

# An Evaluation of Help Direct across Lancashire (Part 2)

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## Executive Summary

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### Background

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Recent policy initiatives stress the need for services to help people maintain their independence by offering them greater choice and control over the way in which their needs are met; creating more flexible provision; maximising independence; making better use of technology; and placing an emphasis on prevention and early intervention.

The establishment of Help Direct by Lancashire County Council is thus an investment in a preventive strategy to help people gain the right information or advice, individual guidance or practical support, before a problem becomes a crisis. Potentially, Help Direct has a significant role to play in improving the wellbeing of people living in Lancashire, where health status is generally worse than, or similar to, the England average. Help Direct will assist in tackling health inequalities by gender, level of deprivation and ethnicity.

### Help Direct's five main functions are:

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- Delivering wellbeing information and advice in each district;
- Updating and improving a directory of wellbeing information;
- Coordinating access to a wide range of practical support services and developing those services;
- Providing outreach support and volunteers to identify and engage hard to reach members of the community through case finding and working with local communities;
- Supporting a network of agencies to offer a 'first contact' and follow up referral point and self assessment.

### Aims of the evaluation:

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The aims of the questionnaire component of the evaluation were to understand from a sample of those who had used Help Direct:

1. How they had heard about Help Direct
2. What they hoped to get from the service
3. How they made contact with the service
4. Whether the issue had been resolved
5. Whether anything could have been done differently
6. The impact accessing the service had on various life domains
7. An overall rating of the service

The aims of the telephone interview component of the evaluation were to understand from a sample of those who had completed questionnaires, more about their experience of using the service. The questions asked included:

1. Please tell me in as much detail as you can how you came to use Help Direct?

2. Please tell me in as much detail as you can about your experience of using Help Direct
3. In the questionnaire you said that the issues you contacted Help Direct about was completely/partially/ not resolved.
4. Do you think that your contact with Help Direct has made an improvement to your wellbeing?
5. Do you think that your contact with Help Direct has made an improvement to your health?
6. Please tell me anything you would like to see changed about Help Direct?

## Method

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The research team worked alongside colleagues from LCC at all stages of the project. In order to make the best use of available resources two approaches to collecting information about those who have used Help Direct were employed:

- Self-completion questionnaires
- Telephone interviews (n=24)

## Findings

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### **The questionnaire findings:**

The main findings from the questionnaire were as follows:

- Most people had heard about Help Direct from one of the lead organisations, word of mouth or from a General Practitioner.
- There was a low level of brand awareness even amongst those who have used the service.
- The home and garden, mobility and transport and finances were the life domains selected most frequently as reflecting people's reasons for contacting the service
- The telephone was by far the most popular means of making contact with Help Direct, followed by face-to-face visit to the Help Direct venue and through the GP surgery.
- When asked to indicate whether they hoped to get 'information', 'advice and guidance' or 'practical support' from the Help Direct service, 24% indicated information, 56% advice and guidance and 20% practical support.
- 60% indicated that the issue they contacted the service about had been completely resolved, 22% partially resolved and 18% not resolved.
- 68% indicated that nothing could have been done differently to resolves their issue more fully
- 82% agreed the service was easy to contact
- 83% said staff had relevant information
- 77% said the advice/ guidance provided proved useful to them
- 50% said the service led to an improvement in their wellbeing
- 27% said the service led to an improvement in their health
- 68% said the service made them more aware of choices available to them

- 70% agreed the service met their needs
- 84% said they had received advice /guidance or the offer of practical help
- 80% of these people had received a follow up call
- 97% said they would be prepared to use the service again
- 93% said they would recommend it to others
- Participants were asked to state how they felt people could be made more aware of the Help Direct service. Some of the useful suggestions were as follows:
  - Distributing information and leaflets through local organisations' and clubs
  - Local papers and community magazines
  - Adverts in bus stops, shopping centres, religious venues, libraries, post offices, GP surgeries,
  - By creating a presence and awareness in local areas.
- 77% gave an overall rating of the service of excellent or very good

**The telephone interview findings:**

These are presented in section 4.2 as a series of case examples, we have chosen not to summarise them here, to avoid unnecessary duplication.

Discussion

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**Hearing about Help Direct**

Lead organisations have their own existing partnerships, based on established streams of work, these have strengths in accessing and appealing to some groups, and weaknesses with others. It is encouraging that the ground level promotion and marketing activity undertaken by Help Direct staff is producing referrals. However, as those who took part in this evaluation were generally already linked into some support networks and structures locally, Help Direct must consider how it engages and attracts those on the margins of social and community life.

Given concerns expressed in the previous evaluation (2008) by marginalized and minority groups about the need to take explicit action to engage their communities, the narrowness of the sample in the evaluation reported here suggests this must be a priority in the ongoing implementation strategy.

The GP pilot which is operating across a small number of surgeries in one district has produced more than 10% of the sample for this evaluation. This suggests that if the pilot were replicated in other areas of the county, the overall number of referrals to Help Direct might increase. However, further research would be needed to make any clear decision about the merits of implementing this pilot more widely, and any benefits would need to be balanced against the additional costs attached to the GP pilot scheme.

## Ways of contacting Help Direct

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Most described Help Direct as easy to contact, and the vast majority made this contact via telephone.

## Reasons for contacting Help Direct

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People see Help Direct as a service which can offer something across a range of life domains. About half of people contacted Help Direct for advice or guidance, and a further quarter contacted the service for practical support. This indicates that many people perceive the service as much more than simply a place to get information, and that they expect to get a more personalized and tailored experience from Help Direct.

## Recognising and understanding Help Direct

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Almost two-thirds of those people who returned the questionnaires indicated that they had not seen the Help Direct logo displayed anywhere. This suggests a need either for greater or more efficient advertising.

The questionnaire data present a very positive picture of people's experience of using the service, however the interviews suggested some were quite unclear about the remit and scope of the service, and also commented that it appeared rather similar to other services already operating locally (e.g. Age Concern or Help the Aged). Help Direct must demonstrate and promote its brand clearly and coherently and in particular lead organisations (e.g. Age Concern and Calico) must demonstrate how the offering for this service differs from that of their established brands.

It is relevant that many of those who contributed to the telephone interviews saw it less as a service and more as somewhere to talk things through and get advice.

## What people valued about the service

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Many of the issues people made contact with Help Direct about appeared simple and practical, and Help Direct staff were on the whole perceived to have access to relevant information. However of those who contacted Help Direct even for seemingly simple things, a number were managing quite complex personal situations and had significant needs. Many positively valued the human contact and personal approach delivered by Help Direct, and some sought to contrast the service positively with faceless organisations and assessment procedures employed by some – often statutory - organisations.

The main benefit was the opportunity to talk through their situation and explore options. This offered support, but also gave them a stake in creating solutions. People want to speak to someone who demonstrates an interest in their individual situation and perspective. It is thus vital that Help Direct staff seek to understand people's individual and cultural views of independence, dependence and autonomy.

Many of those whose issues remained unresolved or who had resolved issues for themselves, still rated the service highly if the overall experience had been positive. This emphasises that for many individuals the process is at least as important as the outcome. What people value are forms of support and information and/or guidance that provide an opportunity to rebuild old networks, or to develop new ones.

## Things that influenced levels of satisfaction

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The things that led to high levels of satisfaction were:

#### A positive initial contact

- Feeling listened to and in particular speaking to someone who demonstrated a commitment to understanding their personal situation, not simply eliciting information and providing a referral on
- A simple explanation of 'whether' and 'how' Help Direct might be able to help
- Delivering on promises and commitments made (e.g. volunteer support)
- Delivering on follow-up contact when it was offered (e.g. follow-up telephone contact which some greatly appreciated)

Conversely, things that led to low levels of satisfaction were:

- Feeling that their concerns or situation was not important or relevant to the service
- Being referred onto organisations which were unable to offer relevant advice or support
- Being let down by Help Direct volunteers
- Failure to provide a follow-up call (e.g. to check about onwards referrals or whether an issue had been resolved)

#### Help Direct and Wellbeing

Fifty per cent of the questionnaire sample felt that accessing Help Direct had positively influenced their wellbeing. The case examples highlight how significant life events (e.g. bereavement) can affect ones wellbeing by altering established relationships and networks.

The development of Help Direct in Lancashire is an investment in a preventive strategy linked to maintaining independence, health and wellbeing. People value approaches which help them maintain, rebuild or reformulate their sense of self and have a stake in creating their own solutions.

#### Study limitations

The picture emerging from this research is very positive. However the questionnaire had a return rate of slightly over 10% which is low even for a postal questionnaire. The sample for the telephone interviews had volunteered for this by indicating a willingness to do so on the questionnaire, in this sense they had volunteered for inclusion on three separate occasions. Hence, one can speculate – although not know – that those who returned questionnaires and in particular those who offered interviews were those most positively inclined to the service.

At the very least, these limitations should be seen to infer the possibility that there may be a larger group of individuals who feel more ambiguous about the service and possibly also other groups who have more negative views about it. It certainly implies that suggestions made about the need to target promotion and marketing activities beyond established networks to inform more marginalized groups must be a priority going forward.

#### Recommendations

Recommendation 1: Lead organisations must present the Help Direct brand clearly and coherently

Recommendation 2: Help Direct staff must deliver an approach which gives people a stake in creating their own solutions



Recommendation 3: Lead organisations must deliver a continued commitment to ground level promotion and marketing

Recommendation 4: Lead organisations must prioritise 'real' partnership working and a micro knowledge of diverse needs

## Acknowledgements

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The authors gratefully thank all those who contributed their ideas and gave their time to complete questionnaires and to take part in interviews.

We would like to express our thanks to the members of the Steering group for their direction and support: Don Rowbottom (Programme Lead – Wellbeing and Prevention Team) Vicky McKenna (Project Support Officer) and Sarah McTigue (Development and Commissioning Officer – Wellbeing and Prevention),

## Abbreviations

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DLA	Disability Living Allowance
ISCRI	International School for Communities, Rights and Inclusion
LCC	Lancashire County Council
UCLan	University of Central Lancashire

## 1. Introduction

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### 1.1 Background

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Services that improve people's general wellbeing and promote prevention of crises are at the heart of a changing Government policy towards helping people stay healthy, stay independent and make a contribution to the communities in which they live. It is important that people feel able to make choices, take decisions and do more for themselves. The challenge is to devise a means of providing people not only with the information and advice they need to make their own choices about maintaining their independence, but also to ensure that the right practical help is available to support them when they need it.

Help Direct is a new county-wide service which will be available to all adults in Lancashire, but the primary focus will be on identifying and supporting those most in need. Help Direct aims to help people get that bit of extra support they need to stay independent, to keep healthy, to stay in touch with and see friends, to keep their home and garden in good order, to take part in leisure activities or have opportunities to get involved in their local community.

### 1.2 Aims of this project

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The key tasks were to understand from those who have used Help Direct in its first year:

- How they had heard about Help Direct
- What they hoped to get from the service
- Whether the issue that brought them in contact with Help Direct had been resolved
- Their experience of using the service
- The impact that accessing the service had on various life domains

### 1.3 This report

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This report presents all the findings from Phase 2 of the evaluation of Help Direct in Lancashire. It provides an overview of the background, method and findings to this element of the study. Some additional information can be found in the Appendices. For more detailed information on the methodology, questionnaire, respondents and case studies please contact Alastair Roy, International School for Communities, Rights and Inclusion, University of Central Lancashire, Preston. PR1 2HE or e-mail [anroy@uclan.ac.uk](mailto:anroy@uclan.ac.uk)

### 1.4 A note about terminology

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#### **Black and minority ethnic**

The authors are aware that various terms are used to refer to the diverse communities in the UK. We prefer the term 'Black and minority ethnic.' This reflects that our concern is not only with those for whom 'Black' is a political term, denoting those who identify on the basis of skin colour or who may face discrimination because of their colour or their culture. 'Black and minority ethnic' also acknowledges the diversity that exists within these communities and includes a wider range of those who may not consider their identity to be 'Black' but who nevertheless constitute a distinct ethnic group.

## 2. Context

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### 2.1 Policy context

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*Independence, well-being and choice*<sup>i</sup> set out proposals for the future direction of social care for all adults within all age groups in England. The vision for social care that was outlined, relevant to this project, stressed that services should enable people to maintain their independence by giving them greater choice and control over the way in which their needs are met; should include all sections of the community; should make better use of technology to support people; and that there should be an emphasis on preventing problems and ensuring that social care and the NHS work on a shared agenda to help people maintain their independence. The need for improvement in early intervention strategies was highlighted by CSCI in its annual report on the state of social care in England in 2004/05<sup>ii</sup>, concluding that much provision at that time was rather traditional and not weighted towards promoting choice, control and flexibility.

