Report to Clúid on the Pilot Support Coordination

Work Research Centre

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1. Introduction

Background to the study

Two not-for-profit organisations have come together to pilot a Support Coordination Service (SCS) that is the subject of this evaluation.

Clúid Housing
Clúid Housing is the largest Approved Housing Body (AHB) in the State with nearly 6,000 tenancies across the country. The great majority of tenancies are in general needs housing, that is housing provided for households who qualify for social housing and are registered on local authority housing waiting lists. Clúid also provides 19 schemes of sheltered housing for older people which house some 619 tenants. These housing schemes comprise accommodation for older or disabled people consisting of independent, private self-contained homes which are supported by an on-site scheme managers and a 24hour emergency call system. Some sheltered housing schemes include communal spaces such as lounge / community hall, laundry room and gardens.

ALONE
ALONE is a not-for-profit charity that has been providing a range of services to support older people to age at home for 40 years. ALONE's work is focused on four areas which in different ways help people who need additional support to age at home:

Support co-ordination
ALONE's Support Coordination service (SCS) works with older people who are in crisis situations and need extra support to age at home. Professional staff work with the older person to assess their immediate situation and when necessary link them in with the relevant services in the community. Staff maintain contact with the older person as required to ensure long term solutions have been achieved.

Befriending
ALONE's Befriending Service provides companionship to older people who are socially isolated through a weekly volunteer visits and a daily call service. ALONE has also led in the establishment of Befriending Network Ireland, a national network of befriending services for older people.

Supportive housing
ALONE's Housing with Support Service provides homes to older people are who homeless or at risk of homelessness and need a level of support.

Campaigning for change
ALONE's Campaigns for Change are designed to highlight the challenges some older people face, and aim to lead to real changes at an individual, local and political level.

Support Co-ordination Service
Support Co-ordination Service is a form of structured intervention that aims to ensure that older people receive the care and support they need to enable them to continue to live in their existing home. SCS is discussed in detail in the next section.

Origins of the pilot Support Co-ordination Service

Clúid had been aware of the growing needs of its older tenants for some time, and in 2015 commissioned a research project, which aimed to investigate the housing and support needs of Clúid's tenants aged 60 years and over living in mainstream general needs housing and sheltered housing for older people. The research, carried out by a team from University College Cork (Fox et al, 2015), included a national survey of Clúid's older tenants and in-depth focus groups with Clúid tenants.

The research demonstrated that the needs for access to services of general needs housing tenants were not being met in comparison to sheltered housing tenants (Fox et al, 2015). It also identified for a more proactive approach to identify unmet need amongst general housing tenants. Specific needs that were identified included alarms, help with minor repairs and access to social activities e.g. women's groups, men's sheds, or a befriending service. More generally, between 45% and 65% of Clúid tenants stated that three kinds of services would be valuable to them now or in the future (information on services and initiatives in the area, volunteer services and a friendly call service). Even though relatively few would find them valuable now (between 5% and 30%) the findings indicate that there is likely to be significant increases in demand at some point in the future.

On foot of this research, Clúid is in the process of developing an older persons' housing strategy. This strategy is informed in part by the principle of 'ageing in place' which acknowledges that the best outcomes for older people occur when they continue to live in their own homes. At the same time it is important to acknowledge that some older people will not be able to live in their own home, either because they cannot afford the care needed to enable this to continue, or because the peripatetic care they need is not available. In addition, some older people will choose to live with other older people, perhaps particularly in a setting where they feel secure.

The overarching aim of a support co-ordination service is to enable people to continue to live in their own home for as long as possible by ensuring that they receive the care and support services that are tailored to their needs. Thus SCS actively supports the concept of 'ageing in place'.

Clúid and ALONE had been discussing some of these issues informally for some time and in 2015 ALONE offered to pilot a SCS in the Dublin area and County Louth.

In 2016 Work Research Centre (WRC) were contracted to provide an assessment and evaluation of the service with the aim of establishing the value for extending the pilot to other Clúid tenants and also beyond Clúid.

What is Support Co-ordination?

The term Support Coordination originated in the United States and Australia in the field of services for people with disabilities in the late 2000s and early 2010s (Bogenschutz *et al* 2010). One disability organisation defined it in 2010 as follows:

> *'Support coordination is critical for finding and coordinating the necessary services, supports and resources within the community that are required by children and adults with intellectual and/or developmental disabilities*[1] *and their families.'* (The Arc, 2010).

ALONE started using the phrase in 2015 in its work with OPRAH (Older People Remaining at Home). This project under the leadership of Age Friendly Ireland aimed to target older people who were at risk of entering nursing homes early and to assist them to remain at home in their own communities through integrated care managed by a Support Coordinator.

Support co-ordination as operated by ALONE is described as follows (ALONE 2016):

> *ALONE's Support Coordination, established in 2008, came as a response to complex support needs identified among older people in the community and among those who used ALONE's Befriending Service. Professional staff work with the older person to assess their immediate situation and coordinate the supports to allow them to age at home, through liaising with family, friends, statutory, community and private providers. ALONE staff maintain contact with the older person as required to ensure long-term solutions have been achieved. Our service is person-centred and solution focused. We aim to maximise an individual's independence by enabling them to self-manage, improve their quality of life and avoid unnecessary admissions to acute hospitals and premature admissions to nursing homes.*

Support co-ordination shares elements with case management, which is a well-established community-based approach for ensuring that people receive the care and supports they need to live an independent life in the community. ALONE specifically identifies a connection between the two. However, a model that is perhaps closer to the support coordination service that ALONE provides is that of floating support, i.e. where supports to clients are organised by an agency independent of the housing and other service suppliers.

