

Evaluation of the Later Life Links Programme

Age UK

Final Report
March 2019

Wavehill Ltd.

- West England office: 217 Paintworks, Arnos Vale, Bristol, BS4 3AQ
- London office: 52 Cecile Park, Crouch End, London, N8 9AS
- North of England office: Milburn House, Dean Street, Newcastle Upon Tyne, NE1 1LE
- Wales office: 21 Alban Square, Aberaeron, Ceredigion, SA46 0DB

Contact details:

Tel: 01545 571711

Email: info@wavehill.com

Twitter: @wavehilltweets

More information:

www.wavehill.com

<https://twitter.com/wavehilltweets>

© Wavehill Ltd. This report is subject to copyright. The authors of the report (Wavehill Ltd.) should be acknowledged in any reference that is made to its contents.

Authors:

Andy Parkinson, Anna Burgess and Paula Gallagher

Any questions in relation to this report should be directed in the first instance to Andy Parkinson (andy.parkinson@wavehill.com)

Date of document: 29/03/2019

Version: v3

Client contact: Joe Parker, Age UK, Joe.Parker@ageuk.org.uk

Acknowledgements

We would also like to thank the many individuals who gave their time to assist in the evaluation, including staff and volunteers at the six local Age UKs delivering the Later Life Links programme and the older people that have agreed to share their experiences as part of local case studies. This evaluation would not have been possible without all of these contributions.

List of abbreviations

CPD	Continued Professional Development
CRM	Customer Relationship Management
DLA	Disability Living Allowance
IAQP	Information and Advice Quality Programme
LLL	Later Life Links
MECC	Making Every Contact Count
PIP	Personal Independence Payment

Contents

Contents.....	5
Table of tables.....	6
Table of figures	6
1 Introduction	7
1.1 Methodology	7
2 Background to the LLL Programme.....	8
2.1 Using a triage conversation.....	8
3 Programme performance	10
3.1 Profile of clients supported	10
4 Programme delivery.....	14
4.1 Local delivery models	14
4.2 Design of Triage model.....	16
4.3 Staffing	17
4.4 Telephony and CRM systems	18
4.5 Customer journey.....	20
4.6 Training needs of staff and volunteers	25
4.7 Quality assurance	27
4.8 Empowering clients.....	27
5 Impact on older people.....	30
5.1 Evidence from telephone interviews	30
5.2 Evidence from case studies and scenarios.....	33
6 Lessons learnt	39
6.1 Overview of Triage services	39
6.2 CRM and telephone systems.....	39
6.3 Skills requirements for staff and volunteers.....	40
7 Recommendations	41
Appendix 1 Telephone Questionnaire	42
Appendix 2 Triage tools	46
Appendix 3 Programme data	49
Appendix 4 Service Flowcharts	50
Appendix 4 Job Descriptions.....	52
Appendix 5 Customer Care Charters & Quality Policies	56

Table of tables

Table 3.1 Programme performance against target	10
Table 4.2 Overview of telephony systems.....	18
Table 4.3 Number of signposts / referral per contact (Year 2).....	24
Table 5.1 Support provided to clients following the initial conversation	31
Year One Programme Performance.....	49
Year Two Programme Performance	49

Table of figures

Figure 3.1 Age profile of clients	11
Figure 3.2 Gender profile of clients	11
Figure 3.3 Disability status of clients	12
Figure 3.4 Client’s main disability (self-reported)	13
Figure 4.1 Reception Volunteer duties, Age UK Lancashire	17
Figure 4.1 Excerpt from the Nottingham and Nottinghamshire Customer Care Charter	19
Figure 4.3 Client methods of contacting the Later Life Links service	21
Figure 4.4 Referral pathways	22
Figure 4.5 Referral destinations by type of organisation	23
Figure 5.1: Client satisfaction and likelihood of recommendation	32
A1- Telephone Pathway, Age UK Nottingham & Nottinghamshire.....	46
A2 Age UK Sheffield Triage Prioritisation Tool	47
A3 Bromley & Greenwich Later Life Links Triage Flowchart.....	50
A4 Age UK Sheffield Single Customer Process.....	51
A5 Age UK Leicester Shire & Rutland Quality Policy.....	57
A6 Age UK Lancashire Charter for Later Life.....	58

1 Introduction

Later Life Links (LLL) is a project funded by Prudential which was launched in February 2017 to test approaches to delivering effective triage services at the first point of contact within local Age UKs and deliver market place events within the communities of local Age UKs that showcase the services and support that are available to older people. The programme follows the successful delivery of the Planning for Later Life programme, which was supported by Prudential from April 2011 – December 2015.

This final report presents a qualitative evaluation of second year of the LLL programme, which commenced in February 2018. The evaluation focused on assessing the impact on older people of experiencing a LLL service, highlighting the lessons learned for Age UKs delivering the programme and ultimately whether the programme met its overarching objective of developing a service model that allows Age UKs to take the time to fully understand a person's situation and provide tailored information and support based on their individual needs.