The White Paper *Our health, our care, our say*<sup>iii</sup> outlined key elements of a reformed adult social care system in England. It made clear that this system should "be able to respond to the demographic challenges presented by an ageing society and rising expectations of those who depend on social care for their quality of life and capacity to have full and purposeful lives" (Cmnd. XXXX, 2007, p.1). The importance of prevention, early intervention and services that promote wellbeing and maximise independence are seen as critical to supporting active ageing by the Department of Work and Pensions (2007) in its publication *Opportunity Age*<sup>iv</sup>. This emphasises the need for culture changes so that older people are viewed as, and enabled to be, active consumers of public services exercising control and choice, not passive recipients. *Putting People First*<sup>v</sup> (DH, 2007) outlines the elements of a personalised adult social care system which sets out to maximise independence, choice and control. The provision of a 'first stop shop' to provide a universal information, advice and advocacy service for people needing services and their carers, irrespective of their eligibility for public funding, is outlined as an element of system wide transformation. It draws attention to the evidence from the LinkAge plus pilots, highlighted by *Opportunity Age*, of the benefits for older people, in particular, of this type of provision.

In Lancashire, this focus on prevention, maintaining independence and wellbeing was set out in a framework developed by Lancashire County Council<sup>vi</sup> in partnership with a wide range of organisations to help Local Strategic Partnerships agree priorities and implement action plans. This framework built on an analysis of locally identified needs, services and priorities which identified three main themes:

- Transport or support to help people in getting to and from places
- Practical assistance such as gardening, shopping, cleaning, dealing with correspondence and minor repairs.
- Advice and information.

The service mapping exercise had shown that information and advice services are well placed to respond to lower-level needs across Lancashire, but that there was considerable scope for improving the coordination of existing information provision. In particular, it stressed that people seeking information and advice should be able to get all the information they need from a single agency, as

well as ensuring that information is widely available in frequently used locations, particularly GP surgeries, supermarkets and leisure centres.

## 2.2 Help Direct in Lancashire

The development of Help Direct in Lancashire is an investment in a preventive strategy, to help people gain either the right information, advice or practical help before a problem becomes a crisis. Help Direct potentially has a significant role to play in increasing the wellbeing of people living in Lancashire whose health is generally worse than, or similar to, the England average, and in tackling health inequalities by gender, level of deprivation and ethnicity<sup>vii</sup>.

The development of Help Direct has been based on a partnership approach, and the aim has been to provide a network of support through a partnership of agencies, including statutory services, which currently work to improve wellbeing throughout Lancashire. It is important to draw upon the services already available and to work collaboratively in order to provide the best service possible and a more holistic person centred approach. Part of the role of the Help Direct is to act as a coordinating point for referrals which come from this network of local agencies. This network and referral system is called First Contact. The challenge is to devise a means of providing people, not only with the information and advice they need to make their own choices about how to maintain their independence, but also to make sure that the right practical help is available to support them when they need it.

There are five key parts to the Help Direct provision:

- Delivering wellbeing information and advice in each district;
- Updating and improving a directory of wellbeing information;
- Coordinating access to a wide range of practical support services and developing those services;
- Providing outreach support and volunteers to identify and engage hard to reach members of the community through case finding and working with local communities;
- Supporting a network of agencies to provide a 'first contact' and follow up referral point and self assessment.

### 3. Method

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This section outlines the methods used for this study.

#### 3.1 General overview

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The research team worked alongside colleagues from LCC at all stages of the project in order to make the best use of available resources. The main methods used were self-completion questionnaires and semi-structured telephone interviews. The interviews were loosely structured to enable and encourage participants to express their own experience of using the service.

#### 3.2 Data sources and lines of enquiry

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Two methods were used for collecting information about the experience of using Help Direct. This section outlines the methods, participants and lines of enquiry:

- A. Self-completion questionnaires (n=133)
- B. Telephone interviews (n=24)

##### **A. Self-completion questionnaires**

This element of the project aimed to test out the views, perceptions and experiences of a sample of those who have used the Help Direct service in the twelve different districts of Lancashire since the programme went live in February 2009. All individuals accessing Help Direct since it went live in February 2009 were asked whether they were happy to be contacted in relation to this evaluation. Those who gave consent (n=1115) were sent a brief self-completion questionnaire (attached as Appendix 2.) which included a postage paid envelopes for return. The respondents numbered n=133 giving a response rate slightly over 10%. All those who return fully completed questionnaires were entered into a prize draw with five winners being offered vouchers to the value of £50.

##### Summary of practical ethical issues

All those who were sent questionnaires had given prior permission to taking part. However it was deemed possible that some might have forgotten giving permission and that others may not have fully understood what they were giving permission for in the first place. Therefore a covering letter made clear that completing the questionnaire was voluntary and that people would be assumed to have given permission if they decided to complete and return the questionnaire. People were also told that no personal data or information which could identify them would be used in any reporting of the findings.

Demographic data was available on all potential participants and had been collected at the point at which they contacted Help Direct. Lancashire County Council took responsibility for ensuring that those who gave permission to take part knew that these data were being shared with the UCLan team. As a result of the demographic data we were able to ensure that no one approached for involvement in the project was under 18 years old.

##### ***Lines of enquiry***

- How they had heard about Help Direct
- What they hoped to get from the service
- How they made contact with the service
- Whether the issue about which they had made contact had been resolved

- Whether anything could have been done differently
- The impact of accessing the service on various life domains
- An overall rating of the service

## **B. Telephone interviews**

In common with the questionnaires, all those who were approached about telephone interviews had given prior permission to taking part, in this case by indicating their permission on the questionnaire. N=101 of the n=133 who completed questionnaires indicated that they were happy for the researchers to contact them for an interview. However, as with the postal questionnaires, it was deemed possible that some might have forgotten giving permission and that others may not have fully understood what they were giving permission for. Hence care was taken to remind people of the purpose of the evaluation and to talk through the implications of taking part. A member of the research team contacted individuals by telephone, to handle this informed consent processes and to arrange a date and time for an interview with those who gave consent. They were also provided with an opportunity to ask any relevant questions that might allow them to make a decision about participation. At all times it was made clear to individuals that their participation was entirely voluntary and that they may choose to withdraw from the process at any point.

We did not plan to interview anyone with existing/continuing mental disorders that might affect their capacity to offer informed consent. Hence, if a potential respondent did not appear to comprehend what the study was about during the first few introductory minutes of the questionnaire then researchers were instructed not to continue with the interview.

In selecting respondents for the telephone interviews we attempted to recruit relatively equal numbers from each of the twelve districts in Lancashire, although in some cases this was not possible due to low numbers of questionnaire respondents from some areas. We also tried to get a relatively equal spread of those who had contacted Help Direct for information, advice and guidance and for practical support. The number of completed interviews was n=24.

The interviews used a semi-structured questionnaire, designed to allow the interviewers to take contemporaneous notes.

### ***Lines of enquiry***

The telephone interviews covered the following:

- How people came to use Help Direct?
- Their experience of using the service.
- The extent to which the issue had been resolved.
- Whether contacting Help Direct had made an improvement on wellbeing
- Whether contacting Help Direct had made an improvement on health
- Changes viewed as necessary to the Help Direct service

## **3.3 Data analysis**

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Qualitative data, relevant literature and other documents were collated thematically. The themes that arose most consistently were used to analyse the information obtained about the delivery of Help Direct across Lancashire. The analysis is therefore firmly grounded in the data received from participants during this study.

The use of a thematic analysis made the following possible:

- (i) Reporting on a wide range of experiences and perceptions about these issues;



- (ii) Identification of areas of consensus and divergence on specific issues; and
- (iii) Recommendations on the way Help Direct might be altered and/or developed to address the needs of different individuals, groups and communities.

### 3.4 Ethical issues

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The research plans and methods for this project were reviewed and approved by the ISCRI Ethics Committee at the University of Central Lancashire. All potential participants were provided with written information about the focus of the study in order to help them make an informed decision about whether or not they agreed to participate. Clear information was provided about data protection and confidentiality to ensure that participants were aware that participation was entirely voluntary. Verbal consent was sought for telephone questionnaires.

### 3.5 Methodological issues

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#### **Phase 1**

The recruitment strategy for the questionnaires involved sending n=1115 questionnaires by post for voluntary self-completion and return by participants. More than thirty people contacted the research team by telephone after receiving questionnaires to say that they had never heard of Help Direct. This figure may mask a much larger number who also could not recall having contact with Help Direct but did not contact the team. The n=133 who did return questionnaires gave a response rate of slightly more than 10% which is low even for postal survey. It may well be that those who completed questionnaires were those better disposed to Help Direct and perhaps mainly those who had a good experience of the service. Hence the positive picture emerging from the findings should be seen in the context of the limitations of the sampling frame and the related potential for bias.

We hoped that the recruitment strategy might produce a sample large enough to draw meaningful statistical comparisons. However the final sample of n=133 did not reach this threshold.

#### **Phase 2**

The respondents in the telephone interviews had volunteered to take part in the evaluation at the point of contact with Help Direct, had chosen to complete and return questionnaires, and had indicated a preparedness to take part in a telephone questionnaire. Hence this sample had volunteered to take part on three separate occasions, and hence is subject to the same limitations as the questionnaire sample, with an associated potential for bias.

## 4. FINDINGS

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### Findings of the two areas of the study

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The detailed findings from each of the two areas described below are available from the University of Central Lancashire on request.

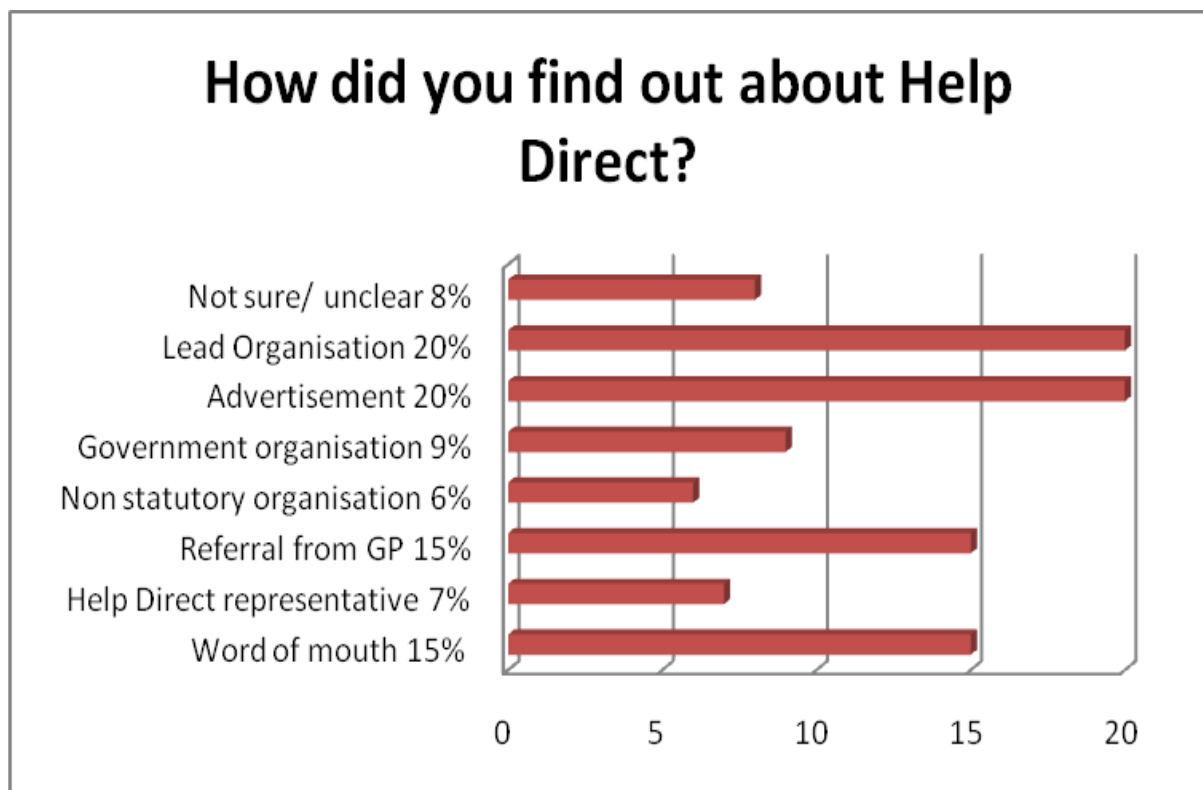
#### 4.1 Key Findings from the questionnaire

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##### 4.1.1 Hearing about Help Direct

We began by asking respondents how they had originally heard about the Help Direct Service. The four most regularly mentioned ways of hearing about the service were; via advertisement, from one of the lead organisations, by word of mouth and from a General Practitioner. The majority (n=15) of those (n=19) referred by a GP were from Lancaster where the GP pilot is operating.