Literature review

The literature on case management is extensive whilst the literature on support co-ordination is very sparse indeed, so this brief literature review first sets out the link between support coordination and case management and then focuses on studies of case management for older people that are applicable to support co-ordination.

Case management evolved in parallel with a move away from institutional care towards care in the community. This policy shift, which originally focused on mental health care, began in the 1950s and 1960s, and by the 1980s and 1990s was established policy in many countries. As it developed, this policy shift began to apply to other groups, including older people (Kraan *et al*, 1991).

The origins of case management lie in the recognition of the need for coordination of services which are fragmented either due to the presence of multiple agencies or multiple providers within an agency. It is quite widely used in other fields, such as co-ordinating services for people with disabilities or in returning people to work following long-term illness. In the context of services for older people, recognition of this need for coordination has arisen from changes in the balance of long-term care provision from institutional care to home-based care. Case management is characterised by the following components (adapted from Challis 1994):

- It aims to ensure a comprehensive programme for meeting an individual's need for care is put in place

- It involves a number of core tasks:
    - Case finding and screening
    - Assessment
    - Care planning
    - Implementing and monitoring the care plan
- It involves advocacy, and integrating formal and informal care
- It is concerned with individuals' long-term needs
- It is a targeted, community-based approach

Thus it can be seen that case management and support-co-ordination have many common elements.

Early studies of case management for older people found that case management significantly reduced the need for institutional care of vulnerable older people (Challis and Davies, 1980, 1985, 1986). Many other subsequent studies identified successful elements of case management for older people.

Challis *et al* (1991) evaluated a home-care service for older people in the UK, and concluded that older people receiving community-based care had a higher quality of life with no evidence of greater stress on their carers. The community-based service was very cost effective when compared with long-stay hospital provision. Bernabei *et al* (1998) carried out a study on case management programmes in northern Italy and found that integrated social and medical care with case management programmes may provide a cost effective approach to reduce admission to institutions and functional decline in older people living in the community. An American study (Landi *et al* 1999) examined a home care programme based on case management for frail older individuals, and found that the implementation of an integrated home care program based on the use of a comprehensive geriatric assessment instrument guided by a case manager had a significant impact on hospitalization and is cost-effective. Sandberg *et al* (2014) investigated the impact of a case management intervention for frail old people (aged 65+) on healthcare utilisation and concluded that it had the potential to reduce the burden on outpatient care and use of hospital Emergency Departments. Gaertner B *et al* (2015) in their systematic review of published research on case management for older people in Germany, concluded that the results of the studies could be interpreted as case management having positive effects on, for example hospital admissions.

Mello *et al* (2016) found that community care interventions can delay the institutionalisation of frail older people. Johri *et al* (2003) and Eklund and Wilhelmson (2009) also identify the benefits of community-based care for older people.

There are two striking features that are common to many of the studies quoted above. Firstly the emphasis is almost exclusively on value for money, i.e. comparing the cost of case management with the costs of institutional provision and other health care costs. There are very few references to quality of life assessments, which would be an important feature of support coordination.

Secondly, many of the conclusions are tentative, illustrating some of the methodological difficulties in demonstrating definitively the impact of case management on individuals' use of other services including health services and institutional care. Causality in these areas is difficult to determine with certainty. However despite this, there are a large number of studies which conclude that case management for older people may be effective; and none have been

unearthed which find that case management for older people does not or may not ensure that older person's care and support needs are met.

There is also some evidence that there are financial benefits in providing support to older people to remain in their homes. For example, the Northern Ireland Council for Voluntary Agencies (NICVA) (CEE, 2016) has published a review of the value for money of a range of support actions that were provided under the Supporting People initiative in Northern Ireland. This initiative provides a range of supports to vulnerable people with the aim of helping them to remain on their own homes (in essence, a floating support service). For older people, it found that that there were net benefits to providing these services of approximately 2.6:1, i.e. for every £1 spent on services, £2.60 of spending was avoided. The biggest benefits were seen in relation the avoidance of residential costs, i.e. reductions in the overall bill for taking people into residential care. Small benefits were also seen in relation to health services and tenancy failure costs.

The project brief

The brief for the project reflects the innovative nature of the pilot project as well as some of the gaps in the literature in the area. It emphasised:

- Describing the policy and strategic context
- Describing the processes of providing the SCS
- Assessing stakeholder satisfaction
- Assessing the impact of the SCS

These project objectives were addressed in a number of ways:

- Analysis of documentary sources – the project has produced a wide range of documentation which was analysed to help describe how the SCS worked
- Analysis of ALONE database – the ALONE database contains a wide range of information that was used to describe the processes that took place in delivering the SCS as well as assisting in looking at the outcomes for clients of these services. In all, 55 Clúid tenants received the SCS from ALONE and then data relating to these was made available to the study team to assist with the pilot evaluation.[1]
- Interviews and focus groups with stakeholders – these took place with project staff from both Clúid and ALONE and with 12 clients of the SCS

2. The process of providing supports

The study participants

The pilot project provided services to 56 Clúid tenants in all. 36 of these were living in sheltered housing for older people and 20 were in general needs housing.

