

# The business case for LinkAge Plus

## **Errata and Addendum**

Please note that this new version of this report was uploaded on 30th July 2009.

In the original version of this report, published on the 16th July, tables 2.1, 2.2, 2.3 and 2.4 should have read "Present value" and "Net present value" throughout.

This report is the correct version.

**Department for Work and Pensions**

**Research Report No 573**

# **The business case for LinkAge Plus**

**Peter Watt and Ian Blair**

A report of research carried out by the Local Government Centre,  
Warwick Business School, on behalf of the Department for Work and Pensions

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# The Authors

**Peter Watt** is Reader in Public Sector Economics at the Institute of Local Government Studies, University of Birmingham and specialises in the finance and economics of local government.

**Ian Blair** is a Senior Research Associate at the Local Government Centre, Warwick Business School and is an experienced Director of Finance in Local Government and has spent 20 years as city treasurer in two major city councils and 40 years in public sector finance.

# Summary

## Introduction

Society is ageing, with over a quarter of the UK population projected to be over 65 by 2050. The number of very elderly people will also increase dramatically, with those aged over 100 projected to increase by over 1,300 per cent over the same period. This creates opportunities for older people and society, but it also presents challenges if the Government is to meet aspirations. Adding life to years, as well as years to life, is fundamental and its importance will only increase in years to come.

The Government set out its vision for a successful ageing society in *Opportunity Age*, which championed services that are '*focused on the promotion of wellbeing and independence, easy to access, customer focused and aimed at tackling social exclusion*' (Her Majesty's Government (HMG), 2005). LinkAge Plus has been an opportunity to test out practical approaches to support this vision, across eight pilots areas in different parts of the country. The pilots have adopted a range of approaches but have consistently shown that through following these principles it is possible to make a real difference to the quality of life for older people, and furthermore, in a cost-effective way.

Benefits from the LinkAge Plus approach fall into three main areas: Firstly, there are benefits to both taxpayers and older people from an holistic approach to service delivery, in which the voluntary and statutory sectors work together to improve access, remove duplication and overlap and share resources. Secondly, the LinkAge Plus approach has facilitated key services to help maintain independence and improve the wellbeing of older people, in a cost-effective manner. Thirdly, the LinkAge Plus pilots have demonstrated that information and access to services can be improved through partnership working and through a range of innovative approaches to outreach trialled by the pilots.

By their nature these benefits are diffuse and hard to quantify, and also likely to differ between areas, given the range of approaches they adopted. The approach taken has been to quantify a subset of financial and social benefits for which there is sufficient data and rigorously assess the LinkAge Plus approach against these, whilst also discussing wider, less quantifiable benefits.

## Benefits of LinkAge Plus: holistic approach to service delivery

A key strength of the LinkAge Plus approach was the development of an holistic approach to service delivery through strengthened partnership working. LinkAge Plus enhanced the work of the statutory and voluntary sectors, helping them to work together more effectively, joining up services, improving referrals and removing duplication. In Nottinghamshire, the First Contact service enabled a range of partner organisations to make effective cross-referrals, with an average of 2.2 additional referrals for each contact. In Tower Hamlets, over 2,800 referrals were made to relevant services, an increase of 240 per cent from before the pilot. We have used data from the pilots to show potential financial savings from this holistic approach. Our illustrative example shows that after a two-year investment period the approach starts to break even in the following year, with a net present value to the taxpayer over five years of £1.80 per £1 spent.

More widely the relationship between the local authority and third sector providers has been broadened and deepened through the LinkAge Plus programme. For example the collaborative approach taken by the London Borough of Tower Hamlets encouraged third sector providers to take different approaches towards enhancing service provision, which resulted in a diverse range of approaches which appear to be highly responsive to local need.

Several of the pilots deliberately set out to improve capacity and skills in the voluntary sector as part of their LinkAge Plus work. For example, in Leeds, as part of the wider programme for older people, around £230,000 was invested in capacity building measures such as training, support groups and small grants to voluntary organisations. As a result, local evaluators reported a perception of greater efficiency and effectiveness in day-to-day working. Staff benefited from LinkAge Plus training and networking, resulting in greater skills and knowledge. Organisations reported improved communications and strengthened inter-agency working, better access to information and an improved image.

Local evaluators reported that, as a result, older people had easier access to local community centres, participation had increased, particularly by minority groups, and the quality of services had improved. More information about volunteering and support for getting involved led to a 16 per cent increase in volunteers in Leeds during the period of the pilot. Similarly in Gloucestershire participants welcomed the formalisation of cross-organisational working and reported a greater ability to reach out to socially isolated older people as a result.

## Benefits of LinkAge Plus: improved wellbeing and independence

LinkAge Plus pilots trialled and facilitated a range of services designed to improve the wellbeing, independence, participation and quality of life of older people.

These ranged from services designed to keep older people fit, safe, active and involved; to those offering a 'little bit of help' with daily living; through to groups giving older people a strengthened voice in service provision.

Most pilots supported a range of healthy-living activities, such as Nottinghamshire's Activity Friends, which combined social activities and exercise. A wide range of classes, from art and photography, to Tai Chi, bingo, coffee mornings, trips to local and seaside attractions, local history groups, storytelling groups, reminiscence sessions, chair-based exercise sessions, IT lessons, dance, creative writing, and sculpture classes were held at local community centres. In Salford 119 mentors were recruited and trained to enable 64 extra Healthy Hips and Hearts groups throughout the city.

Some of these services bring potential savings for the taxpayer as well as benefits to participants. In particular there is evidence that exercise classes such as Tai Chi can prevent falls amongst older people, resulting in significant improvements in quality of life and reduced spending on healthcare. On average a fall resulting in a hip fracture costs around £20,000 to the taxpayer – and evidence suggests that 15 weeks of balance classes reduces the likelihood of a participant falling by around 50 per cent. Our illustrative example suggests that each £1 spent on balance classes by the taxpayer in LinkAge Plus areas could yield health and social care saving of £1.35 plus benefits to the individual of around £0.90 from improved longevity and quality of life.

Falls can also be prevented by adaptations to the home and several LinkAge Plus projects have facilitated this. In Leeds, a survey of clients in receipt of a Care and Repair service who had fallen prior to the service found that 63 per cent had not fallen since they received the service. Thompson (1996) and Plautz *et al.* (1996) provide evidence of a reduction in falls of between 55 and 60 per cent through the provision of adaptive equipment and minor home safety modifications. We calculated that such reductions in the prevalence of falls could yield expected benefits to the taxpayer of £74 per adaptation visit from reduced healthcare spending and £40 to participants in terms of improved quality of life, against an average net cost of adaptations of £67.

Some LinkAge Plus pilots, such as Lancaster, offered help in gaining employment and links to volunteering opportunities. The Department for Work and Pensions (DWP) estimates a saving to the public purse of £4,400 for each person entering into work as a result of New Deal 50 Plus. In Lancaster, 102 people were placed in employment at a cost per placement of £780. If those people would not otherwise have gained employment, the net benefit of this activity is around £370,000. This figure leaves out the considerable, but as yet largely unquantifiable, psychological benefits that have been attributed to being in employment.

## Benefits of LinkAge Plus: improved information, access and voice

A range of approaches was developed by LinkAge Plus pilots to improve information and access. Initiatives included the development and improvement of websites, provision of mobile information centres and video conferencing. Pilots also improved cross-referrals between agencies, provided training and events for those working with older people, and facilitated links with the voluntary sector to help with advice and form filling. In Salford, a system was also developed to enable local partners to set criteria to help identify groups most likely to benefit from services such as smoke alarms and home safety checks and to adjust criteria as take-up targets changed.

There are also a number of widely recognised benefits of the LinkAge Plus approach in terms of reducing social isolation, the development of outreach linked to social activities and the building of social networks. The costs of outreach under LinkAge Plus varied from around £8 to £31 per contact but it is estimated that such costs are likely to be small in relation to the sometimes life-changing benefits reported by participants in many of the pilot areas.

LinkAge Plus also acted to further community agendas, such as increasing diversity, or community-cohesion work. For example, in Tower Hamlets, LinkAge Plus raised the proportion of black and minority ethnic (BME) service users from around 20 per cent to around 50 per cent over the course of the programme. At the start of the programme nearly all service users were women, but specific initiatives to attract more male users to services in each of the network areas increased the proportion of men to more than 30 per cent.

LinkAge Plus has also given older people a stronger voice in making services more relevant and tailored to their needs. Their views are now better articulated both through their involvement in older people's councils and through their interests being put forward by agencies working on LinkAge Plus projects. Village Agents in Gloucestershire were able to get bus stops re-sited; new social enterprise services for older people were developed in Leeds; in Nottinghamshire a taxi voucher scheme was trialled and widely taken up by older people. Health services are also recognising the value of offering preventative healthcare messages in community settings and are increasingly offering services such as flu jabs and foot care in community centres where older people gather for social activities.

## Illustrative example

Many of the benefits (either to participants, society or taxpayers) that have undoubtedly been in evidence in the LinkAge Plus pilots are difficult to quantify. However, there are areas where sufficient evidence exists to construct detailed costs and benefits, and we have used these to build an illustrative example in order to highlight the potential advantages that adopting a LinkAge Plus approach can

bring. In particular the illustrative example uses data from a number of pilots as well as wider evaluation evidence to detail the way in which a two-year investment in holistic service delivery and the services facilitated could deliver benefits to the individual and the taxpayer over the following five years.

The key findings are:

- An holistic approach to service delivery requires some up-front investment over the two-year pilot period but quickly begins to bring net savings, breaking even in the first year after the investment period.
- The net present value of savings up to the end of the five-year period following the investment is £1.80 per £1 invested. This is likely to be higher over a longer period.
- LinkAge Plus can facilitate services that are cost-effective in their own right, including fire and crime prevention, and reduced falls associated with balance classes and home adaptations.
- Combining the costs and benefits of these services in with the holistic approach to service delivery increases the net present value in the example to £2.65 per £1 invested.
- In addition to taxpayer savings there are benefits to older people monetised at £1.40 per £1 invested.

The costs and benefits embody a large number of assumptions from pilot data and wider evaluation literature that are set out in more detail in the main body of the report. Nevertheless, many of the assumptions we have made are conservative, and our illustrative example omits a large number of benefits we have not quantified, but we believe are likely to be strongly positive.

## Conclusions

*OpportunityAge* set out a vision for a society in which older people were independent, active, participatory citizens with a sense of wellbeing and good quality of life. The LinkAge Plus pilots have demonstrated a range of activities that can support this vision in a cost-effective way and help older people grow older in strong and supportive communities. There is clear evidence that the LinkAge Plus approach makes sense from the perspective of individuals, society and the taxpayer.

This has been a key consideration for the majority of pilot authorities that have decided to find funding to support LinkAge Plus schemes when the DWP pilot funding ceased. The success of LinkAge Plus is also being replicated in other areas – for example, Nottinghamshire’s First Contact scheme has been rolled out across the county, and Gloucestershire’s Village Agent’s approach is also being rolled out more widely.

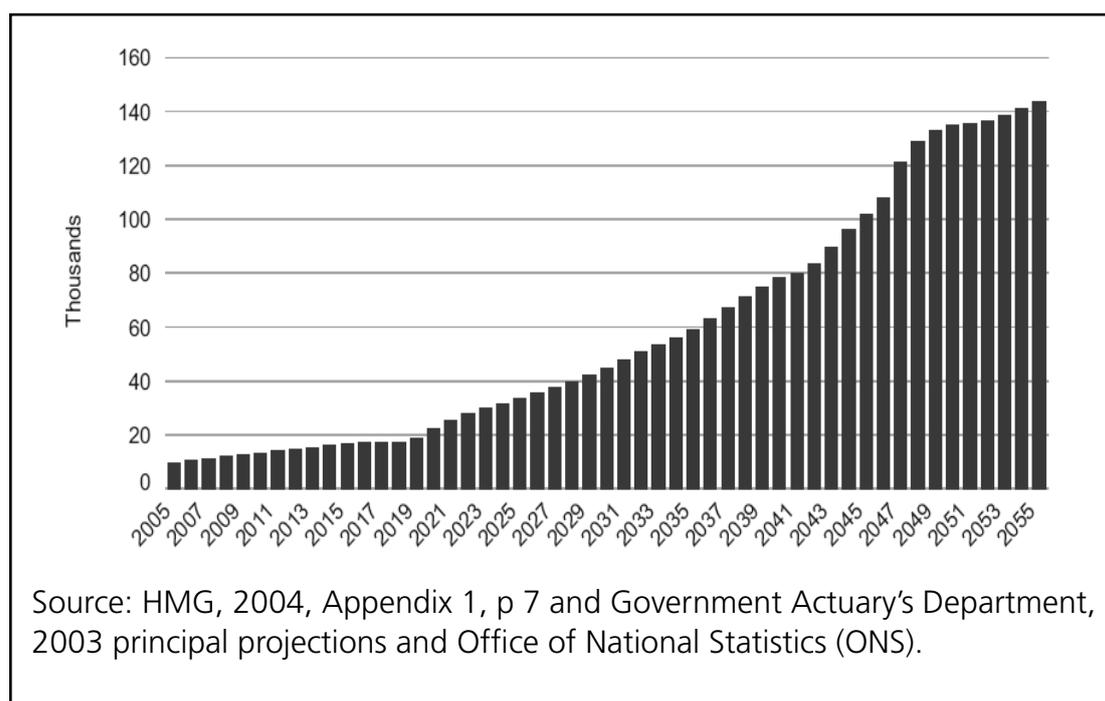
The remaining challenge for Government is to use the evidence gathered from the pilots effectively, and use innovative methods to spread good practice to local decision-makers. The evidence discussed here suggests that if this can be achieved the LinkAge Plus approach can lay the foundation to retain and increase independence in later life despite the coming demographic challenges.

# 1 Introduction

The UK faces a major shift in its demographic composition, with a rapid rise in the number of older people in the coming decades. This change means that projects such as the LinkAge Plus pilots, aimed at improving the provision of services to older people, become a key priority.

By 2051 a quarter of the population will be over 65 and the number of very elderly persons will show a dramatic increase (Her Majesty's Government (HMG), 2004, p 5). Figure 1.1, for example, shows the number of people over 100-years-old is projected to rise from 10,000 in 2005 to 136,000 in 2051, an increase of 1,360 percent (HMG, 2005, Appendix 1, p 7).

**Figure 1.1 Projected number of people aged 100 and over, 2005-55, UK**



National policy has responded to these changes and the Government's priorities are reflected in the Later Life Public Service Agreement (PSA) 17 which has five key indicators:

- the employment rate of those aged 50 to 69 and difference between this and the overall employment rate;
- the percentage of pensioners in low income;
- healthy life expectancy at 65;
- the proportion of people over 65 who are satisfied with their home and their neighbourhood; and
- the extent to which people over 65 receive the support they need to live independently at home.

Older people will often need support from the community and the demographic changes that are unfolding mean that such support will take an increasing share of national resources. The support that older people receive needs to provide the kind of help that they value. This means giving voice to older people so that they can help design the services they need. It means providing information and widening access.

Because services for older people will take up a greater share of the economy it is crucial that they are provided in the most efficient way possible. There can be great benefits from services working together to provide an holistic approach that is greater than the sum of its parts. The Audit Commission (2008) argue that engaging effectively with the older population must be, *'a cross-cutting process, engaging the community, partners and all council services'*.

Taking a preventative approach is also a major priority. There is a strong evidence base that early intervention can help older people retain their independence. LinkAge Plus takes both a preventative and holistic approach to helping older people. This brings benefits to older people with the wellbeing it provides, but it also brings benefits to the taxpayer from the more efficient provision of services.

LinkAge Plus is a significant part of the response to these priorities. It is a £10 million scheme financed by the Department for Work and Pensions (DWP) which has tested initiatives seeking to provide information and access to services delivered in an holistic and preventative way. The approach has been experimental, with eight pilot projects established in Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets. The projects incorporate a range of features, including the principle that older people are involved in the design of services, that services will be easy to access and respectful of customers and that services will adopt a preventative approach and go beyond health and social care.

There is no one LinkAge Plus model, with each of the pilot areas taking a different approach based on the needs of older people in their area. However, there were

common themes based around stronger partnership working, better information and access to services, and putting older people at the centre of service design and delivery. Taken together, this can be said to represent a 'LinkAge Plus approach'.

The six core principles of LinkAge Plus are to:

- **engage and consult:** the principle that older people should be involved in the design and development of how services and relevant information are provided and their opinions sought on the quality of delivery;
- **reflect the needs and aspirations of current and future generations of older people:** the principle that the diversity of the local older people's population should directly inform services provided for them and anticipate their changing requirements over time;
- **enable access by an increasing range of customers:** a 'no wrong door' approach should provide information and access to, and services from, an initial or single point of contact. Signposting or referral processes should ensure all relevant services are made available;
- **ensure that isolated or 'difficult to reach' older people are enabled to access information and services:** positive steps should be taken through outreach to identify and engage with isolated older people. Joined-up customer contact facilities should be flexible to meet different needs and include face-to-face, visiting, telephone and electronic media;
- **ensure that services promote independence, wellbeing and active ageing:** services should focus on early intervention and a preventative approach which goes beyond traditional health and social care functions; encouraging respect and social inclusion for older people as citizens should be a primary consideration;
- **maximise opportunities for efficiency and capacity building:** efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.