1.1 Methodology

The research team have adopted a mixed-method approach which draws on qualitative and quantitative information to generate evidence to respond to the key research questions. This final report is based on the following:

- Consultations with local Age UK staff delivering the service (including I&A Managers, Triage Workers and Customer Service Teams);
- Review of the LLL programme monitoring data ;
- Review of the telephone questionnaires conducted by the local Age UK sites with a sample of clients; and
- Review of the case studies and client scenarios produced by the local Age UK sites.

2 Background to the LLL Programme

The purpose of the LLL programme is to provide good quality information, signposts and referrals to other Age UK services and also external services, through an effective and comprehensive initial 'triage conversation' to identify an older persons needs at their first point of contact with their local Age UK. Six local Age UKs have been delivering the project since the start of the project in February 2017:

- Age UK Bromley & Greenwich
- Age UK Devon
- Age UK Lancashire
- Age UK Leicester, Shire and Rutland
- Age UK Nottingham and Nottinghamshire
- Age UK Sheffield

The programme also involves the delivery of a number of marketplace events, organised by the local Age UKs, to showcase opportunities, activities, support and advice that is available to older people in their local community.

2.1 Using a triage conversation

Central to the LLL programme is the use of a 'triage conversation' which aims to ensure that at the first contact, as accurate as possible diagnosis is made of the needs of the older person so that they can be supported by the most appropriate person or service in time for the presenting need to be resolved. This may be through the provision of information, signposts and internal or external referrals.

As per guidance issued by Age UK¹, each conversation is expected to cover a range of areas including:

- Why they have contacted Age UK / what help they are hoping to receive.
- Details of any big changes in the client's life.
- Whether they have received support from Age UK before.
- Asking questions to probe for more detail and information

Example questions, as outlined in the guidance, may include:

- How can I help? What have you come to Age UK for today?
- Can I just check if you are seeking help for yourself or someone else?
- Have you been to Age UK before?
- So you're looking for help with ...
- Are you happy with the information / next steps we've given you? Is there anything else we can help with?

An example telephone pathway produced by Age UK Nottingham and Nottinghamshire is provided in the Appendices.

¹ Age UK (2016)- 'Later Life Links Programme Guidelines 2016/17'.

The initial triage conversation can enable staff to efficiently capture key information about the older person and their circumstances in a holistic manner. This has the potential to provide operational benefits in terms of a more seamless internal referral process and customer service benefits by ensuring that the organisation maintains a focus on the support needs of the older person and avoids them having to recount their circumstances more than once to different members of staff.

The triage conversation used within the LLL programme shares similarities with the Making Every Contact Count (MECC) initiative², which has been implemented by Health Education England and aims to ensure that opportunities to support positive change are embedded within every contact that NHS staff have with members of the public. Both approaches aim to move away from a silo-based approach where services only respond to the presenting needs of customers/patients, to a system whereby guidance and support can be provided based on a deeper understanding of the customer or patient context and circumstances.

Within the LLL programme the initial conversation carried out at the first point of contact has the potential to help local Age UKs to prioritise older people based on an assessment of need if a service is set up in a way that allows for a triage of enquiries to be carried out. It can contribute to reducing the number of repeat contacts for the same person by addressing a range of support needs as part of a single intervention, which in turn can help services to manage demand. Effective triage also enables local Age UKs to refer or signpost clients to other services thus strengthening local referral networks.

² <https://www.makeeverycontactcount.co.uk/>

3 Programme performance

Across the two years of the programme all of the local Age UKs surpassed their programme target of 2,400 for the number of clients supported (Table 3.1). Local Age UKs also record details on the number of contacts made through the programme as some clients require more than one contact to resolve their issue or support need. Analysis of the programme performance combined reveals that 19,337 clients have been supported to date from 19,736 contacts. Some of these clients have been supported more than once within the project. For example, in Year 2, 9005 clients were supported and the monitoring data shows that 343 clients were supported more than once (meaning the number of unique clients in Year 2 was 8662).