**Table 1**



#### 4.1.2 The Help Direct logo

Respondents were asked whether they had seen the Help Direct logo displayed anywhere; 35% answered yes and 56% no. This shows low levels of brand awareness even amongst those who have used the service.

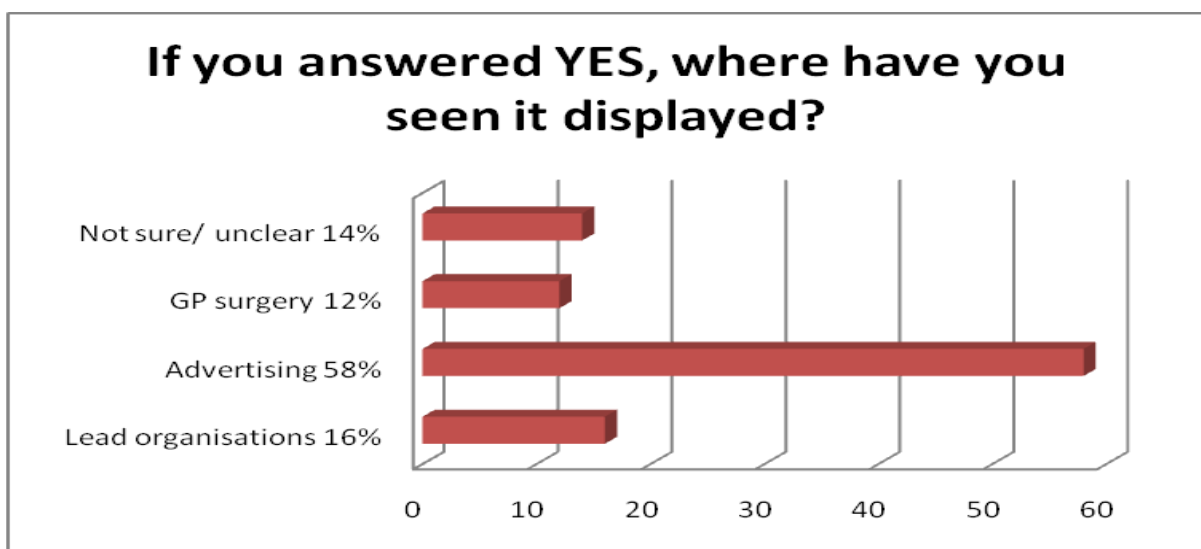


Table 2



The 35% who answered yes were asked to indicate the location they had seen the logo displayed. Advertising and in lead organisation premises were the most frequently cited locations.

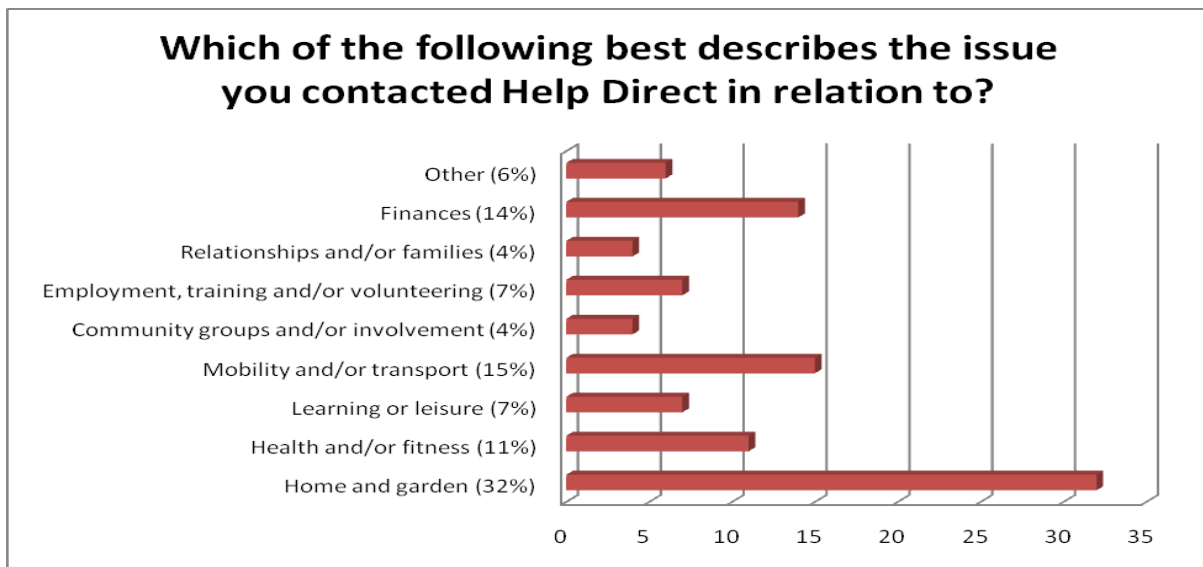
Table 3



### 4.1.3 The issue people contacted Help Direct about

Participants were provided with a list of life domains and asked to indicate which best described the issue they contacted Help Direct in relation to. The home and garden, mobility and transport and finances were the domains selected most frequently. Those who select the 'other' category mentioned issues including: support and counselling, help for a dependent child who is autistic, bereavement support, neighbour nuisance and harassment.

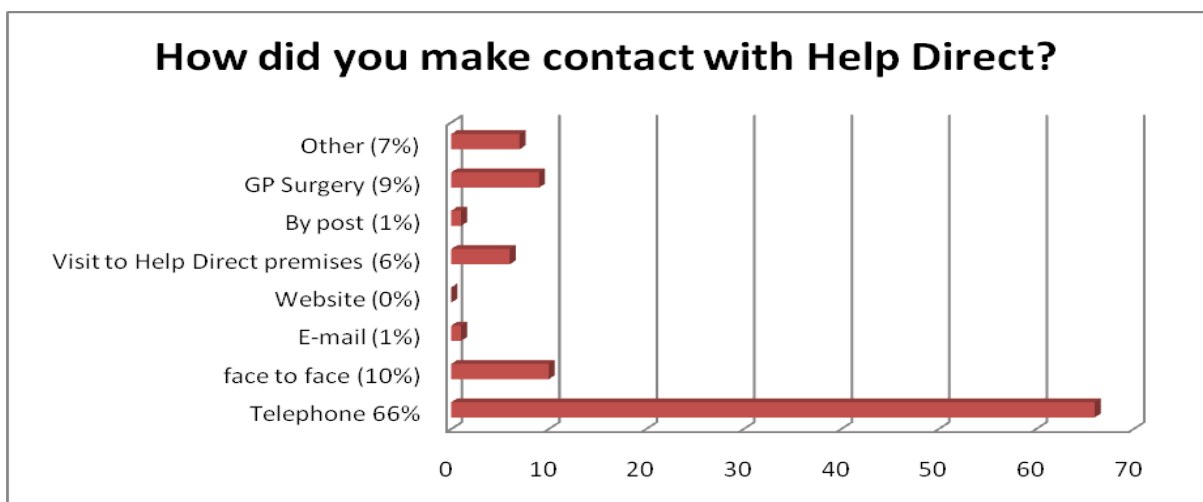
**Table 4**



### 4.1.4 How people made contact with the service

Participants were asked to indicate how they had made contact with Help Direct. The telephone was by far the most popular means of making contact, followed by a face-to-face visit to the Help Direct venue and through the GP surgery. Those who made contact through the GP surgery were nearly all from Lancaster.

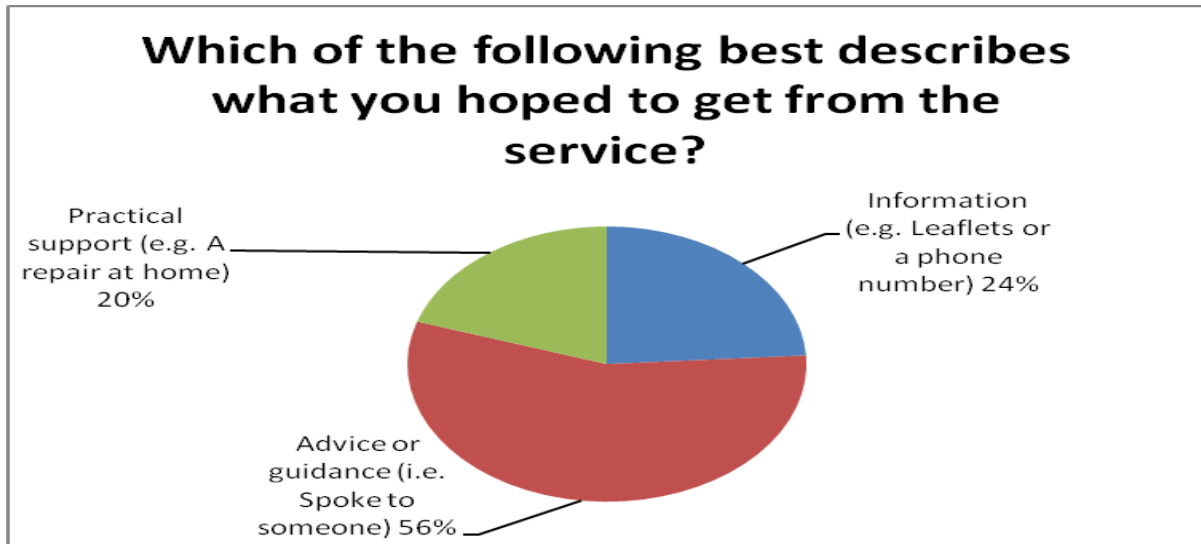
**Table 5**



#### 4.1.5 What people hoped to get from Help Direct?

Participants were asked to indicate whether they hoped to get 'information', 'advice or guidance' or 'practical support' from the Help Direct service. 24% indicated information, 56% advice or guidance and 20% practical support.

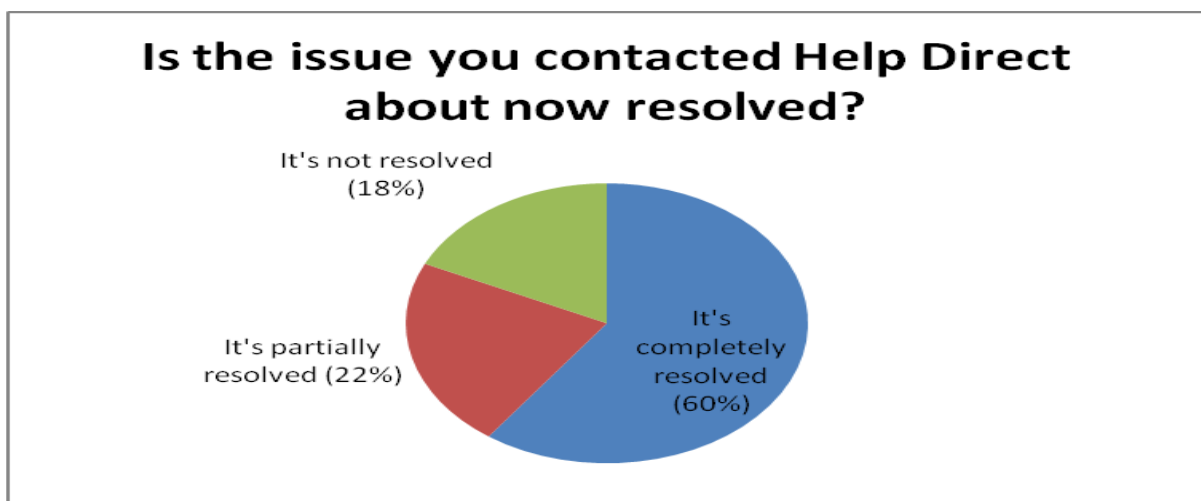
**Table 6**



#### 4.1.6 Level of resolution

Participants were asked to indicate the extent to which the issue they contacted Help Direct in relation to was now resolved. 60% indicated that the issue had been completely resolved, 22% partially resolved and 18% not resolved.