The LinkAge Plus approach envisages effective links between different parts of central government, local authorities and voluntary and community sector organisations. It provides a focus on:

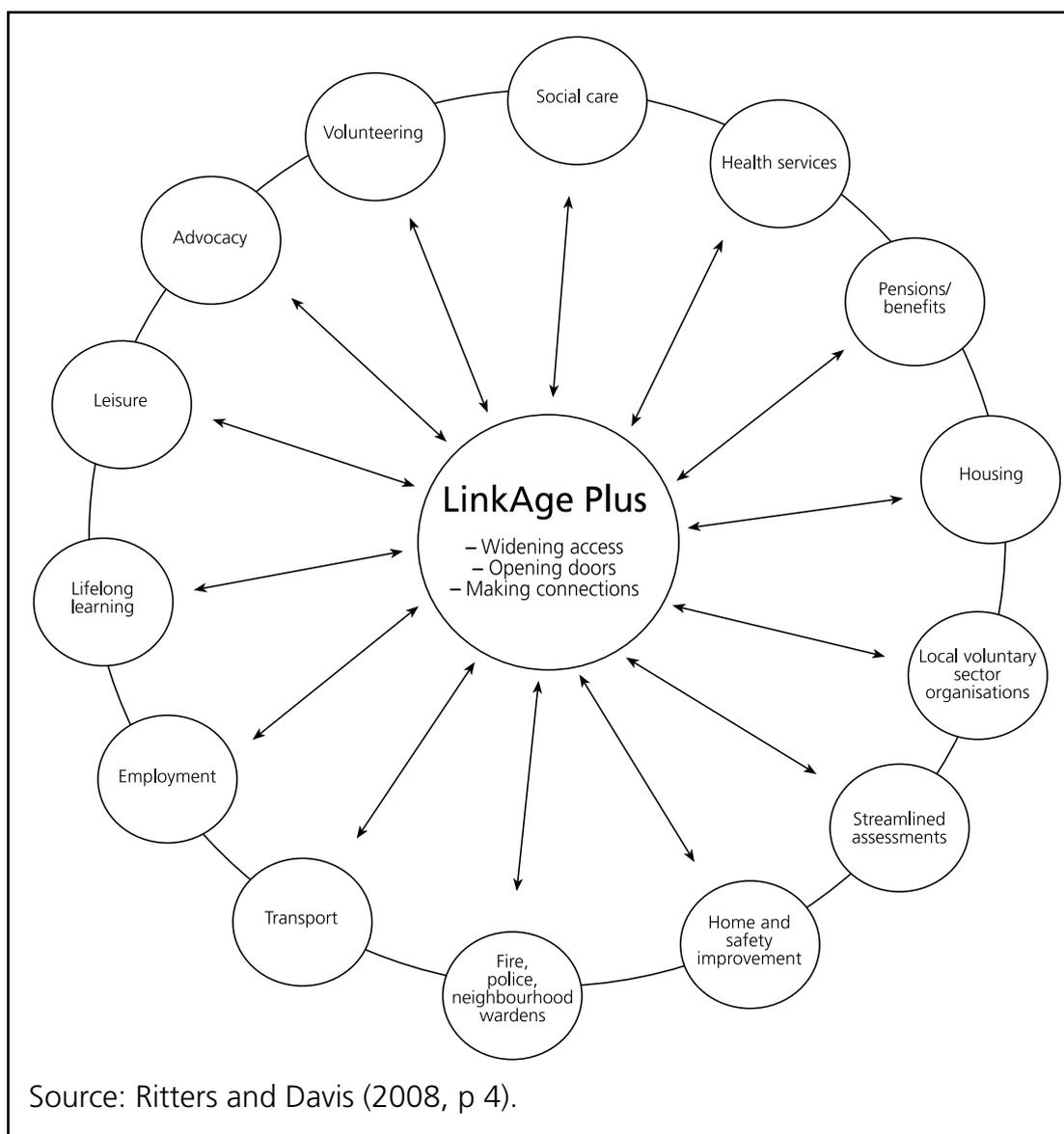
- consulting and engaging with older people to understand their needs and expectations;
- delivering a better quality of life through easy access to all relevant information and services (particularly for excluded older people);
- accessibility, (anticipating changes in the range of customers who use services as well as the existing customer base);
- a better customer experience;
- more customer choice;

- independence and wellbeing;
- efficiencies through joint working;
- capacity building; and
- holistic working.

The outcomes of LinkAge Plus pilot projects are seen as depending on local arrangements between partner organisations, but objectives are to provide for older people help with or access to:

- good quality information and advice – with support available to help people;
- ‘navigate’ their way round the system, including advocacy;
- healthy living – including access to NHS entitlements and facilities to support healthy lifestyles and improve wellbeing (Health Service and social care);
- income – advice support and advocacy, including financial information and tax advice (Pensions and benefits);
- mobility – by car, bus or other forms (e.g. community transport, mobility scooters, etc, where they are available) (Transport);
- social activities, social networks and opportunities to keep active – including social clubs and opportunities for learning, leisure, fun, volunteering and befriending services (Leisure services, adult education);
- housing and the home – having a safe home, access to adaptations and repairs and help keeping the house and garden in good order. Also help with shopping, and approved traders’ schemes (Housing, fire, trading standards and local voluntary sector organisations);
- safe neighbourhood – with access to amenities and facilities (Police, transport and neighbourhood wardens);
- employment and volunteering opportunities – access to information on new roles or options for extending working lives.

The LinkAge Plus approach is set out diagrammatically in Figure 1.2.

**Figure 1.2 The LinkAge Plus approach**

More detailed background information on LinkAge Plus can be found in the National Evaluation of LinkAge Plus, which is published alongside this report (DWP Research Report No. 572).



## 2 Business case analysis of LinkAge Plus initiatives

In this chapter we set out in more detail our analysis of the business case for LinkAge Plus.

We begin with a brief consideration of the benefits of LinkAge Plus fundamental principles.

### 2.1 The benefits of LinkAge Plus

In recent years there has been a growing consensus that the purpose of provision of goods and services by the Government is to provide outcomes that satisfy the recipient. Thus, any evaluation of services for older people must begin from the views of older people.

*'There is little point in developing policy goals if elderly people do not regard them as relevant.'*

(Bowling and Dieppe, 2005)

Recent research has indicated that the following broad areas are valued by old people for their quality of life:

- social relationships;
- social roles and activities;
- leisure activities enjoyed alone;
- health, psychological outlook and wellbeing;
- home and neighbourhood, financial circumstances; and
- independence (Bowling and Gabriel, 2007).<sup>1</sup>

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<sup>1</sup> See also Brown *et al.* (2004) and Bowling (2005a).

Although there is good evidence that the above categories are important to older people's quality of life, monetising benefits that they provide is problematic as market values are not generally available:

*'Obtaining values for such impact categories can be a life's work...In practice, most CBA [cost benefit analysis] analysts do not reinvent these wheels but instead draw upon previous research: They use 'plug-in' values wherever possible.'*

(Boardman *et al.*, 2006, p 14)

Such values are scarce in the literature and for this reason this report is not always able to attribute benefits to aspects of the LinkAge Plus programme. As a review of the Department for Work and Pensions (DWP) Cost Benefit Framework (CBF) points out:

*'There are a number of [potential] programme benefits that are not valued in CBAs conducted under the CBF guidance. Important examples include the value of possible programme impacts on health, crime, the welfare of children, self-esteem and happiness. The reason they are not valued in analyses is that the information necessary to do so seldom exists. The sizes of the impacts on these outcomes are rarely measured and, even when they are, it is often difficult to place a monetary value on them.'*

(Greenberg and Knight, 2007, pp 26-7)

In this study there are a number of outcomes from LinkAge Plus that are difficult to monetise. By their nature the benefits of LinkAge Plus are diffuse and hard to quantify, and are also likely to vary between pilot areas. Our approach has been to quantify a subset of the components of LinkAge Plus projects where it is possible to make some estimation of the costs and benefits to the taxpayer and participants and hence, to society as a whole.

Our research indicates that the benefits of LinkAge Plus can be broadly classified as:

- better more efficient services from taking an holistic approach to delivery;
- independence;
- social inclusion; and
- support to live at home.

Later in this report we provide a detailed discussion of the benefits and costs of LinkAge Plus under these headings.

However, in order to show how a range of initiatives can fit together to provide benefits to the taxpayer and participants, we have constructed an illustrative example of how a LinkAge Plus project might work out in economic terms. This example is set out in the next section.

## 2.2 Illustrative example of possible costs and benefits of LinkAge Plus

Our illustrative example is designed to show the benefits of an holistic approach to service delivery as well as specific service benefits that might flow from a LinkAge Plus initiative set up in a local authority (LA). The holistic element is broadly based on Nottinghamshire's First Contact scheme, but the service element incorporates other LinkAge Plus projects such as Gateshead's exercise classes and wider evaluation evidence. Table 2.1 illustrates the order of holistic benefits that might be achievable on setting up a LinkAge Plus initiative. We assume in our example that a LinkAge Plus scheme is set up in two initial investment years and subsequently runs for five years. This is a conservative assumption in terms of evaluating benefits, as some of the benefits of a scheme, in terms of lasting effects on older people's wellbeing could be expected to last for more than five years.

We apply a discount factor to costs and benefits using the HM Treasury (2003) Green Book recommended real rate of 3.5 per cent. All costs and benefits are projected in real terms, so no estimates for inflation are added to projections and no adjustment is, therefore, needed to remove inflation when applying this real discount rate.

We have used Nottinghamshire's First Contact as a basis for projecting what the costs of the holistic element of the scheme might look like. We have the holistic overhead costs of setting up and running the overall pilot and monitoring it for two years detailed in row one of Table 2.1 and the next row in this table shows the ongoing costs of operating the Nottinghamshire First Contact scheme which was the holistic means of accessing services. The third row in Table 2.1 shows the costs that relate to services provided through Community Outreach work which developed the First Contact scheme by ensuring the access to services of hard-to-reach groups.

We now consider the benefits, in terms of the holistic savings that might flow from a LinkAge Plus scheme. In First Contact, an initial contact led, on average, to a further 2.2 referrals to other agencies such as the police, the fire service, or the Benefits Agency. This process is sometimes termed 'warm referral' in that the signposting to another agency would be well-informed and the older person would not need to repeat their query and personal information to the second adviser.

We have estimated savings flowing from this approach on the basis that there were 2,909 and 4,467 contacts in the two-year investment period in Nottinghamshire, and the unit cost of a contact was about £32. We assume that each of these contacts leads, on average, to a saving of 2.2 subsequent contacts and the consequent savings for the first two years are around £189,000 and £325,000<sup>2</sup>.

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<sup>2</sup> The table is calculated using the actual referral ratio each year, so the figures calculated differ slightly from those implied by the indicative explanation of the calculations.

These savings would probably take a little time to materialise, so the next row lags<sup>3</sup> behind them by six months.

We have also imputed some savings in the five years after the initial two-year investment period, to represent permanent improvements in the ability of local partners to work together. Our evidence for this is that after First Contact funding ceased at the end of the second year of operation, partner agencies – Fire and Rescue, Nottinghamshire Primary Care Trust (PCT), and Bassetlaw PCT – elected voluntarily to contribute funding so that the initiative could continue, and we take this to represent the value they place on an holistic approach to service delivery. This contribution is entered as £82,960 in Table 2.1.

We then calculate the present value (PV) of the holistic costs, and the benefits in terms of savings they release and find that the net effect is a deficit in the first two investment years, but the initiative then moves into surplus with a positive saving to the taxpayer. Over the full period of the analysis there is a net present value per £1 spent of £1.77 for the taxpayer.

As well as the holistic savings of the kind illustrated in this example, there are also likely to be benefits arising from the services facilitated by LinkAge Plus.

In the main body of the report we describe the whole range of such benefits that LinkAge Plus facilitates. Many of these benefits, although widely agreed upon, are unquantifiable. However, in some cases it has been possible to impute estimates of benefits and compare them with costs and calculations illustrating how this might map out for services are presented in Table 2.2. We have carried out these calculations for referrals to the fire service, exercise classes, crime reduction and home adaptations.

We discuss these calculations in turn:

One of the signposting services that LinkAge Plus provides is referral to the fire and rescue services for a fire safety visit. Such visits are likely to lead to the fitting of a smoke alarm, and fitting a smoke alarm is likely to yield benefits to both the older person participating in the scheme, who is less likely to die or be injured in a fire if an alarm is fitted, and also to the taxpayer in terms of reduced response costs for the fire service. Based on published research detailed below we have used a figure of around £2,400 for the cost of a fire to a taxpayer and £31,000 a year for the value of preventing death or injury to the individual<sup>4</sup>.

Based on an estimate of the impact of fitting a smoke alarm on numbers of deaths and fires, we have calculated the expected value of these benefits to the taxpayer and the participant at around £14 and £1 respectively per fire safety referral. The Office of the Deputy Prime Minister (ODPM) (2006c, p 21) gives the cost of a

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<sup>3</sup> In other words, half of the benefits each year have been moved forward to the next year.

<sup>4</sup> Details of all calculations for fire safety are given in Section 6.4.

smoke alarm as £10.38. Putting these values together with 824 referrals to the fire and rescue service in the first year and 1,404 in the second year gives a stream of taxpayer benefits over the period of the investment and the following five years (as smoke alarms are designed to work for ten years) as shown in the section labelled 'Fire' in Table 2.2.

Several of the LinkAge Plus pilots facilitated exercise classes. We have found evidence in the literature that exercise classes, particularly Tai Chi classes, provide benefits to taxpayers and participants by reducing the likelihood of falling and breaking a hip. The cost of a person falling and breaking a hip to the taxpayer is estimated at about £20,000 and the cost to the individual in terms of possible death or morbidity is about £14,000.<sup>5</sup>

Wolf *et al.* (1996) found that 15 weeks of Tai Chi classes reduced the relative risk of falling by 47.5 per cent. Work by Jacobsen *et al.* (1990) on prevalence of hip fractures enables us to use this information to estimate the reduction in the absolute risk of a hip fracture that is likely to result from one Tai Chi class. We can then apply this risk reduction to the estimates of the taxpayer costs that hip fractures entail to calculate expected taxpayer savings at £4.29 per class.

In addition there is an expected benefit £2.90 per class to the participant from the increased likelihood of avoiding pain and possible death from hip fracture and we have assumed these benefits persist for the five years after the initial investment period.<sup>6</sup>

As noted above, we have used attendance numbers for Gateshead's exercise classes of around 24,000 in each of the two investment years as exercise classes were not a major feature of Nottinghamshire First Contact. We also have a cost to the participant for an exercise class of £2 and a taxpayer subsidy of £1.18.

Another referral that may be made by LinkAge Plus projects is for a crime reduction visit. We have estimated the likely benefits of such visits. The Association of British Insurers (ABI) (2008, p 18) assumes a prevalence of burglary of five per cent a year (which is approximately the rate for Nottinghamshire) and that target hardening halves the likelihood of a burglary, causing an absolute reduction of likelihood of burglary of 2.5 per cent<sup>7</sup>. The Home Office (2005, p 7) estimated the cost of a burglary at £3,268 and this can be split into £2,120 cost to the victim and

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<sup>5</sup> Details of these calculations are given in Section 4.1.

<sup>6</sup> All those saved from dying from a fall are therefore assumed to survive for the following five-year period. Many will live longer than that of course, but some will die for other reasons in the five years. Overall we consider projecting the benefits forward five years to be a conservative estimate. We have not projected the taxpayer savings forward as these health service and social care costs are conservatively estimated as only being saved during the year the exercise classes are held.

<sup>7</sup> Details of crime reduction calculations are given in Section 6.3.

£1,148 cost to the taxpayer. On the basis of these figures, a crime visit that results in 'target hardening' of the older person's home can be expected to save the taxpayer about £29 and the older person visited about £53. When these savings are compared with the £14.46 average cost of referral we are able to project significant net benefits. We assume the burglary reduction benefits of the target hardening persist over the five years after the investment period.

Lastly, we have considered home adaptations designed to prevent falls. There is some evidence (discussed in Section 6.2) that adaptations can reduce falls by 55 per cent. If we apply this reduction to the prevalence of hip fractures in Jacobsen *et al.* (1990) and the costs of hip fractures set out in Section 4.1, we find expected benefits of home adaptations to the taxpayer of about £74 and to the participant of £50.

Home adaptations costs averaged £77.26, but we deduct a contribution of £10 that was commonly paid by the participant, and also deduct this £10 from participant benefits. It took a while for this scheme to begin in Nottinghamshire, so we have only 630 cases in the second investment year, but these led to benefits to the taxpayer in the year the adaptations were made and in the following five years, as we assume the adaptations remain effective over five years after the initial investment period.

Having examined the holistic and service provision components of our illustrative example, it is of interest to examine the overall benefits to the taxpayer. We do this by adding up the LinkAge Plus costs and benefits of both the holistic savings and the services facilitated are added up. Table 2.3 sets these out for our example. From the last row we can see that the cumulative net present value to the taxpayer is always positive and that overall, the net present value for the taxpayer per £1 spent is £2.65.

The benefits of LinkAge Plus are, however, not just confined to the taxpayer. There is evidence of considerable benefits to the participants from services facilitated by LinkAge Plus. Overall the net benefit to society of LinkAge Plus is given by the sum of net benefits to the taxpayer and net benefits to participants. Table 2.4 calculates the overall net benefits to society. From the last row of Table 2.4 we can see that the cumulative net present value is always positive and that overall the net present value for society per £1 spent is just over £4.

It is necessary to add some notes of caution in interpreting these figures. The calculations are an illustrative example, largely, but not entirely, based on the Nottinghamshire LinkAge Plus pilot, and in the case of the holistic element, on their First Contact scheme. The costs and benefits are a combination of local costs, with estimates supplemented, where necessary, by information from other pilots. Benefits are imputed from academic studies and embody a large number of assumptions that are set out in more detail in Chapter 3. Nevertheless, many of the assumptions we have made are conservative, and our illustrative example omits a large number of the unquantifiable benefits we have discussed below, which we believe are likely to be strongly positive.