Table 3.1 Programme performance against target

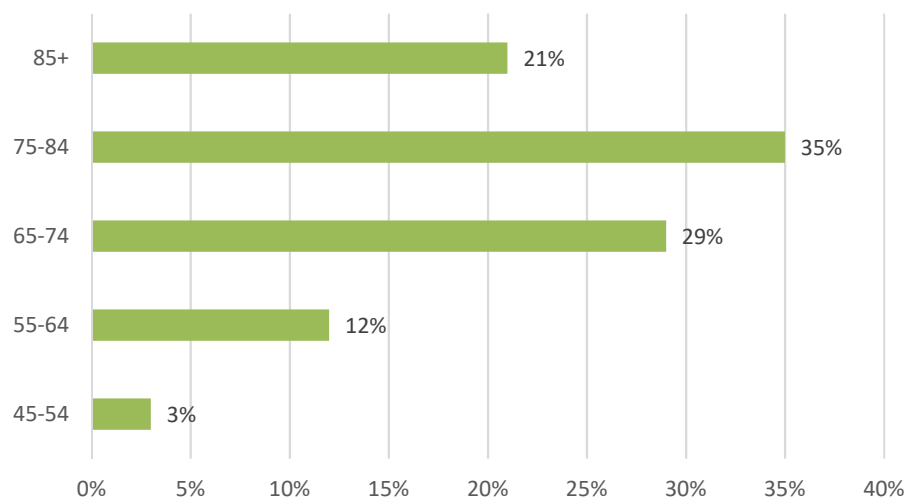
Partner	Total contacts	Total clients	Percentage of total clients seen across the six partners	Target	Performance as a % against programme target
Bromley & Greenwich	3,479	3,386	18%	2,400	141%
Devon	2,468	2,467	13%	2,400	103%
Lancashire	2,596	2,571	13%	2,400	107%
Leicester, Shire & Rutland	2,501	2,501	13%	2,400	104%
Nottingham & Nottinghamshire	5,744	5,466	28%	2,400	228%
Sheffield	2,948	2,946	15%	2,400	123%
Total	19,736	19,337	100%	14,400	134%

The programme performance data for Nottingham & Nottinghamshire reflects their model of adopting the LLL triage approach across their whole organisation to all people contacting them, whereas other partners have delivered the LLL service to the required number of people.

3.1 Profile of clients supported

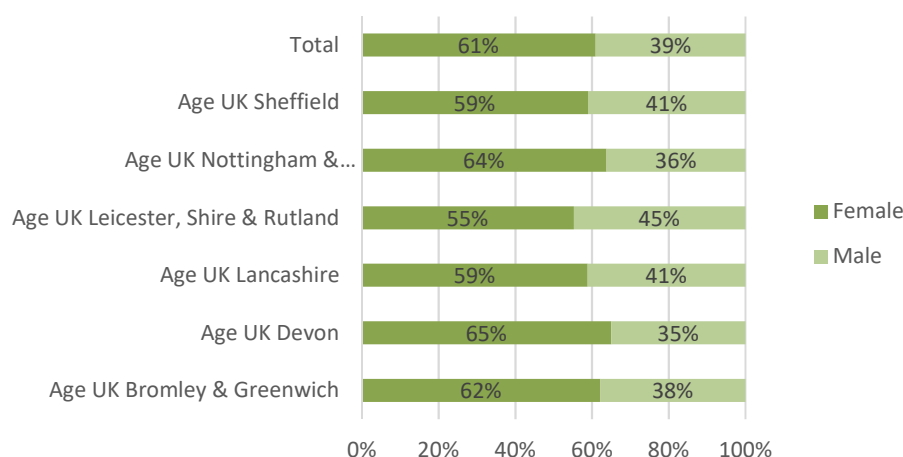
The monitoring data submitted by the local Age UKs enables a profile of the clients supported by the programme to be established. Since the launch of the programme in February 2017 over half (56%) of the clients have been over the age of 75 (Figure 3.1), which is likely to be influenced by their increased experience of major life events. This may also highlight the preference for older age groups to seek out support by speaking to someone over other potential routes to obtain information or advice including online support, email and webchat. The younger age ranges (45-54) are likely to be relatives or friends calling on behalf of an older person who requires support. This shows that Age UK plays a key role in supporting family members as well as directly supporting older people.

Figure 3.1 Age profile of clients



When details of gender have been recorded, the majority of contacts (61%) supported to date have been female whilst just over one third (39%) have been male (Figure 3.2). This compares with 51% of the population of England being female and 49% male.

Figure 3.2 Gender profile of clients



The data highlights the importance of continuing to promote Age UK services for older men and ensuring that local Age UK projects and services which focus specifically on men (e.g. Men in Sheds³) reinforce the support available and how to get in touch.

Around six in ten (61%) clients supported to date have been White British. The ethnic origin of around a quarter of clients (23%) was recorded as unknown. With the exception of Devon, all of the local Age UK's delivering the LLL programme cover diverse, multicultural communities.

³ Men in Sheds is a service run by some local Age UKs to support older men who want to get together, share and learn new skills - all in the welcoming space of a 'Shed'. <https://www.ageuk.org.uk/services/in-your-area/men-in-sheds/>