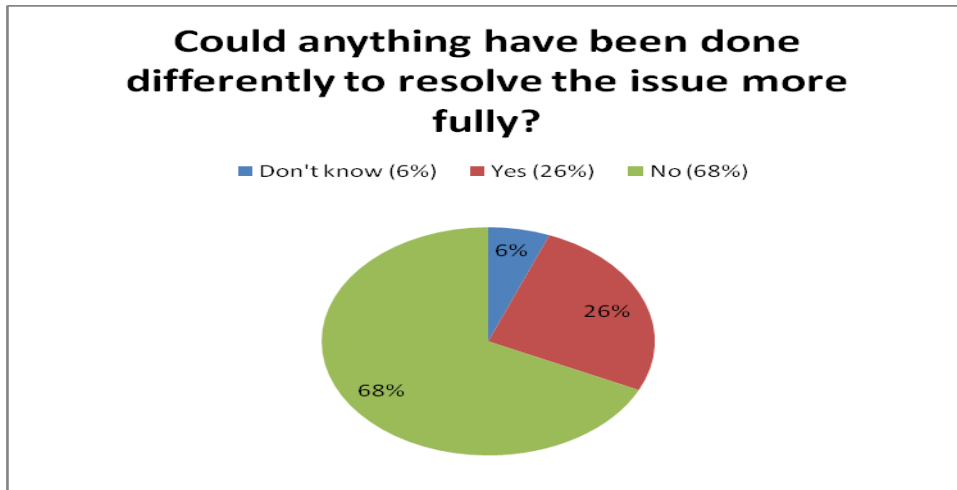
**Table 7**



#### 4.1.7 Could anything have been done differently to resolve the issue more fully?

Participants were asked to indicate the extent to they felt things might have been done differently to resolve the issue more fully; 68% indicated no, 26% yes and 6% don't know.

**Table 8**



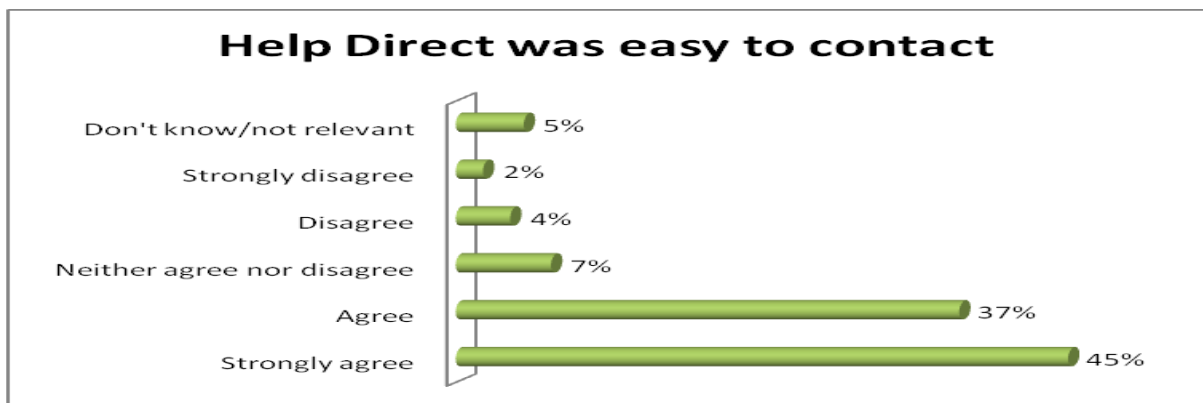
#### 4.1.8 Support for various statements in relation to the Help Direct service

We asked people to rate their support for various statements in relation to the Help Direct service they had received using a Likert type scale. The statements and responses were as follows:

##### Statement 1: Help Direct was easy to contact

Table 9 demonstrates that there was very strong support for the statement 'Help Direct was easy to contact' with 82% of respondents indicating 'agree' or 'strongly agree' in relation to this statement.

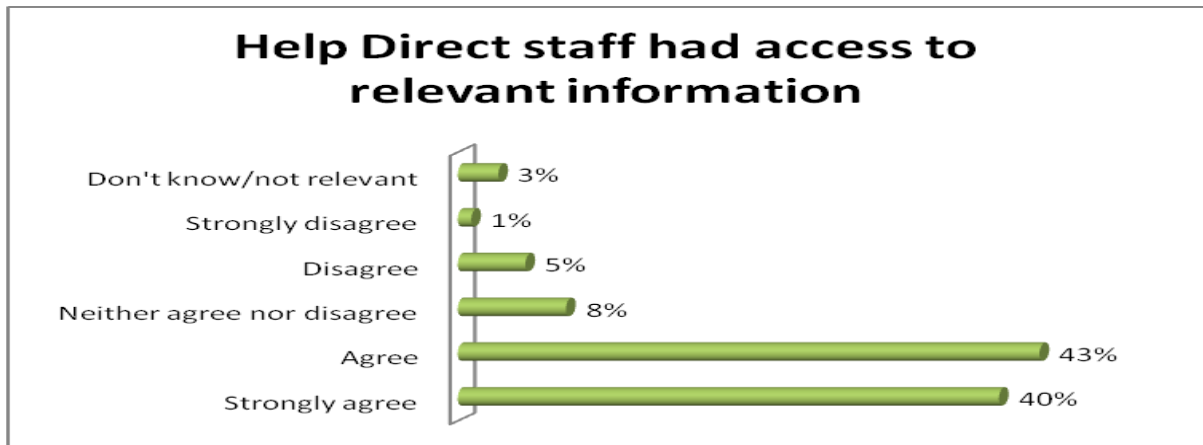
**Table 9**



**Statement 2: Help Direct staff had access to relevant information**

Table 10 demonstrates that there was very strong support for the statement ‘Help Direct staff had access to relevant information’ with 83% of respondents indicating ‘agree’ or ‘strongly agree’ in relation to this statement.

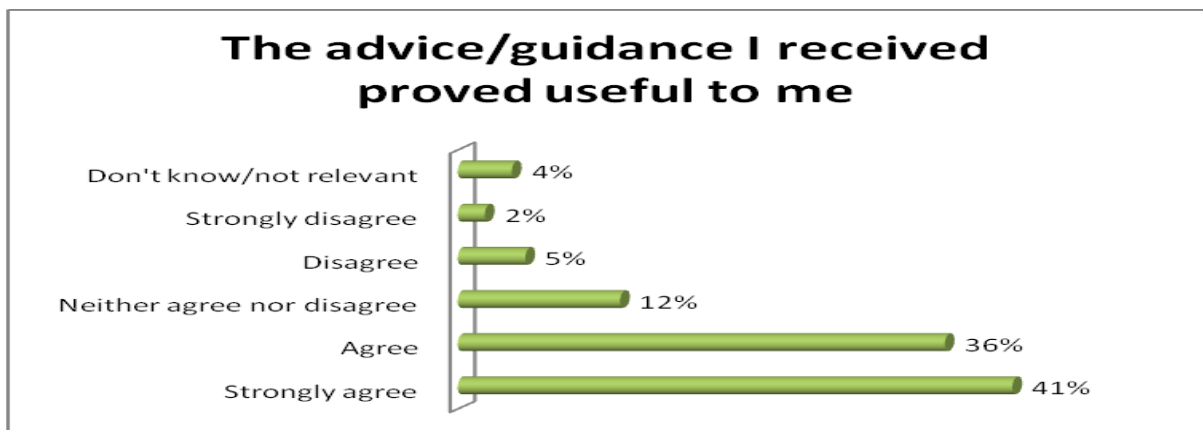
**Table 10**



**Statement 3: The advice/guidance I received proved useful to me**

Table 11 demonstrates that there was very strong support for the statement ‘The advice/guidance proved useful to me’ with 77% of respondents indicating ‘agree’ or ‘strongly agree’ in relation to this statement.

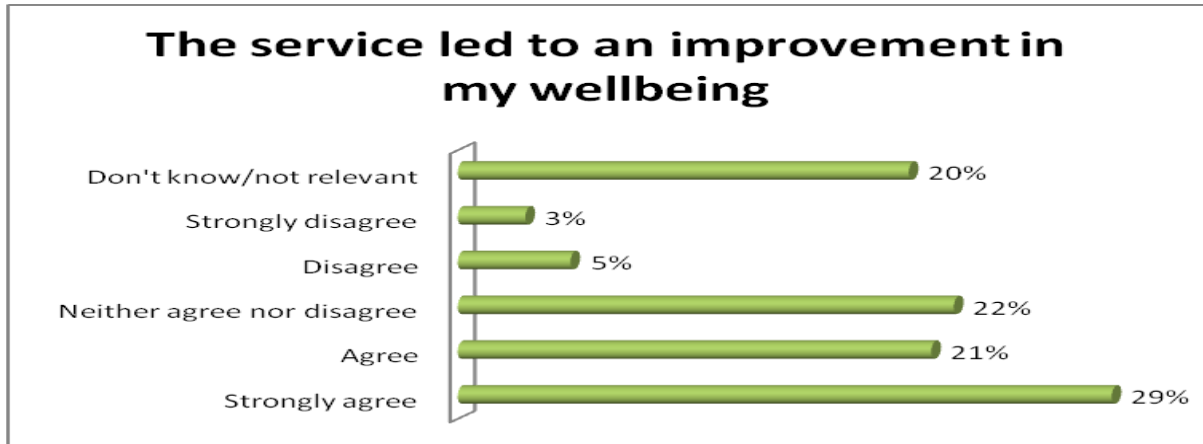
**Table 11**



**Statement 4: The service led to an improvement in my wellbeing**

Table 12 demonstrates that there was good support for the statement ‘The service led to an improvement in my wellbeing’ with 50% of respondents indicating ‘agree’ or ‘strongly agree’ in relation to this statement. However, 20% indicated ‘don’t know/ not relevant’ and 22% indicated ‘neither agree nor disagree’.

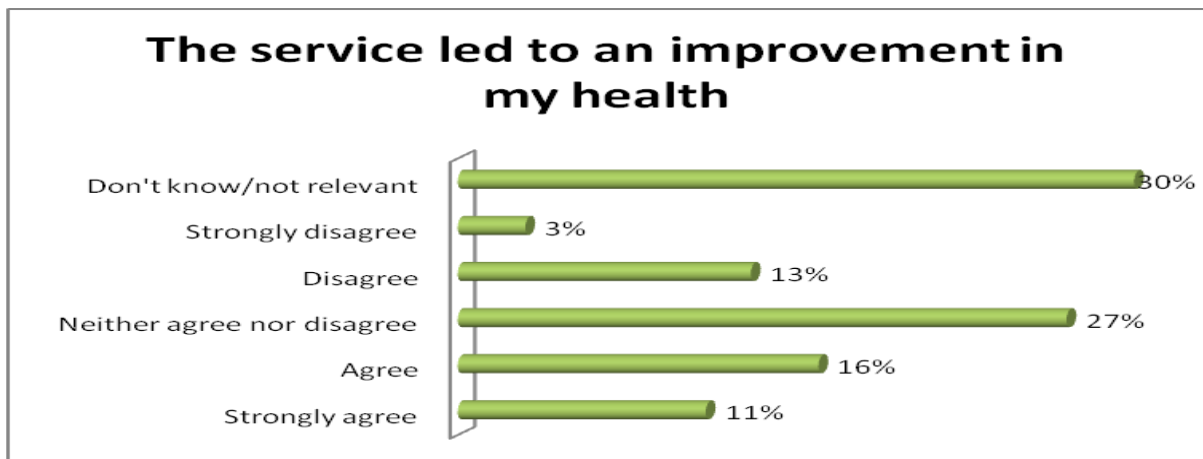
**Table 12**



**Statement 5: The service led to an improvement in my health**

Table 13 demonstrates that there was much less support for the statement ‘The service led to an improvement in my health’ with 27% of respondents indicating ‘agree’ or ‘strongly agree’ in relation to this statement. 30% indicated ‘don’t know/ not relevant’ and 27% indicated ‘neither agree nor disagree’.

**Table 13**

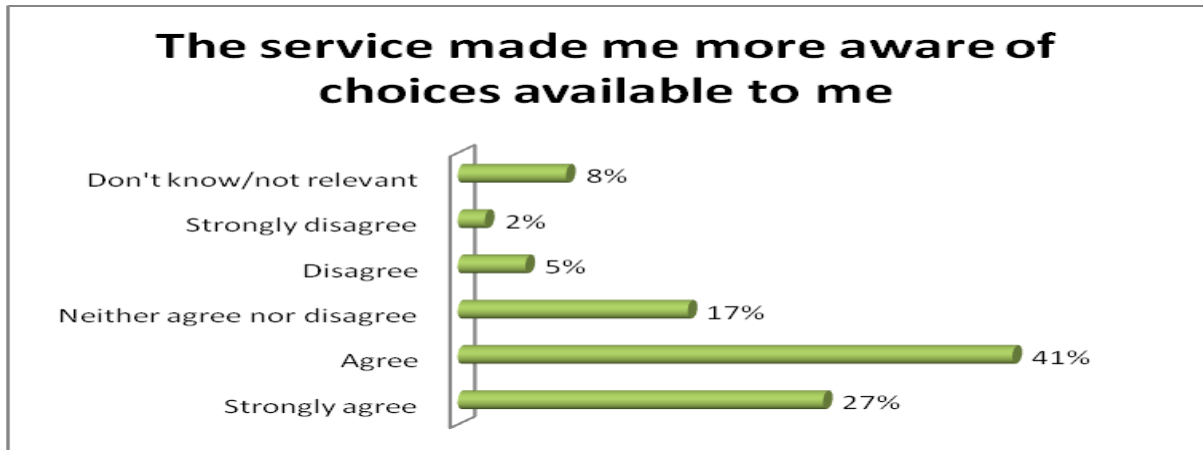




**Statement 6: The service made me more aware of choices available to me**

Table 14 demonstrates that there was strong support for the statement ‘The service made me more aware of choices available to me’ with 68% of respondents indicating ‘agree’ or ‘strongly agree’ in relation to this statement.