**Table 2.1 Illustrative example of holistic benefits of LinkAge Plus**

LinkAge Plus, illustrative example		Pilot investment period					Total
Year		1	2	3	4	5	
Discount factor at 3.5%	3.5	0.9662	0.9335	0.9019	0.8714	0.8420	0.8135
<b>LinkAge Plus holistic analysis</b>							
Holistic overheads of LinkAge Plus		£18,515	£78,284				
Holistic ongoing costs		£62,226	£172,120				
LinkAge Plus outreach costs		£45,712	£97,348				
Holistic savings of LinkAge Plus		£189,459	£324,989	£82,960	£82,960	£82,960	£82,960
Holistic savings – lagged six months		£94,730	£257,224	£203,975	£82,960	£82,960	£82,960
Present value of holistic costs		£126,453	£335,992				£462,445
Present value of holistic benefits		£94,730	£248,526	£190,412	£74,825	£69,850	£818,126
Net present value – benefits minus costs		-£31,724	-£87,467	£190,412	£74,825	£69,850	£355,680
Cumulative net present value		-£31,724	-£119,190	£71,222	£146,047	£288,192	£285,830
Net present value benefit per £1 spent £1.77.							

Table 2.2 Illustrative example of service benefits of LinkAge Plus

Benefits of services facilitated by LinkAge Plus		Pilot investment period				
Year		1	2	3	4	5
Fire	Per person					
	No of referrals	824	1,404			
Taxpayer benefits of fire prevention	£13.71	£11,302	£30,546	£30,546	£30,546	£30,546
Cost of smoke alarm	£10.38	£8,557	£14,570	£0	£0	£0
Net taxpayer benefit of fire referral		£2,745	£15,976	£30,546	£30,546	£30,546
Participant benefits	£1.04	£857	£2,317	£2,317	£2,317	£2,317
<b>Exercise class</b>		23,594	23,842			
	No of classes					
Benefit to taxpayer	£4.29	£101,177	£102,241			
Cost to taxpayer	£1.18	£27,841	£28,134			
Net taxpayer benefit of exercise classes		£73,336	£74,107			
Benefit to participant	£2.90	£68,508	£137,736	£137,736	£137,736	£137,736
Cost to participant	£2.00	£47,188	£47,684			
Net participant benefit of exercise classes	£0.90	£21,230	£90,052	£137,736	£137,736	£137,736
<b>Crime reduction referrals</b>		294	500			
	No of referrals					
Taxpayer benefit of crime referral	£28.70	£8,431	£22,788	£22,788	£22,788	£22,788
Cost of referral	£14.46	£4,248	£7,233			
Net taxpayer benefit		£4,183	£15,555	£22,788	£22,788	£22,788
Participant benefits	£53.00	£15,570	£42,082	£42,082	£42,082	£42,082
<b>Home adaptations</b>		0	630			
	No					
Benefits to taxpayer	£74.48	£0	£46,923			
Home adaptations costs	£67.26	£0	£42,374			
Net taxpayer benefit		£0	£4,549			
Participant benefits	£40.43	£0	£25,472	£25,472	£25,472	£25,472

**Table 2.3 Illustrative example – overall taxpayer benefits and costs**

<b>Overall LinkAge Plus taxpayer benefits – costs</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total</b>
<b>Year</b>	<b>Pilot investment period</b>						
Taxpayer – total costs	£167,099	£0	£0	£0	£0	£0	£0
Taxpayer – total benefits	£215,640	£257,308	£136,294	£136,294	£136,294	£136,294	£592,280
Net present value of taxpayer costs	£167,099	£0	£0	£0	£0	£0	£1,367,347
Net present value of taxpayer benefits	£215,640	£240,200	£122,929	£118,772	£114,756	£110,875	£775,067
Net present value taxpayer benefits minus costs	£48,541	£240,200	£122,929	£118,772	£114,756	£110,875	£660,312
Cumulative net present value to taxpayer	£48,541	£307,736	£430,665	£549,437	£664,192	£660,312	
Net present value taxpayer benefit per £1 spent £2.65.							

**Table 2.4 Overall taxpayer and participant benefits – benefits to society**

<b>Overall LA+ Taxpayer and participant benefits – costs</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total</b>
<b>Year</b>	<b>Pilot Investment Period</b>						
Total costs to taxpayer and participants (society)	£214,287	£0	£0	£0	£0	£0	£0
Total benefits to taxpayer and participants (society)	£300,576	£464,914	£343,900	£343,900	£343,900	£343,900	£685,539
Present value costs to society	£214,287	£0	£0	£0	£0	£0	£2,558,524
Present value benefits to society	£300,576	£434,003	£310,178	£299,689	£289,555	£279,763	£1,872,984
Net present value – society benefits minus costs	£86,289	£434,003	£310,178	£299,689	£289,555	£279,763	£1,583,430
Cumulative net present value to society	£86,289	£693,800	£1,003,978	£1,303,667	£1,593,221	£1,583,430	
Net present value benefit to society per £1 spent £4.03.							

Our analysis of the business case for LinkAge Plus examines the evidence for the costs and benefits of a wide range of LinkAge Plus initiatives. We have categorised these under the broad headings of holistic benefits, independence, social inclusion, and support to live at home and we place a range of sub-categories under these headings as follows:

- **holistic benefits:** better, more efficient services from taking an holistic approach to service delivery, economies of scope, 'warm referrals';
- **independence:** falls prevention, transport, financial support, benefit receipt, employment;
- **social inclusion:** outreach, older people's councils, volunteering, access to information; and
- **support to live at home:** home security/crime, adaptations, housing, fire safety.

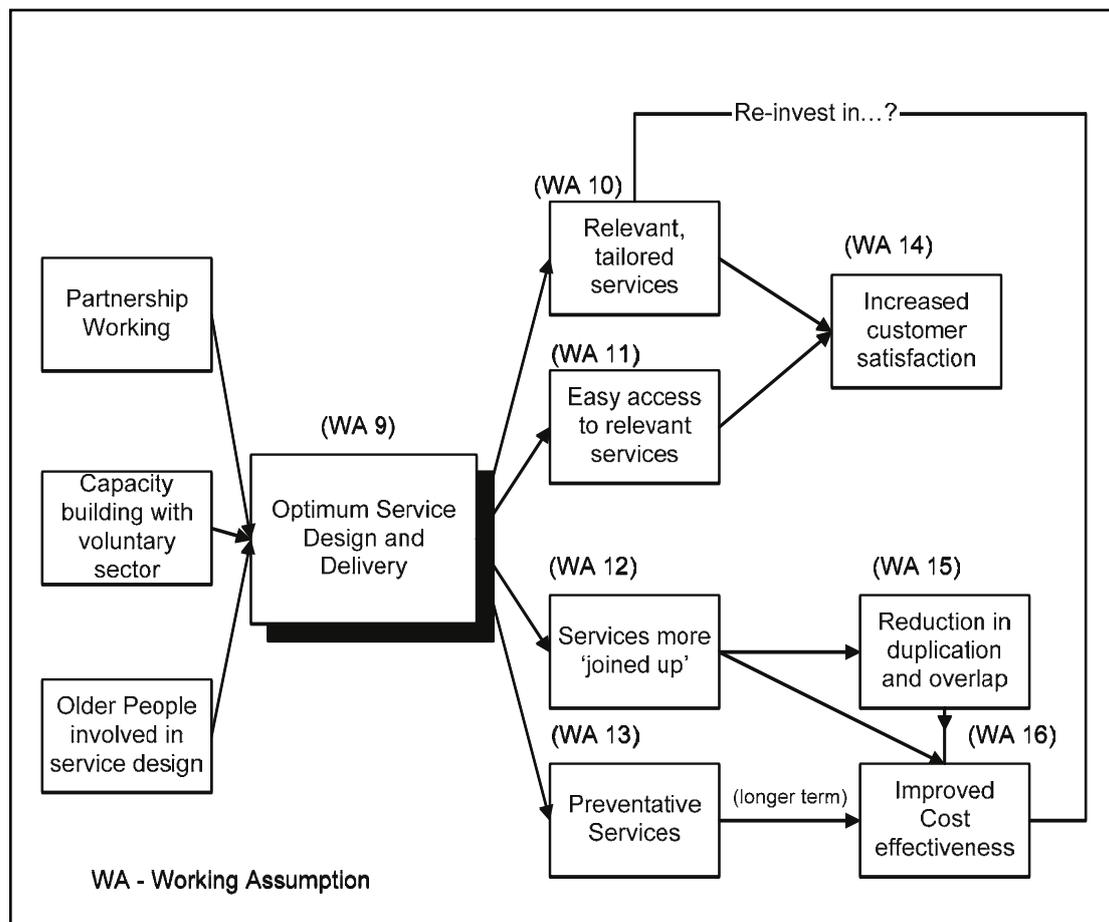
The last three of these categories relate to benefits to older people and bear a strong relation to the categories of factors as discussed in Section 2.1 that are believed by older people to give their lives quality.

We now discuss these categories in turn.

### 3 Holistic benefits

In this chapter we discuss the benefits associated with an holistic approach to service delivery and stronger partnership working. In our evaluation strategy we outlined the organisational benefits that we expected to flow from LinkAge Plus, and these are shown in Figure 3.1.

**Figure 3.1 Organisational benefits from LinkAge Plus**



An important benefit of organisations working together is the efficiencies that may be gained arising from economies of scope (Milgrom and Roberts, 1992, p 554). Different organisations have different ways of meeting the needs of older people. Suppose that organisation A can meet particular needs more efficiently than organisation B. If it is organisation B that receives the funding, the need may be more efficiently met by organisation B funding organisation A to supply the service. Thus, if social care can meet an old person's needs more efficiently than the health service, but it is healthcare that is receiving the budget to meet the need, then there is a danger of inefficient provision.

Efficiencies will flow from organisational arrangements that facilitate these services working together, both as substitutes for each other and as complements. When alternative approaches are substitutes, one approach to a problem may be much more cost-effective than another and services such as LinkAge Plus can facilitate the provision of the more cost-effective approach.

Holistic savings can also result from 'warm referrals' whereby signposting to another agency would be well-informed and the older person would not need to repeat their query and personal information to the second adviser.

A review of multi-agency working by Atkinson *et al.* (2005) argues that motivations include:

- the desire to offer a more effective service;
- a way of sharing knowledge and skills to improve provision; and
- a desire to review and improve what was in place (Atkinson *et al.*, 2005).

A qualitative study by Rothera *et al.* (2008) establishes the superiority of multi-agency working for supporting old people with dementia. However, although there are likely to be great benefits to joint working, studies have established that there may be difficulties in setting such co-operation in train (Post, 2004). We found that LinkAge Plus often acted as a catalyst in bringing agencies together. Evidence from LinkAge Plus research shows that the pilots often performed a valuable role in initiating fruitful multi-agency approaches to provision as well as collaboration within each agency.

As well as different organisations working together and pooling or transferring funding, there are also benefits from collaboration within an organisation. Thus a customer-centred approach as adopted in the Salford Corporate Customer Contact Centre, is likely to increase efficiency by improving collaboration between departments rather than staff operating strictly within their own silos.

A further organisational benefit of LinkAge Plus is the effect we found it to have on improving the allocation of services. If there is a limited budget to be spent on a service, it is important that it is spent on those older people that can most benefit from the service. If LinkAge Plus outreach finds some hard-to-reach individuals that had not been receiving a service even though they could potentially benefit

very highly from that service, the allocation of the budget for the service will be improved even though this might mean that people with less capacity to benefit will stop receiving the service.

In the next sections we discuss examples of an holistic approach to service delivery from the pilots.

### 3.1 Leeds – neighbourhood schemes

The nature of the pilot in Leeds was to strengthen the voluntary sector in Leeds which depended on building capacity between the various organisations involved. A range of outputs was delivered at a total cost of £229,000 which cut across work streams. Examples instanced by Townsend and Moore (2008, p 43) in their local evaluation report include:

- training to raise awareness and share good practice (29 courses for 472 people);
- two ten-week accredited courses in volunteer management;
- city-wide volunteer recruitment bureau including assisting the promotion and market of some voluntary bodies (an increase of 23 per cent in the first six months on previous years);
- four workshop events involving 652 people;
- city-wide conferences on social isolation and intergenerational work and events for older people, volunteers and pilot staff;
- improving access by publication of a social isolation resource pack (over 500 distributed), developing a website and strong multi-agency networks (233 members);
- in-depth research, consultation and questionnaires – 316 older people and 38 organisations; and
- capacity building grants given to 58 voluntary organisations (Townsend and Moore, 2008, p 43).

The local evaluators (Townsend and Moore, 2008) identified a range of benefits to the organisations involved in provision. They found evidence of increased efficiency and effectiveness in day-to-day working, with improved staff skills and knowledge through training and networking and greater sharing of ideas and good practice, better mutual awareness of shared areas of work, and more efficient utilisation of existing services and facilities of other agencies.

The local evaluators identified a number of system-wide benefits, with reduced duplication, improvements in communication between voluntary organisations and commissioners, better understanding of issues that affected older people and subgroups of older people such as the socially isolated and black and minority ethnic (BME) groups. They also observed changes in organisational culture through greater levels of partnership working and networking.

### 3.2 Gloucestershire – Village Agents

In Gloucestershire the local evaluators found that LinkAge Plus has meant that county-wide agencies involved with services for older people have developed a better knowledge of each other's provision and are assisted in making contact with previously hard-to-reach groups (DWP/DH 2008g, p 3).

#### **Case study – Gloucestershire**

'We think it's great from our point-of-view as an organisation we have always worked in partnership with other organisations, statutory and voluntary sectors and actually the Village Agents have formalised a lot of that and have increased our reach and have given us a more formal framework to work with – another opportunity to do this cross-partnership working.'

### 3.3 Tower Hamlets

In Tower Hamlets the local evaluators found that by bringing publicly-funded providers together with key third sector providers the LinkAge Plus project enabled staff and volunteers to coordinate their work more effectively with reduced overlap and competition. The initiative led to joint learning between organisations, improved sharing of expertise, the organisation of joint events and the development of greater organisational capacity.

The local evaluators concluded that:

*'The relationship between the local authority and third sector providers has been broadened and deepened through the LinkAge Plus programme. The collaborative approach taken by the London Borough of Tower Hamlets encouraged third sector providers to take different approaches towards enhancing service provision, which resulted in a diverse range of approaches which appear to be highly responsive to local need. Through developing a collaborative approach to service delivery, LinkAge Plus also reduced competition for resources between the key providers of older peoples' services in the borough and increased partnership working between these organisations.'*

(Schlappa and Pitcher, 2008, p 32)

The local evaluation report found that LinkAge Plus has led to a better use of existing facilities and services amongst large third sector providers. It also found that it helped develop the capacity of small third sector groups. Outreach Workers identified appropriate classes and activities and linked with supported housing providers such as sheltered housing, to engage statutory services and tutors to run classes. They were able to increase the capacity of staff working in sheltered schemes to provide better services for older people (Schlappa and Pitcher, 2008, p 32).

## 4 Independence

Independence has been identified as an important element of older people's wellbeing (Bowling, 2005a). It is one of the five domains targeted by *Opportunity Age* (Her Majesty's Government (HMG), 2004, pp xv-xviii).

According to the Audit Commission:

*'Independence is subjective and relative, varying according to the person and situation. At the heart of older people's sense of independence and wellbeing lies their capacity to make choices and to exercise control over their lives.'*

(Audit Commission, 2004, p 7)

In this chapter we bring together under the broad heading of independence, a range of benefits that have been facilitated by LinkAge Plus: falls prevention and improvements in health, transport, financial support, benefits take-up and employment. These benefits have been viewed in many studies as being valued by older people and their importance is underlined in that they are often treated as separate categories of benefit in their own right (Bowling, 2005a).

### 4.1 Falls prevention/improvements in health

The benefits from falls prevention can be divided into firstly the benefit to the older person (and their relatives) as a participant in the LinkAge Plus programme, and secondly the benefits to taxpayers that arise from cost savings.

The benefits to older people from falls prevention, and the benefits from the cost savings can both be understood better by introducing the concept of a **frailty trajectory** (Freedman *et al.*, 2006; Lynn, 2001). In Figure 4.1 the solid diagonal line falling from left to right shows a possible such trajectory for an older person. Over time the older person becomes frailer and at some stage may not be able to maintain independent living.

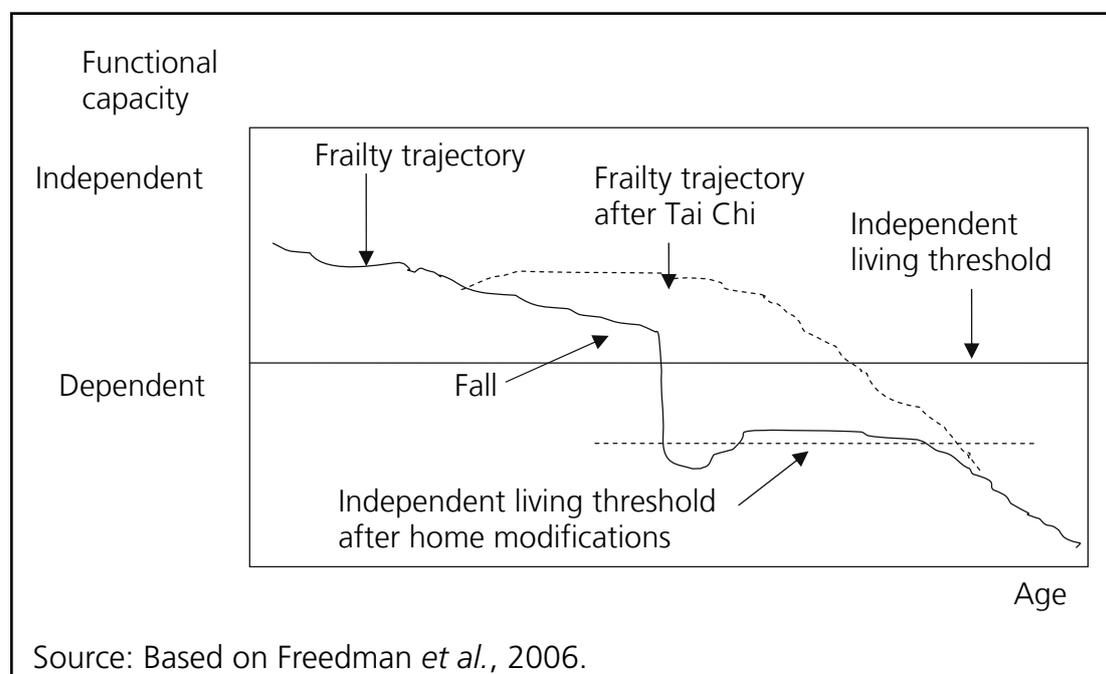
In the case shown this transition occurs suddenly when the person falls and injures themselves – indicated in the figure by the sudden plunge in the trajectory, labelled 'Fall'. However, an exercise class such as Tai Chi may allow the older person to

move onto a better trajectory as shown by the upper dashed line. The exercise class prevents a fall and allows a longer period of independent living (Freedman *et al.*, 2006).