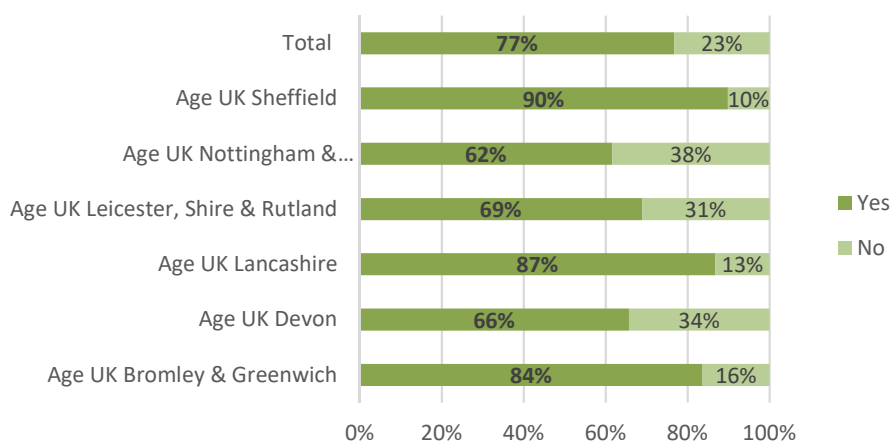
As such the data highlights a need to promote Age UK’s services and the helpline telephone number to ethnic groups currently under-represented in the client profile. There is also potentially a need to undertake local consultation work to help understand barriers to accessing support from Age UK for underrepresented groups. Examples of targeted events and activities across the local sites:

- Outreach work with specific communities (e.g. within retirement complexes, mosques, hospitals or the Bangladeshi or Nepalese community);
- Partnering with other initiatives such as Age UKs Joining Forces programme, which was launched to help veterans born before 1950 and their families and carers.

Engaging and supporting older people for whom English is not their first language was highlighted as challenging for local Age UKs, in particular given the number of different languages spoken across diverse communities. Whilst Language Line⁴ is actively used by local sites it does present cost pressures. One of the local sites highlighted a need for Age UKs to ensure that their recruitment approach for staff and volunteers works towards ensuring that the profile of their workforce is consistent with that of the communities they support.

A majority (77%) of clients supported through the LLL programme consider themselves to have a disability (Table 3.3). This demonstrates that the programme is engaging and supporting vulnerable older people, many of whom have complex and interrelated support needs often associated with chronic or acute health conditions.

Figure 3.3 Disability status of clients

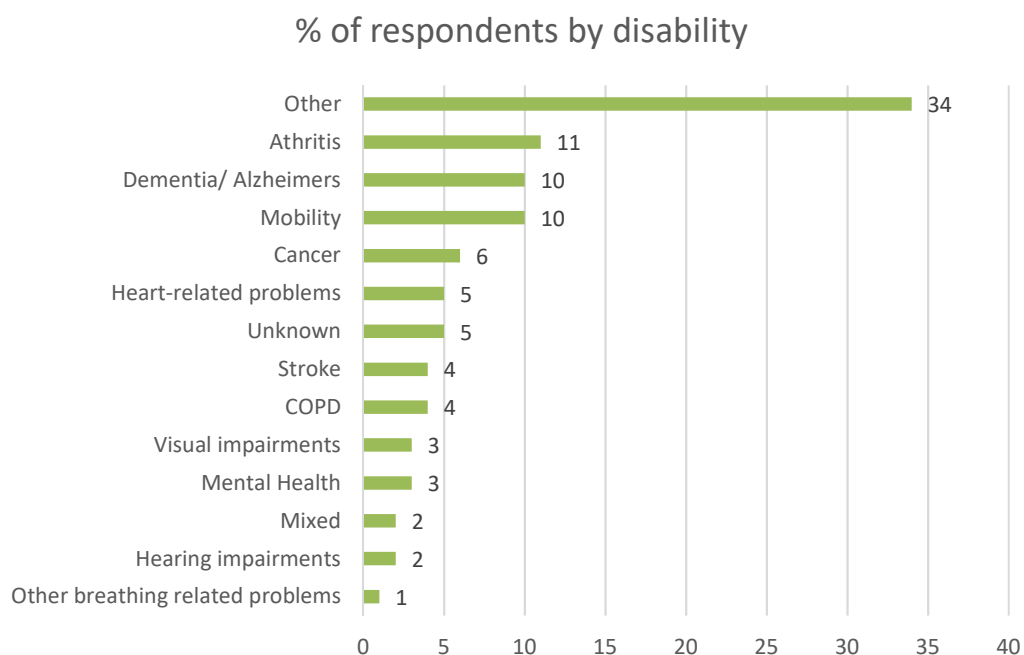


Where clients have provided information on their main disability the main commonly reported are arthritis, dementia/Alzheimer’s and mobility issues (Figure 3.4). Where clients have selected ‘Other’ and provided details the most common responses were: Parkinson’s disease, Diabetes, Kidney problems, Fibromyalgia, Osteoporosis, physical disability or a long-term health condition⁵.

⁴ Language Line provides on-demand and onsite language interpretation and document translation

⁵ Analysis of ‘Other’ data based on a review of six months data from Year 2 across all partners

Figure 3.4 Client's main disability (self-reported)



Summary

- Across the two years of the programme all of the local Age UKs have either achieved or surpassed their client targets.
- There is an obvious need for local Age UKs to offer first point of contact services.
- The programme is engaging and supporting vulnerable older people, many of whom have complex and interrelated support needs often associated with chronic or acute health conditions.

4 Programme delivery

This section of the report provides an overview of the delivery models used by the six local Age UKs delivering the LLL programme.