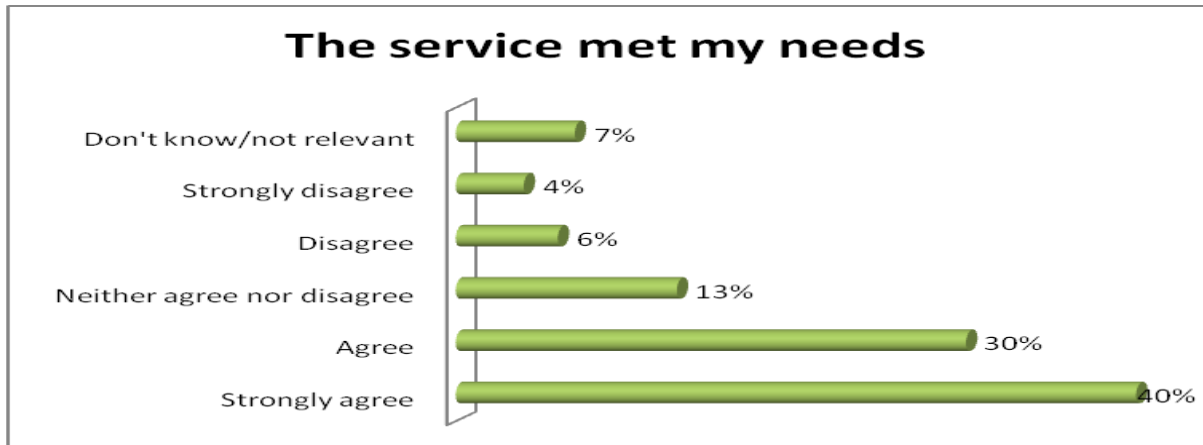
**Table 14**



**Statement 7: The service met my needs**

Table 15 demonstrates that there was strong support for the statement ‘The service met my needs’ with 70% of respondents indicating ‘agree’ or ‘strongly agree’ in relation to this statement.

**Table 15**



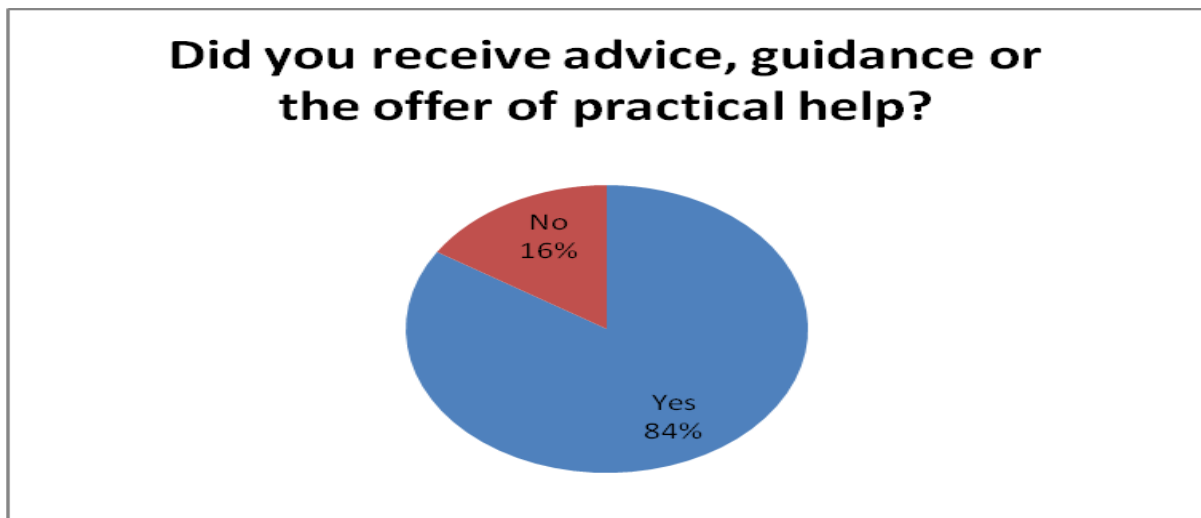
#### 4.1.9 The provision of advice and guidance, practical support and follow-up

In a second section of the questionnaire it was explained to participants that in circumstances in which Help Direct provides advice and guidance, or recommends the provision of practical help, they aim to provide a follow up call. Participants were asked to indicate 'yes' or 'no' to four questions about their use of the service. The questions and responses were as follows:

##### Question 1: Did you receive advice, guidance or the offer of practical help?

Table 16 indicates that a very high proportion agreed that they had received an offer of advice and guidance or of practical help.

**Table 16**



##### Question 2: If YES did you receive a follow up call?

Table 17 indicates a very high proportion of those who had been offered advice and guidance or the offer of practical help indicated that they had received a subsequent follow-up call.

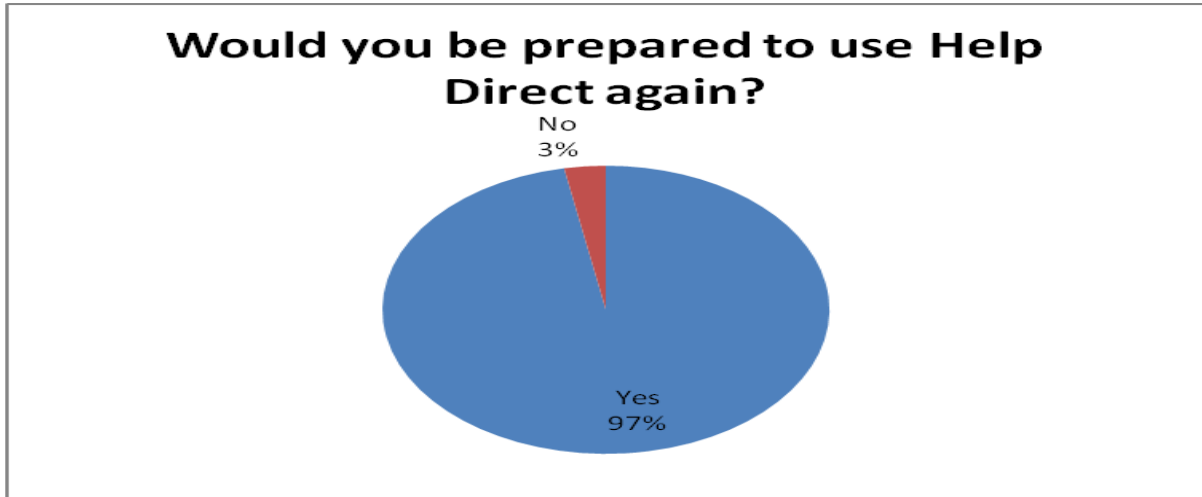
**Table 17**



**Question 3: Would you be prepared to use the service again?**

Table 18 indicates that virtually all these respondents agreed that they would be prepared to use the service again.

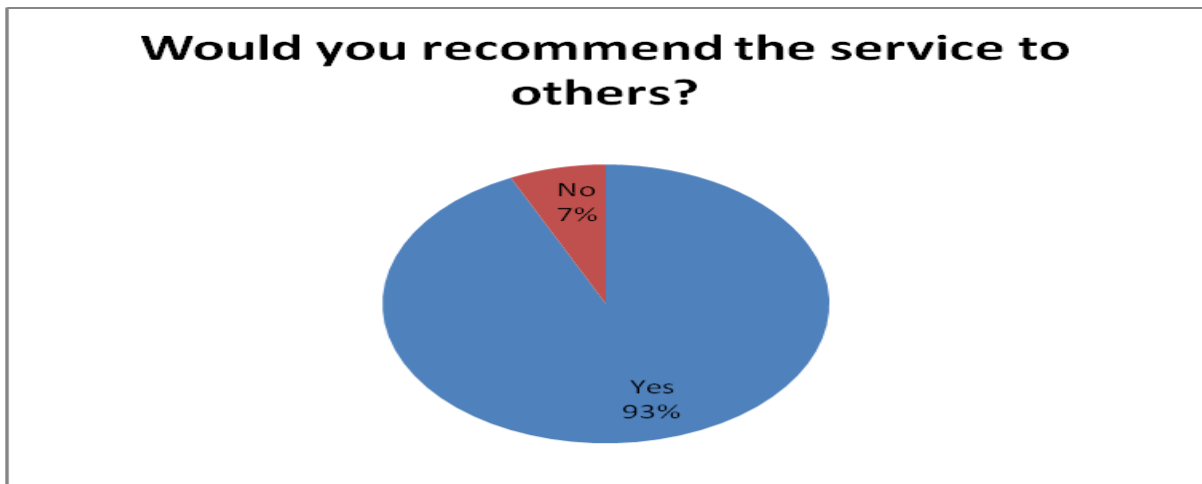
**Table 18**



**Question 4: Would you recommend the service to others?**

Table 19 indicates that virtually all these respondents felt that they would recommend the service to others.

**Table 19**



#### 4.1.10 How can people be made more aware of the service?

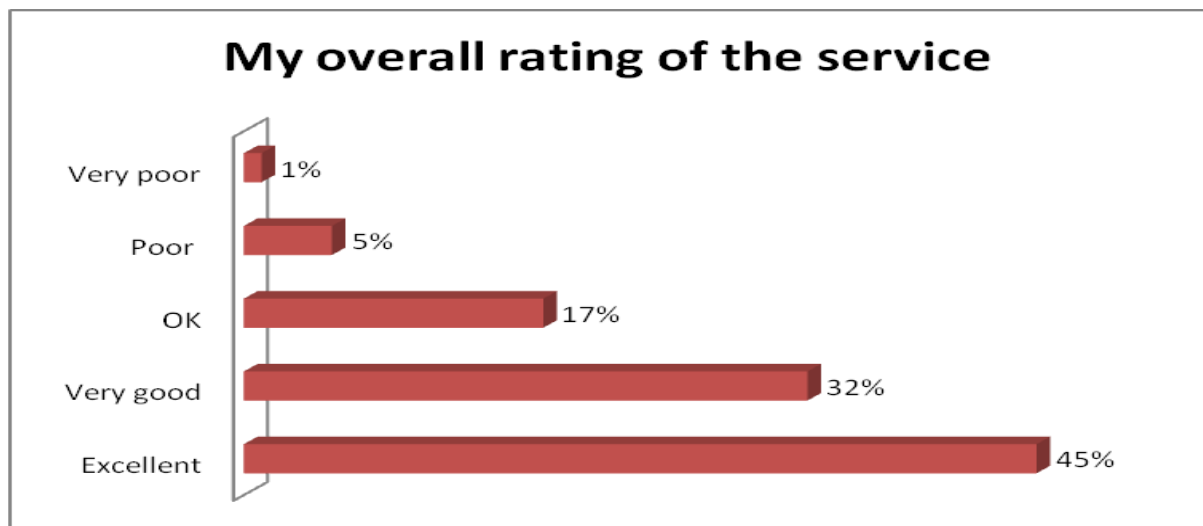
Participants were asked to state how they felt people could be made more aware of the Help Direct service. Some of the useful suggestions were as follows:

- Distributing information and leaflets through local organisations' and clubs
- Local papers and community magazines
- Adverts in bus stops, shopping centres, religious venues, libraries, post offices and GP surgeries
- By creating a presence and awareness in local areas.

#### 4.1.11 Overall rating of the service

Finally we asked people to provide an overall rating of the service. Table 20 indicates that 77% of respondents rated the service 'very good' or 'excellent' with only 6% rating it 'poor' or 'very poor'.

**Table 20**



## 4.2 Findings from telephone interviews

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The telephone interviews were used to create 24 case examples of those who have used Help Direct in its first year of operation. These have been summarised below. Each case example sets out demographic data alongside information about how people were referred to Help Direct, their experience of using the service, and their views about it.

### Case Study 1

---

#### **Demographics**

**Age:** 63

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** Yes

**Approached Help Direct for:** Information

**Level of Resolution:** Partially resolved

**Residential status:** Not living alone

**Employment status:** Retired

**Benefits:** None indicated

#### **Story**

This woman was referred to Help Direct by Age Concern.

She has a disability and relies on a cleaner to do her housework. She had previously tried to find a cleaner through the yellow pages but had been intimidated and ripped off by two local contractors. Help Direct referred her to a new cleaning contractor with whom she is happy. Her satisfaction with Help Direct service led her to return to the service a second time. Her second approach related to affordable transport for her as a wheelchair user.