If it prevents a fall, the exercise class has direct benefits to the older person's quality of life, and also may save public expenditure. In addition, whether it prevents a fall or not, the older person may find the class intrinsically enjoyable.

A further possibility is that modifications to the home, after the person has fallen may lower the disability threshold – shown by the lower dotted line – and may enable a longer period of independent living.

**Figure 4.1 Alternative frailty trajectories**



We now consider the benefit to the individual older person of not falling. One approach to benefits to individuals is via the concept of a Quality Adjusted Life Year (QALY).

The effect of interventions may be quantified in terms of what fraction of a QALY they deliver per year. One QALY equates to one additional full quality year of life resulting from the intervention<sup>8</sup>.

The value of such a life year can be monetised with reference to the work of the National Institute for Clinical Excellence (NICE). NICE is often said to use a value

<sup>8</sup> The Wanless report on care of the elderly made use of the 'ADLAY' in arriving at recommendations for spending on older people. An ADLAY is 'the gain for one year of life of having core activities of daily living (ADL) needs improved from being entirely unmet to being fully met.' (Wanless, 2006, p xxvii). Clearly the ADLAY relates strongly to the QALY discussed above. The Wanless modelling set a value of £20,000 on an ADLAY.

of £30,000. Work by Tidermark *et al.* (2002) suggests that a hip fracture might reduce an old person's QALY by 23 per cent, which equates to a cost of £6,900 per year in terms of reduced life quality. Hence, the individual benefit to an older person of an intervention that prevented them from falling and breaking their hip can be monetised in this way at £6,900 per year. If the person is saved from dying, the benefit is taken to be £30,000 a year. These outcomes are weighted 70 per cent, 30 per cent based on Parrot's reference to the work Keene *et al.* (1993) which suggests that 30 per cent of hip fractures end in mortality, to give a weighted average of £13,830.

We can also consider the benefits in terms of cost savings of an intervention that prevented an older person from falling and breaking their hip.

Evidence on the resource implications of looking after a person having a fall estimated a cost at £15,292 per year (Parrott, 2000). Parrott's figures are mainly based on 1999 unit costs, but can be updated to 2006/07 equivalents by applying the Hospital and Community Health Services Index which gives a cost of £20,426.

Adding these costs gives the cost of a fall as £34,256 a year. In other words if a policy intervention prevents a person falling and fracturing their hip, the above logic suggests that the benefits of that outcome can be monetised at £34,256 per year.

We now turn to the question of what it might cost to obtain such a benefit.

There is evidence that 15 weeks<sup>9</sup> of Tai Chi classes reduce the likelihood of falls by 47.5 per cent (Wolf *et al.*, 1996). Li *et al.* (2008) give details of using Tai Chi in a community-based falls-prevention programme. Exercise that involves a strong element of balance is argued to be most effective (Day *et al.*, 2002) and it is its emphasis on balance skills that appears to be the reason for the benefit of Tai Chi.

In order to work out the implications of a reduction in the likelihood of falls, we need to link this to evidence on the prevalence of falls (Freedman *et al.*, 2006, p 498). The logic is that if the prevalence of falls is very low, reducing that prevalence may not be cost-effective, because most people were not going to fall anyway. Thus, prevalence is relevant to cost-effectiveness.

Work by Jacobsen *et al.* (1990) suggest that the prevalence of fractures in the over 65s was 6.63 fractures per 1,000. One Tai Chi class could, therefore, be expected to reduce falls by 0.2 per 1,000 class attendances. The expected value to the taxpayer of a participant attending one Tai Chi class can, therefore, be calculated as £4.29 and the expected value to the participant can be calculated as £2.90. The calculations that yield this result are shown in Table 4.1.

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<sup>9</sup> The Tai Chi class met twice a week, but only for a total time of 45 minutes per week, so we have taken this as being equivalent to one class per week – see Wolf (1996, p 1796).

**Table 4.1 Expected savings from attendance at a Tai Chi class**

Prevalence of fractures per 1,000 persons	6.63	
Expected reduction in prevalence of fractures per 1,000 persons that have benefited from 15 weeks of Tai Chi	$6.63 \times 47.5/100$	= 3.14925
Expected reduction in prevalence of fractures per 1,000 persons resulting from <b>one</b> Tai Chi class	$3.14925/15$	= 0.20995
Expected reduction in prevalence of fractures per <b>person</b> resulting from one Tai Chi class	$0.20995/1000$	= 0.00020995
Cost to taxpayer of one fall	£20,426	
Expected 'fracture cost' cost saving to taxpayer per person per Tai Chi class attended	$£20,426 \times 0.00020995$	= £4.29
Expected 'fracture cost' saving to individual per person per Tai Chi class attended 70 per cent morbidity and 30 per cent death		
Death cost 1 QALY = £30,000		
Morbidity $23/100 \times £30,000 = £6,900$		
$.3 \times 30,000 + .7 \times 6,900 = 13,830$	$£13,830 \times 0.00020995$	= £2.90

Source: Authors' calculations.

Other studies have drawn attention to the cost-effectiveness of falls prevention. Curry (2006), for example, discusses a Cabinet Office presentation (Office of the Deputy Prime Minister (ODPM), 2006) that describes a local Healthy Communities Collaborative to reduce falls, which included the use of protective slippers and reduced falls by 32 per cent in the first year and 37 per cent in the second year and which, it was argued, could save nearly £500 million if replicated nationally (ODPM, 2006).

The Audit Commission (2008) discusses a community-based falls prevention programme in Dudley. They state that:

*'Since the programme was introduced [in 2003] the number of hip fractures have reduced year on year. The health and social care costs of a hip fracture are approximately £20,000<sup>10</sup>. The reduction in falls in the area has resulted in a saving of approximately £3 million.'*

(Audit Commission, 2008)

This suggests that a decrease of 150 hip fractures has been attributed to the programme. The cost for 2006/07 was £158,000.

In general, there would be benefit from more investigation of the cost-effectiveness of falls prevention. A recent systematic review (Lamb *et al.*, 2007) notes that in a previous review by the NICE (2004) *'no data were obtained on the cost-effectiveness of interventions for the prevention of falls in older people in the UK'*. Lamb *et al.* (2007) examined whether any new UK cost-effectiveness evidence on falls prevention programmes was available.

<sup>10</sup> No source is given by the Audit Commission for this figure of £20,000.

They concluded that:

*'Although 242 articles contained key terms including cost, cost-effectiveness, economic or economic evaluation, falls prevention and falls, there were no additional studies of community-dwelling older people who had fallen, or were at risk of falling, participating in falls prevention interventions that was the subject of a cost-effectiveness analysis published in the UK in the intervening period since the publication of the NICE systematic review in 2004.'*

(Lamb *et al.*, 2007, p 118)

Although there is currently a lack of cost-effectiveness evidence, the analysis carried out above suggests that rigorous trials have a good chance of establishing the cost-effectiveness of falls prevention.

The arguments above strongly suggest that initiatives designed to keep older people fit are likely to be highly cost-effective if their unit costs are low.

We have collected data from pilots on their unit costs of health and wellbeing activities and these costs are often very low in relation to the potential benefit detailed. In Gateshead the charge for attendance was £2.00, although there was an element of subsidy to these classes. In other pilots such as Leeds, Nottinghamshire and Tower Hamlets, the cost ranged from £1.50 to £3.50. Compared against an estimated benefit of £4.29 + £2.90 = £7.19, this provides a basis for viewing these activities as being likely to be highly cost-effective.

In the following sections we discuss initiatives designed to provide exercise benefits at Gateshead, Leeds, Salford, Nottinghamshire and Tower Hamlets

#### **4.1.1 Gateshead – health and wellbeing**

In the Gateshead Pilot, 'Link up in Gateshead' ran an ActivAge project through Age Concern Gateshead with 56 ActivAge groups for older people.

In total there were over 47,000 attendances. The charges for the classes were low, with the charge for Tai Chi being set to cover the net cost at £2.00 per attendee.

##### **Case study – Gateshead**

*'When my husband died, I found it difficult coming to terms with suddenly being on my own. I wanted to lock the world out. I didn't want to go anywhere and only spoke to my daughter over the phone – she lives away. I was overweight and lonely. I was desperate. I realised I needed to do something but the thought of joining an expensive gym and exercising with fit young people really put me off until I saw the article in the local paper. I come here every week: I've made new friends and am delighted I'm one of the youngest. It's helped me gain back my confidence and as a result I'm involved in different groups and social gatherings.'*

(Mrs A aged 55)

### 4.1.2 Leeds – healthy living

In Leeds, the Gateway Groups ran a range of activities including Tai Chi, swimming, dancing, outings, walking and chair-based activities at their centres. The charge for Tai Chi was set at £2.00 per lesson. Data from one of the groups in Leeds indicates an estimated cost of £3.58. Contact data from Gateways indicated over 1,800 enquiries over a 15-month period about healthy exercise and leisure activities.

Other falls prevention<sup>11</sup> activities such as a ‘slipper exchange’ (the Sloppy Slipper campaign) were offered by the council where older people received new slippers.

### 4.1.3 Salford – Healthy Hips and Hearts

In Salford, LinkAge Plus has enabled the development of the existing Healthy Hips and Hearts programme. Healthy Hips and Hearts is an exercise programme designed to combat isolation by encouraging older people to adopt a healthier and more active lifestyle. It trains volunteers as mentors to deliver predominately chair-based exercise classes. There are additional activities such as reminiscence, massage, relaxation, Tai Chi and social events such as tea dances.

Prior to LinkAge Plus there were 70 trained mentors who delivered 48 sessions per week across the city. As a result of LinkAge Plus funding, the service enabled a further 119 mentors to be trained and to run 64 groups on a regular basis. Eight hundred and fifty-five people attended the classes and in addition 3,790 people now receive the Healthy Hips and Hearts newsletter.

*The Evaluation report for Salford concludes that: ‘It demonstrates that it helps meet the outcomes wished for at a low cost to the state.’*

(Johnson *et al.*, 2008, p 45)

### Salford Healthy Hips and Hearts

*‘I think the money is well spent [on Healthy Hips and Hearts], where would we be otherwise...in this weather we’d all be sat inside watching the TV or reading a book. Here you get some exercise and then you get to have a friendly chat and a cup of tea after the activity.’*

(Participant – community centre).

*‘It’s definitely improved my wrists, I’ve got arthritis you see and since I’ve started this I’ve not needed the medication so much and I can knit and open jars again.’*

(Participant – sheltered housing).

<sup>11</sup> The evidence on whether incorrectly fitting slippers cause falls is unclear – see Menz *et al.* (2004).

#### 4.1.4 Nottinghamshire – Activity Friends

In Nottinghamshire, the Activity Friends project (Senior Peer Mentoring) trains active older people to act as volunteers to encourage their peers to participate in some form of physical exercise.

The local evaluation concluded that although the cost per intervention (£913) appeared relatively expensive, there were considerable benefits to be gained which could yield possible long-term savings by prolonging the independence and physical condition of an older person (Harradine *et al.*, 2009, p 42).

#### 4.1.5 Tower Hamlets – Work at Local Centres

In Tower Hamlets, the five network centres provide a wide range of physical activities. LinkAge Plus has enabled a significantly increased range and frequency of activities, with classes including massage, dancing, falls exercises, line dancing, keep fit, Tai Chi, women-only swimming, reflexology, and women-only keep fit. The use of co-ordinators and outreach workers has brought older people into the centres and increased the regularity of their visits.

The cost of classes varies from centre to centre and by type of class but is generally low. For example the cost for a Tai Chi class ranged from £1.50 to £3.50.

#### 4.1.6 Conclusions

We conclude that exercise classes, particularly those that help balance, such as Tai Chi, contribute to maintaining independence for older people, and are likely to be a cost-effective element of the LinkAge Plus programme. As argued above, calculations suggest that Tai Chi classes can be expected to save £7.19 per attendee per class, compared to an estimated average cost over all pilots of £2.50 a highly cost-effective use of funding.

In the next section we discuss the contribution of transport to independence and the wellbeing of older people.

## 4.2 Transport

Although transport for older people is mentioned several times in *Opportunity Age* (HMG, 2004) and arguments can clearly be made that it contributes to an older person's quality of life by contributing to independence and allowing a range of activities they can enjoy<sup>12</sup>, there is a lack of research verifying the existence of such benefits. An exception is Gilhooly *et al.* (2003) which found that '*car ownership and access to transport were associated with higher perceived quality of life*'.

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<sup>12</sup> See, for example, <http://www.dft.gov.uk/pdf/pgri/inclusion/older/olderpeopletheirtransportnee3260>

In Gilhooly *et al.* (2003) car ownership and access to transport were found to be **independent** contributors to quality of life. This means that they were not found to be contributing purely as a manifestation of some possibly more fundamental factor, such as wealth.

Transport also featured prominently in the LinkAge Plus National Evaluation interviews, with Leeds placing it in their top three issues and Devon also saying it was important.

There is considerable market information on willingness-to-pay for transport given by market prices of taxi and bus journeys. This would tend to suggest that the benefits of LinkAge Plus transport provision might at first sight equate quite clearly to the cost. However, if transport provision is seen as achieving distributional objectives – helping those who could otherwise not afford to travel – this could easily raise benefits above costs.

In the following sections, we examine some details of transport provision and costs.

#### **4.2.1 Leeds**

In Leeds, transport is an integral aspect of the support provided by many of the schemes which have invested in minibuses. These were used to assist the transport of older people and also were loaned to voluntary schemes.

In a nine-month period during the trial, in one of the network groups there were 4,400 trips by minibus at an average cost of £9.85 per trip.

Not all the groups acquired minibuses. They used alternatives such as the Access bus, volunteer drivers and taxis. One scheme has a substantial volunteer driver scheme coordinated by a member of staff.

##### **Leeds Minibus**

*'Mrs B can't walk, uses a wheelchair, has osteoporosis, suffers with hernias and has chronic obstructive pulmonary disease, "so all in all I am not in a right good condition". Because transport is regarded as an integral part of the service, she has been able to join in many activities including a lunch club, coffee morning, history group, arts group, computer class as well as trips and holidays.*

*On the scheme, they have used the bus journeys to disseminate information – they have recorded their newsletter on to a cassette which is played during the journey. In addition the scheme coordinator says that people notice the bus going round the area and occasionally stop the driver to ask him a question.'*

There is also potential in Leeds for doing more on transport for older people:

### **Leeds Minibus**

*'If you know that the number 56 bus is wheelchair accessible and in Leeds that all our buses have GPS<sup>13</sup> on them, you can text their number and your bus stop on your mobile phone and it will tell you when the bus is due. You could envisage doctors' surgeries doing this for people (perhaps saving money on the cost of an ambulance).'*

(Interviewee, Leeds City Council)

## **4.2.2 Gloucestershire**

In Gloucestershire, if general enquiries were excluded, transport was the second highest after benefits advice in the list of topics of concern amongst the contacts made. In delivering their service, the Village Agents assisted older people's transport needs through either getting bus stops moved or organising volunteer drivers. One agent organises minibuses herself – bringing socially-isolated people together, while others initially transported and accompanied people to social activities to support the first steps.

### **Village Agents**

*'Mrs C told me that while she was able to get to the doctors, as the bus would drop her off by the surgery, which wasn't a designated bus stop, she was unable to catch the bus home as she couldn't walk to the official stop, I was able to put her in touch with a volunteer driver who is willing to take her to appointments.'*

## **4.2.3 Nottinghamshire**

In Nottinghamshire, a Transport Voucher scheme allowed older residents to obtain vouchers to allow them to travel by taxi where they were unable to use, or had difficulty using, public transport. They were issued with two £5 vouchers per month to use towards the cost of a return taxi journey.

In excess of 3,000 individuals have been registered with the scheme and 15,500 journeys were made, of which a large proportion (39 per cent) were health-related in the form of visits to GPs or hospitals. This can be seen as a case of LinkAge Plus funding contributing to healthcare.

In a review of the scheme, 51 per cent of respondents stated that it had enabled them to become more independent and 58 per cent responded that it had made them more able to access medical treatment. Unfortunately due to its success (exceeding targets by over 400 per cent) it is projected that the scheme would be difficult to regulate and costs would be high and it has not been continued.