As stated in the introduction, Clúid provides both general needs housing and sheltered housing for older people to tenants. People in general needs housing may be of any age whereas sheltered housing tenants are normally aged 55 or over.

[1] This data was provided anonymously

Clúid's housing officers and scheme managers

Housing management services to Clúid's general needs tenants are provided by housing officers, who are office based and may have up to 300 tenants on their case lists. This means that they are generally not in regular contact with all tenants. Thus, the support needs of general needs tenants may not be known to housing officers and it may take a problem with the tenancy or some other housing related issue to bring the issue to the housing officer's attention.

In contrast, Clúid scheme managers in sheltered housing for older people are site based and so generally know the tenants well. They provide a range of tenancy management and housing related support to sheltered housing tenants and they are more proactive in dealing with issues that become apparent. Housing related supports include: information on local services, information on entitlements, help with accessing local services, help with aids and adaptations, co-ordinating and monitoring the social alarm service, ensuring scheme safety and security; assisting in organising events, trips and social activities with residents.

It is important to stress that the roles of housing officers and scheme managers, which are primarily concerned with the relationship between landlord and tenant, are distinct from the role of SCS provider, which is to focus on the support and care needs of residents.

The support coordination service

The ALONE SCS has a number of distinctive features. Firstly, it is a support service which deals with all support issues that may arise. It can deal with complex issues as well as more straightforward ones. Secondly, it is proactive – it seeks to initiate contact with people in the target group through a variety of means, rather than only being reactive to problems as they present themselves. In doing so, it seeks to prevent crises from occurring that may threaten tenancy and housing arrangements, finances and the health and wellbeing of the client. Thirdly, it is a planned service, i.e. it has a set of procedures and policies that are based on an assessment of needs and a set of time limited interventions. Finally, it is a service that is personalised, i.e. it is provided by a single individual (giving continuity of service) according to a plan that is generated on the basis of the needs assessment.

ALONE's internal documentation details the SCS as potentially involving the following kinds of activities and areas of application:

Activities	**Areas of application**
• Home visits • Assessments • Develop Support Plans • Case Management • Database management • CM meetings • Researching community based supports • Advocacy	• Elder abuse • Emotional/mental health • Financial issues • Housing • Personal Care • Physical health/mobility • Social contact/integration • Short interventions

Activities	Areas of application
• Signposting to appropriate service (emergency) • Contacting emergency services • Identify blocks/gaps in service • Referral to the ALONE befriending service • Referral to ALONE events • Referral to other agencies • Researching community based activities	

In practical terms, the SCS involves making contact with the client, undertaking an assessment of their needs, developing an intervention plan which is time limited (an important feature of the service – it has specific objectives and goals that define the nature of the intervention between the client and the service), delivery of the appropriate intervention and follow up. In more complex cases, a full needs assessment may be carried out (this involves in-depth characterisation of the full range of needs of the client). It should be noted that the availability of the ALONE befriending service was not a formal part of the SCS, even though many clients were directed towards this service as part of their needs assessment.

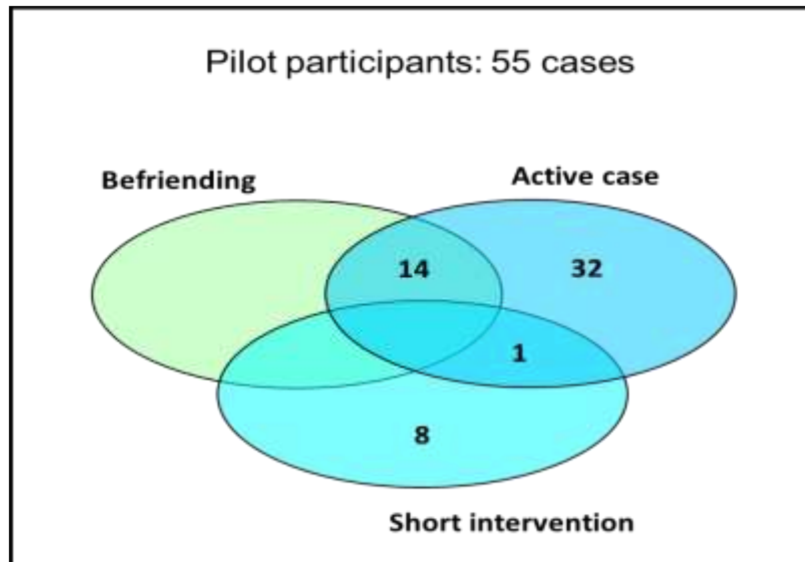
The SCS as described here is one that is provided to Clúid tenants; however it can easily be adapted for provision to any older persons that could benefit from such a service, including social rented tenants; private rented tenants; or owner occupiers.

The provision of these supports is governed by a set of policy documents and protocols that have been developed by ALONE. These set out the nature of the issues to be covered by the support service, their objectives and a set of procedures (processes) that guide the actions that are to be taken. In taking this approach, ALONE has set up not only a detailed methodology for providing SCS, but has also enabled the development of a management tool that can track the progress and impacts of the supports that are provided.