Despite using the service twice, she describes herself as having a low level of understanding about the Help Direct service (i.e. who runs it? what can it do?). She feels that using the service has led to an improvement in her wellbeing but no improvement in her health. She still has ongoing issues with benefits entitlements (DLA).

### Case Study 2

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#### **Demographics**

**Age:** 59

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** None indicated

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Living alone

**Employment status:** Not working due to illness

**Benefits:** Disability Living Allowance –mobility, Incapacity Benefit

#### **Story**

This woman had not heard of Help Direct before she was referred through Calico Housing.

She described herself as desperate to move back down south where she lived for most of her life. She has previously tried unsuccessfully to get re-housed there. In addition she is suffering from

agoraphobia which makes many everyday activities quite challenging for her. Help Direct provided an advocate to go to the doctors with her to get a letter to support her re-housing application, as she felt unable to go alone. Help Direct also provided someone to take necessary documents for her application and get these photocopied.

She believed that her contact with Help Direct had definitely improved her wellbeing because they had taken an interest in her individual situation and had given her hope. However it has not led to any improvement in health which she sees as unsurprising. Although the issue had not been resolved, she knows that this is because it was outside the remit of Help Direct. She is very enthused about the service Help Direct provides and appreciated having someone there who cared about her situation.

### Case Study 3

---

#### **Demographics**

**Age:** 84

**Gender:** Male

**Ethnicity:** Not indicated

**Disability identified:** No

**Approached Help Direct for:** information

**Level of Resolution:** Completely resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

#### **Story**

The local library staff suggested that this man should contact Help Direct.

He needed to get someone to clean his carpets due to mobility issues. He had contacted a few firms directly, but none had been able to help as he lives in a quite isolated rural area. Although Help Direct listened and were sympathetic, they did not have any contacts to hand. However, they did eventually locate someone for him who may be able to help, but was again not based locally. In the mean time, the gentleman had managed to locate someone himself to do the work, which they did to a very high standard.

He is happy with the Help Direct service for attempting to offer help, despite being unable to resolve his particular situation, and said that he assumed that they had limited resources.

### Case Study 4

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#### **Demographics**

**Age:** 74

**Gender:** Female

**Ethnicity:** Not indicated

**Disability identified:** Yes

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Completely resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

#### **Story**

This woman had been referred to Help Direct by a representative who attended a village centre coffee morning for older people.

She suffered bereavement as a result of her husband's death last year. She had wanted to get the batteries replaced in her smoke alarm and was not comfortable going up a ladder and replacing them herself. She had previously made two appointments with the fire service to deal with this, but both times they had not shown up. Help Direct arranged an appointment for someone from the fire service to come and replace the batteries. They turned up when promised and actually replaced the alarms with new ones with a 10 year guarantee. This woman feels that the service led to an improvement in her wellbeing due to the knowledge that her house is now safer, although she could not identify any improvement to her health.

She later contacted Help Direct to get the number of the Citizen's Advice Bureau which staff provided for her.

### Case Study 5

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#### **Demographics**

**Age:** 44

**Gender:** Female

**Ethnicity:** Not indicated

**Disability identified:** No

**Approached Help Direct for:** Practical support

**Level of Resolution:** Not resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

#### **Story**

This woman was referred to Help Direct by her social worker.

She wanted to get advice on how to get financial support to put her cat in a cattery whilst she and her husband went on holiday. She described the holiday as very important because she is a carer to her husband, has been out of work for 4 years due to ill health and her husband has experienced a number of bereavements in the past year and is quite depressed.

Help Direct gave her the number for another organisation who they thought would be able to help. She says this organisation spoke very abruptly to her, and told her that they were unable to help with this issue. She felt that being treated in this way had a negative impact on her wellbeing and possibly her health. She had received no follow up contact from Help Direct and the experience had left her with a poor view of the service. In her opinion, Help Direct should have a better knowledge about the suitability of the services people are referred onto.

### Case Study 6

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#### **Demographics**

**Age:** 25

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** None indicated

**Approached Help Direct for:** Information

**Level of Resolution:** Partially resolved

**Residential status:** Not living alone

**Employment status:** Not working due to illness

**Benefits:** Disability Living Allowance – care, Disability Living Allowance – mobility, Housing benefit, Incapacity benefit, Income support

### **Story**

This woman contacted Help Direct herself after hearing about the service by word of mouth.

She needed some advice regarding the move to direct payments for her son. He was left brain damaged following cancer treatment, and now has a number of learning difficulties and health problems. They put her in touch with an organisation associated with self-directed payments. This allowed her to make her own arrangements, rather than these being made by social services. At first she found self-directed payment a bit baffling and had to find out a lot for herself. Then someone from Lancashire Support Services, a user-led organisation, came and helped her devise a plan. Now self-directed support is all set up she says it is working fabulously.

She is happy with the service she has received.

### **Case Study 7**

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#### **Demographics**

**Age:** 68

**Gender:** Female

**Ethnicity:** Not indicated

**Disability identified:** None indicated

**Approached Help Direct for:** Information

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Employment status:** Retired

**Benefits:** Disability Living Allowance – care, Housing benefit

#### **Story**

This woman was referred to Help Direct by her GP.

She wanted to get her heating changed from a storage heater to gas central heating, and this was not straightforward as she is a council tenant. Having previously been unsuccessful with this, she felt she needed some support. Help Direct wrote to the council and managed to get it approved. However, the occupational therapy (OT) service then got involved, the process is still ongoing and has not been resolved. The OT service have suggested it will take 13 weeks for them to be able to assess her situation, although the lady is still unclear why the OT service is involved. She plans to get back in touch with Help Direct for some advice on this.

### **Case Study 8**

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#### **Demographics**

**Age:** Not indicated

**Gender:** Male

**Ethnicity:** Not indicated

**Disability identified:** No

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Not indicated

**Employment status:** Retired

**Benefits:** None indicated

#### **Story**

This man was referred to Help Direct by Age Concern.

He contacted Help Direct in relation to trouble with his Broadband provider. He had originally has a contract with this provider but cancelled it to use another one. They continued to send him bills and took money directly from his account. Although he got the money back, they still sent him another



bill which he refused to pay. Subsequently he received a letter from debt collectors. Help Direct wrote to the debt collectors who informed the original provider that they would not pursue the debt. The gentleman has not heard anything further from this provider. Although he has not been sent any more bills he would like to receive a letter to be sure the matter is closed.

Help Direct also helped him to access benefits he was not previously aware of his entitlement to. This has improved his financial situation.

### Case Study 9

---

#### **Demographics**

**Age:** 59

**Gender:** Female

**Ethnicity:** Not indicated

**Disability identified:** Yes

**Approached Help Direct for:** Practical support

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Employment status:** Not working due to illness

**Benefits:** None indicated

#### **Story**

This woman got referred to Help Direct by a representative who got on the dial-a-bus handing out leaflets.

She was told that they could help with gardening, which was something she and her husband needed help with due to mobility issues. Help Direct arranged for someone to come and do the gardening for her for free. She was pleased with the service she received and subsequently contacted them again to get advice on using her home computer. Help Direct arranged for someone to come out to her home and teach her the basics. Once again she was very happy with the service

### Case Study 10

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#### **Demographics**

**Age:** Not indicated

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** No

**Approached Help Direct for:** Information

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Employment status:** Part time employed

**Benefits:** None indicated

#### **Story**

This woman was referred to Help Direct by someone she knows in her local area.

Her son has learning disabilities and she was looking into possible services to offer help. Help Direct suggested a number of different possibilities; however none of these were quite right. She explained that she had not been sure exactly what she was looking for at the time and had needed to speak to someone as a part of a process of adjusting to the idea of asking for help with her son. Hence she was happy with the service she received from Help Direct. It gave her the opportunity to talk through her situation with someone and she thinks that they did all they could to help. She has held onto the details of support services provided to her in case she changes her mind and decides to look into them.

## Case Study 11

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### Demographics

**Age:** 82

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** Yes

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Completely resolved

**Residential status:** Not living alone

**Employment status:** Retired

**Benefits:** Disability Living Allowance – mobility

### Story

This woman was referred to Help Direct by her son who works for Lancashire County Council.

She needed a wheelchair but was not clear about the process of getting assessed. Help Direct got in touch with a company where they were able to hire a wheelchair. This seemed the most appropriate solution as they did not want to buy one as the man did not want his wife to become too dependant on it. However, the first wheelchair the company provided was not the exact thing she wanted, as the wheels did not seem to work quite right, so they were not sure what to do. Her husband decided to start again and got back in touch with Help Direct who got in touch with the company who provided the wheelchair. They then contacted the lady and discussed her requirements. They came out, and brought her a different wheelchair, which was much more suited to what she wanted.

She said that Help Direct were interested in her issue and acted promptly to resolve her situation. She was highly satisfied with the service and said she would use them again if she needed to. Having the correct wheelchair made mobility easier better and she was happy that someone was able to assist her in getting a wheelchair which met her needs.

## Case Study 12

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### Demographics

**Age:** 68

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** Yes

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Employment status:** Not working due to illness

**Benefits:** Attendance Allowance, Disability Living Allowance – mobility, Pension Credit

### Story

This woman was referred to Help Direct by Age Concern.

She had been experiencing difficulties with the local bus service as the drivers would not help her on and off the buses with her wheelchair. She had previously contacted the bus company herself but although they initially promising to have a meeting with her, this did not happen. She wondered if Help Direct could offer her some support or advice. Although the Help Direct staff member was very polite, she said that he did not seem to understand her situation and none of the advice or contacts given were relevant.

She identified the need for enhanced training for the staff and the need to employ people with maturity and common sense.

## Case Study 13

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### **Demographics**

**Age:** 78

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** None indicated

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Completely resolved

**Residential status:** Not indicated

**Employment status:** Retired

**Benefits:** Attendance Allowance, State Pension

### **Story**

This woman was referred to Help Direct by Age Concern.

She is an elderly widow and does not feel comfortable employing contractor's from the phone book to undertake services around her home. She felt confident that the people Help Direct would put her in touch with would be trustworthy. Although she was not happy with one of the contractors which Help Direct referred her to, on the whole she has been pleased with the people who they had recommended to undertake work in her house.

She says that the staff at Help Direct were all very helpful. She also felt that Help Direct has helped her regain some of her lost confidence in the trustworthiness of contractors, and she always has their telephone number nearby.

## Case Study 14

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### **Demographics**

**Age:** 62

**Gender:** Male

**Ethnicity:** Not indicated

**Disability identified:** No

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Completely resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

### **Story**

This man was referred to Help Direct by a doctor at the hospital.

He has suffered from a heart attack and a couple of strokes in recent years. This had left him weaker, and in need of some adjustments to his home. They put him in touch with social services who were able to make an assessment and provide some helpful adjustments, including aids for his mobility.

He has been happy with the service he has received. He has another requirement now and plans to get back in touch with Help Direct. He believes it has had a positive impact on his wellbeing, suggesting 'he would not have known who to turn to otherwise and might still not have had the adjustments he needed'.

## Case Study 15

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### **Demographics**

**Age:** 67

**Gender:** Female

**Ethnicity:** Not indicated

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Disability identified:** No

**Employment status:** Retired

**Benefits:** None indicated

### Story

This woman's friend found Help Direct on the internet and suggested that she call them.

She wanted to change her gas supplier as the bills were getting rather expensive. She then discovered that she had capped her rates until 2011, and she would be fined £70 if she wanted to move to a separate supplier. Although they looked into her circumstances, Help Direct was unable to do anything due to her contract with her provider. However, she is glad she has heard of the service and will be happy to use it in the future.

Since using the service, she also received a leaflet about them at Tesco's

## Case Study 16

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### Demographics

**Age:** 78

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** No

**Approached Help Direct for:** Information

**Level of Resolution:** Completely resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

### Story

Social Services suggested that this woman should contact Help Direct.

She had experienced a number of falls recently which had led to some short stays in hospital. She was asked to go to the falls clinic, which she was keen to do, but was unsure how she would get there. She approached Help Direct to get the number of a taxi firm. Help Direct suggested a few taxi services in the area which they knew to be reliable. She contacted the first one on the list and has been very happy with them.

She feels Help Direct has made an improvement to both her health and wellbeing as she does not have to worry about how to get to the falls clinic, and being able to get to the clinic should help her to avoid future falls. She would be happy to use the service again

## Case Study 17

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### Demographics

**Age:** 62

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** Yes

**Approached Help Direct for:** Practical support

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Employment status:** Retired

**Benefits:** None indicated

### Story

This woman contacted Help Direct herself after hearing about the service by word of mouth.