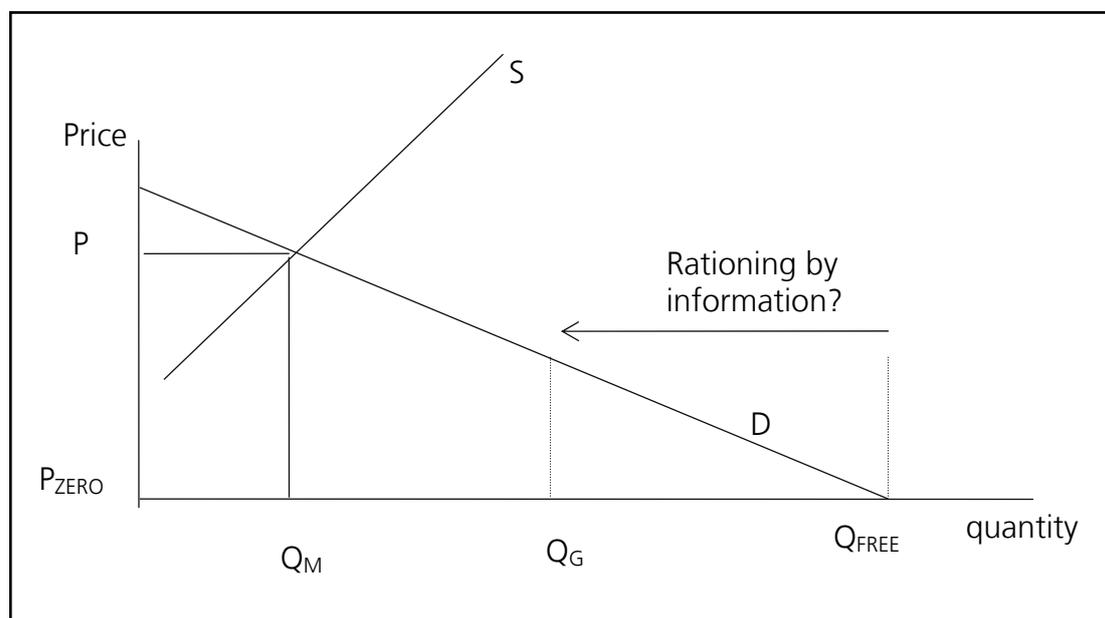
<sup>13</sup> Global Positioning System.

The local evaluation concluded that the main benefit had been to ease the financial burden of the journeys as only 27 per cent of the respondents increased the number of their journeys. With regard to the support to medical transport services it concluded that the taxi voucher service is duplicating a service already provided as the medical transport services would be provided regardless of the number of users, and that if the scheme were to continue there would be a transfer of funds required from the NHS to part-fund the scheme (Harradine *et al.*, 2009, p 30).

The problem of high take-up is worth discussing in some detail.

In Figure 4.2, the line labelled 'D' shows the demand curve for older people's transport in Nottinghamshire. At price zero, the amount demanded would be very large – denoted by  $Q_{\text{FREE}}$  in the diagram. The problem for Nottinghamshire is that supplying  $Q_{\text{FREE}}$  would involve an unaffordable budget of between £300,000 and £500,000 per year. The provision must therefore be rationed to an affordable amount – say  $Q_G$  – possibly by 'rationing by information' (Weatherley and Lipsky, 1977). In Nottinghamshire, the demand exceeded the funding available and the scheme has now ceased.

**Figure 4.2 Take up and rationing by information**



#### 4.2.4 Conclusions

On transport, we conclude that availability of suitable transport contributes significantly to independence for older people and is an important component of their quality of life. Both costs and benefits of provision of transport would appear to be well approximated by market values. The key to generating benefits greater than costs lies in targeting such schemes to the less well off in order to secure redistributive benefits.

We now turn to a discussion of financial support as an element of independence.

### 4.3 Financial support/benefits take-up

If an older person is suffering from poverty, this will affect their independence and wellbeing as they will not be able to afford a whole range of activities that would otherwise contribute significantly to their welfare. Clearly, if an older person is entitled to benefits, but does not take them up, this is a situation in need of rectification.

The system of benefits for older people is complex in its design, and older people do not always take up all the benefits to which they are entitled.

For 2006/07 the percentage of pension credit to which people were entitled that was taken up was estimated by the Department for Work and Pensions (DWP) to be between 69 and 76 per cent.<sup>14</sup> Thus, as many as 31 per cent of benefits are not being taken up by older people.

Clearly, failure to take up benefits is a matter of concern, as it can be an important cause of poverty and greatly reduce older people's welfare.

*'Taking up entitlements can have significant effects on pensioners. It can lead to greater spending on a range of essential items such as nutritious food and heating, increased mobility, the use of a wider range of goods and services, the ability to make large one-off payments that had previously been impossible, and the chance for personal forms of expenditure (e.g. giving presents). It has also been credited as leading to greater independence or autonomy, greater choice, more participation in the community, and an improved sense of identity and dignity. In addition, increased take-up of benefits can also have an impact on the local economy since much of the additional expenditure is made on routine items that are likely to be bought in local shops.'*

(National Audit Office (NAO), 2002)

The DWP is the lead department for Public Service Agreement (PSA) 17 to **Tackle poverty and promote greater independence and wellbeing in later life**<sup>15</sup>.

There are five key indicators in this PSA:

- employment rate of those age 50-69 and the percentage difference between this and the overall employment rate;
- pensioner poverty;
- healthy life expectancy at 65;
- over 65s satisfied with home and neighbourhood; and
- over 65s supported to live independently at home.

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<sup>14</sup> This is the 95 per cent confidence interval for the estimate. See DWP, 2008, p 34.

<sup>15</sup> [http://www.hm-treasury.gov.uk/media/0/0/pbr\\_csr07\\_psa17.pdf](http://www.hm-treasury.gov.uk/media/0/0/pbr_csr07_psa17.pdf)

The second of these, pensioner poverty is clearly addressed by increasing take-up in cases where benefit should be claimed.

What is the benefit of improving the take up of benefits? Standard cost-benefit analysis (CBA) sees improved benefit take up as a gain to the benefit recipient, but as a loss to the taxpayer, giving a net effect of zero. *'In standard CBAs "a pound is a pound" no matter to whom it accrues'* (Greenberg and Knight, p 8). However, taxpayers will on average have much higher incomes than recipients of benefits, and improvement in take-up is, therefore, likely to have benefits in terms of improving income redistribution. The technique used in cost-benefit analysis (CBA) to take such effects into account is that of using distributional weights (Boardman *et al.*, 2006, pp 488-503). Although the idea of using distributional weights is clear in theory, the problem in practice is in arriving at appropriate distributional weights to use.

*'Distributional weighting is not widely used in CBA because the weights that are appropriate for this purpose are unknown and probably unknowable. Although a set of distributional weights can be found in HM Treasury Green Book (2003), these weights are illustrative in nature and not based on evidence. Thus, we suggest that in conducting CBAs with the CBF [Cost Benefit Framework] guidance, weighting be limited to sensitivity tests. For example, it would be useful to see how the ranking of programmes changes when weights of two for participants and one for all other groups are used. This weighting scheme, which is consistent with the weights found in the Green Book, assumes that a pound received by programme participants has twice the value of a pound received by anyone else.'*

(Greenberg and Knight, p 44-45)

Below we present a number of examples where LinkAge Plus referrals has led to increased benefit take-up. If we calculate the benefits of improved take up using a distributional weight of two for the participant, one for the taxpayer, under this weighting the gains to society would be equal to the amount of extra take-up resulting from LinkAge Plus.

Boardman *et al.* (2006, p 500) also use this weighting in an illustrative example considering the benefits of the American Aid to Families with Dependent Children scheme.

#### **4.3.1 Effect of LinkAge Plus on pension credit take-up**

It was possible to identify the effects of the LinkAge Plus pilots on pension credit take up in a number of the pilots.

We asked local pension offices *'Can you identify new claims for retirement pension or pension credits that have come about directly as a result of the LinkAge Plus pilot in your area? And for any other benefits e.g. Disabled Living Allowance (DLA); Attendance Allowance (AA).'*

For Tower Hamlets, 471 customers were seen as a result of LinkAge Plus, with the weekly income claimed £6,150 up to August 2008. The referral arrangements would continue after the end of the pilot. The pension office also noted that:

*'The LinkAge Plus pilot has enabled us to have greater penetration into the Bengali and Somali communities within Tower Hamlets, as it has brought organisations working in these communities into contact with us in Local Service. The pilot has also enabled us to increase our profile within the local area and provided us with opportunities to have Information Points in places where customers are visiting to obtain support/services.'*

(The Pension Service)

In Gloucestershire, 280 referrals were received from Village Agents, which resulted in 24 claims for Pension Credit generating £970 per week benefit take-up, 80 claims for AA generating £3,840 per week benefit take-up; 12 claims for DLA generating £640 per week benefit take-up. There were no claims for State Pension. As a result of LinkAge Plus, total benefit generation including resulting Housing Benefit (HB) and Council Tax Benefit (CTB) was approximately £6,015 per week take-up.

The local pension office commented as follows:

*'As the figures above show we have reached an extra 280 people that, had it not been for Village Agents, would probably not now be receiving the benefit they are. As the Village Agents work in rural areas they are able to 'market' services in a way not previously possible. By Local Services (LS) having a good working relationship and being involved in Village Agents' ongoing activities their work has had a very positive knock-on effect for LS/Pension Service/Department for Work and Pensions all to the good of hard-to-reach customers...I think the DWP funding for this pilot was a good investment for the pension age customers of Gloucestershire. It has been a locally well managed pilot and its strength can be verified by the fact it is continuing now that DWP funding has ceased.'*

(The Pension Service)

The arrangements for referrals would continue after the end of the pilot.

In Salford, 39 referrals were made to The Pensions Service, of which 14 were already receiving maximum entitlement, two declined an offered visit. Of 23 visits, no Pension Credit or retirement pension payments were generated, but four AA and one DLA increase applications were taken, resulting in a weekly increase of £328.70, with a total from the start of approximately £12,000. A lesson to emerge from these referrals was the question of the cost-effectiveness of using Pension Service resources. In an earlier report we commented as follows:

*'However, the [LinkAge Plus] system has been found to be more effective when dealing with services with limited eligibility criteria, not dependent on financial information. It has been most successful in arranging referrals to services dealing with doorstep crime and fire prevention. In relation to The Pension Service, although the numbers of referrals were greater than anticipated, they found that the system was unable to sufficiently target and identify those people eligible for, but not yet receiving, Pension Credit.'*

(Ritters and Davis, 2008, p 46)

The problem can be understood with reference to Figure 4.2 presented earlier. In the figure, the demand curve indicates the benefit of receiving a pension review. The importance or priority of reviews can be seen as varying. For example, a review for someone who is already receiving maximum entitlement might be regarded as less important than a review for someone whose payments would be increased. The demand curve in the figure reflects at its left-hand end the highest priority reviews, and at its right hand end the lowest priority reviews. If the supply curve reflects the cost of carrying out reviews, reviews in excess of  $Q_M$  in Figure 4.2 can be seen as not cost-effective. The problem with the referrals system at Salford was – as can be seen from the details above – that, at least at an early stage of the project, most of the reviews generated no change in benefits, and were therefore probably not a cost-effective use of Pension Service resources.

In Nottinghamshire, increases were recorded in the pre-existing First Contact scheme and could not be separated out.

We conclude from the above, that LinkAge Plus pilots have in many cases had a significant positive impact on benefit take up and thus also contributed to a reduction of older people's poverty.

## 4.4 Employment

It is clear that moving a person into employment will have benefits to older people, both in terms of contributing to their independence, their wealth, and also contributing directly to their happiness. These benefits of employment can conventionally be measured by the older person's gross earnings plus employer national insurance contributions and VAT (Adam *et al.*, 2008, p 67), although this method omits direct 'happiness' benefits.

However, estimating the impact of LinkAge Plus initiatives on the employment of those who come into contact with the scheme together with their likely hours of work and remuneration is a complex econometric task, outside the scope of this project, even assuming there would be enough observations for estimation.

Adam *et al.* (2008) which estimates the value of employment increases generated by the DWP Pathways to Work policy, gives some idea of the scale of the task. Although this work addresses a different task of estimating the expected employment and other benefits of applying a different DWP initiative (Pathways to Work) to incapacity benefits claimants, it is of interest to note that a present value

for the expected benefit of this policy, per person it is applied to is estimated at between £659 and £3,180 depending on the assumed duration of the employment generated<sup>16</sup> (Adam *et al.*, 2008, p 70).

This total benefit is the market value of the additional production in the economy which can be measured by their earnings plus employer National Insurance contributions and VAT, of the additional people that move into work.

Recent economic research on happiness (Oswald, 1997) indicates that in addition to the benefits discussed earlier, people generally derive positive psychological benefits from the effects of being in employment *per se*, in addition to the increased earnings.

These non-pecuniary benefits of being employed appear to be large. Winkelmann and Winkelmann (1998) find, in econometric work on happiness and employment, that household income would have to rise by a factor of **seven** to compensate for loss of employment.

In the next section we discuss LinkAge Plus initiatives in Lancaster and Tower Hamlets that were designed to increase employment and, where possible, we provide data on costs.

#### **4.4.1 LinkAge Plus and employment in Lancaster and Tower Hamlets**

In Lancaster, a part of the LinkAge Plus work has been to set up a new Employment Agency for older people. It is run in conjunction with the Volunteer Bureau (see Section 5.3.2). Two hundred and forty-one people registered with the Employment Service, of which 102 older people were placed in employment with 71 employers. Of the remainder, 59 were referred to the Volunteer Bureau. The local evaluation report suggests a cost of £780 per placement (Davies *et al.*, 2008, p 6).

The report judges that Lancaster 50 Forward Employment Service was good value for money, concluding that:

*'In the case of the 50 Forward Employment Service, the cost per client is calculated as £780.03. If a client is employed for 25 hours per week at the April '08 minimum wage level, the sum of £780.03 can be deemed to have been recovered within 28 weeks. Similarly, costs of Pension Credit guaranteed income equate with £780.03 within seven weeks of employment for the same number of weekly hours.'*

(Davies *et al.* 2008, p 87)

Clients were asked whether 50 Forward had been of help; over half stated that they received help and support, a high proportion of women listed gaining more confidence and being given a more positive view of ageing. Men and women in equal numbers said they had benefited from form filling, CV writing and establishing links for networking. (Davies *et al.*, 2008, p 52)

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<sup>16</sup> A discount rate of 3.5 per cent is applied in calculating present values.

*'It identified an unmet need and showed that some people need a different approach to help them find employment opportunities.'*

*'There have been a number of placed volunteers that have been offered paid employment in the same organisation.'*

(DWP/DH 2008a, p 3)

### **Case study – Lancaster**

D attended a 50 Forward Employment event at the Platform in Morecambe in February 2008. She was interested in returning to paid employment having spent many years bringing up her own family and more recently providing child care for her grandchildren. D lacked self-confidence but was interested in volunteering as a way of moving back into paid work and as a way of using her floristry training.

Recognising the need to improve her self-confidence, D attended 50 Forward Employment workshops and developed her job application and interview skills. She also began volunteering with Growing Matters at Lancaster and Morecambe College where she could use her floristry skills whilst working with young people with mental health issues. She also began visiting residents of a sheltered housing scheme in Morecambe on a voluntary basis and thoroughly enjoyed the experience. As a result she has been offered part-time work at the home. In addition to this offer of work she also received an offer of sessional employment with Signposts mobile crèche in June.

D now has a very full diary and is balancing paid and unpaid work all of which she finds extremely rewarding. She is also enjoying working with people of different ages and her self-confidence has grown considerably over the past five months and it has been extremely rewarding working with D.

(Information supplied by Lancaster pilot)

In Tower Hamlets, a key element of the work at neighbourhood centres was the provision of employment advice. During the LinkAge Plus project, 185 older people were given such advice in the centres.

### **4.4.2 Conclusions**

We conclude that helping an older person gain employment can provide major benefits. Although precise monetisations for this impact are not available, Winkelmann and Winkelmann's (1998) work strongly suggests that earnings plus National Insurance contributions plus VAT of a person who has been helped to gain employment provide an extremely conservative estimate of the value of an extra job. The Lancaster LinkAge Plus average costs of £780 per employment placement suggest that this initiative is cost-effective.

## 5 Social inclusion

The previous discussion of costs and benefits of LinkAge Plus pilots has focused on a range of initiatives that LinkAge Plus has facilitated under the heading of independence. We now turn to a range of initiatives that contribute to older people's wellbeing under the heading of social inclusion. We categorise these benefits as preventing social isolation, including older people in decision-making, promoting volunteering and providing access to information. We begin by discussing social isolation.

Social relationships are extremely important to older people's quality of life. The Quality of Life Survey in Britain, based on a random sample of 999 older people (Bowling and Gabriel, 2004) indicated the relative importance of a range of factors in quality of life for older people.

*'Analysis of respondent's views about what gave their lives quality revealed several key building blocks for a good QoL [quality of life]. In order of frequency with which they were mentioned, these were: good social relationships (mentioned by 81 per cent); having social roles and activities (60 per cent); doing activities enjoyed alone (48 per cent) having health (44 per cent); psychological wellbeing (38 per cent); living in a good home and neighbourhood (37 per cent); adequacy of financial circumstances (33 per cent); having independence and control over life (27 per cent); society/politics (one per cent); other things (e.g. religion, having a good Christmas) were mentioned by eight per cent.'*

(Bowling, 2005a, p 77)

The fact that older people rank social relationships highest of all of these factors implies that an exercise to monetise the value of social relationships would be expected to yield very high values. However, as yet no studies have been carried out to attach monetary values to social relationships.

An additional benefit of social relationships for older people is that they act to improve health, and particularly to reduce mental health problems (Godfrey *et al.*, 2005). In avoiding mental health problems as a consequence of bereavement it is argued that it is important that an older person is:

*'Enmeshed within reciprocal and interdependent relationships that meet wide ranging needs for physical and emotional intimacy, engagement in social activities and sustaining a sense of belonging and participation in social life.'*

(Godfrey *et al.*, 2005, p 316)

Volunteering is also valued by older people:

*'Older people have described the benefits of helping others in terms of the sense of personal satisfaction that it gives them, the purposeful activity and the forming of social relationships. The value attached to reciprocity is maintained among older people who are restricted to the home as a result of a disability.'*

(Godfrey *et al.*, 2004)

Under social inclusion we discuss preventing social isolation, older people's councils, volunteering, and access to information. We examine initiatives in these areas in turn.

## 5.1 Preventing social isolation

Allen (2008) provides a survey of work on the likely benefits of reducing social isolation. She argues that *'The most important factors underlying older people's mental health and wellbeing are social and community participation'* (Allen, 2008, p 27, referring to Berkman and Syme, 1979; Berkman, 2000; Gottlieb, 1987; Smith *et al.*, 2002 and Surr *et al.*, 2005)

Research shows that older people attach great importance to relationships. Bowling and Gabriel (2007) found that social relationships was the most common quality of life area that older people they surveyed mentioned with 81 per cent mentioning this area.