4.1 Local delivery models

The delivery model adopted in each of the six Age UK local sites has been influenced by the staffing capacity within each service, the structure of the existing I&A team and the configuration of the local office network. A brief summary of the delivery model for each of the local sites is provided below:

Bromley & Greenwich

- 1 X FTE Triage Worker
- 2 x Volunteers (0.4 FTE)
- 1 X I&A Team
- All incoming calls managed

Client calls are managed by a dedicated triage worker who uses a holistic conversation to identify underlying support needs and where required refers to a member of the I&A team.

The service has support from 2 volunteers (0.4 FTE) who receive telephone calls and log these onto an enquiry form which is passed to the triage worker who checks the details and where necessary calls the client to discuss their needs in more detail prior to taking any further action. The Later Life Links Triage Flowchart used by Age UK Bromley & Greenwich is provided in the Appendices.

Devon

- 1 x Office Administrator
- 2 x I&A workers (FTE)
- 1 x Advice & Wellbeing Manager
- All incoming calls managed

All members of the team manage incoming calls and use a triage conversation to understand the client's needs. As calls can be taken by one of the I&A workers they can often resolve the client's needs during the call or where required schedule a follow-up call. Calls fielded by the Office Administrator can be resolved during the call where basic information is requested or a call-back booked with one of the I&A workers.

Lancashire

- 5 x Reception Volunteer (0.4 FTE across three offices)
- 2 x Customer Services Telephone Receptionists (0.4 & 0.6 FTEs)
- 1x Advice Line Worker (0.5 FTE)
- All incoming calls managed

A Customer Service Team manages all incoming calls and is resourced by two members of staff at any one time. Members of the Customer Service Team are trained to use a triage conversation to assess the client's support needs and are able to book a follow-up call from a member of the I&A team using their Advice Line call back service.

Leicester, Shire & Rutland

- Reception Staff
- 2 X Customer Service Staff FTE
- 1 X Information & Advice Worker: Later Life Links Programme FTE
- All incoming calls managed

Client calls to the helpline are managed by trained customer service staff who use a basic triage conversation to determine client's support needs and where required book a call-back from a member of their I&A team.

Nottingham & Nottinghamshire

- 1 x Senior Signpost worker FTE
- 3 x Assistant Receptionist & Signpost Workers FTE
- Reception Staff
- All incoming calls managed

Delivery of the project is through the Contact Hub / Signpost team, whose primary role is to manage the reception service and to answer and manage the telephone calls into the organisation. Reception staff provide a meet and greet service at Head Office based in the centre of Nottingham which receives high volumes of drop-in visits. A Senior Signpost worker manages a team of 3 x Assistant Receptionist & Signpost Workers who undertake signposting, triage and where required book clients an appointment with a member of the specialist Information and Advice team.

Sheffield

- 1 X Administrator FTE
- 1 X Triage Worker FTE
- All incoming calls managed

Client contacts are handled in line with a Single Customer Process (over page). A First Point of Contact (FPC) team includes an Administrator who manages calls received to the single customer contact number. Basic requests for information are handled at this stage by the Administrator or clients are referred to the I&A Triage Worker who uses a guided conversation with clients to ascertain their information, advice and support needs.

Volunteers are used to manage the reception service in the office, in particular at busy times, to ensure that the Administrator and I&A Triage Worker are able to focus on managing the client calls. The Single Customer Process used by Age UK Sheffield is provided in the Appendices.

4.2 Design of Triage model

Whilst all of the local sites used a triage conversation to some extent prior to the LLL programme, the additional funding has enabled them to roll-out this approach across their whole organisation as well as providing them with additional capacity / dedicated posts to support more older people at their first point of contact.

For local Age UKs that have the facility for clients to drop-in, it has been necessary to review the configuration of the reception area and the location of the Customer Service Team. Given that the use of a triage conversation may lead to calls lasting longer than standard contacts for information, it is necessary to ensure that clients attending on a drop-in basis can be managed appropriately where the Customer Service Team are already speaking with clients. For clients attending the office to seek support it is also important to ensure that appropriate space is available to conduct the triage conversation, in particular given the sensitive nature of many client's presenting needs and the need for confidentiality.

Using customer service teams as the initial point of contact for fielding client calls provides both organisational benefits and client benefits. The customer service teams are able to use the triage conversation to quickly and accurately identify the client's information, advice and/or support needs. This model underpins an effective process of internal referral with client's able to speak with a member of staff with expertise in the specific area where support is sought. The benefits for I&A teams is that calls referred through this process are specifically for clients seeking advice and information commensurate with their training and expertise and relevant information has already been populated on the CRM. The also benefits for clients who are able to speak with the member of staff best placed to help them address and resolve their issue. This approach may involve the customer services team booking a call back from a member of the I&A team for support needs that they aren't able or qualified to respond to (e.g. over and above providing basic information).