She and her husband both have poor mobility. They have recently moved to a bungalow in a new area and have limited social networks in the area. Since moving in they have had problems with children going in and out of their garden, which often leaves them feeling stressed and upset. Help the Aged referred them to the Crime Prevention Officer who recommended fencing and security lights. They paid for fencing to be erected themselves but could not afford a security light. Age Concern provided a free handyman to install locks, but he was unable to install the light because he is not a qualified electrician. They contacted Help Direct about this issue. They described the staff as helpful and polite but unable to provide someone to do it and unable to recommend an approved contractor.

She holds positive views about the contact she has with staff but is confused that this service seems to offer the same things as Age Concern

### Case Study 18

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#### **Demographics**

**Age:** 70

**Gender:** Male

**Ethnicity:** White British

**Disability identified:** No

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Completely resolved

**Residential status:** Not living alone

**Employment status:** Not indicated

**Benefits:** State pension

#### **Story**

Age Concern referred this man to Help Direct which is in the same building.

This man split up with his wife after 24 years of marriage. He felt quite lost and it was a very difficult time for him personally. He needed accommodation and approached Age Concern, which referred him to Help Direct. He received advice and support from a Help Direct staff member.

Although he approached the service for something practical, the emotional component of the support is the bit that he has valued most highly. The service has offered the opportunity to talk to someone who has demonstrated a specific concern for him as an individual. The service also offered practical advice on resolving his housing issues which was useful but in the end not needed.

This man feels the service has made a definite positive contribution to his wellbeing because it was able to offer him emotional support and practical advice at a very difficult time. He would recommend no changes to the service

### Case Study 19

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#### **Demographics**

**Age:** 54

**Gender:** Female

**Ethnicity:** Not indicated

**Disability identified:** No

**Benefits:**

**Approached Help Direct for:** Practical support

**Level of Resolution:** Not resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

None

indicated

### Story

This woman's psychiatrist suggested she contact Help Direct in relation to her social isolation.

She has been a full time carer to her parents for many years and recently suffered the bereavement of her father. She describes herself as socially isolated and having low self esteem. She made contact by phone and spoke to an advisor who took initial details. He arranged to visit her to make an assessment of her needs and to link her with a volunteer support worker. She was very happy with this initial process and the contact with the advisor, but says the volunteer proved to be unreliable and did not come to meet her when she said she would. This made her feel let down and worsened her self-esteem for a while.

She feels it is important for Help Direct to deliver on its promises and to manage volunteers more carefully.

### Case Study 20

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#### Demographics

**Age:** Not indicated

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** No

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Not living alone

**Employment status:** Not indicated

**Benefits:** None indicated

### Story

This woman contacted Help Direct after being given the number at a local carers meeting by someone from Help Direct, who attended to provide information and literature about the service.

She has a six year old son with Autism. She was looking for some support for him with out of school activities. She did approach Help Direct and they did offer some advice but she actually recruited the support needs through Direct Payments.

### Case Study 21

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#### Demographics

**Age:** Not indicated

**Gender:** Male

**Ethnicity:** Not indicated

**Disability identified:** No

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

### Story

This man made contact with Help Direct himself although he cannot remember where he first heard of the service.

He was experiencing problems with some building work he had previously had done. He had been unable to contact the people who originally did the job for him, so he contacted Help Direct for advice. The staff were aware of these builders, and were able to inform the man that they were dishonest contractors. They also indicated that they may be dangerous, and advised him not

attempt to deal with them himself. They advised that he could call the police, but he was reluctant to do so. In the end he decided not to pursue the matter.

Although there was no resolution, he was grateful to Help Direct for listening to his situation and making him aware of the issues and talking through his options

## Case Study 22

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### **Demographics**

**Age:** 33

**Gender:** Male

**Ethnicity:** Not indicated

**Disability identified:** No

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Not resolved

**Residential status:** Not indicated

**Employment status:** Not indicated

**Benefits:** None indicated

### **Story**

This man contacted Help Direct himself after hearing about the service by word of mouth.

He is unemployed and staying with friends as he had no permanent home. He wanted some advice on getting his own accommodation. He was also keen to find out about any possible benefits he could get, besides job seekers allowance. Help Direct provided advice on a number of housing options. He also discussed his motivational problems with the advisor who suggested looking into volunteering or time banking.

Although he has not taken up any of the advice offered, he appreciates the advice and the service he has received.

## Case Study 23

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### **Demographics**

**Age:** 84

**Gender:** Male

**Ethnicity:** Not indicated

**Disability identified:** Yes

**Approached Help Direct for:** Advice or guidance

**Level of Resolution:** Partially resolved

**Residential status:** Living alone

**Employment status:** Retired

**Benefits:** Attendance Allowance, Council Tax Benefit, Pensions Credit

### **Story**

This man initially contacted Help Direct after a referral from Age Concern.

He wanted to see if they could help with the number of unwanted calls he was receiving from charities and call centres. They advised that there was a way to stop calls when the caller withholds their number, and that this could be done easily by pressing a few buttons on his phone. He wrote down the instructions and managed to follow them quite easily. Although this has not stopped the calls completely, it has reduced the number he receives.

He was happy with the service, and subsequently called them back about cheap transport, as he was reluctant to get the bus when the weather was bad. They recommended that he used dial-a-bus, and although he had heard of this before, he had never been sure if he could use it or how to go about arranging it. They gave him the number and he has used dial-a-bus a couple of times now.

He also contacted them about benefits, and they have provided some advice which he is yet to follow up.

## Case Study 24

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### **Demographics**

**Age:** 86

**Gender:** Female

**Ethnicity:** White British

**Disability identified:** Yes

**Approached Help Direct for:** Information

**Level of Resolution:** Completely resolved

**Residential status:** Living alone

**Employment status:** Retired

**Benefits:** State pension

### **Story**

This woman was referred to Help Direct through Age Concern.

She wanted to find someone to do her garden for her, to relieve her daughter's partner who has been doing it for some time. Help Direct were able to provide her with a list of reliable local gardeners. The lady selected one and was happy with the service he provided.

She said she would contact Help Direct again if she needed to but would probably still try Age Concern first as she was more familiar with them.



## 5. DISCUSSION

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### 5.1 Hearing about Help Direct

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The data from the questionnaires identified lead organisations, advertisements and word of mouth as the three most frequent ways that this sample of people had heard about Help Direct. Having a referral from a GP was also a common way of first making contact with Help Direct, although this was largely in the Lancaster area, where the GP pilot scheme is in place. Fifteen of the nineteen people referred to Help Direct by a GP in this sample were from Lancaster representing 11% of all referrals in this study group. This evidence suggests that if the GP pilot were replicated in other areas of the county that the overall number of referrals to Help Direct might increase. However, further research would be needed to make any clear decision about the merits of implementing this pilot more widely, and any benefits would need to be balanced against the additional costs attached to the GP pilot scheme.

As those who completed interviews were a sub sample of this original group, it is unsurprising that the ways they had heard about Help Direct were largely the same. These included: being referred by a lead organisation (e.g. Age Concern or Calico), getting information from a Help Direct representative (e.g. on a dial-a-bus), getting information from a representative attending a support or interest group (e.g. a carers group or coffee morning), hearing about Help Direct by word of mouth from friends, family or neighbours, getting information from a professional (e.g. a GP, psychiatrist or social worker) and getting information or literature from the local library. However, the additional information gleaned during telephone interviews emphasised two things:

Firstly, the extent to which this sample is made up of people already linked into some support networks and structures locally, and secondly, that virtually all of the twenty four individuals in phase 2 had approached the service after hearing about it directly from a particular person; usually either a Help Direct representative, a professional or a friend or family member.

One potential problem for a service such as Help Direct is that it may mostly attract people who are already linked into social and community networks, rather than those who are on the margins of social and community life. In addition, it should be taken into consideration that all lead organisations have their own partnerships, based on existing streams of work, and that these will have strengths in accessing and appealing to some groups, and inevitably weaknesses with others. However, the findings support the value of Help Direct staff engaging in ground level promotion and marketing activity through social and community organisations as well as other networks which allow access to individuals and communities. The referral routes of those in the telephone interviews demonstrate that this is already happening and that this activity is producing referrals.

The previous evaluation (2008) suggested that Help Direct will be most successful if it operates on the basis of a very detailed micro-knowledge of local communities, engages in 'grass roots' promotion activity, and provides relevant information. In the 2008 evaluation, many in the focus groups (which were made up of more marginalized groups and communities) identified community organisations (some 'below the radar') as vital to delivering elements of advice and support into specific communities, and some suggested they may need to operate as 'Help Direct outposts'. In particular some representatives from Black and minority ethnic organisations specifically criticised a poor history of partnership working locally.

With this in mind the narrowness of the sample in the evaluation reported here suggests it is vitally important for Help Direct lead organisations to widen and diversify their current partnerships. None of the participants in this year's evaluation described an ethnicity other than White British and only 14 of the 1071 individuals questionnaires were sent to identified an ethnicity other than White British; in 7 cases this was White: Other, 2 cases White: Irish, 4 cases Pakistani and 1 case Bangladeshi. If this picture is reflected in those taking up the service across the county, and is also reflected across other diversity categories, it will emphasise a serious weakness in the implementation strategy. It should also be noted that the quality and completeness of demographic data made available to the evaluation was very poor, emphasizing the need for training in this area.

## 5.2 Ways of contacting Help Direct

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The majority of returned questionnaires described Help Direct as easy to contact, and most people made this contact via telephone. This was confirmed by the interviews, with a number of respondents indicating that they kept the number close at hand.

## 5.3 Reasons for contacting Help Direct

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People indicated that they had contacted Help Direct concerning a number of different issues. Home and garden appeared to be the most common issue, with approximately a third of the sample making contact about issues in this domain; health and/or fitness, mobility and/or transport and finances were also common issues. This suggests that people see Help Direct as a service which can offer something across a range of life domains. However it should be recognised that static life domains are of limited value in capturing the complex reality of peoples needs, as many issues span a number of different domains, and of course not everyone is likely to categorise their issues in the same way. This was emphasised by the case examples in both the (differing) evaluations, in which it became apparent that whilst people had indicated the issue they contacted Help Direct about (or in the 2008 evaluation, the issue they anticipated they may make contact about) related to a specific domain, but when asked to talk about it in greater detail it became apparent that it covered several.

Half the people who returned questionnaires indicated that they contacted Help Direct for advice or guidance, and a further quarter contacted the service for practical support. This indicates that many people perceive the service as much more than simply a place to get information, and that they expect to get a more personalized and tailored experience from Help Direct.

## 5.4 Recognising and understanding Help Direct

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Almost two-thirds of those people who returned the questionnaires indicated that they had not seen the Help Direct logo displayed anywhere. This suggests a need either for greater or more efficient advertising. For those who had seen it, the majority reported this was on a leaflet or poster, although a number had seen it displayed in the doctors surgery or on lead organisation premises.

The 2008 evaluation suggested that Help Direct needed to be able to communicate clarity about its role and function. The questionnaire data presents a very positive picture of people's experience of using the service, their preparedness to use the service again, and to recommend it to others. However the interviews offered an opportunity to scrutinise these issues more closely. These data suggested that the majority of respondents knew little about the service before they approached it for the first time, and that some were quite unclear about the remit and scope of the service even after they had used it. Some also commented that it appeared rather similar to other services already operating locally (e.g. Age Concern or Help the Aged).

This emphasises the continuing need for Help Direct to demonstrate and promote its brand clearly and coherently and in particular for lead organisations (e.g. Age Concern and Calico) to be able to demonstrate how the offering for this service differs from that of their established brands. This has

particular implications in circumstances in which a lead organisation's established brands serve a narrower population group than Help Direct which is aimed at all adults in Lancashire.

It is relevant that many of those who contributed to the telephone interviews saw it less as a service and more as somewhere to talk things through and get advice. The case examples demonstrate that even those who approached the service for information often required and greatly appreciated advice, guidance and emotional support.

### 5.5 What people valued about the service

Many of the issues people made contact with Help Direct about appeared simple and practical (e.g. housing advice) and Help Direct staff were on the whole perceived to have access to relevant information. Twenty four per cent of questionnaire respondents approached the service for information and 56% for advice and guidance. For example, one woman (case example 15) had simply made contact with the service to get some advice on changing her gas supplier.

However in many of the twenty four cases, those who contacted Help Direct even for seemingly simple things were managing quite complex personal situations and many had significant needs. An example of this is provided by case example 5 in which a woman made contact with the service with a seemingly simple request; this being, to enquire about funding to put her cat in a cattery whilst she and her husband went on holiday. However, it became clear during the interview that this woman was providing care for her husband who was quite depressed after experiencing a number of family bereavements in the last year. In this case she was referred onto another organisation which did not offer help or support and did not demonstrate an interest or concern with her situation. This poor experience had negatively affected her view of Help Direct. Taken at face value her case was a simple one, and looked as if it just required eliciting information and providing onward referral. However the issue that had negatively affected her view of the service was the limited and poor quality human interaction and the lack of concern demonstrated for her situation.