However, there is a lack of research quantifying the benefits of reducing isolation. A recent survey concludes:

*'There is a belief that interventions can counteract social isolation and its adverse effects on older people, but the research evidence in support of this belief is almost non-existent.'*

(Cattan *et al.*, 2005, p 655)

Cattan *et al.* (2005) go on to argue that group-based interventions to reduce isolation can be effective, but do not quantify benefits. They also conclude that:

*'Despite the shortcomings, the existing research, including the descriptive articles, provides some guidelines for future development. First, high quality approaches to the selection, training and support of the facilitators or co-ordinators of the interventions appear to be one of the most important factors underpinning successful interventions. Second, interventions are more likely to be successful if they involve older people in the planning, implementation and evaluation stages (Cattan and White, 1998; Joseph Rowntree Foundation, 1999). Third, interventions have a greater chance of success if they utilise existing community resources and aim to build community capacity – the gatekeeper programme being a prime example.'*

(Cattan et al., 2005, p 655)

Given the lack of research noted above that quantifies the benefits of reducing social isolation; it is unsurprising that there are no studies that take the further step of monetising such benefits. Nevertheless, we believe that such benefits would be likely to be considerable.

While the costs incurred by the pilots vary, they appear to be moderate in relation to the considerable benefit that the qualitative evidence above suggests would result from a reduction of social exclusion of the elderly.

### **5.1.1 Devon – Deep Outreach/Broad Outreach**

In Devon, LinkAge Plus funded two main outreach programmes:

- **Broad Outreach** – working with front-line staff and volunteers in order to learn what would help to more effectively support older people with a 'no door is the wrong door' approach;
- **Deep Outreach** – working with older people at risk of social isolation and to support their re-engagement in community activities. This was based on a mentoring approach in two community planning areas (Exeter and Crediton) for older people to access services and design their own solutions to problems. The focus was primarily on clients at 'high risk' of social exclusion.

In Broad Outreach, 1,354 people were engaged through events which were held at a cost of £22.15 per contact. The end of pilot review by Devon County Council reports that in the first three information events held, 342 people attended, generating 1,256 enquiries at the various agency stands (roughly four enquiries per person). If this is extrapolated across all information fairs nearly 5,500 enquiries would have been made at various agency stands during the Devon LinkAge Plus pilot (Devon County Council, 2008a, Section 6.2.5).

*'The review concluded that "the information fairs provided valuable opportunities for networking between local service groups as well as the broader awareness of services available".'*

(Devon County Council, 2008a, Section. 6.2.4)

One of the main elements of learning to be embedded from the Broad Outreach work stream was identified as the use of Information Fairs as a:

*'Means of getting information to older people on existing services in a way that is relevant and local; whilst encouraging and facilitating networking between agencies.'*

(Devon County Council, 2008a, Section. 9.3.1).

LinkAge Plus married the existing Community Mentoring methods with a framework for a 360 degree wellbeing check to improve access to common resources and social inclusion. Over 650 people have used the service (Devon County Council, 2008b, p 1).

The review found that

*'In LinkAge Plus terms, there is prima facie evidence of successful joining up of services, albeit informally, and this questioning confirms it.'*

(Devon County Council, 2008b, p 25)

The cost per mentoring referral (Deep Outreach) was £323.

*'We have a number of examples where people's lives have turned around using this approach. In some cases deep personal and family distress have been successfully addressed leading to improvements which seem to be sustained and which have sometimes led to people becoming net contributors as volunteers.'*

(Department for Work and Pension (DWP)/Department of Health (DH) 2008c, p 3)

### **Case study – Devon**

Case Study - Devon

Mr E age 81, widowed three years ago, lives alone. Has become depressed since his wife's death. Totally isolated, only one friend 300 miles away. Became determined to move house as was not coping, especially with garden. Put in Enabler who helped him to look at flats – which made him determined to stay put! Have given info on gardening and home support that is working well. He started a social group that was going well, then fell and fractured hip. Has to start again with input – an enabler who took him out weekly and helped lift mood and restore confidence. He has now started very low key voluntary working local charity two mornings a week and has made several friends. He has also joined the pub lunch group – the high point of his week.

### **5.1.2 Gateshead – link up Gateshead/Rowland Gill**

In Gateshead, the Rowland Gill 'Live at Home' scheme is a community-based project aiming to deliver a volunteer-based friendship and support service to older people who are housebound or socially isolated. As a result of LinkAge Plus, 243 activity groups were held and over 2,460 people have become more engaged with

the community through befriending schemes and at an average cost of £22.40 per person befriended.

Activities have included a men's health day and talks on pensions, benefits and local environment and also entertainment and outings. Influenza vaccination days were organised which were attended by LinkAge Plus partners attracting over 900 people.

*'Being part of the LinkAge Plus project has enabled us to share good practice with our partners and to work with people that we haven't worked with before and to build long lasting partnership working.'*

(DWP/DH, 2008d, p 3)

### 5.1.3 Gloucestershire – Village Agents

In Gloucestershire, Village Agents are local people working part-time in rural areas who, through networking with existing provision in transport, benefits and pensions, police, the fire service and community nurses, provide access to a range of services to older people in their communities.

The Village Agents can act to prevent social isolation:

*'In a world where more and more support and advice is provided remotely by phone or the internet, the Village Agents project provides older people in rural communities with part-time face-to-face support from local people.'*

(Gloucestershire County Council, 2008) cited in Ritters and Davis, 2008, p 37)

Through the Village Agents scheme, there have been over 31,000 contacts made, at an average cost of £10. These contacts resulted in referrals being made to a range of service providers. The main referrals were on benefits, care and repair, transport, fire and rescue, helpdesk and general support.

*'Older people who were previously reluctant to contact statutory organisations have obtained confidence through good examples of receiving services and have better awareness of preventative measures relating to continuing independence.'*

(DWP/DH, 2008g, p 3)

#### Case study – Gloucestershire

*'I took Mrs F along with me the first time I visited, as she had become increasingly housebound. Since her first visit, she has been a regular member of this and another group and this social inclusion has been of enormous benefit to her. Along the way [we] have enabled her to claim extra benefit and pensions credit, had occupational therapy assessments resulting in living aids and safety grab rails, helped her fill in forms and sort out paperwork, got smoke alarms and sensor lights fitted, had a water meter installed to save money, and got her nebuliser repaired as a matter of urgency.'*

### 5.1.4 Nottinghamshire – Community Outreach Workers

In Nottinghamshire, the Community Outreach Workers role was to reach people who were isolated or socially excluded and would not otherwise use 50 plus services. The advisers were employed by third sector organisations. They concentrated on linking with mental health service users, people in rural locations, the black and minority ethnic (BME) communities and the Traveller/Gypsy Community.

Four thousand six hundred and three individuals defined as hard-to-reach customers have been contacted at an average cost of £31.08. The Advisers forged connections and worked in partnership with a range of community groups. This scheme is closely linked to the First Contact pilot scheme (see Section 5.4.4) and the benefits are expected to be similar to that scheme. The local evaluators identify that the above cost represents the supplement to achieve access to hard-to-reach clients.

*'This pilot has also enabled; connections with police community support officers, Asian communities and strong links with white (Eastern European) ethnic minorities and lunch clubs for black minority ethnic groups in the City of Nottingham; forging connections and working in partnership with a whole range of community groups; and playing a major role in supporting the First Contact pilot scheme.'*

(Harradine et al., 2009, p 13)

#### Case study – Nottinghamshire

A man was referred to the Community Outreach Service by his health visitor. He lives in the Newark and Sherwood district, alone, in a two-bed semi-detached home that he rents from his local housing association. He was aged 65-70 and was not married. He had lived with his parents up until his mother dying a year ago and his father one month ago. He had had a partner but unfortunately she had died six months ago. This man appeared to be very lonely, isolated and was suffering from ill-health. It was also noted this man seemed very shy and withdrawn. The Community Outreach Adviser completed a First Contact form and requested smoke alarms, handyperson service and information regarding clubs and groups from the Newark CVS. Travel arrangements were also a big issue for him travelling to and from his many appointments at the hospital and a benefits check.

Activity Friends was talked about at great length as the Community Outreach Adviser felt it may be of benefit to him to meet like-minded people. He was very interested. A referral was made to the relevant co-ordinator. The Community Outreach Adviser gave information on the Transport Voucher scheme and enquiries made to the transport driver scheme (subsidised fares) to enable hospital visits.

Continued

He is now a regular visitor to a local group that has boosted his confidence. He also uses the transport voucher scheme and driver scheme. Smoke alarms have been fitted and he is awaiting news on Activity Friends activities in his area.

### 5.1.5 Salford – Mobile Information Centre (MIC)

Salford LinkAge Plus has used an adapted vehicle to reach isolated older people; it combines the appeal of a mobile library service with the use of IT to provide advice and information to the community and to people's homes. This advice can cover the range of council services and also extend to health, pensions, benefits and community safety. Nine hundred and forty people were contacted in the year to June 2008:

*'A key strength of the service lies in the "live" ICT which enables staff to offer the same holistic service as provided in the Council's Customer Services offices, signposting older people to a number of opportunities, from fire safety to affordable warmth advice.'*

*'The responsiveness from customers and partners has demonstrated that there is a great potential and plans are in place to develop the MIC.'*

(Johnson *et al.*, 2008, p 14)

### 5.1.6 Tower Hamlets

In Tower Hamlets, outreach workers were based in the network centres. As a result of their work with individual service users as well as statutory and non-statutory service providers over 11,000 isolated older people have been contacted at an estimated average cost of £7.92 per contact. This led to 2,881 referrals to partner agencies through which complex problems faced by these individuals were tackled.

An important element of the Tower Hamlets Link Age Plus pilots is making referrals to other service providers. By June 2008 the monthly number of contacts which led to referrals was 858, an increase of 85 per cent from June 2007. The number of referrals increased by more than 240 per cent in this time.

The local evaluation report concludes that:

*'Changes in levels of outreach activity over the duration of the pilot also suggest that Outreach Workers responded to different demands and opportunities at different stages of the pilot. While reaching isolated older people might have taken up much time at the beginning, working with other third sector providers in developing and delivering services through them is likely to have been a significant demand towards the end of the pilot.'*

(Schlappa and Pitcher, 2008, p 12)

As a result of the outreach work many more people have been encouraged to join in activities and in turn develop their own social networks, and outreach has helped them to access benefits, home safety improvements and home adaptations.

### 5.1.7 Conclusions

LinkAge Plus has found that the costs of reaching isolated older people can vary. Tower Hamlets outreach work costs £7.92 per contact, Gloucestershire Village Agents had an average cost of £10, Gateshead befriending schemes had an average cost of £22.40 per head, whilst Nottinghamshire hard-to-reach older people were contacted at an average cost of £31.08.

As we have noted above, there is a lack of research that quantifies the benefits of reducing social isolation, and consequently no studies that take the further step of monetising such benefits. Nevertheless, we believe that such benefits would be likely to be considerable. We, therefore, conclude that the costs of reducing social isolation that we have identified are not high, given the considerable benefits that can flow from overcoming isolation for an older person.

## 5.2 Including older people in decision-making

Reed, *et al.* (2008) provides a helpful qualitative discussion of the benefits of inclusion of older people in decision-making. They argue that as a result of efforts to involve older people in decision-making:

*'Older people have experienced positive changes in their lives – in the quality and appropriateness of the services they receive and in developing the confidence, skills and capacity to assume greater control in making their own life choices.'*

(Reed *et al.*, 2008, p 275)

They conclude that involvement *'is generally considered to be a good thing – for the participant and for society'*. Gibson (1998) also argues that including older people in decision-making has great benefits. Findlay (2003) reviews evidence from Cattam and White (1998) and Rowntree (1999) and concludes that *'interventions are more likely to be successful if they involve older people in the planning, implementation and evaluation stages'*.

### 5.2.1 Devon – Establishment of the Senior Council for Devon

In Devon, the Senior Council for Devon (SCfD) was established on the basis of forming local associations of people aged over 50 with an aim of engaging with public service providers across the county to improve the lives of older people. It involved over 800 people and organisations joining, with groups having been established in 25 areas, at a cost per member of £288 (Devon County Council, 2008a, pp 5-6).

The SCfD has become a fully functioning independent senior council and a company limited by guarantee. It has taken its place as the county's Older Peoples' Advisory Group. The Devon Primary Care Trust (PCT) has demonstrated its support and is jointly sponsoring the SCfD with the county council. Exeter City and the district councils, Local Strategic Partnerships and town councils are beginning to approach the SCfD for involvement in planning (DWP/DHb, 2008, p 2).

### **Case study – Devon**

Sixty members of the Senior Council, youth representatives and councillors met together for an exciting day planned by youth and senior council members called 'Forward to the Future'. They discussed actions around the priorities previously identified that they held in common – health, age discrimination, transport and the environment. There was a drama workshop highlighting an example of a scene on a bus where attitudes can get in the way and cause discrimination and negative behaviour. A forum theatre style enabled participants to produce a 'before and after' version to the managing directors of First Bus and Stagecoach and Devon County Council which made quite an impact. Afterwards there was a question and answer session with the panel about transport. This will now be the beginning of an ongoing dialogue with the bus companies, young people and the Senior Council.

The internal review by Devon County Council, above, states that while it is too early to make any assessment of the long-term impact of the SCfD it is becoming increasingly clearer that:

*'People aged 50+ value the concepts of representation and partnership that the SCfD offers, though the test will be whether or not they see practical and tangible results from their involvement.'*

*'Staff from organisations such as the county council and PCT value having a body of people aged 50+ to engage with through the SCfD, both to inform them about the quality and suitability of current services, and to bring fresh eyes and ideas to the table about priorities, service gaps and service models for the future.'*

(Devon County Council, 2008a, p 12)

### **5.2.2 Gateshead – Older People's Assembly**

The Gateshead Older People's Assembly was established as 'the voice for older people in Gateshead' to represent the views and opinions of older people on any relevant strategic planning groups and forums to influence services.

A membership of over 1,000, which has since continued to grow, was attracted through the provision of locally-based branches. The cost per member was £72.15.

*'This process has given local older people in their communities a more informed choice about services aimed at improving their wellbeing... Our volunteers have been able to contact local isolated older people who otherwise may have no community engagement at all.'*

(DWP/DH, 2008e, p 4)

The Local Evaluation report (Kitt and Graham, 2008) identifies the core activities of the group as being:

- producing and posting out a newsletter to members;
- outreach work, focusing mainly on hard-to-reach groups (BME and Sight services);
- information events;
- informal drop in visits (mainly to Sheltered Housing Schemes); and
- consultations on behalf of, or in partnership with, other organisations (e.g. Help the Aged, PFA evaluation).

The Evaluators state that:

*'Within the programme itself the Assembly played an important role and was actively represented in key forums such as the Steering Group. It is apparent from what we observed that it exerted a significant influence on the development of the programme. We have also seen that some older people said that the engagement of older people had improved over the lifetime of the programme.'*

(Kitt and Graham, 2008)

### **5.2.3 Salford – Forum for Older People**

An element of the LinkAge Plus project in Salford was the establishment of the Salford Forum for Older People. It is estimated that the cost of setting up and running the forum, over the period of the pilot was £117,750.

### **5.2.4 Conclusions**

Involving older people in decision-making is an important element of Government policy. What are its benefits? The discussions in the introduction to Section 5.2 strongly advocate consultation, but have not been able to quantify its benefits. Clearly, however, in the context of our conclusion in Section 3.1 that *'any evaluation of services for older people must begin from the views of older people' consultation and involvement must be of key value in services for older people'.*

Several LinkAge Plus pilots have contributed significantly to this objective. On costs we can say that consulting older people in Salford costs £118,000, whilst the Gateshead Older People's Assembly costs £72.15 per member and the SCfD costs £288 per member, with average costs reducing as membership grows.

## 5.3 Local voluntary groups and volunteering

Warburton and Peel (2008) provide a useful survey of the health benefits of volunteering, and also establish that volunteering is associated with a reduced likelihood of hip fracture. Whilst unable to monetise the benefits of volunteering, O'Shea (2006) argued that these benefits are likely to exceed the relatively modest costs that he estimated.

### 5.3.1 Gateshead – volunteers

In Gateshead, the LinkAge Plus pilot operated a 'Time Bank' scheme that recruited volunteers to help others and in doing so 'bank' an equivalent time if in turn they need assistance. Through this scheme they managed to attract almost 200 volunteers at an average cost of £346 per volunteer.

#### **Case study – Gateshead**

Mr G has been a Time Bank member since June 2007. He gives his time teaching two other Time Bank members to play the guitar, and in return receives help using computers and the internet. A keen walker, he has recently taken part in some walk leaders training and a first aid course, and along with two other Time Bank members will soon be starting a Time Bank short walks group.

### 5.3.2 Lancaster – volunteers

In Lancaster, the Volunteer Bureau worked in conjunction with the Employment Agency (see Section 4.4.1) and has:

*'Been effective because we started by identifying what people wanted to do, and sourced opportunities, rather than starting with a menu of opportunities and asking people to choose from them.'*

(DWP/DH, 2008a, p 3)

Two hundred and seventy-two people registered with the Volunteer Bureau, of which, 41 per cent were over 50. One hundred and forty-one were placed as volunteers within organisations. The Local Evaluation report suggests a cost of £564 per client placed in the Volunteer Bureau (Davies *et al.*, 2008, pp 6, 41).

In addition at least 59 volunteers had been recruited within two Time Banks. This was deemed as being particularly useful in providing that 'littler bit of help' which people in need may require in order to live independently (Davies *et al.*, 2008, pp 41, 54).

### **Case study – Lancaster**

H first registered as a volunteer with us in July 2007; H saw an article in a retirement magazine about Lancaster District 50 Forward and contacted us as a result. H had already been to the local jobcentre but found that they were not helpful or understanding of his background. He was extremely impressed with the personal service that we offer all our clients.