For some local sites, first point of contact calls are fielded directly by members of the I&A team, either to provide additional capacity during peak call periods or to provide cover outside of the operational hours of the Customer Service Team. This approach can provide benefits in that the wider experience of the I&A teams can mean that a greater proportion of clients have their issue or support need addressed during this initial call, with less need to schedule a subsequent call back. However, the variety of the enquiries received through helplines can also mean that the capacity of experienced I&A teams is taken up responding to more basic requests for information or providing referrals to other Age UK services. Broadly speaking this is not the most cost-effective use of the capacity of I&A staff.

Given that many local Age UKs now operate a single point of contact helpline for older people to seek information, advice and guidance, the use of a dedicated customer service team and triage process is able to deliver operational efficiencies and improve customer journeys.

4.3 Staffing

Across the six local Age UK sites volunteers are used in broadly similar roles, namely to support staff in handling calls and / or meeting clients attending offices on a drop-in basis. In most cases the role of volunteers is focused on meeting and greeting clients, recording client contact details on the CRM and where necessary booking a call-back with a Triage Worker and / or member of the I&A team. More experienced volunteers also provide basic information to clients where appropriate (e.g. signposting to local support services or sending out information sheets) and support with form-filling (see Figure 4.1 for example role outline- further detail is also included in the Appendices).

Figure 4.1 Reception Volunteer duties, Age UK Lancashire

The Reception Volunteer role provides signposting, information and advice to older people and their carers who contact Age UK. Main duties include:

- Exploring the nature of the problem raised by the person and, where appropriate, their wider circumstances;
- Identify and research information relevant to the users' situation, drawing on information resources available;
- Inform people about services that may be available to them and how to access them, including Age UK services, and where appropriate signpost people to other agencies; and
- Maintain appropriate monitoring records of each caller/visitor

Local sites highlighted the importance of ensuring that volunteers are clear on the parameters of their role and don't intentionally or inadvertently provide clients with information or advice that is beyond their level of expertise. This is covered as part of the recruitment and induction process for new volunteers and then managed and reviewed on an on-going basis through supervision and in line with quality procedures.

All volunteers are required to work closely with their line manager and to seek advice, guidance and support where required. Turnover of volunteers and variability in their working hours does however present challenges in managing customer contact services.

The local sites have had different experiences when seeking to recruit local volunteers. Whilst Age UK Nottingham & Nottinghamshire have delivered a successful volunteer recruitment campaign, other local sites have found it more challenging to recruit and retain volunteers. Each volunteer also differs in terms of their strengths and / or areas of interest. Broadly speaking, local sites indicated that where volunteers were used to support a service, it was sometimes easier for them to assist in administration tasks as some volunteers can be reluctant or lack confidence to take on client facing work such as home visits or call handling.

4.4 Telephony and CRM systems

Consultations with staff from across the six local Age UK sites have emphasised the importance of ensuring that the organisation’s telephony and CRM systems are configured in a way which facilitates the delivery of an efficient triage model. For some local sites, delivery of the LLL programme has identified a need to invest in their organisational infrastructure.

All of the local sites use a single customer contact number, moving away from previous systems where different services had different numbers. This has ensured that the majority of calls are channelled through a single Customer Service Team. The specification and functionality of the telephony systems varies across the six local sites and is summarised over page (Table 4.2).

Table 4.2 Overview of telephony systems

Local site	Telephony function		
	Automatic divert when lines are in use	Enables clients to leave a message	Enables analysis of call volumes
Bromley & Greenwich	Yes	No	No
Devon	No	Yes	No
Lancashire	No	No	Partial
Leicester, Shire & Rutland	Yes	No	Partial
Nottingham & Nottinghamshire	Yes	Yes	Yes
Sheffield	Yes	Yes	Yes

For some telephony systems the caller is automatically diverted to an available member of staff, usually someone from the I&A team. However, this is not always possible either because the telephony system has not been configured to enable this or simply because there isn’t another available and trained member of staff to provide the first point of contact service.

Not all of the local sites have the facility for callers to leave a message or request a call back. Whilst staff acknowledged that this would in theory be helpful for callers, in practice this would generate additional capacity pressures due to members of the Customer Service Team being taken away from live call handling to review, log and respond to messages left by callers. This functionality was currently being reviewed by some local sites, in particular where budget pressures had reduced the operating hours of their Customer Service Teams.

Feedback from staff has highlighted that the use of a triage conversation can increase the duration of calls. This can have knock on implications for their capacity to handle other incoming calls, in particular creating challenges during peak call periods. All of the local sites continued to use the triage conversation during these peak call periods but, dependent on their telephony system, this meant that some callers that are unable to get through have to leave a message or to try again. As with any customer service helpline, this has the potential to lose callers.

At present not all local sites have the capability to analyse call volumes (i.e. identifying particular busy day/times of the week). This analysis would prove valuable in enabling additional resources (e.g. volunteer capacity) to be allocated at peak call periods or automatically diverting calls to the national Age UK Advice Line or other support services such as The Silver Line (either during peak periods or outside of the operating hours of the customer service team).