In contrast to this example, it is clear that many of these interviewees positively valued the human contact and personal approach delivered by Help Direct, and some sought to contrast the service with faceless organisations and assessment procedures employed by some – often statutory - organisations. One example of this is provided by a man (case example 18) who approached the service for housing advice. Although the Help Direct advisor was able to provide this housing advice, what this man had valued most highly was the opportunity to talk to someone who demonstrated a specific concern for him as an individual at a difficult time for him, and the fact that the advisor had maintained contact with him over a number of months, offering some ongoing personal and emotional support.

In reflecting on contact with the service it was apparent that the main benefit for many of the interview participants was the opportunity to talk through their situation and explore options. This offered support, but also gave them a stake in creating solutions emphasizing that people value forms of support that provide this possibility rather than casting them in the role of a service user (Godfrey 2007). In common with last year's evaluation, almost all respondents indicated that in approaching universal services, such as Help Direct, they would want to speak to someone who demonstrated an interest in their individual situation and perspective. It is thus vital that Help Direct staff seek to understand people's individual and cultural views of independence, dependence and autonomy.

In fact several of our interviewees who rated the service highly had either resolved situations for themselves after making contact with Help Direct; found that Help Direct were not able to offer specific advice or support for their situation; had decided not to take up information or advice provided; or had subsequently found other services or organisations themselves which were able to

offer relevant help or support. The fact that these experiences had not affected their view of the service negatively suggests that for many of these individuals the process is at least as important as the outcome. What many of these examples highlight is that significant life events (e.g. bereavement, relationship breakdown, learning to live with a new disability) can affect a person's wellbeing by interrupting or breaking personal and social networks. What people said they valued in addressing such issues was forms of support and information and/or guidance that provided an opportunity to rebuild old networks, or to develop new ones.

### 5.6 Things that influenced levels of satisfaction

It is worth noting that the extent to which the issue people approached Help Direct about had been resolved, often had little impact on that person's level of satisfaction with the service. In fact, whereas just over half the respondents indicated that the issue they contacted Help Direct about had been resolved by them, over 90% of these rated their overall satisfaction with the service as OK or better, with the majority of these rating it excellent or very good. Therefore, satisfaction had as much more to do with process than with outcome. The things that led to high levels of satisfaction were:

- A positive initial contact
- Feeling listened to and in particular speaking to someone who demonstrated a commitment to understanding their personal situation, not simply eliciting information and providing referring referral on
- A simple explanation of 'whether' and 'how' Help Direct might be able to help
- Delivering on promises and commitments made (e.g. volunteer support)
- Delivering on follow-up contact when it was offered (e.g. follow-up telephone contact which some greatly appreciated)

Conversely, things that led to low levels of satisfaction were:

- Feeling that their concerns or situation was not important or relevant to the service
- Being referred onto organisations which were unable to offer relevant advice or support
- Being let down by Help Direct volunteers
- Failure to provide a follow-up call (e.g. to check about onwards referrals or whether an issue had been resolved)

### 5.7 Help Direct and Wellbeing

Fifty per cent of the questionnaire sample felt that accessing Help Direct had positively influenced their wellbeing. The case examples highlight how significant life events (e.g. bereavement, relationship breakdown, moving to a new area or becoming a primary carer) can affect ones wellbeing by altering established relationships and networks. Many emphasised that dealing with life changes was a process that involved optimising opportunities and adapting to inevitable or unexpected changes in circumstance.

Whilst many people approach Help Direct with seemingly simple and practical issues, the majority value speaking to someone directly and talking through their situation. Case example 18 emphasises that listening, emotional support and follow-up can be more important than information, advice or guidance. The development of Help Direct in Lancashire is an investment in a preventive strategy linked to maintaining independence, health and wellbeing. It is vital that an appreciation of these points informs the approach to assessment, support, problem solving and information giving taken

by Help Direct staff. People value approaches which help them maintain, rebuild or reformulate their sense of self and allow them to have a stake in creating their own solutions.

### 5.8 Study limitations

The picture emerging from this research is very positive. This indicates that those who took part in this research in general had good experience of using the service and mainly viewed it in positive terms. Several notes of caution ought to be attached to these findings as follows. Only 133 of the 1115 questionnaires posted out were returned which is a return rate of just over 10%. This is low even for a postal questionnaire. It should be highlighted that these individuals had offered to take part in an evaluation at the point of contacting Help Direct and had chosen to complete a questionnaire. In addition, the sample for the telephone interviews had volunteered for this by indicating a willingness to do so on the questionnaire, and in this sense they had volunteered for inclusion on three separate occasions. Hence, one can speculate – although not know – that those who returned questionnaires and in particular those who offered interviews were those most positively inclined to the service.

At the very least, these limitations should be seen to infer the possibility that these may be a larger group of individuals who feel more ambiguous about the service and possibly also other groups who have more negative views about it. It certainly implies that suggestions made about the need to target promotion and marketing activities beyond established networks to inform more marginalized groups must be a priority going forward.

## 6. RECOMMENDATIONS

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### **Recommendation 1: Lead organisations must present the Help Direct brand clearly and coherently**

#### **Commentary**

Help Direct must demonstrate and promote its brand clearly and coherently and in particular lead organisations (e.g. Age Concern and Calico) must be able to demonstrate how the offering for this service differs from that of their established brands. This has particular implications in circumstances in which a lead organisation's established brands serve a narrower population group than Help Direct which is aimed at all adults in Lancashire.

### **Recommendation 2: Help Direct staff must deliver an approach which gives people a stake in creating their own solutions**

#### **Commentary**

The main benefit of Help Direct for many people was the opportunity to talk through their situation and explore options. This offered support, but also gave them a stake in creating solutions emphasizing that people value forms of support that provide this possibility rather than casting them in the role of a service user. People want to speak to someone who demonstrates an interest in their individual situation and perspective. It is thus vital that Help Direct staff seek to understand people's individual and cultural views of independence, dependence and autonomy.

### **Recommendation 3: Lead organisations must deliver a continued commitment to ground level promotion and marketing**

#### **Commentary**

Help Direct staff should continue to engage in ground level promotion and marketing activity through social and community organisations and other networks which allow access to individuals and communities. The referral routes of those in the telephone interviews demonstrate that this is already happening and that this activity is producing referrals.

### **Recommendation 4: Lead organisations must prioritise 'real' partnership working and a micro knowledge of diverse needs**

#### **Commentary**

In the 2008 evaluation many from more marginalized groups and communities identified community organisations (some 'below the radar') as vital to delivering elements of advice and support into specific communities. In particular some representatives from Black and minority ethnic organisations specifically criticised a poor history of partnership working locally.

The narrowness of the sample in the evaluation reported here suggests it is vitally important for Help Direct lead organisations to widen and diversify the current partnerships. If this picture presented from the findings of this report of low level use of the service by BME communities, is a reflection of those taking up the service across the county, it will emphasise a serious weakness in the implementation strategy. An improvement in the completeness of demographic monitoring data will support this recommendation.

## Appendix 1: The International School for Communities, Rights and Inclusion

The International School for Communities, Rights and Inclusion (ISCRI) is a new and dynamic body at UCLan which has absorbed the principal functions and expertise of the Centre for Ethnicity & Health (CEH), and brought them together with those of the Centre for Professional Ethics (CPE), the Centre for Volunteering and Community Action (CVCA), the Institute for Philosophy Diversity and Mental Health (IPDMH) and Islamic Studies.,

The School builds on the success and innovation demonstrated by CEH over the last decade in its extensive work with diverse groups who experience discrimination and/or disadvantage<sup>1</sup>. The guiding ethos that has underpinned CEH's community-based research, now managed within ISCRI, is that the process should benefit those who are being researched. Through this approach acclaimed models of community engagement and organisational change have been developed.

The model of community engagement pioneered by CEH is distinguished by the way it dynamically engages community groups and individuals through their direct collaboration with a wide range of service providers and planners. This model has previously been implemented successfully across a wide variety of communities. These have represented some 35 different ethnic groups and nationalities with programme funding of over £12 million provided by central government and regional and local agencies for engaging over 300 community groups. More than 1,500 individuals have been recruited: consulting and engaging over 40,000 community members. These programmes have been commissioned specifically to address recognised gaps in the engagement of marginalised and excluded communities in meaningful and sustained ways in the design, development and delivery of a range of public and voluntary sector services (e.g. policing, criminal justice, problematic drug use, mental health, regeneration, sexual health and education).

CEH now finds a home within the new international school at UCLan which will dynamically develop its work in key areas. The new School combines four existing Centres with a number of subsidiary Institutes and programmes into a cohesive arrangement.

ISCRI has a newly established partnership with the British Muslim Heritage Centre in Manchester bringing important networking opportunities for academic collaboration and development in the Gulf and Middle East, in South Asia, and across the world. ISCRI's focus also revolves around community action, social enterprise and with the strengths of CPE and IPDMH will create an international Institute of Mental Health.

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<sup>1</sup> These have included Black and minority ethnic communities; refugees and asylum seekers; offenders; people with disabilities; mental health service users; lesbians, gay men, bisexual and transgendered people; older people; and young people at risk of developing health and social harms.

## Appendix 2: The Questionnaire

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### Your contact details:

#### Section 1: About your contact with Help Direct

1.1 How did you find out about Help Direct?

.....  
.....

1.2 This is the Help Direct logo:



Have you seen this logo displayed anywhere?

Yes	
No	

1.3 If you answered YES write below where have you seen it displayed

.....  
.....



1.4 Which of the following best describes the issue you contacted Help Direct in relation to? (Tick only one)

Note: If you have made contact with Help Direct more than once please refer to the most recent occasion

Home and garden	
Health and/or fitness	
Learning or leisure	
Mobility and/or transport	
Community groups and/or involvement	
Employment, training and/or volunteering	
Relationships and/or families	
Finances	
Other, please write in: ..... .....	

1.5 Which of the following best describes what you hoped to get from the Help Direct service? (Tick one only)

Information (e.g. leaflets or a phone number)	
Advice or guidance (i.e. you spoke to someone to get advice or guidance about your situation)	
Practical support (e.g. having a repair arranged at home such as a leaking tap)	

1.6 How did you make contact with Help Direct? (tick ONE only)

Telephone	
Face to face (e.g. at a community event, venue or shop)	
E-mail	
Website	
Visit to Help Direct premises	
By post	
Fax	
GP Surgery	
Other: please write in .....	
.....	

1.7 How do you think people can be made more aware of Help Direct?

.....

.....

1.8 Is the issue you contacted Help Direct about now resolved? (tick ONE only)

It's completely resolved	
It's partially resolved	
It's not resolved	

1.9 Could anything have been done differently to help resolve the issue more fully?

.....

.....

.....

**Questions continue on next page**

1.10 How much do you agree or disagree with the following statements? Put a tick in one box on each line:

Question	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know/ not relevant
Help Direct was easy to contact						
Help Direct staff had access to relevant information						
The advice/ guidance I received proved useful to me						
The service led to an improvement in my wellbeing						
The service led to an improvement in my health						
The service made me more aware of choices available to me						
The service met my needs						

1.11 Please provide your overall rating of the Help Direct service (put a tick in the relevant box):

Excellent	Very good	OK	Poor	Very poor

## Section 2: Additional questions

Help Direct aims to provide a follow up call wherever they give **advice, guidance** or recommend the provision of **practical help**. It does not always provide follow up calls when it simply provides information.

2.1 Did you receive **advice, guidance** or the offer of **practical help**?

Yes	
No	

2.2 If you answered **YES**, did you receive a follow up call?

Yes	
No	

2.3 Would you be prepared to use Help Direct again?

Yes	
No	

2.4 Would you recommend the service to others?

Yes	
No	

### Section 3: Follow-up interviews

In addition to the useful information you have provided above we would also like to speak to a few people on the telephone to ask them a little more about the Help Direct service. We will write to people first. Please indicate whether you are happy for us to contact you or not (tick ONE only).

**YES** I am happy to be contacted

**NO** please don't contact me

Thanks very much for taking the time to complete this questionnaire.

## References

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- <sup>iii</sup> Department of Health (2006). White Paper Our Health, Our care, Our say. London: Department of Health.
- <sup>iv</sup> HM Government (2007). Opportunity Age: Meeting the challenges of ageing in the 21st century. London: Department of Work and Pensions.
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- <sup>vi</sup> Lancashire County Council (2007). Getting that little bit of extra help needed to stay independent: working together to deliver local services to meet lower level needs in Lancashire. Preston: Lancashire County Council.
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