The nature of the supports provided

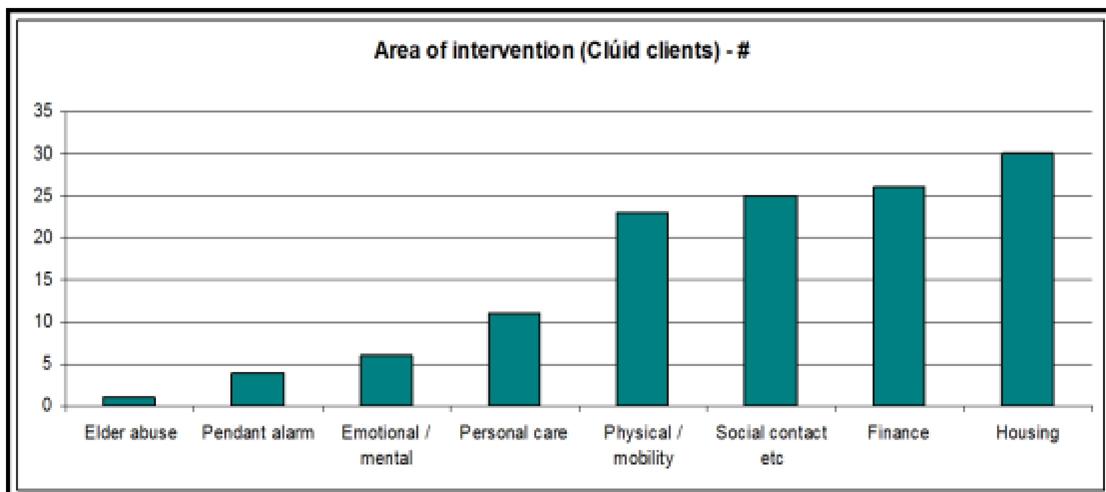
The ALONE Database provides comprehensive information on the type of supports provided to clients of the SCS and the outcomes that were achieved. Within the system, the types of intervention provided are classified into active (ongoing) support co-ordination supports (these are generally more complex or multiple supports), short intervention supports (less complex or single interventions) and befriending supports (these take place on an ongoing basis). There is, of course some overlap between these types of support (especially as befriending is not a formal part of the SCS). The diagram below shows the types of support received by the participants in the pilot.

Figure 1. Numbers of pilot Participants receiving SCS supports



The types of support that pilot participants received varied considerably in terms of the area of need that they had. Figure 2 below shows the number of people in receipt of supports broken down by area of intervention. It indicates that the largest numbers of supports were provided in relation to housing issues, where 30 people had these issues addressed by the SCS. This was followed by financial supports, social contact and physical mobility, each of which was provided to more than 20 of the clients. Supports concerning personal care were provided 11 times, while supports in relation to emotional/mental health issues, pendant alarms and elder abuse were provided less often. It can also be seen from Figure 2 that clients received on average more than 2 supports each from the SCS.

Figure 2. Numbers of pilot participants receiving different types of supports



The categories of support provided cover a wide range of specific interventions. For example, housing related supports covered such issues as investigating or helping clients to apply for a change of residence (either to Clúid or another housing provider), helping residents apply for housing adaptation grants, and helping clients find and locate external services such as trades people or transport. Examples of financial issues included dealing with utility providers, the

MABS service, pension providers and helping clients with entitlements. Examples of social contact issues included providing access to the befriending service, exploring educational and volunteering opportunities and helping to improve the IT skills of clients. Issues related to physical health and mobility included helping client's access health services, helping them to apply for mobility aids and dealing with voluntary bodies. Personal care issues were less common, but they included such issues as helping clients apply for home helps or meals on wheels, or advocating on behalf of the client with social care service providers. Examples of emotional or mental health supports included helping clients access bereavement counselling, helping clients access appropriate services and providing support to clients in their relationships with significant others.

Figure 3 below compares the types of support received by pilot study clients with those received by people residing in ALONE housing[2]. This Figure shows that pilot study participants differed somewhat in terms of the services they received when compared to the ALONE housing group. The Pilot study participants tended to receive more supports in terms of housing, finance and social contact, but fewer in terms of elder abuse (the numbers were very small here), pendant alarms of emotional/mental supports and personal care supports. Supports in relation to physical or mobility issues were broadly similar amongst the 2 groups.

These differences may be due to some combination of pilot study clients having received these services from another source such as Clúid (e.g. pendant alarms, physical mobility aids) or not having been in the pilot for a long enough period for these other needs to emerge. In either circumstance, it would appear that the figures for the ALONE residents group would be a good indicator of the demand for specific types of services into the future.

Figure 3. Types of supports received by Clúid pilot participants compared to ALONE residents and other Alone clients[3]

