeah

- Volunteer 3 And the time I spent with them went so quickly.
- Volunteer 1 You go in and you think in a few weeks' time we're not going to be coming and it's....
- DR It's tough on you as well as on them isn't it?
- Volunteer 2 Yeah, hoping that they're going to be ok.
- DR Do you keep in touch with some people after?
- Volunteer 3 I'm not sure we're allowed to do that.
- Volunteer 1 Because they've got other clients to see.
- Volunteer 3 You can't help but build up some kind of friendship with that person, you're in their home.
- Volunteer 2 Yeah that's right, they tell us things that they perhaps wouldn't tell other people, personal stuff.

Similar concerns were raised by volunteers in another focus group:

- DR What do you think might be the challenges of being a volunteer on the programme?
- Volunteer 1 Not one that I've had but one I think is there is the potential because it's time limited, because if you're seeing someone over a period of time you get to know them quite well, maybe there comes a point where you have to say...
- Volunteer 2 Yes, getting too involved because the idea of professionalism is you have to keep your distance, you're friendly but not a friend, so you don't let it continue and that is hard.
- Volunteer 3 Particularly when they say things like you've been really helpful, I really value the time we spend together, you've given me a new perspective. So there's something about what happens afterwards.

3.6 The Future of First Call in Leicester and Rutland

British Red Cross was actively seeking match funding to secure the future of the First Call service. An annual contribution in the range of £50,000 in each location was required to supplement funds committed by BRC. At the time of the final round of interviews with staff and volunteers, BRC had been unsuccessful in its attempts to secure match funding and the First Call service in Leicester and in Rutland were both scheduled to close at the end of June 2016. In the event, British Red Cross was successful in securing a £150,000 grant from the Garfield Weston Foundation to help cover the running costs of the First Call service in Leicester City for three years and Nesta had allowed an underspend on the First Call project to be recycled to support the extension of the service in Rutland for a limited time.

Staff reported that problems securing follow-on funding reflected pressure on the budgets of commissioning agencies, such as adult social care, rather than a failure to recognise the value of the service. Two staff members recounted a meeting with a manager in adult social care, who they reported was convinced about the value of First Call and the need for the service to continue, but was unable to provide a relatively modest contribution (in the range of £40,000) to help keep the service open until January 2017.

Staff expressed frustration at the difficulties securing the future of the service, pointing not only to demand for First Call and the gap in provision that it had filled, but also to the fact that the emphasis of the service was consistent with the increasing focus on prevention and early intervention in health and social care:

Staff And in the news one of the biggest NHS failures that's come to light is the lack of preventative care and I think but we're here, we're the ones that could roll out the service to make sure that people don't have to be re-admitted to hospital.

Closure of the First Call service will impact on the well-being of older people who would have benefited from the service in the future. Three further consequences were highlighted by staff and volunteers. First, volunteers will be deprived of the various benefits (discussed above) associated with being a First Call volunteer, although other volunteering opportunities might be available. One staff member recounted the disappointment of volunteers upon hearing about the closure of the service:

Staff when we discussed it last week [the possible closure of the service] with all the volunteers and all of them were the same, very upset and really sad that all the work that's been put in by the organisation as a whole really.

Some volunteers also expressed frustration at committing time and effort to train as a First Call volunteer, only for the project to potentially end abruptly:

Volunteer I've put a lot of effort in to complete the training, doing shadowing visits, getting really involved, ... It's a shame considering we started this with a blank sheet of paper really and put a lot of effort in at the beginning to get the service up and running, getting volunteers, putting word out so people are familiar with what we do, that's been a lot of hard graft and as far as I can see from the figures it appears to have been a successful project so I'm not sure why there's no funding, why they hadn't anticipated that, because surely they would have known ages ago that the funding was going to run out in June..... If I'd known a lot earlier I would have willingly tried to find funding, that's how passionate I feel about it, and put that sort of side work into it because I feel it's so valuable.

Some staff members expressed similar frustrations:

Staff we were told the funding might come to an end and what we've been told is it was set up as a pilot scheme for something that might eventually be rolled out around the whole country. So we've been a guinea pig for something that's

going to be a real success in the future but the gap in between, who knows. We were talking about the funding maybe being available in January next year but it's a gap between June and January and it surprised me that it's been so definitive, June is the end, well originally it was March. So in reflection would I have applied for this job had I really thought it was going to end? No I wouldn't, because I really believed in it, I really believed it was needed and like everybody else I didn't realise how much work goes into trying to fund small projects like this.

Reflecting on the future of First Call, some staff questioned why funding from the Centre for Social Action Fund had been so time limited, suggesting that it was always going to be very difficult to establish the service in two new locations, deliver it effectively, accumulate evidence of its worth and value and, on this basis, secure follow-on funding within such a short timeframe.

There was little enthusiasm amongst staff or volunteers for reconstituting First Call as a paid for service. Volunteers, in particular, reported being uncomfortable with charging service users for the service:

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|------------|--|
| Volunteer1 | You're talking about elderly people who are on a small income, £14 for an hour's befriending is a lot of money. |
| SG | Is that what Age UK charge? |
| Volunteer1 | Something like that which is a lot for a pensioner. |
| Volunteer2 | I couldn't do it, I couldn't go and visit somebody and know they're paying me to do it, because that's the whole point of being a volunteer. Obviously I'm not getting paid that money, it's going to Age UK but it doesn't feel the same. |

A second concern, raised by staff, was that even if the service was re-commissioned in the future, knowledge and expertise will have been lost:

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|-------|--|
| Staff | We will because the guys are now in limbo, they don't know whether they're going to have a job or not in a couple of months so we're going to lose them and all the training they've had, they're part of the organisation, they know about the Red Cross, about the service, they're delivering it and we'll lose them and start from scratch so you go through that whole cycle again of recruiting, training and all those resources that are put into place to get where you are now will be lost. |
|-------|--|

A third concern that was raised by staff was the potential for reputational damage. In Rutland, it was reported that the closure of the service would reinforce a perception about the British Red Cross following on from the closure of the organisation's shop in the town a number of years previous:

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|-------|--|
| Staff | one of the other things was we had to build quite a few bridges when we came here because we were already told that the residents were not overly excited at our service starting because it was their belief that no sooner would |
|-------|--|

it start than it would end because that's what happened with the British Red Cross shop and it's almost like 'you were right' and now we've set up another service that's really popular and we're going to take that away as well. They're not interested in the funding, it's Joe Bloggs who wants help when he walks through the door.

In general, referral partners were disappointed that First Call could be coming to an end in Leicester and Rutland. Overall, they regarded it as a valuable service for older people, and one that could offer additional support that was difficult to find elsewhere. By way of an example, one interviewee from referral service in Rutland believed that First Call's true value was found in its ability to respond quickly to tackle practical matters (such as helping a client with shopping, sorting out bills and ensuring that client is receiving any welfare benefits and services they are entitled to) and to tackle 'life after a crisis' which had led to social isolation. Several referral partners in reported that there were some alternative services which they could access to provide extra support for clients (Age UK's befriending and mentoring service, for example), but recognised that some were paid-for services. A final observation of note on the future of provision was the development of the Rutland Community Agents service, funded by the County Council, delivered by Spire Homes and launched in summer 2015. Publicity for this service explains that the community agents provide a free service that includes: home safety checks and guidance; information on social events or befriending to meet new people; volunteering opportunities to help others; arranging special financial or benefit advice to maximise income; access to transport; and support to help people live independently at home. On the one hand, this would appear to be a positive development, ensuring that older people in the area will continue to be able to access support and assistance following the closure of First Call. However, First Call staff questioned whether this new service had the capacity to work with service users to the same intensity and to carry cases for as long as the First Call service. This question was prompted by the fact that Community Agents service was referring service users to First Call prior to its closure. Staff also questioned why funds had been invested in developing a new service that replicated key aspects of the First Call service, the obvious point being that this did not appear to represent the most efficient use of scarce resources.

4. The Experiences of First Call Service Users

Summary

- The personal stories of service users revealed the positive and beneficial impacts of First Call on people's lives. Service users reported First Call had improved social connectivity, confidence and security, assisted people to live independently and enhanced well-being.
- The presenting problems that service users approach First Call with were reported to be social isolation, practical problems, concerns about safety and difficulties identify and accessing other services.
- Four key factors were reported to underpin the presenting problems that prompted people to seek help from First Call: the progress of old age and deteriorating mental and physical health; the loss of care and support; the demands associated with being a carer; and an incident/accident leading to physical or emotional difficulties.
- Service users reported that First Call staff and volunteers had gained a deep understanding of their needs and had worked proactively and diligently to address them.
- This insight was an important feature of the First Call service. It was rooted in the personal, friendly relationships that emerged and resulted in the development of a degree of trust between worker and service user that helped to facilitate better outcomes. For example, service users expressed greater confidence in engaging with other services because they trusted the advice of First Call staff and volunteers.
- Notable progress was often made resolving presenting problems during engagement with First Call. However, services users and workers found exit from the service very difficult when the focus was on befriending activities.

4.1 Introduction

This chapter explores the experiences, views and opinions of service users who received support and assistance from a First Call worker (First Call member of staff as detailed in Figure 2.2 or a volunteer) that involved at least one home visit. It does not explore the experiences of the majority of service users who received one-off advice, information or signposting from BRC. Rather, it focuses on the experiences of a sample of the 270 service users who received more intensive (tier 3 and 4) support and assistance.

In-depth, face to face interviews were conducted with 35 service users from Rutland and Leicester City. Respondents were purposively sampled to include a cross-section of service users, including men and women of different ages, in different household situations and presenting with a range of problems and needs (in terms of nature and intensity). Practical and ethical considerations prevented the inclusion within the sample of some service users with multiple complex needs.

The sample was dominated by older participants. One participant was aged under 45, seven were less than 65 years old and 28 were over 65 years old, including 13 out of 35 who were aged over 84.

The majority of participants reported their ethnicity was 'White British' (32). In addition, two participants reported their ethnicity to be 'Asian other' and one participant declined to say. Just under half the sample considered themselves to have a physical disability (47 per cent, 17), and 22 per cent stated that they had a 'temporary' disablement (8). 31 per cent reported that they did not have a physical disability. 31 per cent (11) were male and 69 per cent (25) were female.

The vulnerability of service users demanded that access was negotiated through First Call workers (staff and volunteers), who were typically present during the interview, which took place in the respondent's home and lasted between 20 and 60 minutes. The vast majority of respondents had already, or were about to, exit the service. Respondents were asked a series of questions covering a range of topics, including: their background situation and presenting issues; the service they received from First Call; the impact of the service on their situation and well-being; life after exiting the service; the sustainability of any gains secured through engagement with First Call; and thoughts about the future.

Discussion begins by exploring the presenting issues that they sought help with, the service received and associated impacts. Attention then turns to explore service user perspectives on the First Call process - referral, assessment, the duration of the help provided and their relationship with their First Call worker, before considering user perspectives on how the service might be improved. A final section presents a number of service user case studies, which serve to illustrate experiences of First Call and the impact that it has had on the situations of service users. The names of service users, family members and First Call workers have been changed to ensure anonymity.

4.2 The Needs of First Call Service Users

This section reviews the 'presenting needs' of First Call service users and reveals that while some service users had relatively straightforward support needs, many had multiple, complex and ongoing needs.

Four key issues were identified by service users to explain the difficulties they were experiencing and why they required the help and assistance of First Call:

- the progress of old age and deteriorating mental and physical health
- the loss of care and support (for example, the loss of a partner, a reliable family member moving away or withdrawing help)
- the demands associated with being a carer
- an incident/accident leading to physical or emotional difficulties.

Service users were frequently experiencing health problems, which were restricting their mobility, social interactions and their ability to manage everyday tasks. Ray's situation was typical. He had a range of health problems that severely restricted his mobility and impacted on his ability to socialise, to buy groceries and get to hospital and GP appointments:

Interviewer	Have you got any particular medical conditions at the minute?
Ray	All sorts, I've got this dizziness, I had a fall in the bedroom and split my head open, and I'm on warfarin so ...

Interviewer Was it bleeding?

Ray Yeah and they took me to hospital and I was in for a fortnight but I've been suffering from balance problems ever since and they haven't sorted it out. I have an aneurysm and I've got heart trouble and one of the valves isn't working properly. I've got an appointment to see about that ... all sorts of little problems.

Interviewer What have they done so far at the hospital?

Ray Nothing, in two and half years. I've got an appointment on [date] with the specialist.

Interviewer That's quite a way off isn't it?

Ray I had to put it off because I'm going for an eye operation on [date]

Interviewer Is that to remove a cataract?

Ray Yeah but they said it won't make much difference because I've got age related macular degeneration

Interviewer And is it affecting your eyesight more and more?

Ray Yes

Interviewer Have you required some extra support and assistance?

Ray A lot. I need help to walk. I can't do any distance and I can't see properly. It's getting worse.

Another common experience reported by service users was the loss of someone who had provided care and support. Examples included the death of a spouse, a family member moving away or a family member or friend withdrawing care and support for some reason. For example, George told us that, "*Cath really looks after me but she's in trouble now.*" Similarly, Marjorie described how losing a carer had affected her:

I'm managing quite well really, right up until the carers went, they were coming to see that I could do everything. I even forgot how to use the microwave, little things like that. (Marjorie)

First Call also assisted carers who were struggling to cope. This involved providing respite care, linking to other caring services and providing a 'listening ear'. Jean, for example, was caring for her mother and father-in-law and was finding it difficult to do so on top of her responsibilities to the rest of the household. As a result she had no 'time for herself' and was feeling increasingly stressed and anxious.

Whilst some respondents reported that they had experienced a slow deterioration in their health, others recounted a sudden change in their health as a result of a particular incident or accident. Jim, for example, was finding it difficult to manage on his own following a fall:

Well I'm struggling but I manage all right. I had an accident and fell over and had to get the paramedics out at night time, about six months ago. They come out and took me to hospital. I bust my fingers then, so that's another thing I've got wrong, it's not just my legs, it's my hand now. I put my hand out to break my fall and that's a disability in itself now, they put it in a splint but that's all they could do, I can use it but it takes me two hours to get ready in the morning [...] then I've got to get myself some dinner. (Jim)

A deterioration of emotional health was revealed to often pose as much of a challenge as poor physical health. Hilda, for example, was managing well (despite some previous illness) but a sudden illness had a severe effect on her mental well-being:

I was already disabled from a previous disease which was ongoing and I'd come out of remission from that so I was already suffering mobility problems quite badly before I was taken ill. But I'd had those problems for so long that I'd accepted them as part and parcel of who I am. But this illness has been a tremendous shock; I died and was brought back to life; was unconscious for two weeks in ICU and then had to go through a whole period of time that was very weird, didn't know who I was, where I was, who my daughter was and I was just completely bewildered, and I've got a lot of that hanging around so I'm having to see a clinical psychologist once a week until I'm cured or we resolve it or I find a way to live with it or whatever the outcome is. (Hilda)

It was apparent from interviews with service users that First Call responded to people experiencing a broad range of difficult circumstances. For example, respondents recounted: an emotional 'breakdown' following a relationship problem; a recent loss (or limiting) of mobility which served to render practical and social matters more challenging; and difficulties making the move to more appropriate housing, prompting the need for practical support. However, a number of key themes emerged in relation to the needs of service users.

One of the most common needs that First Call workers were meeting was help to overcome **social isolation**. This could take different forms: loneliness; a lack of services, clubs and activities; the loss of support and contact from family or friends; little knowledge of activities; low confidence to 'get out and about!'; and an inability to attend activities because of factors such as transport difficulties, unaffordable costs and physical mobility issues.

Ray's experience of loneliness was a common one:

My daughter comes once a fortnight but she lives 40 miles away. ...Most of the people who live here don't come in and don't knock on the door and say 'how are you?' or anything like that, you're all on your own so you get a bit depressed. (Ray)

Joan found herself becoming more isolated as she got older and her existing social circles changed:

Friends? Oh I've got no friends. I'm too old - they're all gone. My last friend went this year and I've only got my sister and she's got something with her spine and she can't get about so we phone each other. No, I've outlived them all. (Joan)

Marjorie had spent many years in family life and later caring for her husband:

No I don't really [take part in activities]. I've always been busy with the family so I haven't really joined any other [groups]. I was looking after my husband before, up till five years ago, so I sort of disconnected. But it hasn't worried me. (Marjorie)

For others, it was their own illness and frailty that contributed to social isolation. Nellie, for example, was struggling with dizziness and failing eyesight which meant that she was no longer able to drive:

I manage round the house, I can't manage to go out by myself now, I could up to last year but I go dizzy and my sight's not all that good. I'm not blind or anything but I just can't focus properly. ... Oh yes, before I had the stroke I used to go out all the time in my car. I think that was the worst thing, not being able to drive anymore. You feel lost without your car. ... I think the worst day was when they took my car away. (Nellie)

Another common need was for **practical assistance**. For example, service users reported requiring assistance with everyday tasks such as household budgeting, considering and planning a house move, doing the shopping, keeping up with appointments and arrangements (diary-keeping), and doing small household jobs - such as cleaning, DIY and changing a light bulb. Audrey, for example, required help with the practicalities of moving house which she had found emotionally unsettling:

Well it's very reassuring, I wouldn't say I feel, I didn't feel unsafe really, but it is reassuring, I do appreciate it. The whole thing's been very upsetting, going down to the house and seeing it cleared. I feel very sentimental about it. (Audrey)

May required some help with housework, but had struggled to find assistance that she could afford:

You see I can't get any help with housework, what do you call it? They said we've got too much money.