At 59 years of age and recently relocated to Lancaster District, H is keen to do some volunteer work within his academic area of expertise. He wanted to bring his skills and knowledge to his new home town. H comes from a strong background in research, some of the issues he has been involved with are, Conflict, Police Ombudsman and the Policy Authority.

Following a lengthy discussion H is now in the process of being a trustee for the Citizens Advice Bureau in Lancaster. This role suits his academic and professional background, and also enables him to make new contacts within the Lancaster area. H is also doing voluntary research work for the Applied Social Science Department of Lancaster University.

H was extremely impressed with both the calibre of placements available to volunteers and also the speedy procedure 50 Forward adhere to.

As a result he will actively encourage his friends and family to contact us if they require our services.

### **5.3.3 Leeds – volunteers**

The LinkAge Plus scheme in Leeds was centred on local groups with a significant input from volunteers. The late start of the scheme means that there is little evidence of outcomes available, however, the following outputs were achieved in developing volunteering in the project:

- training courses for volunteer managers, with 15-20 participants;
- development of best practice guidance and an introductory booklet about setting up a volunteer programme;
- creation of a volunteering Wiki where volunteers and managers can share ideas;
- development of a Volunteer Bureau to track older volunteers across the city;
- creation of an information champion for volunteering.

A local evaluation report indicates that there was a 16 per cent increase in volunteers during the period of the pilot.

Over the whole wider voluntary sector for older people in Leeds, 1,474 volunteers were recruited who worked, on average, 11.276 hours per month. If the then basic hourly rate of the national minimum wage at the time of £5.52 is assumed, the value placed on this work would be £747,000.

### 5.3.4 Nottinghamshire – volunteers

In Nottinghamshire, a Volunteer Development scheme was designed to recruit volunteers to assist in any aspect of Nottinghamshire's LinkAge Plus pilot. Eighty-two volunteers were recruited at an average cost of £1,283. Despite staffing issues in the third sector organisation managing the project, anecdotal evidence suggests that the recruitment of the volunteers has contributed to all the aims of the LinkAge Plus project.

Although appearing expensive the local evaluator's report concludes that the scheme appears to offer considerable benefits and potential longer term financial benefits (Harradine *et al.*, 2009).

### 5.3.5 Tower Hamlets – volunteers

Through work at the neighbourhood centres over 1,000 volunteering opportunities were identified.

#### **Case study – Tower Hamlets**

Volunteers contributing to funding and governance of services.

*'S.AGE is an independently constituted user-led charity which was established with support from the staff of one of the Network Centres. The involvement of users in the design and improvement of services has been a core value of the Network Centre, and S.AGE enables users to work independently from, but for the benefit of the Network Centre overall. S.AGE leads the users forum of the Network Centre and is represented on the LinkAge Plus Steering Group. In addition to making a substantial contribution towards the governance of services provision, S.AGE raises significant amounts of funding from charitable sources to help pay for special events, such as trips, events and performances. Its members are ambassadors for the centre, drawing in new users through their informal networks and providing feedback to paid staff through formal and informal channels on the way in which older people respond to the services that are available.'*

(Schlappa and Pitcher, 2008, p 26)

### 5.3.6 Conclusions

Research indicates that volunteering provides a positive benefit to older people. In addition, voluntary work provides additional benefits to society if this work is valued by those it helps. The benefit of LinkAge Plus initiatives lies in the extra volunteering it encourages that would not take place otherwise. Whilst the examples above would appear to encourage a net increase in volunteering, it is not possible to quantify the extent of this.

## 5.4 Access to information to enable choice and control for older people

LinkAge Plus assists in the provision of information to older people that enables them to improve their lives. Other research in this evaluation examined this benefit in detail (Ref Access report).

If we make the value judgement that older people know best about what makes them happy, the provision of systems that enable more choice and control can be expected to bring substantial benefits. There is little information that enables such benefits to be quantified financially, but there is a range of government policy statements and research that indicates that such benefits are of significant value.

The following quote from a recent Communities and Local Government (CLG) research report illustrates the need for provision of information on housing options for older people:

*'It was clear that many people did not know very much about the housing options available to older people, usually basing their views on personal experiences or experiences of close friends and family. As one participant noted, what many older people need is good information about all types of housing options, including maintenance, adaptations, benefits, equity release, places to move to, where to get assistance with moving and so forth, so that decisions are made in full awareness of the available options.'*

(Croucher, 2008, p 27)

In addition to those noted below, in Devon the Broad Outreach and 360 degree initiative detailed in Section 5.1.1 enabled improved access to services for older people in that area.

### 5.4.1 Gloucestershire – Village Agent contacts

In Gloucestershire over 31,000 contacts were made to Village Agents at a cost of £10 per contact. The contacts were primarily made at existing meetings although increasingly at home and through other stakeholders. The referrals raised by these contacts included benefits, fire safety, transport and a range of other concerns.

As shown in Section 5.1.3, one of the benefits of this pilot is that older people have increased confidence in contacting statutory agencies as a result of this scheme.

### 5.4.2 Lancaster – Care Navigator scheme

The Care Navigator scheme in Lancaster is mainly run by volunteers and is a flexible service to reach those who are, isolated or in danger of social isolation. It takes referrals from a range of organisations and identifies one-to-one services. Over 1,050 people accessed the Care Navigation Scheme, of these 850 accessed outreach sessions, care navigation generic visits and one to one sessions, and a further 200 made use of the casework care service (Davies *et al.*, 2008, p 57).

In their review of the service the local evaluators identify the difficulty in getting response from service users however they conclude that:

*'The Care Navigation Service, led to an expanded range of partners working together. Valuable links were forged with other organisations; The Fire Service, for example, who now know where to refer vulnerable clients they met when conducting fire safety checks or responding to call outs. Overall in our enquiries we identified that different agencies, particularly statutory, providing for the needs of older people were more joined up.'*

(Davies et al. 2008, p 61)

### **Case study – Lancaster**

Mr J is 56 years old. He attended our employment open day at the Town Hall in January 2007 having been made redundant from a position he had held for 33 years.

Mr J has cerebral palsy and has difficulty completing application forms. He found the whole job search process very daunting and although he had tremendous support from his wife he became more disheartened over the course of the coming months and his overall health suffered. He was determined to find further employment and was extremely receptive to the help we were able to offer.

In addition to providing assistance with form completion and approaches to employers we referred the couple to Signposts so that they could take advantage of the Care Navigator service and receive assistance in the future as required. Mr J's wife is particularly appreciative of this introduction as, although she is an invalid, she is solely responsible for their financial and administrative affairs and is finding this more and more stressful.

Mr J eventually found a voluntary position as grounds man for a local residential hall and the owner was so impressed by his ability and attitude that he offered him a permanent paid employment in August. Mr J was delighted by the offer and is enjoying the work.

### **5.4.3 Leeds – Gateway neighbourhood scheme**

LinkAge Plus in Leeds developed six sites, basically around the existing Neighbourhood networks using a series of local access points or 'gateways' as outlets for the 'infostore'. This developed an information resource on housing services, benefits, leisure, employment, through online resources, paper leaflets and face-to face advice. The range of information covered ten themes, 103 topics, 405 services/organisations and 153 documents.

The Local Evaluation report states that:

*'Four overarching outcomes could be drawn from the benefits which older people described:*

- *improved physical and mental wellbeing coming from friendship, companionship and enjoying meaningful social contacts, activities and trips;*
- *the presence of the Neighbourhood network as a resource and as a safety-net is of almost equal significance, to assure them of access to support when necessary and this to aid independent living in their own homes;*
- *access to a whole range of support to enable independent living in their own homes;*
- *widening of opportunities both inside the schemes and in the wider community.'*

(Townsend and Moore, 2008)

During the pilot there had been 21,500 hits on the web-site and 31,300 contacts had been made through the six Gateway schemes. The average cost of a contact was £14.05. The main enquiries were around healthy living and leisure activities, mobility, general housekeeping services, volunteering and benefits.

The dual nature of the Gateway concept to: a) enable older people to access information and support and b) in supporting the prevention initiatives offered to improve their lives is shown in the falls prevention referrals noted in Section 4.1.2.

The Local Evaluation report states that:

*'The Infostore can be seen to have potential to contribute to policy in a number of ways:*

- *promoting access to information for older people;*
- *enabling better inclusion into society;*
- *opportunities for older people to extend their interest and networks using IT.'*

(Townsend and Moore, 2008, p. 17)

### **Case study – Leeds**

Mr J was referred by his daughter. He was living alone in a bungalow in the rural section of the project area, his wife having gone into residential care with dementia, and was very sad and lonely following hospitalisation for a serious stroke. He also had mobility problems, using a stick and walking very slowly. On the first home visit, Mr J could not stop crying and several further home visits were needed to properly assess his needs and wishes. An application for Attendance Allowance was initiated and this benefit is now in place.

One of Mr J's concerns was finding help with cleaning so information on Keeping House was passed on to him and he now uses the Angels service. He was referred to the Fire Station for installation of a smoke alarm and to the stroke club for membership.

He was matched with a volunteer Friendly Visitor, himself an older man, and visits continued at a rate of twice a month for some time, both men enjoying the company very much. In the new year, Mr J began to attend a local church along with his volunteer visitor and settled in well.

Mr J has become a regular user of the Volunteer Car Scheme to attend the Warfarin clinic as well as attending the Thursday lunch club. He enjoyed Silver Surfer sessions and had developed a much more positive outlook on life.

#### **5.4.4 Nottinghamshire – First Contact**

First Contact has enabled older people to access services through a single point of contact, using a system in which an agent of one of the partner organisations met a client and completed a simple 'needs checklist'. As a result older people can receive a whole host of services without the need to contact all of the various organisations themselves.

688 staff/volunteers were trained and 7,376 checklists completed in the period from July 2006 to June 2008. On average each checklist/contact resulted in 2.2 additional referrals to agencies, the main ones being to the fire service, Pension Service and community safety groups. The average cost of a completed checklist has been calculated at £31.77.

The local evaluation identifies that access to services were greatly increased and simplified by the single point of entry, ensuring all relevant services were made available.

Individuals stated that the main benefits to them came from increased wellbeing, independence and safety. Organisations identified that access to their services had been greatly increased.

A key benefit from this work was the close relationship with the Community Outreach Workers who could use such referrals to make contact with those at risk of isolation.

The Local Evaluation report concluded that:

- **Health:** *'The service can provide 800 checklists for the same cost as providing one hip replacement' and prevention of an individual hip fracture in just 0.13 per cent of the service recipients would offset the cost of providing this service.'*
- **Fire and Rescue:** *'Using the cost of a domestic fire of £24,900 (ODPM 2006, p 4) the breakeven for this spend can be established as 9.41 saved fires and 784 completed checklists can be completed for the same cost of dealing with one fire.'* Although they could not quantify the number of fires prevented the evaluators could establish in just 0.13 per cent of the service recipients would off set the cost of providing this service.
- **Crime Reduction:** *'Home Office (2005, p 7) identifies the cost of a burglary in a dwelling has been calculated as £2,870. The breakeven point for this service in terms of number of burglaries prevented is 81.65. Therefore 90 checklists could be completed for the same cost of dealing with one burglary and prevention in 1.11 per cent of the service recipients would offset the cost of providing this service.'* (Harradine et al., 2009)

#### **5.4.5 Salford – One Stop Shop and contact centre**

Through the Corporate Customer Contact Centre, a One Stop Shop referral network was operated. These facilities provided integrated access points in locations across the city for elderly customers in respect of health and council services.

This outcome was achieved through direct referrals through the use of an IT script system targeting relevant services for the client and passing on their information directly to the service provider.

To supplement this, an innovative new technology 'TellyTalk' has been installed at four locations across the city where customers can use video conferencing to liaise face-to-face with advisers.

Over the period April 2007 to February 2008, there were 5,246 referrals. The main referrals were to fire service, Pension Service, Warm Front grants, Housing crime reduction team and benefits, although during the winter period the network was successfully used for 'Flu Jab' referrals.

The partner organisations identified that it has helped both to develop a more structured approach to raising awareness and it was a positive development as an additional resource and not merely a replacement of existing provision (Johnson et al., 2008, pp 11-24).

The average cost of each referral is estimated at £15. We conclude that it is important that older people are aware of services they can benefit from. LinkAge Plus provides a range of initiatives that contribute to this aim.

### **5.4.6 Conclusions**

LinkAge Plus has helped partners develop a range of strategies to reduce the likelihood of older people facing a 'wrong door' when trying to find information or access to local services. Access to a wide range of services has been made easier as a result of the LinkAge Plus pilot work. Pilots have worked to establish single or multiple access gateways to a range of services going beyond the initial enquiry or contact. These include Nottinghamshire's First Contact scheme and Gloucestershire's Village Agents.



## 6 Support to live at home

In this chapter we consider benefits from the LinkAge Plus pilots around support to live independently at home, home security/crime, adaptations, housing and fire safety.

### 6.1 Housing/different types of accommodation

In the work referred to in Chapter 5 (Bowling *et al.*, 2005a), living in a good home and neighbourhood was identified as the fifth most important of a list of factors by the older people surveyed, with 37 per cent mentioning it.

There is benefit to older people from assistance to improve their housing accommodation and benefit to housing providers from securing the most efficient use of their stock. There is also benefit from prevention of progression to more expensive provision as established by Office for the Deputy Prime Minister (ODPM) (2004).

#### 6.1.1 Salford – Housing Options

In Salford the Housing Options project helps older people to make sustainable choices on the best housing option for them. Housing Options is a joint venture between Salford City's Housing and Planning directorate, the Primary Care Trust (PCT) and the Community Health and Social Care directorate. It both assists with any practical arrangements around moving and support and advice for people to stay in their own home if this is their chosen option.

This service was used by 496 clients at an average cost of improving the housing options of £239 per user. The benefits of an older person being in the most suitable accommodation for their needs are clearly considerable, and this average cost of £239 appears likely to be low in relation to such benefits.

**Case study – Salford**

Mr K, a 90-year-old man had lived in a two-bedroom semi-detached house in the Little Hulton area of Salford for the past 50 years. When he contacted the service in March 2007 he had been widowed for almost 12 months. He was feeling very socially isolated due to the rest of the family living in the Eccles area of Salford. Mr K was also finding it increasingly difficult to maintain the property due to his failing health and frailty. The property had a large garden surrounding three sides of the house and also had several flowerbeds. As it is a condition in the lease of New Prospect Housing properties that gardens must be maintained Mr K had no alternative but to employ the services of a gardener to keep the area tidy as he could no longer manage to use the lawn mower or bend to work on the flower beds. He was also finding it very hard to keep the house in the same clean and tidy condition as his wife had always done and this was getting him down. Mr K contacted the Housing Choice service to ask for help. We visited him and after discussing all the options available to him he decided he would like to move into the Eccles area to be closer to his family and he felt he would only need a small one-bedroom flat preferably in a sheltered scheme. All his details were entered onto Saffron, the database used by New Prospect Housing and several application forms were completed for all the housing associations in the area. Mr K was offered a tenancy in a sheltered block in the next street to his sister-in-law within a very short space of time. We escorted him to view the property and to sign up for the new tenancy and also to sort out all his utilities.

Other savings identified were:

- falls can be prevented by use of accommodation appropriate to the client;
- avoiding costs of placing older people in sheltered housing or other publicly funded homes if individuals can manage to run their own home for longer with some support;
- savings on new build/conversion if family homes can be released back into stock;
- repairs could make houses easier and cheaper to heat, therefore aiding health; and
- other care packages can be reduced if clients are appropriately housed.

## 6.2 Home adaptations and other support to live at home

A survey by Scott *et al.* (2001) reports that Plautz *et al.* (1996) found that visits to homes that identified and modified fall hazards led to a 60 per cent reduction in falls. Similarly, Thompson (1996) reported a 55 per cent reduction in falls requiring medical attention. If we take the more conservative 55 per cent reduction figure and combine it with the 6.63 per thousand prevalence of fractures as discussed above, we can calculate that adaptations might reduce falls by  $(6.63/1,000) \times 55/100 = 0.0036465$ . This reduction in absolute likelihood of falls can be applied to the expected cost of falls to the taxpayer of £20,426 and to the individual of £13,830.<sup>17</sup>

Communities and Local Government (CLG) (2008) have made '*rough estimates – which are the only currently available*' (p 14) of the benefits of a rapid repairs service, to allow older people to remain in their homes or be discharged from hospital more rapidly. For example, CLG (2008) assume that providing rapid repairs and information and advice will reduce health problems for older people including reduced hospital admissions and reduced delayed discharges.

They argue that the reduction over three years will be 5,000 cases at an average cost saving of £1,312 leading to estimated savings of  $5,000 \times £1,312 = £6.56$  million. It is not clear on what basis CLG have assumed that 5,000 cases will deliver savings.

There are few academic studies of the value of home adaptations. An exception is Chang (2004) who concluded:

*'We found no clear evidence for the independent effectiveness of environmental modification or education programmes.'*

We have obtained the costs of a range of schemes designed to help older householders and show the benefits received. If CLG (2008) estimates of benefits of rapid repairs are correct, the costs of the service provided shown below are low enough to assume that they are cost-effective.

### 6.2.1 Gateshead

Gateshead, both through Gateshead Housing Company and Anchor Housing, provided a wide range of support activities to older householders.

The Gardening Scheme provided by Anchor Housing had over 200 users at a cost of £266 per household, based on regular usage over a two-year period.

Their Staying Put Small Tasks Service which provided assistance for non-urgent tasks, such as plumbing repairs, security and minor joinery was used by 550 people, at a cost of £99.67 per household.

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<sup>17</sup> See discussion in Chapter 4.

Gateshead Council's Shopping scheme was based on the shopping co-ordinator delivering a service of healthy eating advice and providing choice and access to a range of shopping services. Over the period over 300 people received such information.

Gateshead Housing Company provided a scheme that delivered small tasks and repairs and a gardening service. Almost 600 tasks were carried out at an average cost of £183.