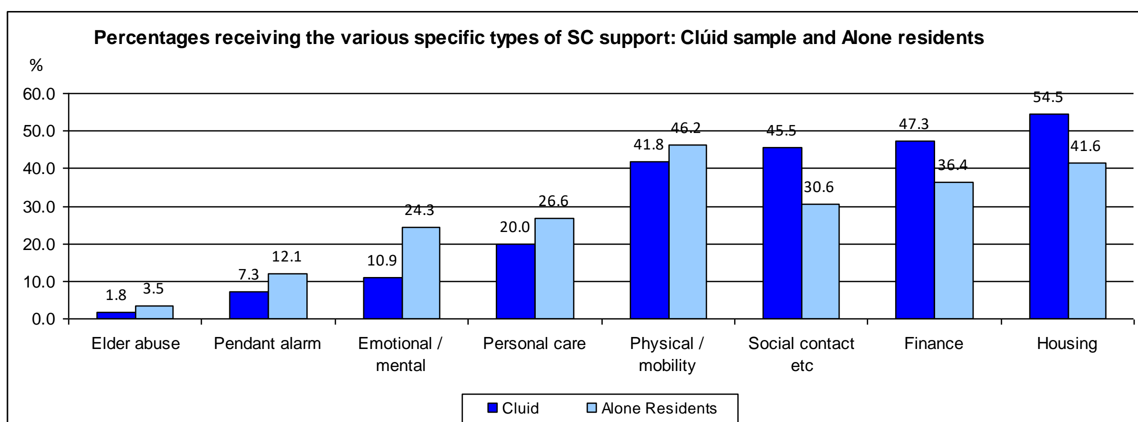


Figure 4 below gives an example of the profile of a client with multiple needs. This person has needs in relation to four of the seven categories of need that are defined in the ALONE database. It illustrates the complexity and interrelatedness of the needs of the client. It also illustrates the needs of the client for both short term supports (e.g. accessing MABS service) and longer term needs (e.g. befriending, accessing psychological support).

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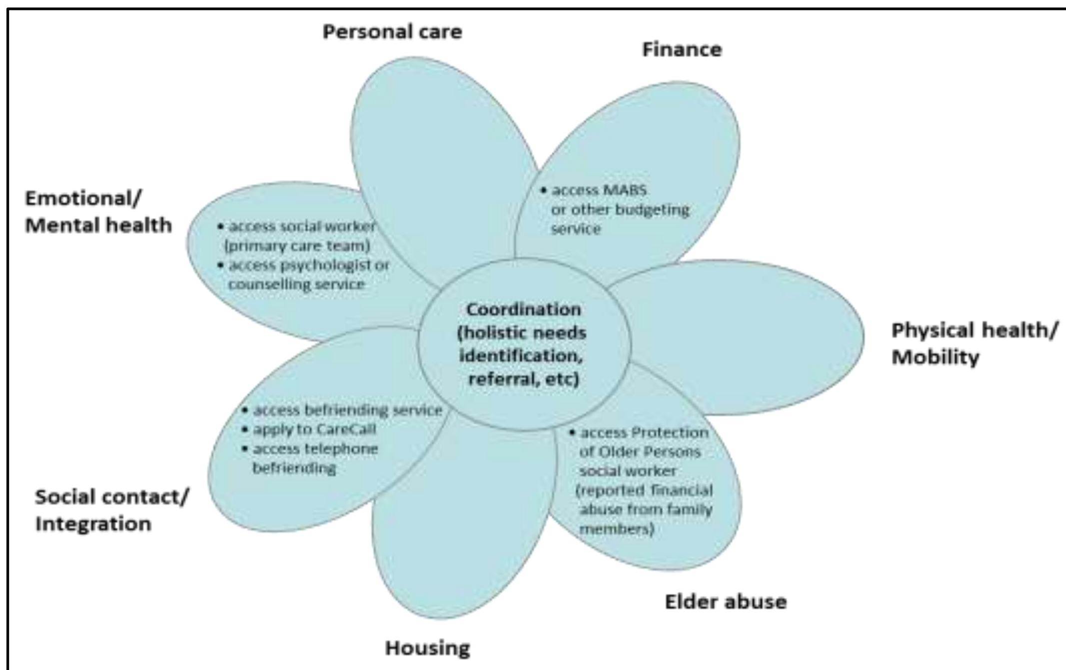
[2] Data from ALONE Database

[3] Note: Clients typically receive more than one type of support so percentages total to more than 100%

Figure 4. Example of a case of multiple needs



3. The implementation of the project

In this section the experiences and perspectives of the staff (Clúid and ALONE) who were involved with the project are summarised. Individual and group interviews with a common structure and set of questions were carried out with both head office and front line staff from both organisations (14 in all). The responses to these questions have been grouped together in order to preserve anonymity, but it should be noted that there was a high level of agreement between staff from both organisations with regard to the main issues under investigation.

What worked well?

Staff from both organisations generally agreed with regard to the main features of the pilot that worked well. They pointed to the good working relationships that became established, the shared ethos with regard to how the service should be delivered and the fact that it was a person-centred, proactive service. Structural features were also noted as a positive feature, e.g. that it has an objective led approach to service provision, that it produced interventions to solve problems and that it could deal with complex cases of need. In addition, the fact that the service is being provided by people outside of Clúid can be an advantage, especially where the client is in dispute with the landlord (Clúid) or where tenants do not want to share issues with the landlord.

There were other features of the pilot that worked well. These include the high quality of the staff providing the service and the strong local knowledge of the service provider (in addition to the wide knowledge of services that may be available more generally).

It was also noted that clients were happy with the service that they had received. While Clúid staff were not given feedback by ALONE staff on the outcomes of interventions that were made

(in order to preserve confidentiality), informal feedback that they received directly from tenants would indicate a high degree of satisfaction with and effectiveness of the services provided. This high level of satisfaction by clients of the SCS was supported by interviews with ALONE staff.

Unsuccessful elements

There were also some less successful elements of the pilot project. These were mainly concerned with communications and the marketing of the service.

In the early stages of the project, communications between the partners did not always function effectively. This was mainly due to the project not having an effective communications plan at the beginning. It became clear that the respective roles of each organisation with regard to the service were not clear and there was also a failure to communicate these roles. Internal communications within the partners were also problematic initially, where the requirements of the pilot were not fully explained, which led to confusion about the respective roles of the staff from both organisations.