The practical assistance that First Call provided also served to help ensure the **safety** of service users. Examples included practical assistance installing alarms, arranging the Lifeline service and getting aids and adaptations to homes that could make 'staying put' at home more feasible. Finally, service users often required help **signposting toward or accessing another service** because of limited knowledge about local provision or how to go about seeking help.

4.3 Reflections on the First Call Process

The First Call service users were asked to reflect on the First Call 'process'; referral, setting their 'goals', the service provided and their relationship with the First Call worker or volunteer.

Service users were asked how they had been referred to First Call. Most service users had difficulty recalling how they came to be involved with the service, and the interviewers often relied on the worker/volunteer to prompt the participant or proffer an answer themselves.

It was very apparent that referral came through myriad routes including the following:

- self-referral, usually where the service user (or a friend/family member) has heard about First Call at an event, from a BRC staff member or from a staff member at another service (for example, the fire service)

- adult social care (including Reablement Teams, community care workers and hospital discharge social workers)
- GPs, health visitors, district nurse, occupational therapists and community psychiatric nurses
- voluntary and community service providers (such as CAB)
- social housing landlords.

After a referral had been accepted by First Call, the service user and the First Call worker agreed up to three goals - outcomes to achieve based on their 'presenting needs'. Service users were asked about these three goals, but again the majority struggled to recall what they were. Furthermore, service users were often unable to articulate whether (or to what extent) the specific three goals had been met. In the majority of cases, the support workers had a record of the three goals set at the initial assessment, and were able to refer back to them from the case file. It was difficult to assess the extent to which the First Call intervention with an individual focussed on these three goals. In some cases, the inability to recall the three goals was linked to memory problems, and in other cases it may have been a consequence of the three goals not being fundamental to the intervention.

Those service users who did recall their three goals were often ambivalent about them and did not necessarily view them as the principal purpose for their engagement with First Call. Rather, they often acted as a starting point and it was common for the First Call worker to then support the service user with other problems that arose as the relationship developed.

Service users were asked for their views and experiences of the length of engagement with First Call. While First Call was established as a '12 week service', consisting usually of one face to face encounter per week, it was apparent that there was some flexibility. For example, one service user in Rutland had received 12 visits over a five month period in order to maintain some continuity of service during the transfer to another service.

The First Call Service did offer one-off or shorter term support, but all the service users interviewed were currently receiving a full 12 week or 12 visit service, or had completed a 12 week service. While some were generally happy with the length of service offered (particularly when they compared it to other support services), there were many who wanted the service to extend. In some cases, additional needs had arisen that meant a re-referral to the service was appropriate:

This is the second lot of twelve weeks because the first lot finished with the problems that I had, the repercussions of an operation on my kidney and then my bowel played up because I suffer from diverticulitis as well. So then [the worker] was able to come and continue on for another twelve weeks. I'm going to miss her when it all finishes but she's been a Godsend. (Patricia)

However, it was the case that the majority of service users were unclear about the length of the intervention, when it would end and (in a couple of cases) that it would actually have to come to an end. Service users who were experiencing loneliness and social isolation difficulties, and faced ongoing and longer-term problems, reported being disappointed that the service could not continue longer. Audrey was asked how she felt about the service ending and she said, with disappointment, "Oh I shall feel lost". Similarly, Joan quizzed the researcher and the support worker on whether she could refer back into the service once the initial 12 weeks was completed. These findings suggested that not all service users were aware that First Call was a time-bounded service.

Service users often compared First Call favourably to other services, pointing to the time that workers spent with them. Most appointments were reported to last around an hour but could extend up to three hours. Service users often stated that other services paid only very short visits - five to 10 minutes. For example, Liz received help from First Call to help her become more confident leaving the house following a fall. She had initially been referred to a physiotherapist, but she had not found it to be helpful. She said, "*It took ages to come ... he were only here ten minutes every time he came.*" By contrast, she found First Call's assistance to be more valuable:

- Interviewer So it doesn't really compare to the service you got from Stuart?
- Liz No Stuart were better because if you get somebody who'll take you for a walk but this chap only took me to the end here and back and that were it.
- Interviewer Stuart used to spend more time with you then?
- Liz Yes you used to have a couple of hours or more, when we went to the jewellers and that ...

Participant service users frequently reported that they had formed very strong (personal) relationships with their First Call worker or volunteer. Many used phrases such as 'kind', 'friendly', 'good to talk to' and 'caring' to describe their worker, and some talked about 'making a new friend'. This was particularly the case for those who had experienced loneliness and isolation.

...it never, ever feels like it's an official person coming round. She wears her outfit and her badge and everything but it never feels like it's a British Red Cross, it feels like it's Emma the friend coming to visit me. But it's always structured and she sticks rigidly to the time, we do go a few minutes over sometimes because I talk so much. (Hilda)

The strong relationship formed with the First Call worker was often the most valued 'outcome' that service users identified from their engagement with the service. The following excerpts highlight the importance that service users attached to this relationship, and indicate that this was a positive aspect that was not provided by other services:

Well it's nice to know somebody's coming on a regular basis to see me. I suppose if you get on with a person it makes a difference, I got on well with Jane, I think she did with me as well. (Nellie)

It's made a marvellous difference to know that I've had the support and the strength she's given me with her knowledge and with her caring, she's a very caring person, you get some carers who just do their job and go through the motions but Mary is different. (Patricia)

I'm just glad to see her, always got a smile on her face, they're all nice, they do a good job. They've helped me a lot. (Phyllis)

It was also apparent that service users trusted their First Call worker and recognised their skills and experience. Hilda's interview revealed that this establishment of trust was critical to gaining an understanding of her problems and helping her overcome them:

On the emotional support, it's been huge because I'm so vulnerable at the moment that if you talk about it to me it will just come out and I might say something really not pleasant. I'm not being rude, I'm saying things that happened to me and that really ordinarily I wouldn't dream of telling anyone else what I've been through because it would deeply upset and hurt some people and I know Emma was upset by what she heard on one or two occasions but she maintained her dignity about it and she didn't make me feel bad. I apologised that I mentioned that side of things but I can't help it. I seem to have lost that control switch in my brain. I'm not entirely certain what damage is permanent or not in my head but I am usually a very careful person and wouldn't hurt anyone else's feelings, but that's been happening. But Emma has kept her dignity and I know she's not going to blab anywhere, she may report back to [name] and she needs to offload and that's fine, I accept that but she's not going to go and tell anyone else. (Hilda)

Trust and friendship, therefore, were valued aspects of First Call. In addition, service users also reported benefited from the professional help and assistance provided by the service. For example, Patricia appreciated her support worker's knowledge and experience and felt able to share personal feelings that she could not do with friends or family members:

It's not often that you can talk to your neighbours and they understand whereas Mary has got an understanding and a knowledge with doing her Red Cross and her medical knowledge and everything else, she's very knowledgeable with what she advises and she analyses things a lot clearer than I do. (Patricia)

Yes, you need a continuity of the one person coming to see you because you become, not reliable on them but you know they're coming and you know you're comfortable with them, whereas if you're seeing different people all the time, which I have done just recently, you have to repeat yourself, it's like doctors in hospitals, you're repeating yourself over and over again. Whereas when you've got continuity that same person is there and goes through the journey with you so they know your foibles and everything else. (Patricia)

4.4 The Service Received

The support provided by First Call varied from case to case, but the assistance received by service users typically involved some combination of emotional support, practical support and signposting.

Emotional support

The experiences of the service users interviewed suggest that emotional support was frequently a key component of the support and assistance provided by First Call. Patricia reflected on the benefits of receiving emotional support that she had received:

Patricia	I find nowadays I suffer from anxiety an awful lot and that stems from when I was really badly depressed and put on anti-depressants 20 odd years ago and I've worked my way through it but it seems to be recurring more and more as I get older....[First Call has] made a marvellous difference to know that I've had the support and the strength she's given me with her knowledge and with her caring. She's a very caring person. You get some carers who just do their job and go through the motions but [name] different.
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- Interviewer Do you think it's helped your health and well-being in any way?
- Patricia Yes it has helped, I think because you're in a depression just somebody from outside seeing what you're going through, it gives you a boost, when she's gone I sit and reflect on what we've discussed or what she's done for me and don't feel so, well isolated I suppose is the word I'm looking for. Yes definitely.
- Patricia I wasn't expecting anything so an awful lot's come out of it. It's given me the confidence to be me again, and to know that for all the horrible problems that I've got I can still be the person that I was before.

For Richard, who had a number of serious medical conditions, the main motivation for signing up to First Call was to have someone different to talk to:

It was mainly for me to have someone to talk to and break things up if I had a visit middle of the week with [my wife] working from Monday to Friday, people pop in from the village but I've known them for years, it's someone different to talk to. Phil [First Call volunteer] comes and we'll have a chat.

Various benefits were reported to flow from these friendly encounters. Richard, for example, went on to talk about the way in which his First Call volunteer had exceeded his initial desire to simply have some company:

It's just little things that he's planted and I've said to [my wife] about it and she said wait till the weather gets finer and see if someone could take you up to the reservoir and see if Bill will go up with you for a coffee [...] If it weren't for that I'd probably think today is either a TV day or a radio day.

It's taking a bit of pressure off Helen because she knows there's someone coming to see me and I'll have someone different to talk to and she knows on that day I'm not going to be sat here by myself while she's at work all day.

Practical support

Service users frequently referred to the practical help and assistance they had received from First Call. Some service users were specific and referred, for example, to help with an odd job around the house, fetching some groceries, arranging for a plumber to visit. George's support worker spent some time teaching him how to use an iPad:

...and now I'm on the internet, I can get a doctor's appointment, I'm using the bank, I'm buying stuff off it, I'm absolutely terrified of it and he fixed it all for me. (George)

One particularly important service offered was around finances. Service users reported that support workers had helped them to manage their finances. This often led service users to claim welfare benefits that they were unaware of their entitlement to. Patricia described how her support worker had helped her claim attendance allowance.

And she got me attendance allowance which I'd never even thought of because I've always been independent. I didn't know about that, I didn't know I could have help with a bath chair or the

step out there or the raisers because things have got worse with me and I want to stay in my own home, I don't want to move. [Attendance allowance] helps me to pay for somebody to come in and clean for me and somebody to do my garden and I couldn't afford them before because I'm on a low pension and I get tax credits and I've never asked to be paid for anything else in my life. And Mary kept stressing that I was entitled to it and I just didn't know because I've never asked for anything. When I was younger even when I was out of work I never even signed on or anything in my life, I've always struggled and then got a job. So I've been amazed that there are some people who really do care and are genuine. (Patricia)

Many service users struggled to spotlight help they had received with specific problems, referring instead to general help managing general day-to-day concerns or difficulties. This appeared to reflect both the difficulties some respondents had recalling specific examples of the help they had received, as well as the fact that First Call often provided service users help with numerous small, everyday issues too numerous to mention.

Signposting

The experience of Patricia, discussed above, highlights the fact that service users often not only required information about or signposting toward services, but also practical support to help access provision. This was a key element of the support and assistance received by service users. Numerous examples emerged of service users being assisted to access other services. Service users often acknowledged that they had previously been unaware of a particular service and the support available. A good example of this was Lifeline - a communication device that a person can use in case of emergency to request help. Service users had, in several cases, been referred to the service by a First Call support worker.

She's been so encouraging and she's brought me information which I think has put together about courses in art and music and writing that I could get to and I did book one, I booked a life drawing class and I went to it [...] I had a good time, it was shattering physically but I really felt rejuvenated by that and I wouldn't have known about that particular course if the Red Cross hadn't come up with it. (Hilda)

I've lost track of the amount of services that she does know about and I do listen and take on board, I've got cards from all sorts of people, there's Macmillan, there's Red Cross, the Rutland crime stoppers, the Lifeline people, they've all been in touch with me, the lifeline I've got now which has given me more confidence as well. (Patricia)

There was evidence that First Call had helped service users access a particular service by helping them to overcome concerns or worries about approaching and engaging. Several service users discussed the gentle and incremental way in which First Call helped them overcome such concerns. For example, Richard and his wife were reluctant to apply for a Carer's Allowance when their First Call volunteer mentioned it. However, after several visits and more talking, they decided to do so:

You get nice people coming to visit you, you get a proper assessment before the service is set up, people don't rush you, they listen to you.

Another service user, Marianne, reflected that other agencies had provided her with leaflets and suggested other services she might approach, *"but never actually did anything. It felt like being*

palmed off all the time". Marianne reported that the First Call approach was very different. She explained that her First Call worker had listened, and then thought about the best way to help: "She didn't bombard me with leaflets for other things. ... But, I did get some help from others, because she went about it the right way. In the past I might have just thrown the leaflets in the bin and never bothered."

Signposting was often particularly valuable for those service users who were not receiving support from statutory and other services. Mick, for example, had lived alone for many years and his mobility had deteriorated. His First Call worker was able to provide useful information about what kind of help and assistance was available:

When Jane first come she got me all that information which I wouldn't have known, because I'm going to use dial a ride again'; 'I can cope better now and know what I can do and all the information she's given me and I'll do it.

Knowing that there was various kinds of support available locally also encouraged Mick to seek it out himself:

I was thinking about the meals and I looked on the internet and there's two in Leicester and it works out about £3 and that's hot meals and they deliver them.

4.5 First Call's Impact on Service Users

The overall impression was that First Call had a positive impact on the health and well-being of the 35 service users interviewed. These benefits are explored below, under a series of headings that relate to First Call's stated outcome targets.

Improved well-being and increased social connections

There was strong evidence that First Call had been successful in tackling the social isolation experienced by many service users. This involved both signposting service users to activities provided by other agencies *and* providing practical support and encouragement to take part and sustain engagement.

Hilda's problems of social isolation had been aided by involvement with an art class. This positive experience had prompted her to consider further social activities:

She's been so encouraging and she's brought me information ... about courses in art and music and writing that I could get to. And I did book one, I booked a life drawing class and I went to it and it was a Saturday from 10 – 2 and involved drawing a naked lady and I did it ok, I had a good time. It was shattering physically but I really felt rejuvenated by that and I wouldn't have known about that particular course if the Red Cross hadn't come up with it. I have two other courses in mind now, one to take me over the winter so I go out one night a week without fail because if I've paid for it I'll have to go, but I can't make up my mind whether to start one now or wait until January and another one that I didn't know about that takes place at Age UK, a guitar class on Monday afternoon and that's free I think. (Hilda)

When asked what impact the visits of the First Call worker had made to his life, Jim talked about being able to get out of his house more, which had made a positive difference to his life:

Well put it the other way round, when I'm stuck in here every day all the time, can't get out, I'm stuck here looking out the window day after day [...] can't get out, that's the problem, if I could get out myself it would be all right but I can't, my legs are that bad I've got to have somebody with me and if I can't get anybody I can't get out. But he came round for an hour and take me out, it's like a holiday to me because I can't get out, I'm stuck here at home and it drives you crazy, unless you get somebody, I can get somebody now and again, my sister or whatever or other people but they're at work and they've got families so I can't keep going on to them 'can you do this' and that's why I'm stuck and that's why the Red Cross helped me out, but it was 12 weeks once a week for about an hour, sometimes a bit longer, but that's really good.

I felt absolutely brilliant. What people don't understand is how hard it is. It's hard to explain to anybody else, going out for that hour for a breath of fresh air, and without Graham coming here I couldn't have done that at all. (Jim)

Patricia's experience underlines the fact that First Call was not merely directing people to opportunities but also facilitating engagement:

That was my first step out for nearly three months. Mary got an invitation from somebody that was holding a tea for people like me and they only got a certain amount of tickets and she recommended that I be allocated a ticket and it was mainly elderly people. But it was good, I was able to face it. I didn't think I could but I did. (Patricia)

Patricia also alluded to a longer term sustained improvement to her life:

I'll be able to cope again better than I would have done. I think if Mary hadn't come along at the time she came along at and helped me get back here I think I might have remained in my decline and gone further down. 'Because that's what depression is, you climb back up the ladder and you might take two or three steps back but eventually you learn the skills to cope with your life and with your depression and I didn't want to go back to the depths of despair I was in years ago because I was even in a psychiatric ward and I don't want to go back there and relying on medication. So in that sense it stopped me from declining any further. (Patricia)

Increased independence and confidence to manage at home

First Call was revealed to have played an important role in helping some service users to manage better living independently at home and to have more independence. Hilda reported being able to do things independently that she would not have attempted before she received help from First Call:

Emma has become a friend and I hope I can see her once the course is finished, although we haven't continued a friendship. During her visits, she makes tea if that's what I want, she walks me down the road, she enables me to go outside and walk and it's because I've made that walk with [name] pretty well every week that she's visited that I was able to do it yesterday, because I followed the same route and just put my head down and blocked out the traffic and the noise. And I just wanted to do A to B to C to D and back again and because I had made the route with [name] for 10, 11 weeks now it was familiar but it was ok and that's been hugely important. (Hilda)

An improvement in her confidence was reported to have resulted in an improvement in her self-esteem:

It's helped my confidence no end, and she knows that, I think I shook her when I turned up at the hospital and I'd got myself back to me with my hair done and my face on and dressing up because I wasn't doing any of that, I'd lost all the will, I was just slumping around the house. I was brought up to be a lady if that's what you like to call it and you never went out of the house without a bit of lipstick or being nicely turned out and I've got that back again even round the house, I'm not slobbering round like I was but then I feel better in myself as well and I feel more inclined to do these things whereas at the beginning I hadn't got the inclination and I just didn't want to. (Patricia)

Mo had recently been diagnosed with terminal cancer, and First Call were supporting him with practical measures such as topping up his electric meter, collecting the post and doing some shopping. However, when asked what had been the most important benefit of First Calls intervention, he said that his confidence had improved:

My confidence. Next week I've got this meeting ... people like [my First Call worker] are very useful because they may be able to give you some advice and guidance, confidence that they give you as well to say ok I can speak up for myself a bit, all those things are imperative, it makes a massive difference. So it's not just the physical care that he gives but there's other benefits from it as well. (Mo)

Several other respondents reported that First Call had helped to bring in other services to install minor adaptations to properties and make minor repairs. These minor works can often benefit older people who wish to remain living at home. Several service users who had benefitted in this way stated that they had not previously known that such services existed, nor that they were entitled to them.