Whilst some of the local sites had set up diverts to the Age UK Advice Line to cover sickness absence (including but not solely for the LLL programme), training days or times out of their standard opening hours, all had experienced technical difficulties which had yet to be fully resolved. In addition, although the Age UK Advice Line can provide valuable support capacity for local sites, the Advice Line staff don't possess the knowledge and information about local services and support which commonly forms part of the information and guidance provided to callers.

Many of the local Age UKs have a published Customer Care Charter or Quality Policy which outlines commitments to delivering minimum service standards (Figure 4.1). These may include a commitment to answer calls within a specific number of rings, which has implications for the specification of local telephony systems and design of call handling processes and procedures. Further examples of Customer Care Charters are provided in the Appendices.

Figure 4.1 Excerpt from the Nottingham and Nottinghamshire Customer Care Charter

Telephone

For our main reception number:

- Staff the Bradbury House Head Office main telephone number between the publicised hours.
- Answer as many calls as possible first time within four rings.
- Provide a clear and informative voicemail message when we cannot answer your call summarising our opening hours.
- Return answerphone messages on the same day where possible and within 24 hours during the working week (Monday if the message is left Friday).

The use of a triage conversation has the potential to reduce call volumes received by local sites over the longer term by reducing the need for clients to make multiple contacts for different services and by achieving a more sustainable outcome for clients (see section 5.0). However, in the short term the approach may increase capacity pressures on Customer Service Teams by reducing the number of calls that can be handled as a result of calls taking longer. These pressures are being exacerbated by reductions in the operating hours of Customer Service Teams for some local sites as a consequence of budget cuts.

Although training can ensure staff and volunteers handling calls at the initial point of contact are able to bring calls to an appropriate conclusion (e.g. provision of information or scheduling a call back) this isn't always possible or practical. As such the design of telephony systems needs to ensure that services are able to meet Customer Care Charter or Quality Policy commitments so that the use of the triage model doesn't have unintended adverse consequences by making it more difficult for clients to speak to a member of the Customer Service Team.

An effective CRM system is also an integral component of an successful triage system. To operate efficiently, CRM systems require Customer Service Teams to accurately record information following each call. This time needs to be factored into the capacity of Customer Service Teams and has implications for their availability to handle call volumes. Where clients are referred internally, the CRM enables staff providing ongoing support to have a profile of the client's needs and also background information regarding the client's prior contact with Age UK (for repeat callers). This information can provide prompts for staff to ask about other support needs as part of the triage conversation. It is particularly helpful for staff undertaking call-backs to clients as it allows them to undertake research or prepare relevant information in advance of the call based on the nature of the support needs logged on to the CRM. This in turn can improve the efficiency of the call-back system.

Effective retrieval of information from the CRM also improves the customer journey by avoiding the need for clients to repeat their presenting issue several times, which may be frustrating and / or potentially distressing, depending on the nature of their support needs. This is recognised in the job descriptions for I&A workers and Customer Service staff delivering the LLL programme, with a requirement to maintain accurate records on the CRM and also to research information relevant to a client's situation.

For some local sites, delivery of the LLL programme has identified a need for investment in local telephony systems and the CRM as well as associated training for staff and volunteers. This investment commonly forms part of the process of reviewing the customer journey and/or creating a triage pathway (see Appendix for examples).

4.5 Customer journey

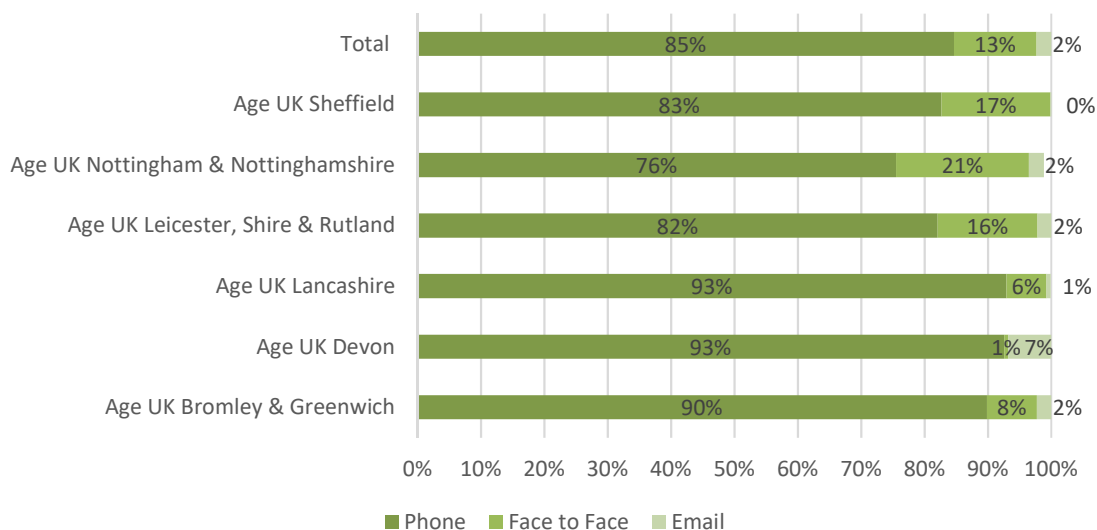
This section of the report provides an overview of the customer journey for clients supported through the LLL programme, drawing on the monitoring data submitted by the local Age UK sites and feedback from staff consultations.