The marketing of the service also proved difficult at the early stages of the project, especially in relation to tenants in Clúid general needs housing where contact between housing officers and tenants was infrequent and often only occurred when problems arose. Tenants living in sheltered housing for older people were somewhat easier to reach as they were in more regular contact with scheme managers, but difficulties also existed here with regard to how the SCS could best be introduced to them. (These mainly concerned the description of the service and the lack of printed materials to publicise the service).

Improvements needed

A number of areas where improvements to the implementation of SCS were suggested. These included:

- Improve the publicity and marketing of the service, especially to general needs housing tenants.
- Ensure there is a clear understanding of the relative roles of SCS providers, housing officers and scheme managers so that duplication is reduced to a minimum.
- Put in place a more structured introduction of the service to relevant staff in the housing association, including housing officers and scheme managers.
- There is a need to devise a means of providing feedback to housing association staff where issues that have been raised by tenants with them have been addressed by the SCS
- There is a need to consider the availability of services in an area that can be called upon to meet client needs. The SCS was recognised to be good at identifying need, but its success is dependent on the availability of services to address the client needs. This may be a problem in rural areas.

- There is a need to ensure that information provided by the SCS provider and the housing association is consistent, to manage tenants' expectations.

4. The value of support co-ordination

The value of the SCS may be addressed in a number of ways. These include the value to the clients in terms of health and wellbeing, social integration and the activities of everyday living; the value to the housing provider in terms of meeting their policy objectives as well as improving the range of services that they may offer and the quality of their housing stock; and the value to the health and social care services in terms of meeting policy objectives as well as reducing the costs of providing institutional care. It is beyond the scope of the current study to provide definitive evidence in relation to all of these issues, but the evidence collected does shed light on many of them.

The client's perspective

The client's perspective of the value the SCS is an important element of the assessment of the intrinsic value of the service. A set of telephone interviews were carried with clients of the service who had volunteered to take part in the study. These came from both general needs and sheltered housing settings. 30 people had been indicated their willingness to take part, but some were either difficult to contact, or interviews proved difficult to schedule. In the end, interviews were carried out with 12 people and this section of the report is based on their responses. The interviews investigated three general areas – the nature of the supports that they had received, the utility of these supports and the impact that the supports had on their situation.

Utility of supports

The utility of these services was rated very highly by most participants – 10 people rated them as being *'very useful'* while 2 rated the services they received as being '*somewhat useful'*.

The reasons for these ratings varied, and included receiving help with applications for various appliances, being made aware of services/benefits that they could obtain and a high level of satisfaction with how they had been treated by the service. Examples of what was said include:

Fantastic, they listen to you

They helped me fill out the forms to solve my pension problems. He kept ringing me to check how it was going

Brilliant …. I had never heard of ALONE …. they put me in touch with the Care Centre in Cabra for a bath seat and a pole upstairs.

They are a source of comfort and advice whatever the issue

Respondents were also asked to comment on the most valuable aspects of the support that they had received. Here the element of social contact was highly valued as was the element of reassurance associated with the services that they had received.

Attending an ALONE meeting. Meeting other men and women there.
Nice crowd, down to earth.

He helped me get started, I was on a downer

Two bathroom changes (seat and rail), Bit of support, talking

Having an independent contact outside of Clúid.

The visit each week from (the befriender)

Reassurance

A key element of assessing satisfaction with the service concerned whether clients would use the service in the future. This is also an indicator of future demand for the service. Here the findings were that 5 people said that they were '*likely to*', 3 said that '*maybe they would*', while the remainder said that they '*didn't know'.* No one said that they wouldn't use the service again. The reasons for these statements ranged from not knowing whether there would be a need, to people knowing that there was a need for ongoing contact with ALONE. Generally, the responses reflect the complex and often dynamic realities that people faced. Examples include:

Hope not. I have his number in any case.

Ok now. Not sure in the future. Health is the biggest worry. We are both diabetic and I have a heart condition.

Might need sheltered housing in the future. I can phone (contact person from ALONE)

Can't foresee anything in the future

Because I'm getting older. It's difficult going upstairs to the bathroom. I have had a number of falls

I have developed MS and I am absolutely likely to use the service again

No respondent having any problems with the service.

Impact of supports

Nine out of 12 respondents rated the support they had received as having a made a '*big difference'* to them, while the remaining three stated that it had made *'some difference'*. The reasons behind these high ratings included:

I was singing after (contact person from ALONE) rang this week. They listen to you.

Down in the dumps, he turned me around. Had a good talk with him. Coffee and a laugh.

I was paying €60 a month for my meds, now it is only €10.

Nothing to hold onto in bathroom, leg in cast.

I live alone, there is always someone there on the phone

Someone to explain the pension forms and fill them in

Fixing up the tenancy agreement

I was struggling to make ends meet …. before I got the medical card.

(Befriender) calling each week.

Improves reassurance, reduces my anxiety

Overall, the value of the service to the clients was clear – in many cases it alerted people to benefits that they were not aware of, in others it provided assistance to people to apply for benefits, in others it helped solve specific problems that people had. People envisaged that they would need to and would use the service in the future and they also pointed to the human qualities of the service, which in some cases at least seemed to be worth as much as the service itself.