Increased sense of security and reassurance

While it was difficult to measure improvements in security and safety, service users frequently discussed benefits related to this goal. For instance, several service users had started to use 'Lifeline' services³ as a direct result of help and assistance from First Call. For some, this had led to an increased sense of security and reassurance. Marjorie reported that, despite teething problems, her Lifeline had made a positive difference to her life. Marjorie was asked how she felt about having the Lifeline pendant the day she went out and forgot her walking stick:

Marjorie Really good. I was glad I'd got it on when I realised about my stick.

Interviewer Does it make you feel more secure?

Marjorie Oh much yes. At first they brought a bracelet one and it was going off every five minutes, it went off 10 times in one day because I was knocking it when I didn't know I was because it stuck out too much, once I just pulled a bin bag

³ A Lifeline device connects to a telephone line and comes with a pendant that can be worn around the neck or wrist. Pressing the red button on the pendant will automatically alert a monitoring centre who will arrange help by contacting a family member, friend or the emergency services.

off the roll and it went off then. When my sister came once, because she's got one round her neck and I went like that to show her and it went off then. I was out with the physios, there were two physios used to come as well and we went outside, it goes so many feet away from the building and when we came back there were two ladies at the door and she said 'you didn't answer your lifeline'.

Reduced impact on statutory services

It was difficult to ascertain from the interviews with service users whether First Call had reduced demand for and the impact on statutory services. However, there was some evidence to suggest that services users were receiving **better more effective** support from statutory services as a result of their engagement with First Call. For example, Ray was struggling to manage his hospital and GP appointments. First Call helped to ensure that he attended appointments and that treatment was not delayed.

4.6 Service Improvements

Service users were asked whether they would like to see any changes to First Call. Most suggested that they would like more contact with their support worker over a longer period.

Oh I'd much prefer more visits yeah, but I know they can't do that because they've so many people to see. (Nellie)

Such comments reflected the fact that the problems that First Call had been helping them with were longer term and ongoing - this was particularly the case for people with physical mobility and disability issues. In some cases, the desire for a longer term service reflected the fact that service users had become close to their support worker and enjoyed their company and support. Ray's comments incorporated a combination of these two factors. While he had struggled to make wider social connections to alleviate his loneliness, he had formed a strong friendship with the support worker and relied on her visits. Ray was asked how he felt about his First Call service coming to an end:

Not very happy actually. Well I'll miss having visits regularly. It's nice to see somebody every so often and bring things for me. I think I'll miss that more than anything.

Service users also commented on the length of visits from staff or volunteers. Although some were happy with the length of the visit, some suggested that visits needed to be longer in duration in order to be more productive. Jim, for example, felt that an hour a week was not sufficient:

...there's never enough time. By the time I get the wheelchair out it's time to come back. If you've got a couple of hours it would be all right but what can you do in an hour? ...that's the only fault I could find, you haven't got enough time, what can you do in an hour, hour and a half? One of the days we went out on the bus into town but by the time we got on the bus and got into town had to get on the bus to come back again. It's a shame really but if that's how it is that's how it is. (Jim)

That First Call staff and volunteers were prepared to escort service users out of their homes on trips, visits and to appointments, was an important, popular and perhaps critical aspect of the service. As Jim's story above demonstrated, time was a limiting factor, but transport and travel problems were also raised. Support workers were not permitted to use their own vehicles to transport service users (for insurance reasons), and this was often a barrier to offering service users the full assistance they required. Nellie explained how helpful a First Call vehicle would have been for her:

I haven't achieved the goal of getting out and about very much because I can't walk and unless somebody takes me I can't do it. But they're not allowed to take me in their car and I had to give my car up. We can get a taxi but it gets expensive, it was £20 to [a location] and back. I have got a bus pass but I can't get to the bus.

...if they [First Call] had cars that they were allowed to take you out in, even if you paid for it. I can't go to the shops unless somebody takes me, I can't go to the bus unless somebody takes me. ... If she had a minibus or a car or something that she was allowed to take me in that would have been lovely. If you have taxis you don't know whether they're going to turn up or be on time. If I go to the doctor's I've got to rely on my daughter or a friend or next door, and I don't like asking people too much. But if they could take you out in a car or a vehicle of some sort.

Since interviews with service users took place, First Call gained the use of a BRC vehicle. First Call staff reported that this had proved useful for supporting some service users.

4.7 Service User Case Studies

Hilda

Hilda, aged 63, had been living alone for 11 years when she began receiving support from the First Call Service. Hilda's family lived a fair distance away so the only regular visits she received were from friends around the same age or older, who needed support themselves: *'It's a bit like the blind leading the blind, but they keep an eye on me'*. Hilda was recovering from a serious health condition, as well as suffering with post-traumatic stress disorder at the time of the First Call intervention. Leaving the house was a physical and mental impossibility which brought on panic attacks and feelings of nausea.

One of Hilda's three goals set at the beginning of the 12 week service was to improve her confidence 'in getting out and about'. Angela, the First Call volunteer, worked closely with Hilda to help her set about achieving this goal. Hilda described how they would walk the same route together every week until it became familiar and Hilda eventually built up the courage to walk it alone. The day before we interviewed Hilda she had achieved just that:

I was able to do it yesterday, because I followed the same route and just put my head down and blocked out the traffic and the noise and I just wanted to do A to B to C to D and back again and because I had made the route with Angela for 10, 11 weeks now it was familiar but it was ok and that's been hugely important.

Hilda also wanted to take up a few courses and pursue outside interests, which she has been able to do with Angela's encouragement and support. She had already attended a life drawing class and had two other courses lined up for the near future. Attending new courses not only gave Hilda more to

do in her day, it opened up her social connections, or as Hilda put it, '*reconnected me with the outside*'. The evening classes put Hilda in touch with a different group of people, '*who [were] working and out and about in the world and that gives you a different dimension as opposed to going to an Age UK group where they'll all be retired or much older*'.

Angela's visits themselves were an opportunity for Hilda to talk to someone about some upsetting past issues. Hilda described this as emotional support, and explained how valuable she had found it:

On the emotional support it's been huge because I'm so vulnerable at the moment [...] I'm saying things that happened to me and that really ordinarily I wouldn't dream of telling anyone else what I've been through because it would deeply upset and hurt some people and I know Wendy was upset by what she heard on one or two occasions but she maintained her dignity about it and she didn't make me feel bad.

Hilda was able to establish a trusting relationship with Angela; it was Angela who visited her every week so she felt her needs and her story was fully understood. This made a positive change from Hilda's previous experiences of other care providers: '*I was getting total strangers coming in to do very intimate things, washing me, but they were different people every day*'. In contrast, Hilda looked forward to Angela's visits and felt '*better for it at the end of the session*'.

Mo

At the time of interviewing, Mo (aged 48) was living alone in a third-floor flat. His family and children lived a bus-ride away. Mo had recently been diagnosed with bowel cancer which had seriously affected his mobility and capacity to carry out day-to-day tasks. As Mo explained, '*with being on the chemotherapy I'm very lethargic all the time, the first week I feel quite sick so I can't do anything myself*'. Mo also suffered from diabetes, which was exacerbated during the time he spent in hospital, '*it's caused neuropathy in my fingers and feet which is a side effect of diabetes... it kills the nerve endings in your hands and feet so you can't feel or grip properly so that impacts on what I can do*'.

Although Mo had a care package in place with the local authority, he considered the support of his First Call volunteer, Stuart, to be more important: '*it seems completely different, he's not rigid, he won't just do x, y and z, he's more flexible*'. Mo decided to seek out the additional support himself, recognising he needed extra help, and so quizzed his social worker on what options were available.

When I seen my social worker a couple of weeks after I'd been out I said I can't get electric, I can't get shopping, I need something doing so they found the service for me.

Mo described the kinds of things that Stuart helped with: taking the rubbish downstairs, collecting the post, helping with the shopping. While these may appear as relatively minor tasks, Mo explained how for somebody physically unable to carry them out, it helped massively:

I'm undergoing chemotherapy at the moment so hygiene is a very important factor [...] Getting my mail for me, I'd have no way of getting this mail, I cannot get downstairs to get the mail, unless I have an appointment when the ambulance come and get me then on that morning they go past the post boxes so I can get the post then but that's all hassle and I have to wait for someone.

Perhaps the most valuable element of the First Call Service for Mo was the emotional support provided as he underwent cancer treatment. Mo did not envisage how lonely the experience would be, even with assistance from the NHS and local authority.

A surgeon's knife can save your life but if that's all they're going to do how useful is that? What's important is the level of care you're getting whilst you're alive.

Mo recalled how his sense of personal confidence in himself had improved significantly over the five weeks of support from First Call.

...the confidence it gives me to speak to other organisations like the NHS or local authority [...] in Stuart I feel I have the organisation behind me supporting me so I'm more confident to talk to my council worker or the housing department or whatever it might be, I feel I've got another level of support there.

Mo was halfway through his 12 weeks of First Call at the time of interviewing, and was already thinking about what would replace it when it came to an end. Mo would have liked to see more funding available to run services like First Call on a more permanent basis:

It's a necessary service but like all services it's limited, it's only there for a short space of time and sometimes that can be demoralising. Even the way I'm thinking now, I do look forward to seeing Stuart on a weekly basis but at the same time I'm counting down that I've only got X amount of visits left, what am I going to do after that finishes.

Jean

Jean is 55, married and has adult children living with her on a farm. In addition to managing the household and her farming duties she was also caring for two elderly parents. Her mother's dementia became more acute and Jean began to struggle with the demands placed on her.

A friend of Jean's suggested that she contact *Round Rutland* - a voluntary sector service that provides free, confidential information, advice and assistance about local services for people in Rutland who require some support. They referred Jean to First Call. She explained the kind of support she wanted:

We were desperate for respite care. At that point we'd got father in law who was ill and we were yo-yoing between the two because we daren't leave him at night so one of us had to sleep there. I'd go down in the evening and make sure they'd got tea and come down here to [do household chores]. ... The housework was slipping. It really was a juggling job. I didn't do the farm but answered the phone and got meals ready and so. Things like the garden had gone by the wayside.

First Call workers, Shirley and Rachel, supported Jean for about 12 weeks in a variety of ways. They arranged for Jean's Mum to attend a day care centre once a week which gave her some 'free' time:

Yes that's on Tuesday and I can go shopping on my own, I have to take Mum for 10 and pick her up by 3 which doesn't give me much time to do anything other than the shopping, but that's a help.

Shirley also helped Jean to make a referral to the occupational health service:

[Without First Call] I think it would probably have taken longer, I didn't know where you'd have to go for it.

Moreover, Jean said that Shirley and Rachel had been 'at the end of the phone' if she needed some advice, and had sat with her Mum on occasions when she had to keep appointments. Jean was asked where she would have been now had it not been for First Call's support:

Floundering. Where do I go to get help? Who do I ask? Should it be the doctor or the hospital? ... They ring up or come round and see how we're getting on, see if things have happened. And if I've got a query about something, it gives me a source; someone to ask.

Patricia

Patricia, aged 67 at the time of interview, had been living alone for 18 years in a two-bed terraced house in Rutland when she began receiving support as part of the British Red Cross (BRC) First Call Service. Patricia still kept in touch with her family but their physical distance made it difficult for them to pay regular visits. Receiving weekly visits from her First Call volunteer, Michelle, was seen as a 'lifeline'.

Patricia had been struggling with a range of long-term physical and mental health issues throughout her life, some of which seemed to be worsening as she got older.

I find nowadays I suffer from anxiety an awful lot and that stems from when I was really badly depressed and put on anti-depressants 20 odd years ago and I've worked my way through it but it seems to be recurring more and more as I get older.

In more recent years, Patricia's physical health had also deteriorated. She had been diagnosed with diverticulitis, a digestive condition that affected her colon.

Patricia was initially referred to First Call by her housing association officer, 'and from there, things really snowballed...' Michelle encouraged Patricia to access a range of services and support that would otherwise have remained unknown to her. This included helping Patricia realise her entitlement to Attendance Allowance, a care and disability benefit she was previously reluctant to use:

The Attendance Allowance, I was keeping it back, I wasn't using it just in case they asked for it back and Michelle, the CAB through Michelle, the lady that I've met there, she's been marvellous, she says it's your money and they'll never take it back off you. So I have started using it now for the needs that I have.

This proved vital for Patricia who wished to stay put in her own home. The Allowance paid for somebody to help with housework and gardening, and for adaptations that were needed around the house. Patricia had unfortunately lost a large amount of money through internet fraud, and as well as causing emotional devastation, this incident set her back financially. Michelle helped her get back to her feet.

She was amazing when I was defrauded on my banking and lost the bit of money I'd got which was three weeks after the last lot of illness and she was very knowledgeable with that and she was amazing. The help that she gave me and what she done for me with the phone calls and everything, I just couldn't cope with it because I did really go to pieces over that again.

After an operation on Patricia's kidney caused further physical complications and exacerbated her depression and anxiety, the decision was made to continue providing support beyond the usual 12 visits of the First Call service. Patricia was discharged from hospital without any specialist plans being put in place; with a lack of health aids; and a resulting lack of confidence.

I was doubly incontinent through the operations and they sent me home with nothing and that was traumatising [...] it was very personal and I didn't want people to know and I wouldn't go out or anything.

Michelle immediately arranged for some health aids to be delivered. However small this task appeared to be, it made all the difference to Patricia, who commented '*they're not life threatening illnesses [...] but they're still traumatic and to have a service that gives you that support is marvellous*'. Perhaps the most notable difference First Call made was to Patricia's confidence, as illustrated in the following quote:

It's helped my confidence no end, and she knows that, I think I shook her when I turned up at the hospital and I'd got myself back to me with my hair done and my face on and dressing up because I wasn't doing any of that, I'd lost all the will, I was just slumping around the house. I was brought up to be a lady if that's what you like to call it and you never went out of the house without a bit of lipstick or being nicely turned out and I've got that back again even round the house, I'm not slobbering round like I was but then I feel better in myself as well and I feel more inclined to do these things whereas at the beginning I hadn't got the inclination and I just didn't want to.

As Patricia's confidence returned bit-by-bit she overcame her fear of leaving the house, and with Michelle's support, took her first step out in three months.

Michelle got an invitation from somebody that was holding a tea for people like me and they only got a certain amount of tickets and she recommended that I be allocated a ticket and it was mainly elderly people but it was good, I was able to face it, I didn't think I could but I did.

Patricia now not only attends the luncheon club once a week but is actively involved – helping out with the cooking and waiting on tables. Although admitting she would miss the service, Patricia felt she had made significant progress from her position at the beginning of First Call:

I'll be able to cope again better than I would have done. I think if Michelle hadn't come along at the time she came along and helped me get back here I think I might have remained in my decline and gone further down, because that's what depression is, you climb back up the ladder and you might take two or three steps back but eventually you learn the skills to cope with your life and with your depression and I didn't want to go back to the depths of despair I was in years ago.

4.8 Conclusions

This chapter has concentrated on the personal stories of services users and showed, overall, that First Call had a positive and beneficial impact on people's wellbeing. As demonstrated in section 5.5, there was positive impact against most of First Call's stated objectives. For service users, therefore, First Call was a beneficial and highly valued service. The exception to this was *reducing the use of statutory services* which was very difficult to evidence from discussions with service users. On reflection, it may be that the original outcome goal would have been better expressed as *making better use of statutory services*, given the fact that many service users were suffering from acute, chronic and, in some instances, terminal health conditions, and therefore had an ongoing need to engage with statutory services. There was some evidence that First Call supported service users to engage more efficiently with health services and social care.