### **Case study – Gateshead**

Miss L, aged 80, has severe arthritis and had a number of jobs that needed doing including clearing out the drains and guttering. In the past she had managed this with the help of a cleaner, but the cleaner had moved to Scotland and the jobs had not been completed for a number of years. She loved being in her garden, but had been unable to as the blocked drains were stopping water from draining away and letting moss build up making it unsafe to go outside. Once they were cleared, she was able to power wash the patio and can now go into her garden again, without worrying about slipping.

## **6.2.2 Gloucestershire**

In Gloucestershire, the Village Agents scheme dealt with 167 contacts for energy efficiency and 228 for home improvements at an average cost per enquiry of £10.

In addition the scheme provided the benefit to older people of a range of agencies using their joint expertise in determining a client's needs. For example, when the fire service fit smoke alarms, they can pass on the information that a person's home may be in need of better heating.

A major benefit which has been identified by local energy advisers is that the referrals involved people who were previously unaware that they were entitled to discounted or free insulation in their home and in particular those with sensory impairments or disabilities.

## **6.2.3 Leeds**

A gardening scheme ran over the summer months by a group in Leeds. The season started with 95 clients and ended with 125, an average of 103, who were provided with five gardening visits at an average cost of £18 per visit.

## **6.2.4 Nottinghamshire – Gardening, Shopping and Preventative Adaptation Schemes**

As part of their Help at Home Interventions, Nottinghamshire delivered a Golden Gardening scheme, a Shopping scheme, a Preventative Adaptations Scheme and a handy person scheme.

Over 1,300 gardens have been maintained at an average cost of about £36 per job. This work contributed to the ability of those older clients to remain in their own homes as 66 per cent of those receiving the service were unable to care for their garden. It led to a satisfaction rate of 80 per cent and due to the scheme's popularity, demand is high.

*'The provision of the gardening service would seem to fit into the category of 'support that enables an individual to stay in the community'. This research evidence, together with the anecdotal evidence suggests that the provision of this service has promoted the independence and well-being of the service recipients.'*

(Harradine *et al.*, 2009, p 34)

The Shopping Service was aimed at people over 50 who have no family or friends who could help, a partner or carer in hospital; mental health issues; mobility issues; illness; or lack of confidence. It offered practical help in shopping or arranging shopping deliveries. Sixteen volunteers were recruited and 650 contacts were made at an average cost of an intervention of £67. Although this may be regarded as relatively expensive the local evaluators concluded that there could be long-term benefits such as prolonged independence and that the unit cost would reduce as users increased. They also identify that the scheme appears to have made a significant difference to the wellbeing of the participants (Harradine *et al.*, 2009, p 36).

A range of minor adaptations to promote wellbeing and independence were delivered through the Preventative Adaptations Scheme. This scheme is run through the South Nottinghamshire Home Improvement Agency. It was designed to enable older people to retain their confidence in living independently and preventing accidents by undertaking minor adaptations in their homes. Six hundred and thirty adaptations were carried out in the six months of the review at a cost of £114. A customer satisfaction survey indicated 63 per cent of users felt more confident about getting around their own home and 57 per cent felt safer and more secure in their own home.

The Local Evaluation report states that based on the information in their report, the prevention of an individual hip fracture in just 0.45 per cent of the service recipients would offset the cost of this service (Harradine *et al.*, 2009, p19).

A handyperson scheme was delivered to help ensure that vulnerable residents did not risk their health or safety in the completion of small jobs around the home or garden. Typically, approximately 20 referrals were completed per district each month.

### Case study – Nottinghamshire

Mr M has been a customer of the garden scheme since it started in November 2006. He has a disability and his age is between 70-79 years. He lives alone, recently losing both his wife and son. The garden service was recommended to him by a neighbour who has also used our service. He accessed the service via a telephone call to the office. The service has made a great difference to Mr M as both his wife and son did all of the gardening. Mr M says *'it was one of the greatest worries and the difference and relief it has made cannot be described'* (his own words). It has greatly helped his independence as he no longer has to worry about getting his garden done. Mr M is highly satisfied with the service and the work which has been carried out, he would recommend the service to others.

## 6.3 Home security/crime prevention

LinkAge Plus initiatives provide benefits in helping to create a safe environment for older people. Such initiatives have the potential to generate high benefits. The Home Office has estimated the cost of a burglary at £3,268 per incident for 2003/04. This can be split into £2,120 cost to the participant and £1,148 cost to the taxpayer (Home Office, 2005, p 7).

The Association of British Insurers (2006, p 18) argues that if the prevalence of burglary is five per cent (which it is in Nottingham) and target hardening halves burglary then the reduction of prevalence of burglary attributable to a crime visit would be 2.5 per cent. If this percentage is applied to the above costs the result gives monetised benefits for crime visits of £28.70 to the taxpayer and £53 to the participant.

### 6.3.1 Gateshead – Safety Works

Link Up Gateshead funding allowed older people to attend the Safety Works Centre. This centre provides information by exhibiting the safety issues around a number of different scenarios within a large warehouse space, including a house with a living room and kitchen, a garden, a road and working pedestrian crossing. The events included a multi-agency approach to teaching safety including fire safety, preventable accidents, road safety, slips, trips and falls, trading standards and crime prevention. Those attending were also referred for a home fire risk assessment.

*'5,500 people attended the 71 sessions and it was the focal point for community safety and crime prevention.'*

(Department for Work and Pensions (DWP)/Department of Health (DH) 2008f, p 3)

The Local Evaluation report identifies the main outcomes as being:

- increased awareness and understanding of fire and safety issues around the home;

- street safety; and
- awareness of the services of trading standards (Kitt and Graham, 2008).

### 6.3.2 Nottinghamshire

There were 854 referrals to Nottinghamshire Police for crime reduction at a cost of just over £14 per referral. Those referred were given an initial visit to check on home security. This can involve the provision of window or door locks. Smart Water (a colourless liquid solution that is dabbed onto valuables and aids crime detection) is provided free to those considered at risk.

In conjunction with Age Concern, the Council ran an Approved Traders Register which provided an extensive list of reputable traders who would undertake jobs around the home for people at a fair price and promote good practice among local traders. There were 166 registered traders in the scheme and a further 82 awaiting Criminal Record Bureau (CRB) checks. While the numbers of users cannot be identified accurately, the relevant website has been hit over 1.8 million times. As the enquiries are electronic the cost is minimal with high potential benefits in terms of wellbeing. Feedback from both the users of the service and providers was positive (Harradine *et al.*, 2009, p 27).

### 6.3.3 Salford – Housing Crime Reduction Team

The One Stop Shop in Salford provided 743 referrals to the Housing Crime Reduction Team in a ten-month period during the pilot. This enabled an improvement in the delivery of services such as doorstep crime reduction packs and the implementation of crime prevention methods in older citizens' homes. The average cost per contact leading to a referral was £15.

## 6.4 Fire safety

Studies have demonstrated that the fitting of smoke alarms in domestic properties can be cost-effective.

*'During the five years post intervention, it is estimated that the LRFIPP [Lifesavers Residential Fire and Injury Prevention Program] prevented 20 fatal and 24 non-fatal injuries. From the societal perspective, the total discounted cost of the program was \$531,000. Total discounted net savings exceeded \$15 million. From the healthcare system perspective, the total discounted net savings were almost \$1 million and would have a net saving even if program effectiveness was reduced by 64 per cent.'*

(Haddix *et al.*, 2001)

The cost savings found by Haddix *et al.*, were calculated as medical costs saved (\$1,448,188) and productivity losses saved through deaths and injuries prevented (\$14,292,095). Total savings were, therefore, \$15,740,283 and when the program costs of \$530,611 were subtracted, the net benefits to society in the form of costs saved were \$15,209,673.

Other work examining a smoke alarm give-away programme in Camden and Islington has failed to find such savings:

*'In conclusion, this analysis indicates that a smoke alarm give-away program, as administered in the trial, is unlikely to represent a cost-effective use of societal resources. Further research is required to identify effective and efficient ways of getting appropriate smoke alarms into high-risk homes.'*

(Ginnelly *et al.*, 2005)

The CLG report on the impact of the fire risk survey programme (CLG, 2008) estimates the total benefits per year attributable to smoke alarms in reduction in non fatal casualties and reduction of dwelling fires of £47,258,541 per year. These benefits came from a programme that fitted 939,473 smoke alarms. This implies the annual benefit per smoke alarm fitted to be £50.30 for ten years, discounted at 3.5 per cent equates to a present value of £418.33 per smoke alarm.

These figures suggest that the fitting of smoke alarms provides a considerable benefit. To what extent is this benefit attributable to LinkAge Plus? LinkAge Plus does not fit the alarms, but refers cases to the fire service. The risk of suffering fire in the home rises strongly with age for older people (Elder *et al.*, 1996) and hence, the fitting of alarms is more cost-effective if targeted at older people. Hence, LinkAge Plus contributes towards this objective by helping in the targeting of fitting smoke alarms.

In addition to the referral cost directly from LinkAge Plus the Fire and Rescue Service incur the cost of the service provision and also, along with the individual, receive the benefits from the provision.

In our illustrative example we have made some calculations of benefits of smoke alarms.

How many deaths do smoke alarms prevent? There is a very wide range of findings.

A randomised controlled trial of smoke alarms in the UK in contrast, found that *'giving away free smoke alarms did not reduce the number of fire related injuries or deaths'* (Ginelly *et al.*, 2005). This study found that the give-away programme did not increase the overall prevalence of working alarms in houses but that this may be because too few were distributed, or that they had stopped working. Smoke alarms distributed in Nottinghamshire and Salford had ten-year batteries, which may help with the second problem.

Haddix *et al.* (2001) estimate that the programme they investigated in Oklahoma, which distributed 10,100 smoke alarms prevented 20 deaths and 24 injuries over five years. This represents  $(20/10100) = .001980$  deaths prevented per smoke alarm and  $(24/10100) = 0.002376$  injuries prevented per smoke alarm. This equates to 19.8 deaths prevented per 10,000 alarms

However, Haddix's figures seem extremely high. CLG (2008b, p 21) shows that there were eight deaths per million people in the UK in 2006, and the literature shows that a working smoke alarm approximately halves fire deaths (Ahrens, 2008, p 318). Hence, using these data we have 4/1,000,000 deaths prevented per smoke alarm or 0.04 deaths prevented per 10,000 smoke alarms. Lastly, CLG (2009, p 20) associates 53 prevented deaths, 888 prevented casualties and 13,670 fewer fires with the fitting of 2,407,651 smoke alarms. These latter figures equate to 0.22 fewer deaths per 10,000 smoke alarms. Clearly these results cover a very wide range, and further research is clearly needed. However, in order to proceed we will use the CLG (2009) data.

The question of the value of preventing a fatality is discussed in detail by Mason *et al.* (2008). They point out that the Department for Transport (DfT, 2007) estimates the value of prevention of a fatality at £1,428,180. The value of a life above includes an average figure for remaining life expectancy of 32 years. This is unlikely to be a correct average figure for an older person, so this would suggest a lower figure for savings.

However, instead of using a value of life as the sum of future lives saved, we can use the per year value of £30,000 given by the Quality Adjusted Life Year (QALY). Fires also save injury and ODPM (2006c, p 15) presents calculations that suggest the value of preventing injury can be placed at £1,042<sup>18</sup> and hence, we can estimate the value of preventing death or injury at £3,1042.

Fires also cost the taxpayer. ODPM (2006c – Cost of fire) gives average Criminal Justice System and response costs at £125 and £2,289 – a total of £2,414. Multiplying these costs by the CLG (2009) figures for expected reductions in various consequences per alarm, as listed above gives the value to the taxpayer of £13.71 per smoke alarm, and the value to the participant of £1.04.

ODPM (2006c, p 21) gives a cost per smoke alarm of £10.38 which we have used in the illustrative example.

#### **6.4.1 Gateshead – Link Up Gateshead**

Link Up Gateshead employed a development worker who ran a range of interactive awareness days (Safety Works see Section 6.3.1). This included 71 fire safety sessions which promoted Home Fire Risk Assessment with the Tyne and Wear Fire and Rescue Service.

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<sup>18</sup> In ODPM (2006c, p. 15) The relative costs of fatality, serious injury and slight injury are placed in the ratios of 1,375,000, 155,000 and 12,000. If a fatality costs £30,000, then this implies a cost of £3,382 for serious injury and £262 for slight and following ODPM (2006c) and taking a 25 per cent to 75 per cent weighted average to represent these gives a figure of £1,042 for the cost of injury.

In a typical month, 17 people were referred for a Home Fire Risk Assessment which included a smoke alarm fitting and chip pan exchange.

The main outcomes from this service were described as increased awareness and understanding of fire issues.

#### **6.4.2 Gloucestershire – Village Agents**

Through the Village Agent scheme, Gloucestershire had 198 contacts regarding fire safety which was the fourth most raised topic of concern excluding general categories of queries (Wilson, 2008, p 17).

The unit cost of these contacts was £10 and mainly involved requests for smoke alarms although other issues were often discussed.

#### **6.4.3 Nottinghamshire – First Contact**

Over the LinkAge Plus piloting period there were 1,114 referrals made by the contact centre to the fire service at a cost of £14.46 per referral.

*'Although the authors cannot quantify the number of fires prevented, we can establish that prevention in just 0.13 per cent of the service recipients would offset the cost of providing this service.'*

(Harradine *et al.*, 2009, p 11)

#### **Nottinghamshire Fire and Rescue Service**

*'One of our major targets is to reduce the number of preventable injuries in the home caused by accidental dwelling fires. Through First Contact we have received increased referrals from other agencies resulting in nearly 200 extra premises having a Home Safety Check and smoke detection fitted. From these statistics and the reduction of domestic fires attended it can be clearly seen that this scheme is successful and will continue to drive down the number of injuries in the home.'*

(District Manager, Nottinghamshire Fire and Rescue Service)

#### **6.4.4 Salford**

In an 11-month period during the pilot 1,507 referrals were made to the fire service in Salford through the One Stop Shop, at an average cost of £15.

The Salford evaluation report identifies that the fire service felt that the creation of the referrals network resulted in an improvement in the service delivery through the increased use of a Home Fire Risk Assessment. This involved making people aware of fire risks in their home, how to avoid risks and the actions to take in the event of a fire. This includes the free provision and fitting of a smoke alarm if the household does not have one.

### **6.4.5 Conclusions**

The preceding examples identify a range of ways in which older people can be helped to continue to benefit from their home environment. Firstly, there is the question of whether they are living in accommodation that matches their needs, and the Salford Housing Options scheme provided direct solutions to problems caused by any mismatch.

Secondly, examples are given above of minor repairs, adaptations and services that can enable older people to benefit from continuing to live in their own homes.

Thirdly, crime reduction and fire safety have the potential to prevent highly costly and distressing events thus providing substantial benefits both to the taxpayer and the participant in schemes.



## 7 Conclusions

The Government set out its vision for a successful ageing society in *Opportunity Age* – a society in which older people are independent, active, participatory citizens with a sense of wellbeing and good quality of life. The LinkAge Plus pilots have demonstrated a range of activities that can support this vision in a cost-effective way and help older people grow older in strong and supportive communities. There is clear evidence that the LinkAge Plus approach makes sense from the perspective of individuals, society and the taxpayer, across a range of areas examined in this report. There is a strong business case for the LinkAge Plus approach – built around efficiencies from an holistic approach to service delivery, and cost-effective services facilitated through the LinkAge Plus approach.

Benefits from the LinkAge Plus approach fall into three main areas: Firstly, there are benefits to both taxpayers and older people from an holistic approach to service delivery, in which the voluntary and statutory sectors work together to improve access, remove duplication and overlap and share resources. Secondly, the LinkAge Plus approach has facilitated key services to help maintain independence and improve the wellbeing of older people, in a cost-effective manner. Thirdly, the LinkAge Plus pilots have demonstrated that information and access to services can be improved through partnership working and through a range of innovative approaches to outreach as trialled by the pilots.

A key strength of the LinkAge Plus approach was the development of an holistic approach to service delivery through strengthened partnership working. LinkAge Plus enhanced the work of the statutory and voluntary sectors, helping them to work together more effectively, joining up services, improving referrals and removing duplication. In Nottinghamshire, the First Contact service enabled a range of partner organisations to make effective cross-referrals, with an average of 2.2 additional referrals for each contact. We have used data from the pilots to show potential financial savings from this holistic approach. Our illustrative example shows that after a two-year investment period the approach starts to break even in the following year, with a net present value to the taxpayer over five years of £1.80 per £1 spent.

LinkAge Plus pilots have also trialled and facilitated a range of services designed to improve the wellbeing, independence, participation and quality of life of older people. These ranged from services designed to keep older people fit, safe, active and involved; to those offering a 'little bit of help' with daily living; through to groups giving older people a strengthened voice in service provision.

Some of these services bring potential savings for the taxpayer as well as benefits to participants. For example, there is evidence that exercise classes such as Tai Chi can prevent falls amongst older people, resulting in significant improvements in quality of life and reduced spending on healthcare. On average a fall resulting in a hip fracture costs around £20,000 to the taxpayer – and evidence suggests that 15 weeks of balance classes reduces the likelihood of a participant falling by around 50 per cent. Our illustrative example suggests that each £1 spent on balance classes by the taxpayer in LinkAge Plus areas could yield health and social care savings of £1.35 plus benefits to the individual of £0.90 from improved longevity and quality of life.

The strong business case for the LinkAge Plus approach has been a key consideration for the majority of pilot authorities that have decided to find funding to support LinkAge Plus schemes when the DWP pilot funding ceased. The success of LinkAge Plus is also starting to be replicated in other areas – for example, Nottinghamshire's First Contact scheme has attracted national interest and Gloucestershire's Village Agent's scheme is also being trialled elsewhere.

The remaining challenge for Government is to use the evidence gathered from the pilots effectively, and use innovative methods to spread good practice to local decision-makers. The evidence discussed here suggests that if this can be achieved the LinkAge Plus approach can lay the foundation to retain and increase independence in later life despite the coming demographic challenges.

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