The Staff perspective

Opinions on the relevance and value of the SCS were generally very positive among Clúid staff. Amongst the most valuable aspects of the service were:

- Staff saw that the service met the needs of their clients and often that it uncovered needs of which they were not aware, even amongst people that they knew well.
- The service undertook actions which the scheme managers sometimes carried out (e.g. accompanying tenants to hospital) which they recognised were not formally part of their job. This helped clarify the roles of the scheme managers.
- Clúid staff also recognised the value of having an independent, external service to deal with the issues that the SCS addressed. They acknowledge that it was not necessarily appropriate for them to be involved in the many personal issues that arise - tenants sometimes need an independent (non-Clúid) person to advocate on their behalf.
- Clúid staff also recognised that where there were complex needs, it was beyond their capacity and role to meet these needs. The value of having a competent and external service for these situations was recognised.
- The project extended the range of advice, information and services available to meet the needs of clients. It was recognised that ALONE had a broader knowledge of services than Scheme managers, who tended to be knowledgeable only about local services.

However, there was also a need to recognise the capacity of Clúid scheme managers to deliver some of the interventions that the SCS provides. Many Clúid staff saw that the primary value of the SCS service was in relation to complex cases and that interventions of by scheme managers could cope with cases involving low or moderate needs, particularly in sheltered housing for older people.

Potential benefits for other agencies

The benefits of SCS that occur do not accrue solely to the main stakeholders, i.e. the individual tenant and the housing association. The literature review above demonstrates that support co-ordination type services have been shown to reduce the need for institutional care of vulnerable

older people, and to reduce the burden on outpatient care and hospitalisation. These have the twin benefits of providing financial gains for the State as well as improving the older people's quality of life. Thus there may be gains for other agencies, such as health care and social care agencies. To the extent that the SCS is proactive and identifies and acts upon needs in a timely way, it can help in preventing or reducing the need for long term care and can contribute to the individual being able to remain in the home for longer. The pilot project did not provide definitive quantifiable evidence of such benefits, but it did provide anecdotal evidence that would indicate that real benefits did accrue to health and social care agencies in particular.

Two sources of information are relevant here – client accounts of the services that they received and the information held in the ALONE database. The client interviews provide many examples of how problems were resolved before they turned into major problems. For example, many client accounts referred to the positive impact of the service on their mental wellbeing. This not only benefited the individual, but in theory also helped prevent health service usage by the individual. Another example concerns the range of interventions that were made in the area of personal finances, where various entitlements were arranged which could have major impacts on the individual's finances. This benefits not only the individual, but can also have knock-on effects on areas such as health services and the housing sector – the availability of more money can mean that the individual is better able to function independently.

5. The future - lessons learned/questions raised

Staff from both organisations recognised the value of the service to tenants and that the needs for such a service exist currently and is likely to increase in the future. The age profile of Clúid tenants will increase and as this happens, the expressed and hidden needs for support will also increase.

Against this background there was a general consensus that a support coordination service would be both desirable and effective. However, a number of issues arose that would need to be addressed if the service was to be rolled out on a larger scale. These included:

- What is the precise nature of the service to be provided?
- Who should provide the service?
- How should the service be introduced to prospective clients?
- Communications between the collaborating partners
- How could a service be provided nationally?

What is the precise nature of the service to be provided?

The literature is of limited help in identifying an agreed definition of the precise activities that constitute a complete SCS service. The ALONE definition comprises a range of activities related to problem solving and case managing in areas such as accessing health and social care services, finances, entitlements and others. In addition, the ALONE service has strong links to social contact services, through the provision of a befriending service, which may not be typical of other models of SCS.

There are justifications for the inclusion of each of the current services that are part of the ALONE SCS, as they clearly meet a need that clients have. However, there is a debate to be had on the ideal nature of such a service with attendant implications for the costs of the service that

is provided. Floating support models that are used in the UK, for example, are of relevance here.

Who should provide the service?

There is a degree of overlap between the services provided by the Clúid and SCS, especially with regard to the Clúid sheltered housing and the services provided by the scheme managers. In part this overlap is appropriate – it is difficult for scheme managers or their equivalent to refuse to provide information or assistance to tenants on some issues. For example, many scheme managers will act as a gatekeeper for information in relation to issues such as accessing health or social services assisting with problems with utility providers, which are services, *inter alia*, that are provided by the SCS. In addition, the case of providing fixed accessibility aids may be seen as improving the quality of the property and applying for these is something that scheme managers can do.

However, there is a potential tension between the role of scheme manager and SCS provider. The core scheme manager role is concerned with tenancy management and housing related support to sheltered housing tenants. It does not explicitly include support co-ordination, although elements of that function occur within the scheme manager's day to day work. This happens because scheme managers are known to tenants, trusted, and available. In addition, potential conflicts of interest would very likely occur if the roles of scheme manager and SCS provider were to be combined. Tenancy management actions related to rent arrears, for example, may conflict with tenants receiving advice on changes in housing or health and care related issues.

In light of this, it would seem to be clear that there is an identifiable role for SCS in relation to sheltered housing, particularly where the tenant requests it or where the case is a complex one. It follows that there needs to be clarity about the respective roles and communication between them.

Defining the target group for the service

The introduction of a SCS to housing association tenants requires careful consideration in the light of findings from the evaluation. A major issue concerns the age group for which the service might be made available. This has implications for the cost of providing the service as individual needs and demand for the service increases with age.

Another issue concerns the fact that most housing association tenants are not elderly and would appear to fall outside the target group for a SCS service, even though some younger tenants might benefit for the availability of a service. For example, tenants with disabilities could benefit from a support co-ordination or floating support service.

Decisions on who can use the service will impact on the costs of providing it, but will also have an impact on meeting the needs of the groups who may be excluded.

How should the service be introduced to prospective clients?