The interviews provided some useful insights into the delivery of the First Call service. It was interesting to note that the 'three goals' were rarely the key focus of the engagement for service users throughout the 12 week period. Indeed, service users had difficulty recalling what the goals were, and it was frequently difficult to match outcomes reported by service users to agreed goals. However, there was strong evidence that First Call staff and volunteers had gained a deep understanding of the service user's needs and had worked proactively and diligently to address them. Indeed, this 'deep understanding' stands out as one of the principal values of the First Call Service. The personal, friendly support and assistance provided by staff and volunteers was, in itself, of significant benefit. The levels of trust this developed between worker and service user clearly allowed better outcomes to be achieved, particularly in relation to tackling social isolation and promoting financial inclusion (by supporting service users to claim entitlements and accept support from other services).

First Call offered a 12 week service and the evidence showed that during this time significant progress was made in many cases. However, where First Call was supporting people with long-term conditions (often in the absence of other available services), it was clear that longer term ongoing support was required. Also, many service users felt that they had gained a 'friend', in the form of the support worker or volunteer, and were reluctant to end this relationship after 12 visits. While First Call did aim to play a 'befriending' role, it was clear how difficult this could be within the confines of a time-limited service. Both services users and workers found exit from the service very difficult, and it is possible that any benefit accrued in this way cannot be sustained beyond 12 weeks. Again, however, First Call undertook a difficult role where there were few alternative services.

Interviews with First Call staff suggested that service user 'needs' had been higher than expected when the service was launched. Evidence from service users on their 'presenting needs' would seem to support that assertion. This evidence appears to suggest that there is unmet demand from older people facing significant difficulties, and that First Call was a service that helped to plug that gap.

5. The Impact of First Call

5.1 Introduction

This chapter assesses the Impact and Value for Money of the First Call service. It starts by providing an overview of the framework for how impact and Value for Money are assessed. A detailed assessment of impact and value for money is then provided covering the period February 2015 to May 2016. This analysis assesses the extent of and relationships between inputs, outputs, outcomes and impact achieved. The chapter concludes with a summary of key impacts and consideration of the extent to which First Call has provided Value for Money.

The analysis has been informed by, and is consistent with NESTA 'Standards of Evidence'⁴ and UK Government Guidance (the HM Treasury Magenta⁵ and Green⁶ Books and Value for Money⁷). It includes measurement of:

- inputs
- outputs
- efficiency: the cost per output service user
- outcomes
- effectiveness: how effective First Call has been in producing outcomes and the cost per outcome; and
- additionality: the extent to which outcomes have occurred due to First Call activities

Evidence has been drawn from a range of sources collated by the evaluation team, including:

- referral forms (see appendix 1)
- personal outcomes forms (see appendix 2)
- client record sheets (see appendix 3)
- BRC First Call questionnaire
- qualitative interviews with beneficiaries
- qualitative interviews with 35 service users.

CRESR's framework for the evaluation of the British Red Cross' First Call service in Leicester and Rutland targeted a Level 2++ on Nesta's Standards of Evidence. This accepted that fully achieving Level 3 was out of reach due to practical barriers and resource constraints. However the evaluation could achieve Level 2 as well as elements of Levels 3, 4 and 5. The following bullets detail how the evaluation achieved or partial achieved against each of the five Levels:

⁴ NESTA (2013) Standards of evidence: an approach that balances the need for evidence with innovation. NESTA http://www.nesta.org.uk/sites/default/files/standards_of_evidence.pdf

⁵ HM TREASURY (2011), The Magenta Book: Guidance for Evaluation. London, TSO.

⁶ HM TREASURY (2003), The Green Book: Appraisal and Evaluation in Central Government. London, TSO.

⁷ HM TREASURY (2006), Value for Money Assessment Guidance. London, TSO.

- Level 1 - achieved: the British Red Cross developed a Theory of Change for the First Call Service which has been validated by CRESR
- Level 2 - achieved: CRESR have worked with BRC to put in place a monitoring framework which captures inputs, outputs, activities and outcomes at a service user level, please see appendix 4 which outlines the monitoring data that were collected by BRC and what it contributed to assessment of impact and VFM; this has increased BRC capacity to collate, understand and measure the impact of the intervention
- Level 3 - partially achieved: causality has been assessed using qualitative evidence
- Level 4 - partially achieved: CRESR provided an independent evaluation of the First Call service in Leicester City and Rutland. This included a detailed process evaluation to supplement the impact evaluation; the process evaluation provided an understanding of how and why the First Call service has had an impact. The evaluation was also set up to assess the service's costs and where possible its savings
- Level 5 - partially achieved: the results in Leicester City and Rutland have been compared against those achieved by First Call services provided in Lincolnshire.

However, it should be noted that issues in the routine collection of monitoring data by BRC prevented the evaluation achieving some of its original aspirations. For example, the evaluation aimed to collect the following Level 3 Standards of Evidence:

- follow-up interviews with as many of the target of 880 clients as possible approximately 4 to 8 weeks after they exited the service. However, details of only 50 clients were available from BRC, including only 27 who indicated that they were willing to take part in the survey. These data would have allowed the evaluation to: measure longer term impacts across the different tiers of intervention; and ask a series of additionality questions that teased out the beneficiary perceptions of additional impact, including a mix of soft and harder measures of change
- Hospital Episode Statistics (HES) for service users and a matched sample of non-service users to assess the impact of First Call on hospital use (such as unplanned attendance) and discharge outcomes. These data would have allowed the evaluation to quantify the net additional impact of First Call on hospital usage, but proved impossible because NHS numbers had only been collected for a very small number of service users.

The approach was revised to maintain a measurement of additionality. Revisions included: an additional 10 qualitative interviews with clients; the insertion of a series of additional questions into service user interviews to support assessment of the sustainability of impacts secured through engagement with First Call; and wider range and increased number of interviews with partner organisations to provide more detailed exploration of the additionality and impact of First Call.

5.2 Inputs

This section looks at the inputs and resourcing of First Call in Leicester and Rutland, including

- the financial inputs and broad categories of expenditure

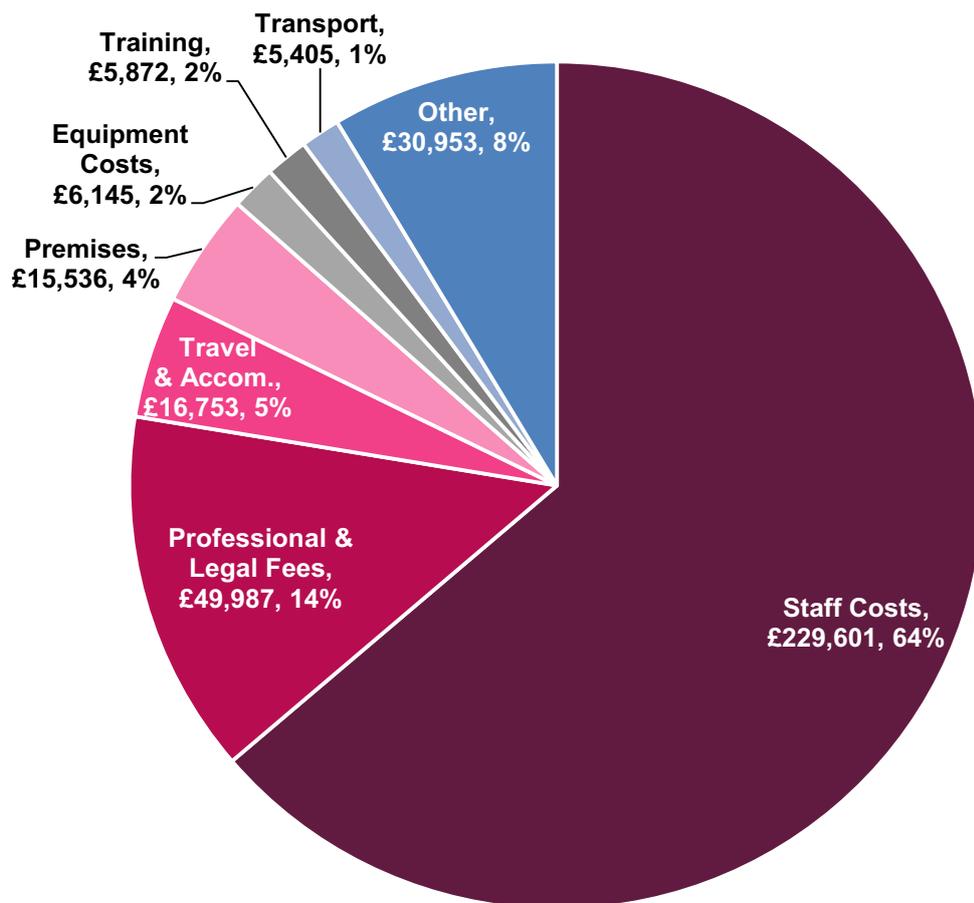
- staffing
- volunteers.

Financial inputs

The total expenditure for the First Call service in Leicester and Rutland was £360,252. This was covered by the £388,721 grant provided by NESTA. The underspend amount (£28,469) has been retained within BRC to fund the continuation of the Leicester City First Call service. £165,400 in additional contributions has also been provided from BRC donations to fund the continuation of the Leicester City First Call service.

Figure 5.1 shows staff costs comprised the largest component of expenditure (£229,601; 64 per cent). This represents a 13 per cent overspend compared to the original budget, reflecting the additional staff time required to deal with more complex cases than were originally envisaged. A further fifth of expenditure was spent on 'professional and legal fees' (£49,987; 14 per cent) and 'travel and accommodation' (£16,753; five per cent).

Figure 5.1: First Call broad categories of expenditure

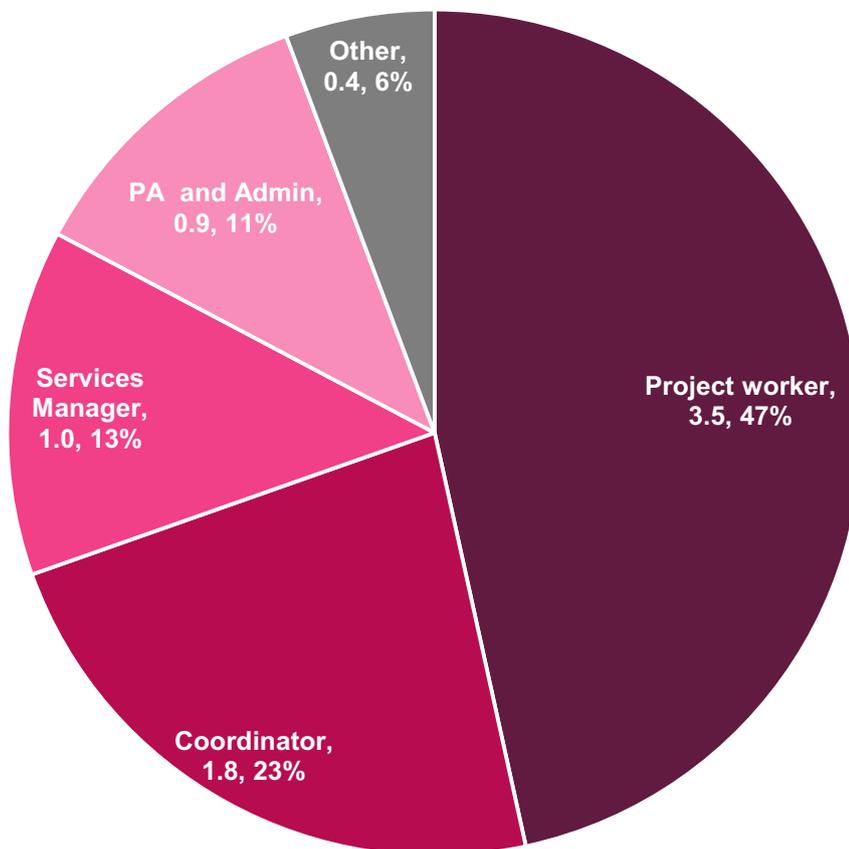


Staffing

Staffing data provided by BRC reveal that on average 7.6 full time equivalent (FTE) staff provided the First Call service per month during the core delivery period from February 2015. Figure 5.2 breaks down this number by staff role:

- 47 per cent of FTE staff were project workers
- 23 per cent of FTE staff were coordinators
- 13 per cent of FTE staff were a services manager
- 11 per cent of FTE staff were in PA or administration role.

Figure 5.2: First Call FTE staff roles



Volunteers

Table 5.1 reports the number of volunteers who supported the delivery of the First Call service. The data shows there were:

- 26 active volunteers: 13 in Leicester and 13 in Rutland

- 13 currently active volunteers undertaking visits at the end of the funding period: eight in Rutland and five in Leicester
- a further seven volunteers were in the process of becoming a volunteer.

Table 5.1: First Call volunteer numbers

	Leicester	Rutland	First Call
Visits	5	8	13
Telephone	4	1	5
Admin	2	1	3
Interpreting	1	0	1
Left	1	3	4
Active - total	13	13	26
Going through process	2	2	4
Ongoing contact following interest	1	2	3
Staff who volunteer at time of surge/severe weather	4	0	4
Total	20	17	37

5.3 Outputs

This section documents the main outputs of the First Call service between February 2015 and May 2016. The information presented includes:

- referrals to First Call
- direct beneficiaries who received a tier 2 or higher support package
- goals set by beneficiaries
- support activities provided by First Call to service users to help them achieve their goals.

Referrals to the First Call service

Between 1 February 2015 and 3 May 2016, 902 referrals had been made to the First Call service. This comprised:

- 515 service users who received tier 1 support from the BRC administration team, who supported delivery of First Call by providing advice or signposting to people with support at home needs, or by another BRC service
- 117 service users who received tier 1 or 2 support over the telephone from a First Call worker (staff or volunteer)
- 270 service users who received tier 3 or 4 support from a First Call worker.

The following bullets provide key headlines about the 387 referrals who had support from First Call worker either over the telephone or through home visits. No additional or equivalent information was collected on the 515 service users who received tier 1 support from the BRC administration team, who were trained to provide advice and signposting to people with support at home needs, or another BRC service.

- just under half of referrals to First Call came from social services (Figure 5.3); family/friends (14 per cent) and health services (11 per cent) were the next most common sources of referrals (Figure 5.4)
- the average number of referrals received per quarter was 77; Figure 5.5 shows when referral were received to the First Call service; the first three quarter saw the number of referrals increase quarter on quarter; the number of referrals in October-December 2015 and January-April 2016 remained at a consistent level
- 329 referrals had had their cases closed by the end of the evaluation period: 169 in Rutland and 160 in Leicester (Figure 5.6)
- Figure 5.7 shows two thirds of service users were female and one third were male
- 88 per cent of referrals were White British/Irish; reflective of the populations of the two areas this percentage varied from 77 per cent in Leicester to 99 per cent in Rutland
- the majority of service users for whom an age was provided were aged 75 years or older:
 - 64 per cent were aged 75+ years
 - 14 per cent were aged 65-74 years
 - 14 per cent were aged 50-64 years
 - and just 8 per cent were aged less than 50 years.

Figure 5.3: Referrals to First Call

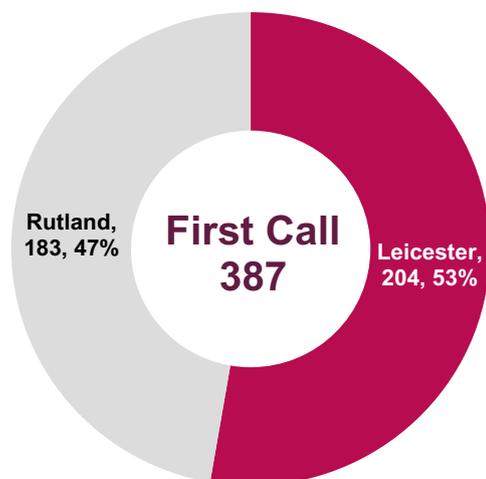


Figure 5.4: Source of referrals

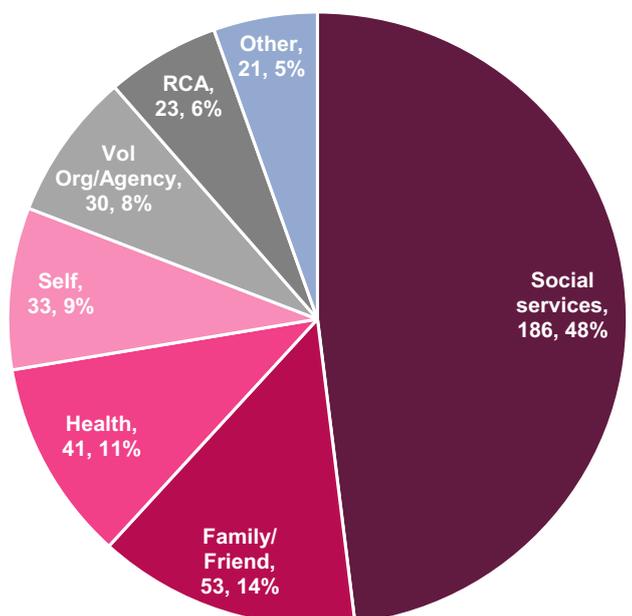


Figure 5.5: Date referrals were received

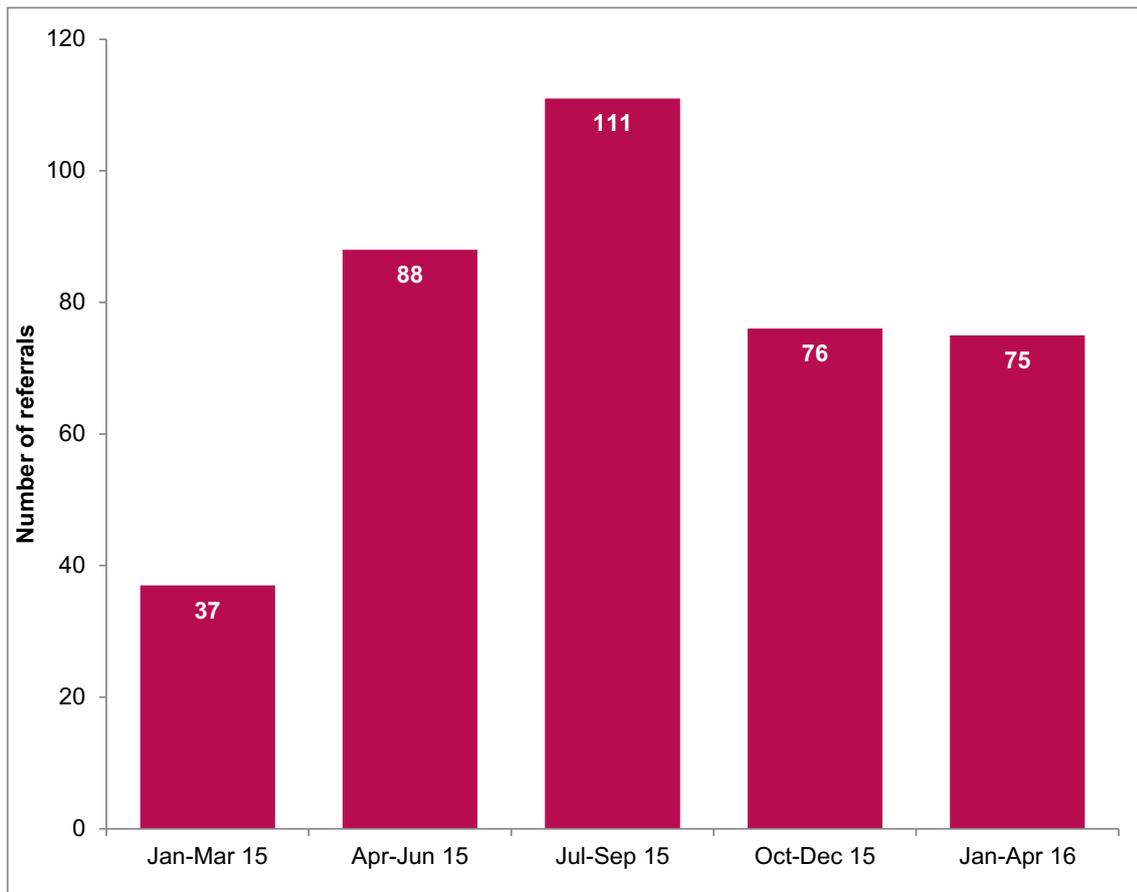


Figure 5.6: Status of referrals

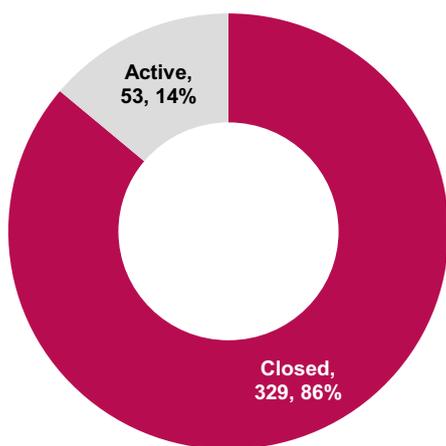


Figure 5.7: Sex of referrals

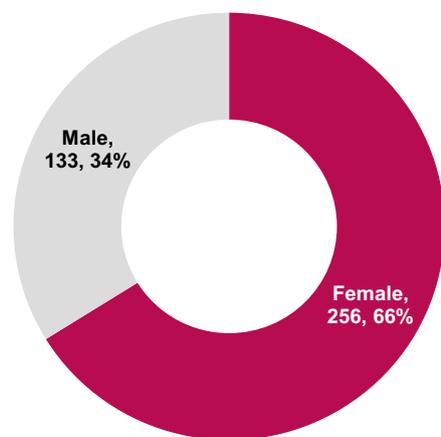


Figure 5.8: Ethnicity of referrals

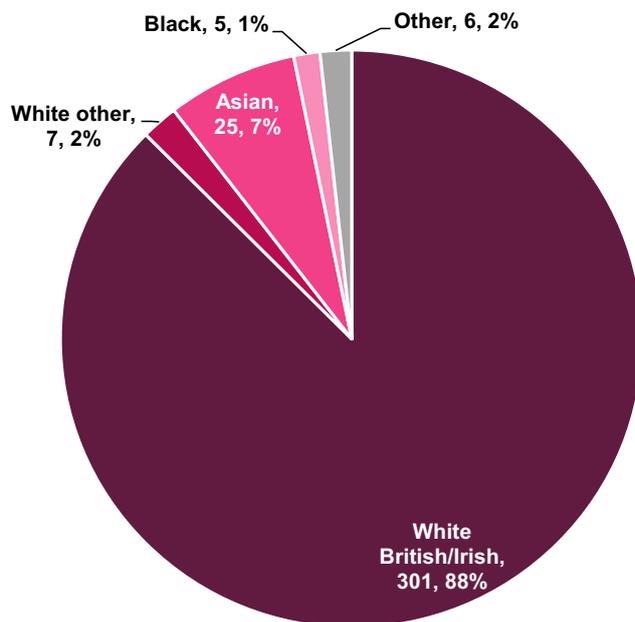
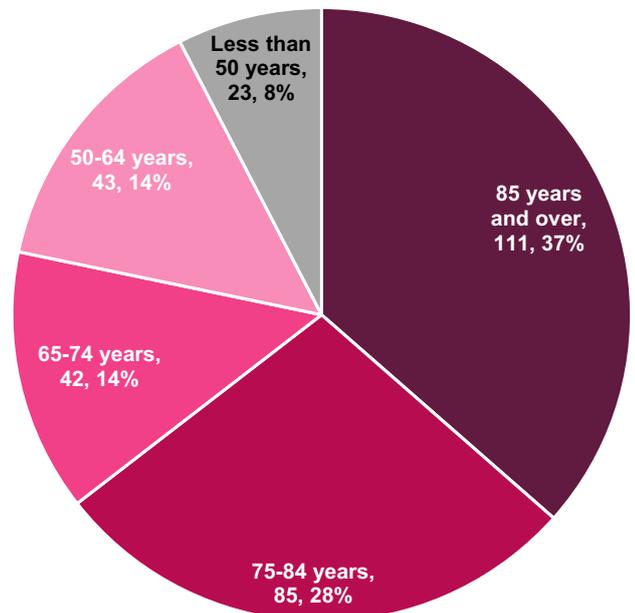


Figure 5.9: Age of referrals



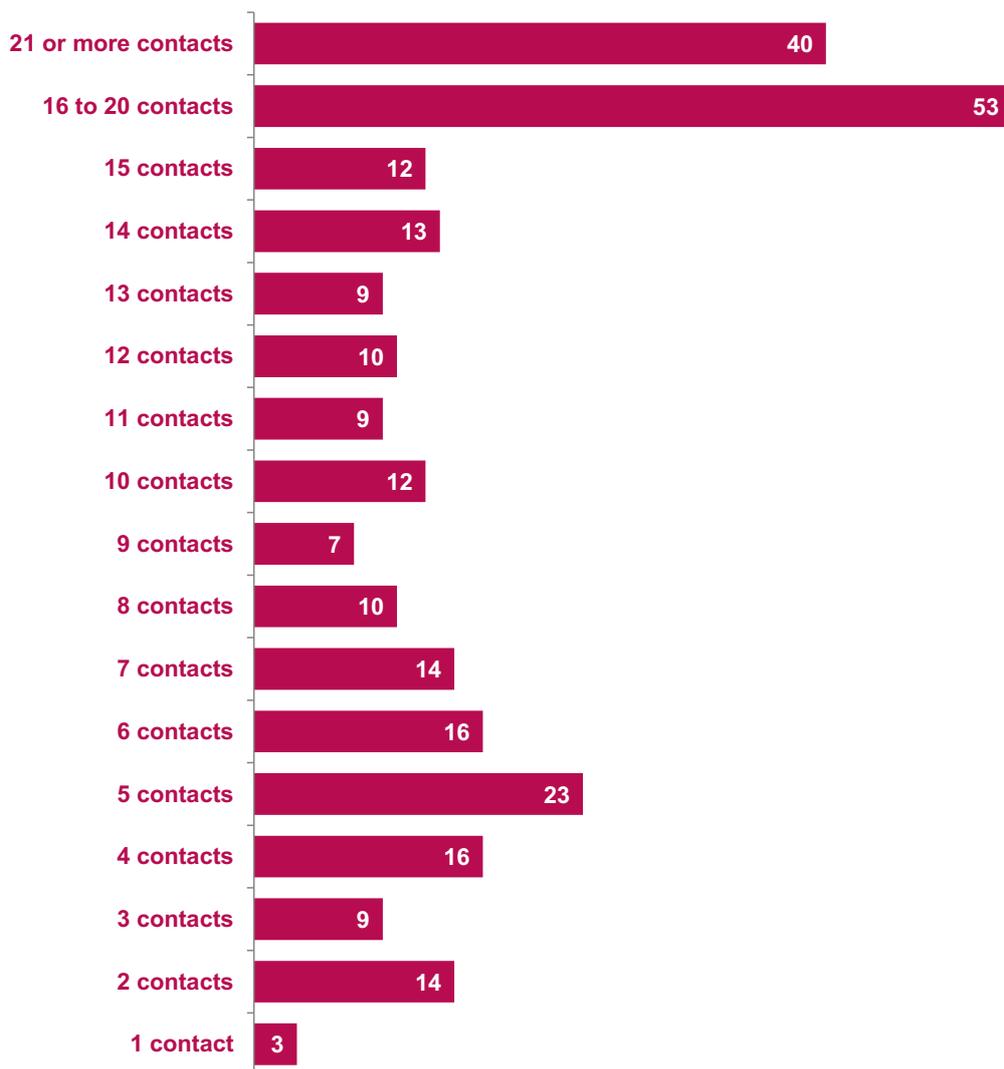
Direct beneficiaries who received a tier 3 or 4 support package

The monitoring data collected does not identify service users who benefited from direct actions of First Call in a standard and consistent fashion. For the purpose of this analysis we have termed service users who received a home visit as those who directly benefited from First Call (received tier 3 or 4 support). Using this definition there were **270 direct beneficiaries of First Call**.

A total of 3,391 contacts were made with the 270 service users who had a home visit: an average of 12.6 contacts per service users. The average number of contacts was broadly similar in Rutland (12.9 contacts) and Leicester (12.3 contacts). Figure 5.10 shows these average figures mask considerable variation in the actual number of contacts received. For example:

- 65 service users (24 per cent) had 1 to 5 contacts
- 59 service users (22 per cent) had 6 to 10 contacts
- 53 service users (20 per cent) had 11 to 15 contacts
- 53 service users (20 per cent) had 16 to 20 contacts
- 40 service users (15 per cent) had 21 or more contacts.

Figure 5.10: Number of contacts by service users First Call visited at home



Descriptive information about contacts reveals:

- home visits to service users comprised just over half of contacts (53 per cent)
- the average number of home visits was 6.8; however 15 per cent of service users had over the standard 12 home visits
- the average duration of a home visit was just under 85 minutes
- on average service users received just under 12 minutes support via telephone call.

Goals

First Call was delivered through a Top Three Goal approach, which centred on a two way conversation between the support worker and the service user about the goals that the service users wanted to achieve during their support. These goals and progress toward meeting them were the focus of their support plan. Goals were defined as the things that it was important to the service user to achieve. These might be things that would represent a positive change for them – such as

walking to the shops- or about maintaining the status quo – for example, continuing to keep their garden in order.

The goals identified during the conversation were recorded in monitoring as free text. Drawing on work undertaken by others⁸ the British Red Cross created their own outcome domains to classify the personal goals of service users. This was intended to allow BRC to remain person-centred, as well as to facilitate the collection of aggregate information that could help when engaging with commissioners, as well as fundraising and advocacy work. The outcome domains were as follows⁹:

- feeling safe and secure
- making more meaningful use of time
- improved ability to manage paperwork and finances
- improved ability to manage day to day activities
- increased satisfaction with the home environment
- improved awareness of the access to further services
- improved social networks and friendships
- improved ability to cope in a caring role.

At the end of the period of support the service user was asked what progress they felt they had made toward their goals. The British Red Cross worker consider the same question. This was intended to encourage people to reflect on the progress they had made and to provide BRC with a measure of the impact of their support.

By the end of the project 202 service users had set goals; this comprised 104 service users in Leicester and 98 service users in Rutland. In total 463 goals were set, an average of 2.3 goals per service user.

Figure 5.11 shows the number of goals set by each of the 202 service users who had set goals. Seventy five service users (37 per cent) set three goals, 69 service users set two goals (34 per cent) and 48 service users set one goal (24 per cent). Ten service users (five per cent) set more than three goals.

⁸ Department of Health – Putting People First Delivery (2009), and the Scottish Joint Improvement Team

⁹ It is often the case that achieving a goal will have a positive impact on more than one of the outcome domains. In these instances the person will need to identify which outcome domain it will have the most impact on.

Figure 5.11: Number of goal set by service users

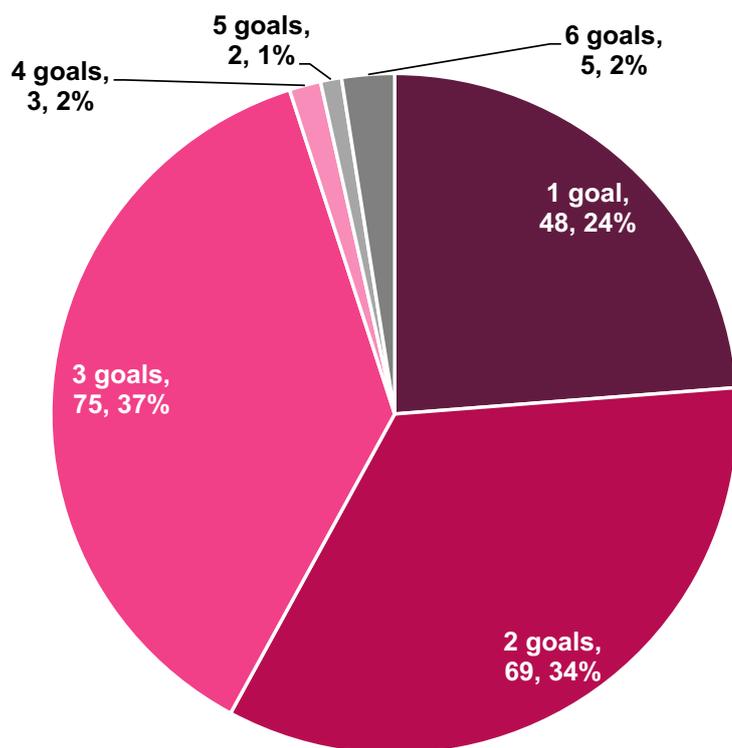
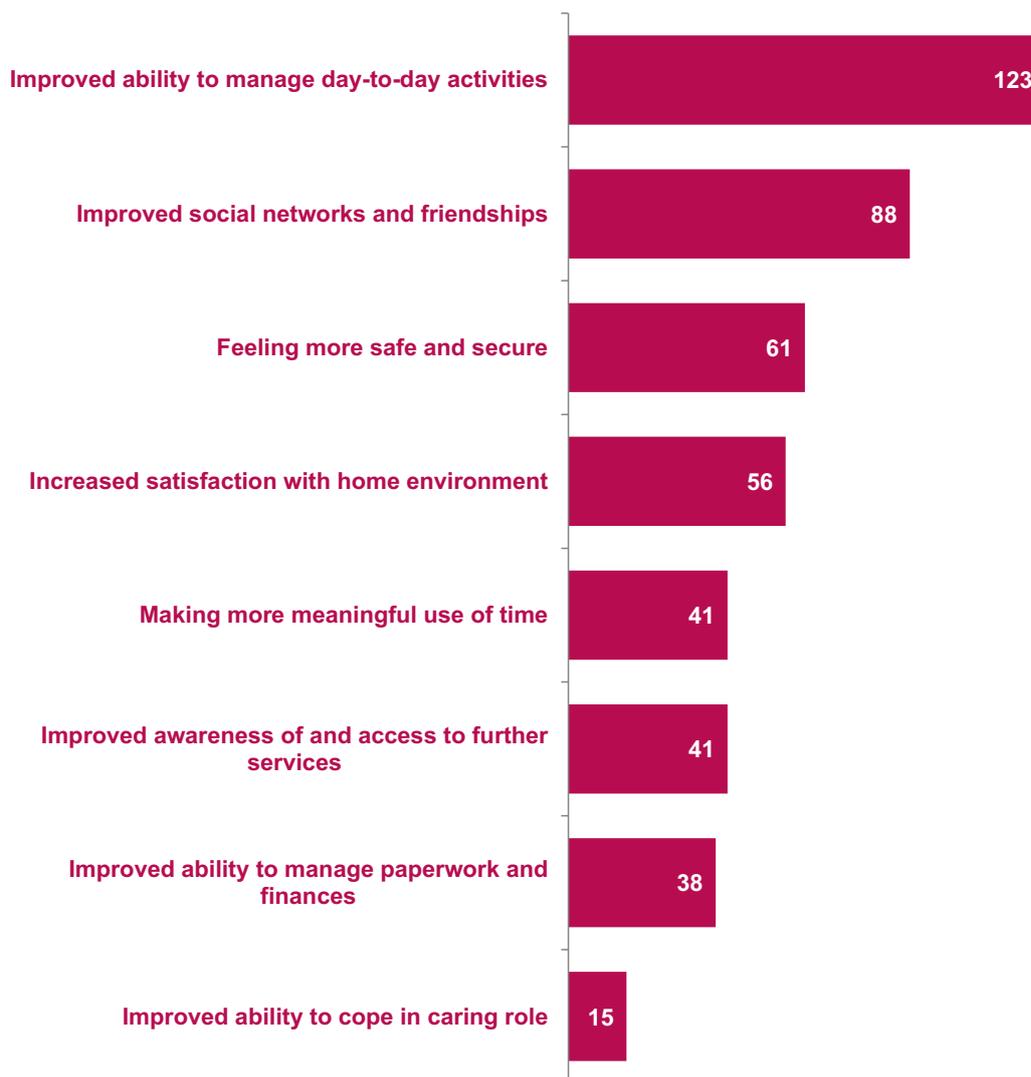


Figure 5.12 shows the broad outcome area of the 463 goals that had been set. Improved ability to manage day-to-day activities (127 goals; 27 per cent) and improved social networks and friendships (88 goals; 19 per cent) were the most common goal outcome areas. However differences existed between the two areas. Most notable 18 per cent of goals set in Leicester related to making more meaningful use of time compare to just two per cent in Rutland. Furthermore, compared to Leicester, over double the proportion of goals set in Rutland related to:

- improved awareness of and access to further services
- improved ability to manage paperwork and finances.