Assuming that the issue of targeting the service has been defined, a further issue concerns the promotion of and communication of the service to prospective clients. Optimally, all tenants above the qualifying age would be contacted and offered the service. At the same time, clients should be aware of the service and it should be available to them on demand. Meeting this requirement implies that continuous communication regarding the SCS needs to be made. It may also imply that availability of the service should be communicated at times that are likely to lead higher levels of need, e.g. following a hospitalisation.

Within the pilot project, raising awareness of the service posed some problems, in part because of communications issues between the partners, but mainly because an effective mechanism for communicating with prospective clients had not been fully established. The difficulties of publicising the service are particularly acute for clients who are in general needs housing (rather than sheltered housing), where there is relatively infrequent communication between the housing association and the tenant. A comprehensive communications strategy is needed for any future service delivery in order to ensure that people in most need are aware of the service and are in a position to benefit from it at times of need.

Communications between the collaborating partners

Most projects experience initial communications problems between its partners, and the current project was no exception. These were gradually overcome during the project, but in the event of scaling up the project, these issues would need to be addressed, not only because of the need to run the service efficiently, but also to ensure that the needs of clients are efficiently met.

In setting up a new service, its initial stages should include the widespread communication of the roles of the parties involved and the communications protocols that govern their interaction.

Communications between housing officers and SCS providers during service provision also needs to be addressed. In particular, where housing officers have referred tenants to the SCS, the provision of feedback to them (in a suitably confidential manner) that the service is dealing with the issue is needed.

How could a service be provided nationally?

Staff from both organisations could see very strong benefits of a support co-ordination service, but two specific issues were raised that would affect its success at national level. The first of these concerns the capacity of any organisation to provide a service across all of the country. Currently, there is no organisation with national coverage that could provide a support coordination service and any national service that could be provided would need multiple organisations to provide it. These would need to operate to an agreed service specification and approach if it was to be successful. In addition, there would be a need to develop capacity of organisations and their staff to deliver such a service.

A second issue concerns the geographic availability of certain types of supports – the success of a national programme would depend on the availability of specific types of supports close to where people live. There is a need to address the issue of the supply of services on a geographical basis.

A further issue that would need to be addressed should the service be scaled up concerns the funding of the service.

ALONE states that it is currently working to address all these issues.

6. Conclusions

The evaluation of the pilot SCS provided evidence on a number of key issues that would influence the scaling up and rolling out of the service. These include the nature of the service and the scaling up of the service and some conclusions in relation to these are outlined below.

- **The SCS functioned well following initial communication difficulties** – communications regarding the nature of the service and the roles of the two agencies involved were less than optimal at the beginning of the project, but these were subsequently resolved to allow the service to be effectively used by clients. Though this kind of communications difficulty is typical of the early stages of many projects, it highlighted some deeper issues relating to the how a support coordination service should be set up and run.

- **The SCS identified and managed client needs in a timely way** - once the initial problems of identifying potential clients were overcome, the process of identifying their needs and managing them proceeded in an efficient and effective manner. Evidence from the ALONE Database as well as client accounts of strongly supported this conclusion.

- **The SCS was well accepted by clients** – the clients of the service had very positive views of the service and most anticipated that they would use the service again in the future should then need arise.

- **The SCS provided benefits to all stakeholders** – the clients, Clúid and the wider health and social care services. The most obvious beneficiaries were the clients, who benefited in terms of their health and wellbeing, their social contact, and their financial situation. Clúid benefited in terms of clients' needs not becoming a threat to their tenancy as well as upgrading the properties to increase accessibility. The health and social services benefited through the capacity of the interventions to prevent major problems arising through the identification and early referral of need.

If the service is to be continued and extended in the future, a number of issues need to be addressed:

- **The definition of the service elements and their communication to all concerned.** ALONE have a well-defined concept of what constitutes a support co-ordination service which has been developed over a number of years and which is well documented. However, this concept needs to be shared with prospective partners in such a way that potential overlaps of activities are avoided. Such communications need to be targeted at all levels of the collaborating organisations.

- **The division of the activities of support coordination between the housing association and the Support Coordination Service.** Though Clúid and many other agencies do not see themselves as providing social care, they nonetheless undertake some elements of support coordination, especially in regard to less complex needs that clients may have. This leads to a degree of overlap between the housing association and the Support Coordination Service, especially in the context of sheltered housing. It is appropriate that there is some level of overlap between these two agencies, but the division of roles and responsibilities need to be made explicit and agreed between the two parties if the service is to function effectively, as does the process of interaction and information flow between them.

- **The funding of the service.** The pilot SCS was funded by ALONE, but it is clear that this model would need to be changed in the event of the service being expanded. Given that the main beneficiaries of the service in institutional terms are the housing and health and social care sectors, a model of co-funding by the responsible Departments would be the most logical way to roll out the service.

- **The practicalities of scaling up the service**. Scaling up the service to a national level would mean that a number of practical issues surrounding capacity would need to be addressed. At present, there is no national support coordination service and developing one would entail expanding the supply of the service through some combination of extending the capacity of current suppliers or the introduction of new ones. Other issues that would need to be addressed here relate to monitoring and regulation and geographical coverage of services.

- **The marketing of the service to prospective clients.** A coherent strategy for defining and communicating with the target group is needed. Issues such as the age group to be targeted, whether the service should be extended to other groups in need (such as people with disabilities) and the strategy for communicating with them all need to be addressed.

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