Figure 5.12: Outcome area of goals

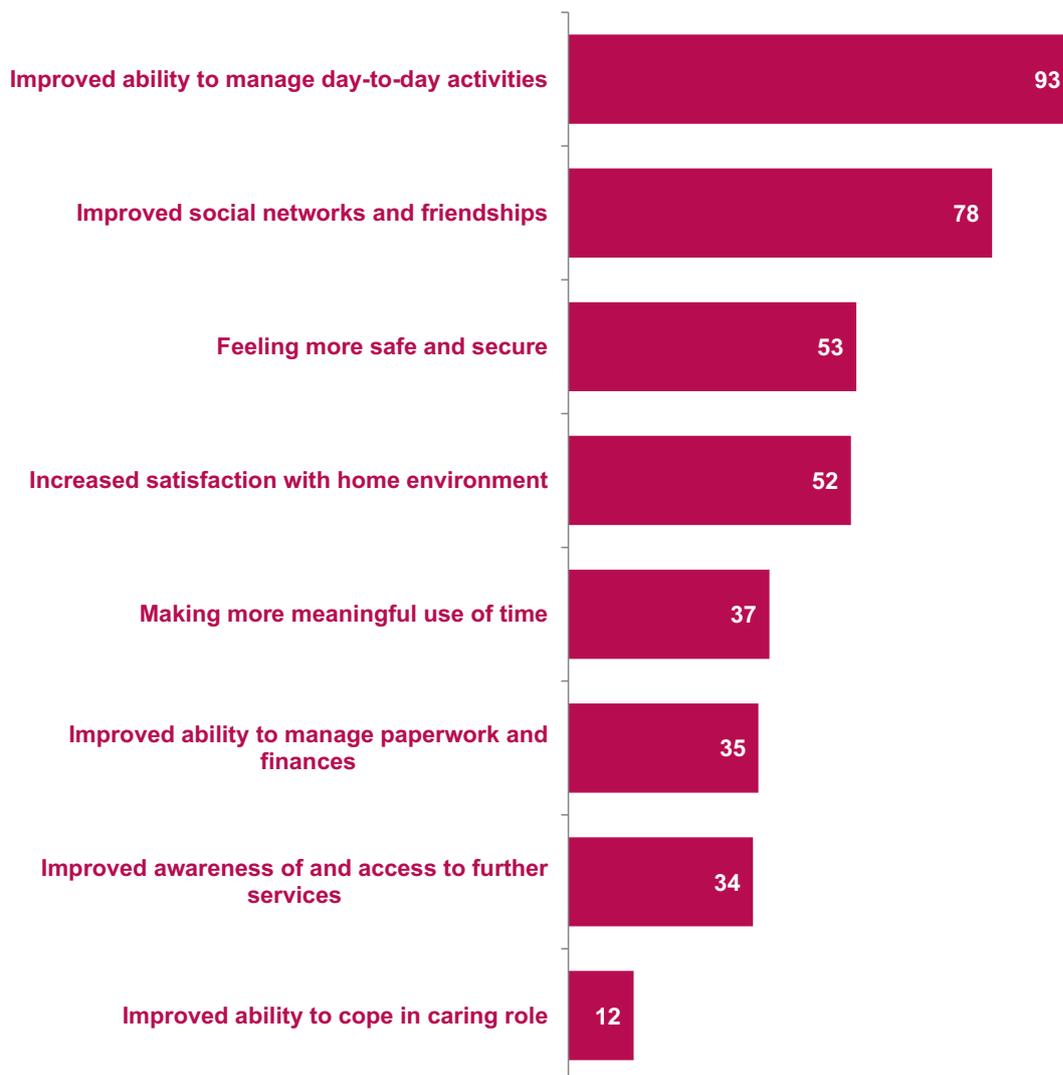


A similar pattern emerged when considering the number of service users who identified each of the goal outcome areas (Figure 5.13). Just under half of service users identified goals to improve ability to manage day-to-day activities: 93 service users (46 per cent). The next most common outcome areas were:

- improve social networks and friendships (78 service users; 39 per cent)
- feeling more safe and secure (53 service users; 26 per cent)
- increase satisfaction with home environment (52 service users; 26 per cent).

However differences existed between the two areas. Most notably 31 per cent of service users in Leicester identified making more meaningful use of time as a goal compare to just five per cent in Rutland. Compared to Leicester, over double the proportion of service users Rutland set goals in related to: improved awareness of and access to further services; and improved ability to manage paperwork and finances.

Figure 5.13: Outcome areas set by service users

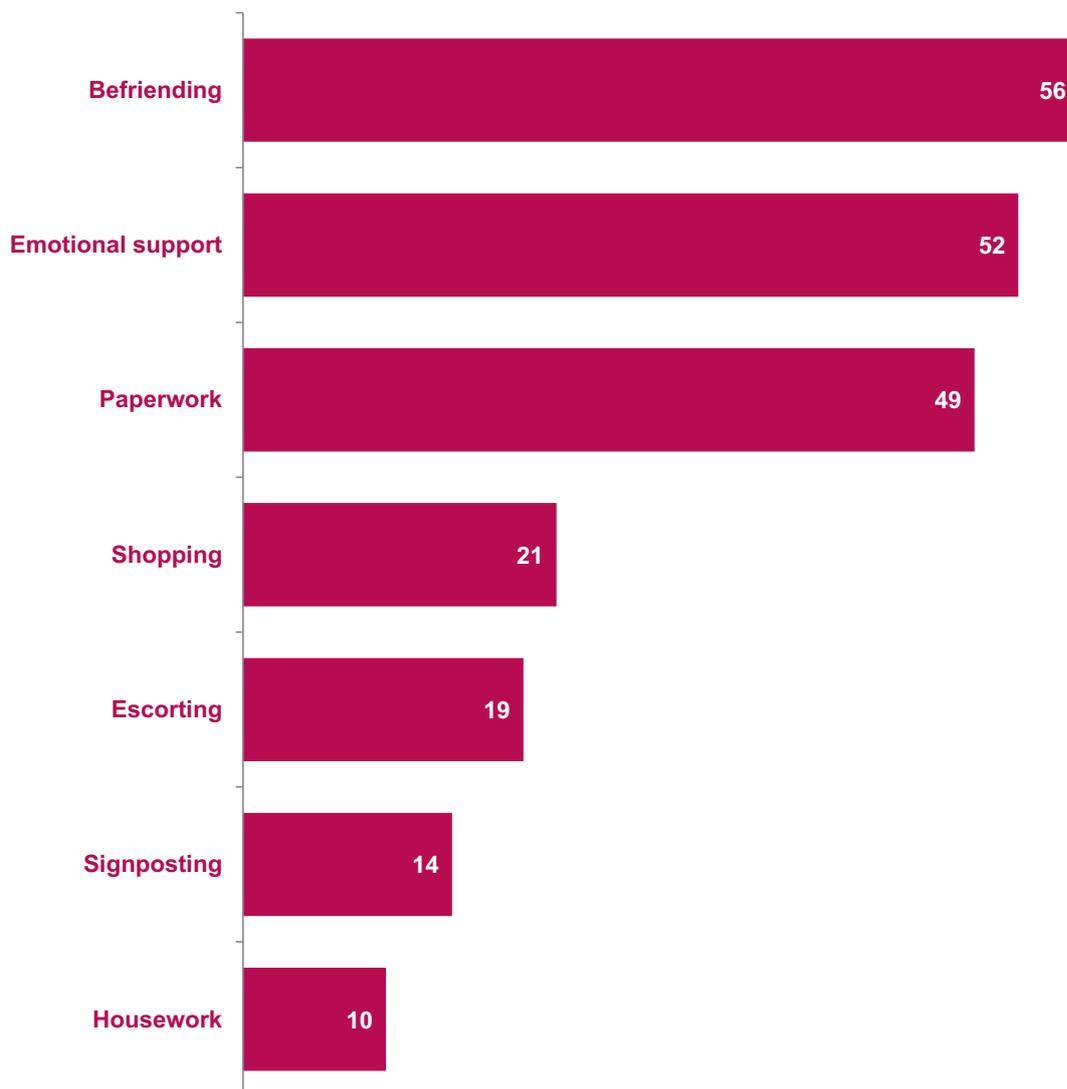


Actions

After service users identified their goals, First Call workers put in place support plans of activities to achieve these goals. Figure 5.14 summaries First Call monitoring data on the most common activities undertaken with service users. These included:

- 56 per cent of service users received befriending; 970 instances of befriending were provided
- 52 per cent of service users received emotional support; 713 instances of emotional support were provided
- 49 per cent of service users received help with paperwork; 333 instances of help with paperwork were provided
- 21 per cent of service users received help with shopping; 177 instances of help with shopping were provided.

Figure 5.14: Percentage of service users receiving activities



5.4 Efficiency

Analysis of efficiency compares outputs against inputs to assess the unit cost of outputs provided. In a standard assessment the units cost is compared against alternatives, with the lowest unit cost option being termed the most efficient. However, there is limited information available on the efficiency of comparable forms of provision which prohibits a full assessment. In response to these challenges, this analysis of efficiency provides headline unit costs and then makes some qualitative assertions on the degree to which the programme has been efficient.

Dividing the total input (£60,252) by the total number of service users across all four tiers (902) reveals an average input per beneficiary of £399. This represents a high level of efficiency. However this has been achieved because the majority of service users (515 service users) received tier 1 support from the BRC administration team, who were trained to provide advice and signposting to people with support at home needs, or another BRC service. The unit cost is considerably higher if the assessment of efficiency considers only service users who:

- received support from a first call worker: £931 per service user
- received tier 3 or 4 support from a first call worker: £1,334 per service user.

This is an important lesson for similar services. Embedding the service across the organisation so that other services or central administration teams provide low level tier 1 support provides cost efficiencies and reduces the demand on the main First Call service workers.

5.5 Outcomes and impacts

This section explores the outcomes to emerge from First Call. The section draws on the following data:

- monitoring data on service users assessments of progress against goals
- evidence from entry and exit surveys
- interviewer assessment on the impact of First Call on 36 service users.

Progress against goals

One hundred and thirty service users provided an assessment of their progress against their 299 goals.

Figure 5.15: Progress against goals

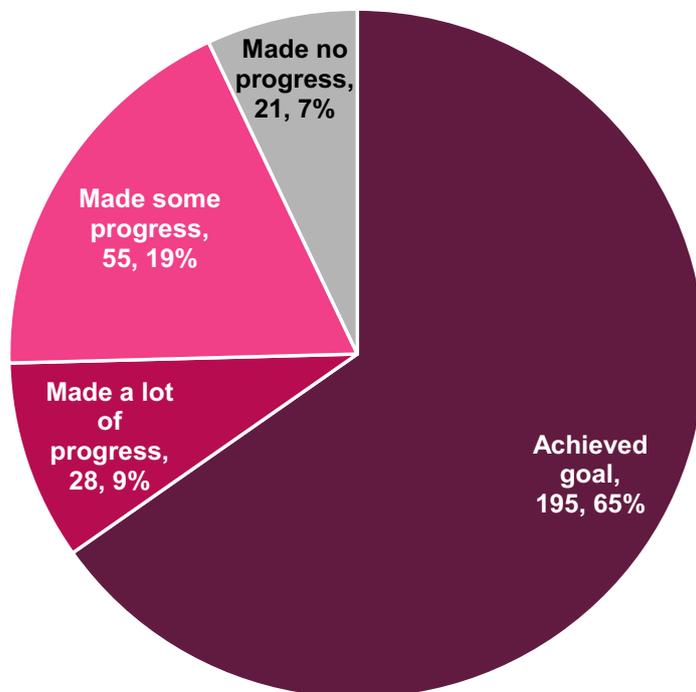
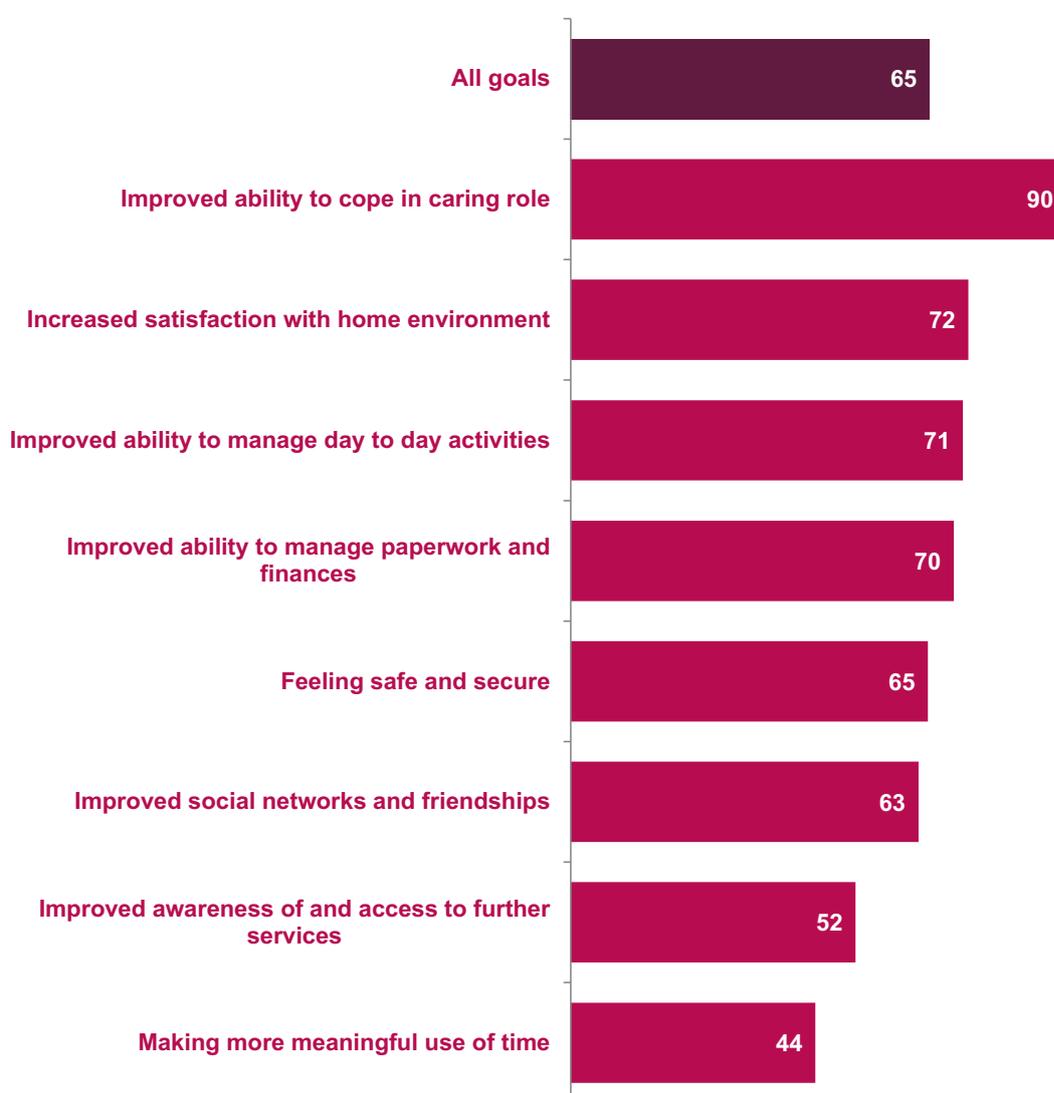


Figure 5.15 shows:

- 195 goals (65 per cent) were achieved
- a lot of progress was made against 28 goals (nine per cent)
- some progress was made against 55 goals (19 per cent)
- no progress was made against 21 goals (seven per cent).

The percentage of goals achieved within each outcome area varied from 90 per cent of goals about improving ability to cope in a caring role to 44 per cent of goals about making a more meaningful use of time (Figure 5.16).

Figure 5.16: Percentage of service users achieving goals by outcome area



A difference between Leicester and Rutland emerged when considering the proportion of service users who achieved at least one goal. The percentage in Rutland was fully 11 percentage points higher: Rutland 84 per cent and Leicester 73 per cent. Across the intervention as a whole **79 per cent of service users achieved at least one goal.**

Just over half (52 per cent) of the 130 service users who provided an assessment of their progress achieved all of their goals (Figure 5.16); **64 per cent made significant progress or achieved all of their goals**. The proportion of service users who achieved all of their goals was similar in Rutland (53 per cent) and Leicester (52 per cent).

Evidence from entry and exit surveys

A short entry and exit survey of service users was developed and administered by BRC staff and volunteers. The questions asked in the survey covered each of the Goal outcome areas. In addition, the surveys were supplemented with questions generated by the evaluation team that explored service user satisfaction with 13 aspects of their lives and situations, which were related to the main goal outcome areas as well as the ONS life satisfaction measure (see Appendix 5). The purpose was to supplement the outcomes identified in the monitoring data using a set of standard perception indicators to measure the extent of change over time. The intention was that these surveys would be completed by all First Call service users from May 2015, when the questionnaire was first implemented. The evaluation team hoped that the resultant data would allow the evaluation to identify wider outcome change that was outside the goals set by the service user. However, the level of vulnerability within the client group and variable implementation practices of BRC staff and volunteers meant that only 47 service users completed an entry and exit survey.

A descriptive assessment of potential bias in terms of the service users who had completed an entry and exit survey, compared to those who had not, revealed that although there were differences with respect to demographic characteristics, the two samples were broadly similar in terms of achieving their goals¹⁰:

- 81 per cent of service users who had completed an entry and exit survey were female compared to 65 per cent of direct beneficiaries of First Call who had not
- 93 per cent of service users who had completed an entry and exit survey were white British Irish compared to 85 per cent of direct beneficiaries of First Call who had not
- 49 per cent of service users who had completed an entry and exit survey were 85 years and over compared to 32 per cent of direct beneficiaries of First Call who had not
- 57 per cent of service users who had completed an entry and exit survey had achieved all of their goals compared to 51 per cent of direct beneficiaries of First Call who had not
- 77 per cent of service users who had completed an entry and exit survey had achieved at least one goal compared to 80 per cent of direct beneficiaries of First Call who had not.

As a consequence of the low completion rate the evaluation did not complete a planned follow up telephone survey with service users some four to six weeks after they had exited First Call. T

Analysis of these data found the number of service users reporting a positive response increased on 13 of the 14 measures considered between the entry and exit survey (Table 5.2). This included the following outcomes where the change was statistically significant at a 0.05 level (using a McNemar or dependent t-test as appropriate):

¹⁰ Note the evaluation did not apply statistical weights in their analysis of entry and exit survey responses due to the low sample size achieved and a desire not to reduce the effective base size.

- satisfied with awareness of services and how to access them for support
- satisfied with how safe and secure do you feel in your home
- satisfied with your overall quality of life
- life satisfaction scores using the official ONS definition.

Two of the outcomes relate to general wellbeing improvements and as such can be thought of a being overall measures of the effect of the BRC service on the lives of service users. It is interesting to compare the outcomes areas with the largest proportions of respondents reporting an improvement against Figure 5.16 which presents the percentage of service users achieving goals in each outcome area. Figure 5.16 shows only 52 per cent of 'awareness of and how to access further services' goals were achieved and 65 per cent of 'feel safe and secure' goals were achieved. This may reflect these outcomes being wider outcomes supported by BRC that were achieved across service users whether or not they had originally identified goals in these areas.

Table 5.2: Entry and exit survey outcome change

	Percentage of respondents			Sig. level (p-value)
	Not satisfied to Satisfied	Satisfied to not satisfied	Net improvement	
Awareness of services and how to access them for support	35	5	30	0.002
Overall quality of life	27	7	20	0.035
How safe and secure do you feel in your home	21	2	19	0.012
Being able to make meaningful use of your time	26	8	18	0.092
Your overall ability to live independently	24	7	17	0.092
Your ability to undertake day to day activities	24	9	15	0.118
Your general health	22	7	15	0.092
The level of support or assistance you have to undertake day to day activities	17	2	15	0.070
Your ability to manage your money and paperwork, including paying bills	12	5	7	0.453
The condition and suitability of your home to meet your needs	9	5	5	0.687
Your ability to influence what happens in your life	16	11	4	0.774
The amount of contact you have with family, friends and social networks	7	5	2	1.000
Your ability to cope in a caring role	10	10	0	1.000
	Average score			Sig. level (p-value)
	Entry	Exit	Change	
Overall, how satisfied are you with your life nowadays?	5.9	6.8	0.9	0.001

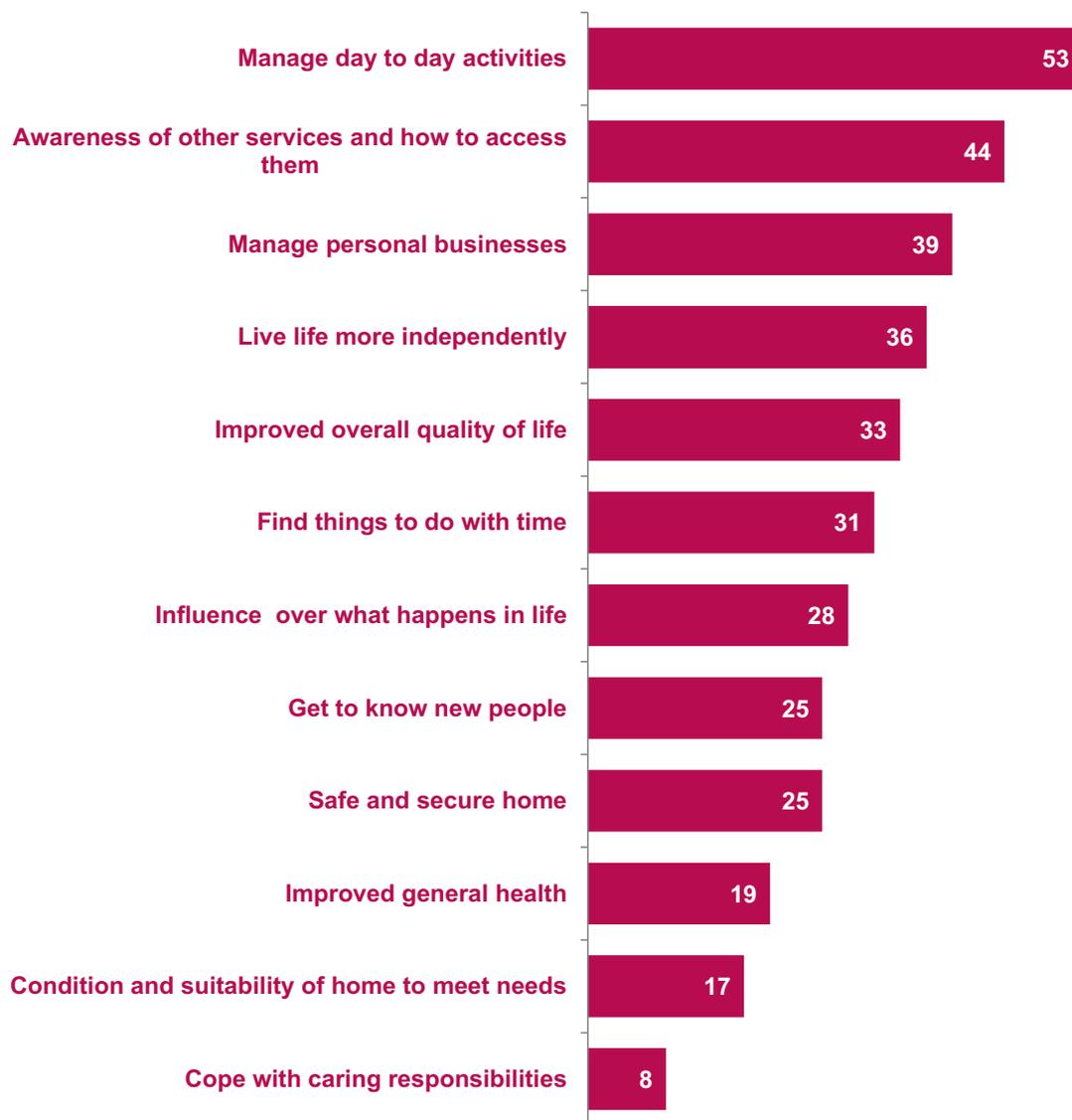
Interviewer assessment of 36 case study beneficiaries

The evaluation conducted 36 in-depth interviews with service users. Following these interviews the interviewer made an assessment of the impact that First Call made on the service users. This assessment covered:

- the extent to which First Call has made a difference on 12 aspects of service users lives and situations that relate to the core goal outcome areas
- the likelihood that First Call led to seven outcomes that would provide financial savings
- the extent to which impacts were additional - over and above what might plausibly have happened had the service user not engage with First Call.

Figure 5.17 presents the interviewer assessment. The bars refer to the proportion of service users who were assessed as making a lot or significant progress on each of the 12 aspects. Just over half of service users were helped to make progress with managing their data to day activities.

Figure 5.17: Percentage of service users assessed as making a lot or significant progress

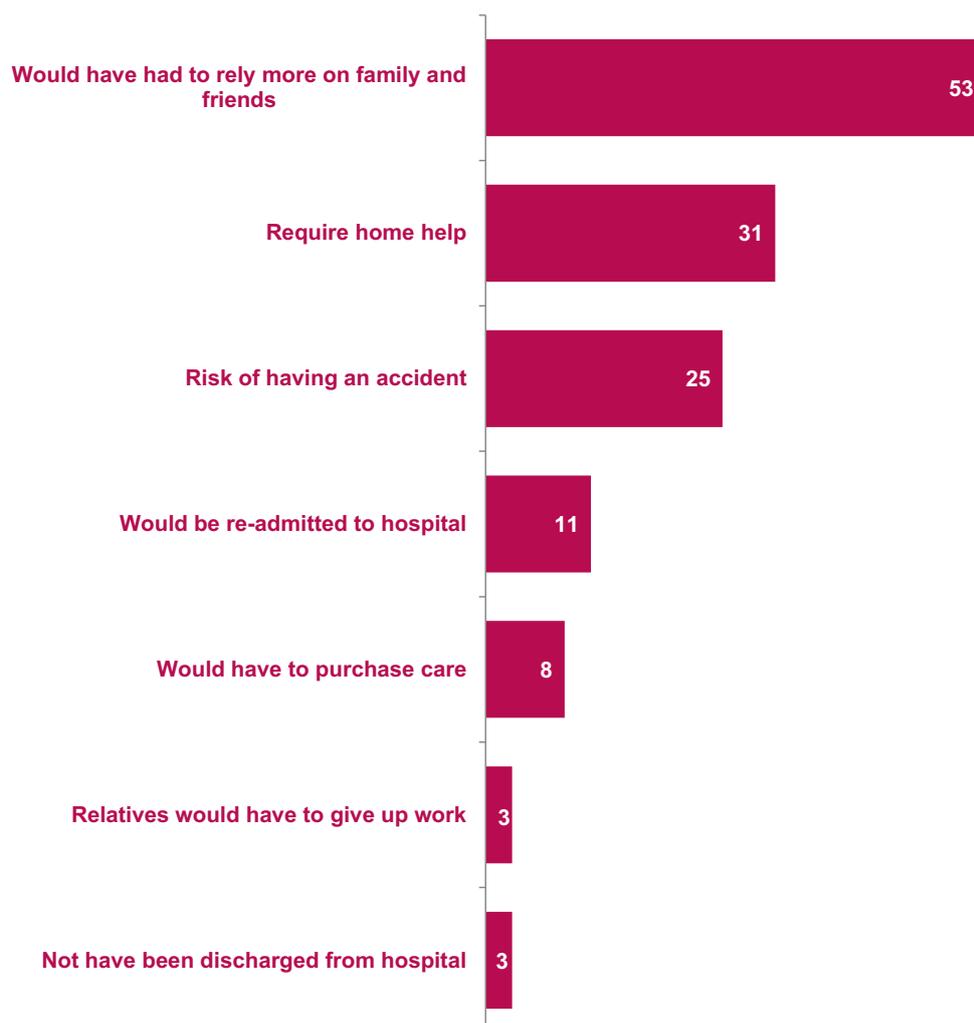


Other findings included:

- 44 per cent of service users made progress in relation to awareness of other services and how to access them; this supports the finding from the entry /exit surveys of a statistically significant improvement in awareness of services and how to access them for support
- 39 per cent of service users had made a lot or significant progress in terms of being able to manage their personal business (for example, paperwork and finances).
- 36 per cent of services users were assessed as making a lot or significant progress in being able to live their lives independently.

Interviewer assessments suggest First Call was unlikely to have led to major saving for the health service (Figure 5.18). For example only three of 36 service users (11 per cent) were assessed as it being likely that they would have been re-admitted to hospital had they not engaged with First Call and only one service users would not have been discharged from hospital. Nine of the 36 service users (25 per cent) were assessed as being at less risk of having an accident because of First Call - some of these cases may have led to primary or secondary healthcare usage. The main saving identified were demands on family and friends to provide informal help and support.

Figure 5.18: Percentage of service users who are likely to achieve each financial saving outcome



5.6 Effectiveness

Effectiveness considers the ratio between outputs and outcomes. The greater the number of outcomes per output the more effective First Call is considered to be.

Data presented above have revealed that First Call was effective in supporting service users to achieve 65 per cent of their goals. Dividing number of goals achieved by the total expenditure reveals an average cost of £1,847 per achieved goal¹¹. Data presented above also highlights that effectiveness in achieving goals varied by outcome area. For example, less than half of 'making a more meaningful use of time' goals were achieved whereas over two thirds of goals were achieved in the following outcome areas:

- improved ability to cope in a caring role (90 per cent of goals)
- increase satisfaction with home environment (72 per cent of goals)
- improved ability to manage day to day activities (71 per cent goals)
- improve ability to manage paperwork and finances (70 per cent goals).

Assessing the effectiveness of First Call in achieving the three NESTA targeted outcomes for older people reveals a mixed picture. The evidence suggests First Call has:

- not been effective in reducing avoidable injury and premature death; however these outcomes were not central goals set by service users
- has been fairly effective in increasing the proportion of service users with high quality of life; entry and exit surveys suggest there was a:
 - 11 percentage point increase in the proportion of service users with a high life satisfaction score on the ONS measure
 - 20 percentage point increase in the proportion of service users satisfied with their quality of life.
- has been fairly effective in increasing the numbers participating in social cultural and economic life; entry and exit surveys suggest there was a:
 - 17 percentage point increase in the proportion of service users satisfied with their overall ability to live life independently
 - 18 percentage point increase in the proportion of service users satisfied that they were able to make meaningful use of their time.

5.6 Additionality

The additionality of First Call is an assessment of the extent to which the outcomes and impacts are additional: they would not have occurred in the absence of First Call. The assessment of additionality has been made using expert interviewer judgments for the 36 service users who took part in in-

¹¹ However, it should be noted that only 137 of the 270 service users who had a home visit provided an assessment of progress against goals.

depth interviews. Interviewer made an assessment of the overall attribution of First Call to the outcomes that emerged.

Table 5.3 shows how interviewers assessed additionality across the 36 service users. Aggregating these responses together the interviewer assessment of additionality was that 59 per cent of outcomes achieved would not have been achieved without First Call activities.

Table 5.3: Interviewer assessment of additionality

	Number	Per cent
First Call did not contribute at all	0	0
First Call was only a minor reason	4	11
First Call activities contribute one of a number of main	4	11
First Call activities contributed about half of the reason	11	31
First Call activities were a substantial reason	11	31
The benefits occurred solely due to First Call activities	6	17

5.7 Return on Investment

The previous sections in this chapter have presented the inputs (costs) of the First Call service, the outcomes which service users have achieved as well as the extent to which these can be attributed to the First Call service. The next stage in a standard return on investment analysis would be to monetise net additional outcomes and compare these against the costs of the service. The evaluation had aimed to value reduced secondary care usage using hospital episode statistics for service users as well as identifying consistent and sustained outcome change from entry, exit and post service use questionnaires completed by over 400 service users. However, issues in the monitoring data collection by BRC meant these data were not available to the evaluation. As a result the evaluation does not have any robust outcome measures which can be easily monetised. Nor is it able to ascertain whether the outcomes identified above were sustained beyond engagement in the service.

This section therefore provides indicative unit savings based on previous studies. It cannot however assert the value of benefits which have been achieved or whether these are greater than the cost of the service.

The estimated value of benefits from an intervention which prevents a person falling and fracturing their hip, can be monetised at £42,495; comprising £28,665 in reduced hospital, ambulance, social care, GP, and outpatient costs¹² and £13,830 in additional quality of life¹³. Based on this estimate if nine service users were prevented from fracturing their hip due to a fall as a result of First Call interventions the net benefit would be greater than the cost of the service.

¹² Heywood, F. and Turner, L. (2007), Better outcomes, lower costs. Office for Disability Issues, Department for Work and Pensions: London

¹³ Watt, P. and Blair, I. (2009), The Business Case for LinkAge Plus. Department of Work and Pensions: London

Harflett and Brown (2014)¹⁴ suggest befriending can lead to a £1,202 saving due to decreased depressive symptoms caused by social isolation. This is based on a reduction in GP costs (£452 per year) and a course of Cognitive Behaviour Therapy (£750). Three hundred service users would need to achieve this outcome for the value of benefits to exceed costs. This is greater than the number of service users who received tier 3 or 4 support.

Finally Bauer et al (2014)¹⁵ estimate a befriending and at-home support scheme to provide benefits worth £5,977 per service user. This includes health related quality of life benefits and reductions in service use, unpaid care and prevented care home admission. Based on this estimate 61 First Call service users would need to receive equivalent befriending and at home support to cover the services costs.

¹⁴ Harflett, N. and Brown, H. (2014) The economic value of older people's community based preventative services)

¹⁵ Bauer, A., Knapp, M., Perkins, M., Wistow, G., Lemmi, V., and King, D. (2014) The Economic Case for a Befriending and Practical At-Home Support Scheme for Older People in Shropshire, England - £5,977 benefit per service user: health related quality of life, service use, prevented care home admission and unpaid care.

6. Conclusions

6.1 Impacts

Inputs - The total expenditure for the First Call service in Leicester and Rutland was £360,252. Staff costs comprised the largest component of expenditure (£229,601; 64 per cent). This represents a 13 per cent overspend compared to the original budget, reflecting the additional staff time required to deal with more complex cases than were originally envisaged. Staffing data provided by BRC reveal that on average 7.6 full time equivalent (FTE) staff provided the First Call service per month during the core delivery period from February 2015. In addition 26 active volunteers supported delivery

Outputs and outcomes- 515 people received tier 1 support from the BRC administration team, trained to provide advice and signposting to people with support at home needs, or another BRC service. In addition, 387 direct referrals were made to the First Call team: 204 in Leicester and 183 in Rutland. Almost half of all referrals were from social services. Two-thirds of service users were women, one-third were men and the majority were 75 years or older. By the end of the project, 202 service users had set goals. Improved ability to manage day-to-day activities and improved social networks and friendships were the most common goal outcome areas. Two-thirds of these goals had been achieved by the end of the project. The most common activities undertaken with service users were befriending; emotional support; help with paperwork; and help with shopping. The key outcomes secured by the service included improved ability to manage day-to-day activities; improved social networks and friendships; enhanced feelings of safety and security; and increased satisfaction with the home environment. The service also played an important role facilitating the engagement of older people with other services.

Efficiency - the average input per beneficiary across all four tiers of support was £399. This represents a high level of efficiency. However this has been achieved because the majority of service users (515 service users) received tier 1 support from the BRC administration team or another BRC service. The unit cost is considerably higher if the assessment of efficiency considers only service users who:

- received support from a first call worker: £931 per service user
- received tier 3 or 4 support from a first call worker: £1,334 per service user.

Embedding the First Call service across the organisation so that other services or central administration teams provide low level tier 1 support provided cost efficiencies and reduces the demand on the main First Call service workers.

Effectiveness - First Call was effective in supporting service users to achieve 65 per cent of their goals. Effectiveness in achieving goals varied by outcome area. For example, less than half of 'making a more meaningful use of time' goals were achieved whereas over two thirds of goals were achieved in relation to improved ability to cope in a caring role (90 per cent of goals); increase satisfaction with home environment (72 per cent of goals); improved ability to manage day to day activities (71 per cent goals); and improve ability to manage paperwork and finances (70 per cent goals).

Additionality - the additionality of First Call is an assessment of the extent to which the outcomes and impacts are additional: they would not have occurred in the absence of First Call. Analysis revealed that 59 per cent of outcomes achieved would not have been achieved without First Call activities.

Return on investment - incomplete monitoring data meant the evaluation was not able provide a full return on investment analysis. Interviewer assessments suggest First Call was unlikely to have led to major saving for the health service. However service users were assessed as being at less risk of having an accident because of First Call - some of these cases may have led to sizable primary or secondary healthcare usage. For example the estimated value of benefits from an intervention which prevents a person falling and fracturing their hip, can be monetised at £42,495. Based on this estimate if nine service users were prevented from fracturing their hip due to a fall as a result of First Call interventions the net benefit would be greater than the cost of the service.

The main saving identified were demands on family and friends to provide informal help and support. Bauer et al (2014)¹⁶ estimate a befriending and at-home support scheme to provide benefits worth £5,977 per service user. Based on this estimate 61 First Call service users would need to receive equivalent befriending and at home support to cover the services costs.

6.2 Delivery

Developing and delivering the First Call service in Leicester City and Rutland - the British Red Cross received a £389,000 grant from the Centre for Social Action Innovation Fund to develop and deliver a new service to support hundreds of vulnerable people at home in the City of Leicester and Rutland. The First Call service was successfully developed in Leicester City and Rutland. Staff teams were recruited, the service was marketed to referral partners and the wider public, referrals were received and volunteers were recruited to support delivery.

Service targets - the stated target was that First Call in Leicester and Rutland would reach 880 older people and 60 older volunteers between January 2015 and July 2016. In the event, First Call reached 902 people. It is important to be clear about what service these 902 people received. Of the 902 people recorded as receiving the First Call service, 515 received tier 1 support from the BRC administration team that provided advice and signposting to people with support at home needs or another BRC service. These people were recorded as First Call clients because they received advice, information or signposting relating to support at home. A further 117 people received tier 1 or 2 support over the telephone from a First Call worker (staff or volunteer). A further 270 people received tier 3 or 4 support from a First Call worker. A total of 26 volunteers were recruited, trained and worked with the First Call service at some point during the duration of the project.

Various factors were identified as limiting the number of older people who received support and assistance directly from the First Call teams. These included: the time involved in establishing the

¹⁶ Bauer, A., Knapp, M., Perkins, M., Wistow, G., Lemmi, V., and King, D. (2014) The Economic Case for a Befriending and Practical At-Home Support Scheme for Older People in Shropshire, England - £5,977 benefit per service user: health related quality of life, service use, prevented care home admission and unpaid care.

service, including recruiting and training staff and volunteers and developing working relations with referral partners; limited capacity, a key factor being challenges recruiting volunteers; the complexity and duration of cases, which demanded greater input from staff and volunteers than originally envisaged and limited the number of people the service could work with; and the impact of the impending closure of the service on referrals and capacity in the latter months of delivery. Factors drawn on to explain difficulties recruiting volunteers included: the time commitment involved in being a volunteer (training and service delivery); the particular skill set required to be a First Call volunteer; the need for volunteers to have their own transport; the competition between different agencies for volunteers; and the staff time involved in recruiting volunteers.

The value of the service - there would appear to be a pressing need for the First Call service in Leicester City and Rutland. First Call staff and volunteers, referral partners and First Call service users were unequivocal in this view. Service users recounted uncertainty about alternative sources of support and assistance and pointed to the benefits they secured through their engagement with the service. First Call staff and referral partners pointed to the lack of similar free to use services. First Call staff also pointed to the rising number of referrals received from partner agencies as they became familiar with the service and suggested that the service was filling gaps in local service provision as a result of cuts to other services.

Challenges posed by complex cases - many First Call service users had multiple, complex problems. This fact posed a number of challenges for First Call. First, staff deemed that it was inappropriate to allocate more complex cases to volunteers. The fact that staff were often managing these cases inevitably limited the time they had available for other activities (such as marketing the service) and undermined the notion of First Call as a volunteer-led service. Second, complex cases inevitably reduced the capacity of the service to reach out to a larger number of older people. Not only could complex cases take up a considerable amount of staff and volunteer time, it sometimes proved difficult to resolve the problems of service users with multiple and complex needs within 12 weeks / 12 visits, putting pressure on staff to extend engagement, particularly if problems were encountered referring service users on to another agency. Third, the sustainability of positive outcomes secured by First Call was more doubtful in cases involving complex, ongoing problems. The specifics of these three challenges varied from case to case depending upon a number of factors, including the extent to which service users were engaged with key agencies (including, social care and the health service) and the success of First Call in referring service users to alternative provision prior to withdrawing support. However, these challenges raise questions about the thresholds employed to bound First Call activities and ensure that the focus is on meeting needs that can realistically be addressed by a time-limited, volunteer-led service. These issues were captured in a question posed by a referral partner; should a time limited service provide befriending support?

The First Call model - delivery of First Call in Leicester City and Rutland raises some important questions about the First Call model. Key is whether First Call is delivered as a volunteer-led, time-limited (12 week) service. Pressures on First Call in Leicester and Rutland - in particular, to support and assist people with complex needs - had served to reshaped the delivery model. Staff were more engaged in working with service users and support provided by First Call was sometimes intensive and ongoing. The adaptability of First Call to the variable needs of service users is to be admired. However, it raises a series of related questions about the aims of First Call, the specific needs it seeks to address and the most relevant and appropriate delivery model. If the service is filling gaps in local

provision for older people and working with service users with complex and ongoing problems, perhaps struggling as a result of the retreat of other local agencies, the delivery model will need to be formally reviewed. If not, and First Call is to be a volunteer-led service providing time-limited support to older people to help overcome a crisis, clearer thresholds and eligibility criteria will need to be developed and enforced.

Sustainability of First Call - the future of First Call in Leicester and Rutland was uncertain at the time of the final round of data collection, in light of difficulties securing follow-on funding. This was despite referral partners being keen to see the service continue in both locations. Potential consequences of closure included: increase pressure on other services, which were reported to often already be overstretched; frustration and disappointment amongst volunteers and staff; loss of accumulated knowledge and expertise about delivering First Call; and risk of reputational damage for BRC. In the event, British Red Cross was successful in securing a £150,000 grant from the Garfield Weston Foundation to help cover the running costs of the First Call service in Leicester City for three years and Nesta had allowed an underspend on the First Call project to be recycled to support the extension of the service in Rutland for a limited time.

Appendix 1 - First Call referral sheets

Referral no:		Review date:		Date Entered:
Referral date:		Closed date:		

First call referral – confidential when completed

Clients name:		Allocated to:	
Address:		Name of referrer (organisation):	
		Address of referrer:	
		Tel no:	Email:
Tel No:		GP:	
Mobile No:		GP Tel no:	
Gender:		Emergency contact:	
D.O.B	Age:	Relationship to client:	
Lives alone: YES/NO		Tel no:	
Hospital discharge date:		Permission of Relative/Carer give: YES/NO	
Is this referral to support the person being discharged from hospital?		Has this referral helped to reduce feelings of isolation? <i>At review date</i>	
Has this referral helped increase confidence and independence? <i>At review date</i>		Has this referral helped avoid unscheduled re-admissions? <i>At review date</i>	
Ethnic group:		Smoker?	
		Family pets?	
I agree to the service offered YES/NO.			
I give permission for my details to be recorded on the BRC confidential database and sharing such information with other agencies for my benefit: YES/NO			
Beneficiaries (Clients)			
signature:.....Date:.....			

.....	
Reason for referral:	
Any other relevant information:	
Any safeguarding concerns:	
Any health concerns?	Are there any other concerns or safety factors that you would like to make us aware of? (please detail)
Physical	
Cancer	
Visual	
Hearing	
Mental Health	
Mobility	
Other	
Other agencies or care packages:	
Homecare:	Social Worker:
Community nurse:	Delivered meals:
Other:	
Completed by:	Date
Client agrees to service and database?	YES
	NO
(Office use only)	
Risk assessment completed: YES/NO	
Three goals completed: YES/NO	
End of service questionnaire issued: YES/NO	Date:
Case story: YES/NO	Model release form: YES/NO

Appendix 2 - Personal outcomes sheet

Referral No:		Name:	
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Personal Outcomes

Identifying personal outcomes – at the start of support

What are the top three goals that you would like to achieve during your support from the British Red Cross?

These can relate to any specific aspect of your life. They can be things you would like to achieve, or things you would like to maintain. They can be aspirational, but they should be realistically achievable. Do not worry if you cannot think of three. You do not need to rank them in any kind of order.

Goal 1:	
Goal 2:	
Goal 3:	

Goal No:	Outcome domain
	Feeling safe and secure
	Making more meaningful use of time
	Improved ability to manage paperwork and finances
	Improved ability to manage day-to-day activities
	Increased satisfaction with home environment
	Improved awareness of the access to further services
	Improved social networks and friendships
	Improved ability to cope in caring role

Measuring outcomes – at the end of the support

Thinking of the goals you identified in your support plan, what progress if any do you feel you have made towards them? Support worker to score the goals 1-3 at the bottom of the table.

Do you feel that you: (please tick)	Achieved this goal	Made a lot of progress towards achieving this goal	Made some progress towards achieving this goal	Made no progress towards achieving this goal
Goal 1:				
Goal 2:				
Goal 3:				
Goal 1: SW				

Goal 2: SW				
Goal 3: SW				

Assessment of needs

Nutritional needs	
General wellbeing	
Finance	
Social networks	
Medication	
Mobility	
Daily living activities	

Signposting

Who has been contacted	To assist with?	Achieved (sign & date)

Did your goals change during the course of your involvement with the British Red Cross support at home service?

Yes		No	
-----	--	----	--

New Goal	
New comment	

Appendix 4 - Monitoring data collection

Source	Item	Purpose
Referral from	Client ID	Unique identifier used to link monitoring data to other data sources
	Name referrer	Descriptive information about service users
	Gender	Descriptive information about service users
	DoB	Descriptive information about service users
	Age	Descriptive information about service users
	Ethnic group	Descriptive information about service users
Personal Outcomes	Goal 1	Output and outcome information
	Outcome Domain Goal 1	Output and outcome information
	Outcome achieved Goal 1	Outcome and impact information
	Outcome achieved Support Worker Goal 1	Outcome and impact information
	Goal 2	Output and outcome information
	Outcome Domain Goal 2	Output and outcome information
	Outcome achieved Goal 2	Outcome and impact information
	Outcome achieved Support Worker Goal 2	Outcome and impact information
	Goal 3	Output and outcome information
	Outcome Domain Goal 3	Output and outcome information
	Outcome achieved Goal 3	Outcome and impact information
	Outcome achieved Support Worker Goal 3	Outcome and impact information
Client record sheet	Start of first call service	Output and activity information
	End of first call service	Output and activity information
	Date of appointment 1	Output and activity information
	Date of appointment n	Output and activity information
	Type of support provided (number of times listed): New referral	Output and activity information
	Type of support provided (number of times listed): Initial	Output and activity information
	Type of support provided (number of times listed): Befriending	Output and activity information
	Type of support provided (number of times listed): Emotional support	Output and activity information
	Type of support provided (number of times listed): Shopping	Output and activity information
	Type of support provided (number of times listed): Escorting	Output and activity information
	Type of support provided (number of times listed): Respite for carers	Output and activity information
	Type of support provided (number of times listed): Paperwork	Output and activity information
	Type of support provided (number of times listed): HASM	Output and activity information

Source	Item	Purpose
	Type of support provided (number of times listed): Signposting	Output and activity information
	Type of support provided (number of times listed): Call to client	Output and activity information
	Type of support provided (number of times listed): Call to other organisation	Output and activity information
	Type of support provided (number of times listed): Call to relatives	Output and activity information
	Type of support provided (number of times listed): Call referrer	Output and activity information
	Type of support provided (number of times listed): Call other	Output and activity information
	Total travel time: All	Output and activity information

Appendix 5 - Entry and exit questionnaire

How satisfied or dissatisfied are you with each of the following aspects? TICK ONE BOX ONLY FOR EACH OF THE FOLLOWING						
	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
your ability to undertake day to day activities? (e.g. getting dressed and grocery shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
the condition and suitability of your home to meet your needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
how safe and secure you feel in your home? (e.g. from risk of falls or crime)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your ability to manage your money and paperwork, including paying bills?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
the level of support or assistance you have to undertake day to day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your awareness of services and how to access them for support?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
the amount of contact you have with family, friends and social networks?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Being able to make meaningful use of your time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your ability to cope in a caring role?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your general health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your overall quality of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your ability to influence what happens in your life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
your overall ability to live independently?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Overall, how satisfied are you with your life nowadays, where nought is 'not at all satisfied' and 10 is 'completely satisfied'?										
0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied								Completely satisfied		