4.5.1 Method of contact and client support needs

Across the LLL programme the majority (85%) of clients have contacted the service by telephone (Figure 4.3). Some 13% of clients have contacted the service on the face-to-face basis, which is likely to be at a local Age UK office but may also be at drop-in events and through outreach activity. Only a small proportion of clients have contacted the service via email, which reflects the age profile of those supported in year and a preference for older age groups to speak with someone.

The high proportion of clients accessing the service via telephone reflects the emphasis that local Age UKs have placed on their helplines as the main channel through which older people can seek information, advice and guidance. Not all of the local Age UKs have offices open to the public and as such clients are encouraged to make contact via the helpline number. The LLL programme has been promoted in various ways across the six local areas including community events and information fairs. These have helped to raise awareness amongst older people of the support services provided by their local Age UK, and also how to get in touch, including details of the customer service helpline number.

Figure 4.3 Client methods of contacting the Later Life Links service



Given the large geographical areas covered by the majority of the local Age UK's delivering the LLL programme (in particular Devon and Lancashire) the use of a single telephone helpline number provides the most efficient and cost-effective mechanism for older people to seek support, in particular for those that may struggle to attend in person due to mobility issues. It also facilitates contact for family members and/or friends ringing on behalf of an older person who may be unable to attend the office during standard office hours due to their work or other care commitments.

Feedback from staff across the six local sites has highlighted welfare rights, benefits, obtaining a Blue Badge and social care as being the most common areas where clients are making contact to request information to inform them of their options. A number of local sites stated that they are increasingly receiving calls from older people who are socially isolated and struggling with their mental health. Whilst some of these areas are difficult to cover within a coherent campaign (i.e. entitlements for different care packages), it was suggested that the core message for national and local campaign work was to seek information and advice as early as possible to avoid older people falling into crisis.

Whilst monitoring data submitted by local sites suggests around one quarter of the clients are dealt with at the first point of contact (i.e. no referral or signposting is logged), feedback from staff has also highlighted that many clients, in particular first time callers, get an appreciation of the range of support available through Age UK following their initial contact. As such, many may recontact the service about other needs at a later stage. In other words, the first point of contact may be resolved but the triage conversation enables clients to gain an understanding of the range of services and support available, which in turn may lead them to get back in touch to seek support and guidance for other issues.

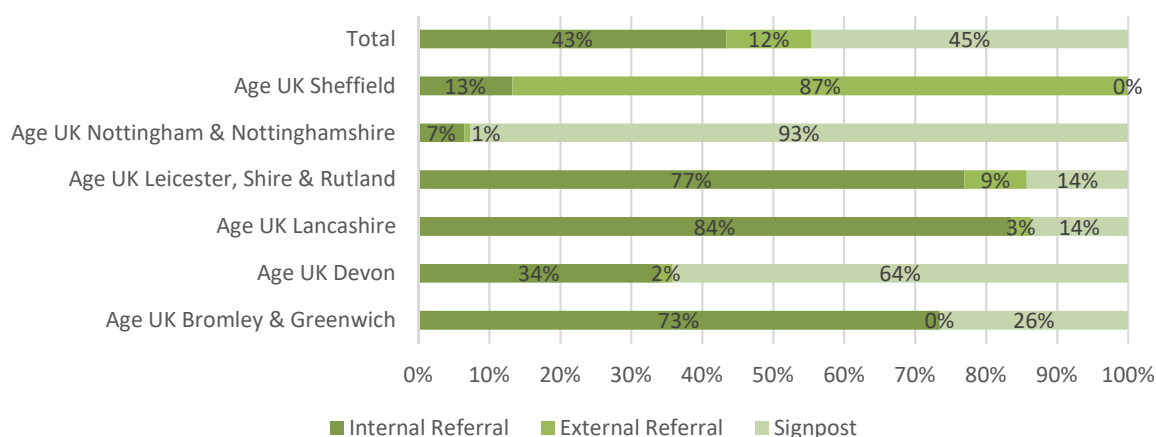
4.5.2 Referral pathway

Monitoring data submitted by local sites highlights variations in the number of referrals (internal and external) and signposts. This is likely to be influenced by the range of internal services available within each local Age UK, levels of connection with external services and their assessment of the suitability of signposting clients with complex needs as opposed to using an established referral mechanism. Consultations with local sites also suggests that differing interpretations of the monitoring system for the LLL programme may also be a factor.

Across the programme, around half of clients (45%) were signposted to another service, four out of ten were referred internally, and one in ten referred externally (Figure 4.4). When a person is signposted to further help, they are given all the necessary details to make an approach. It is then their responsibility to follow this up. When a person is referred, staff take on responsibility for facilitating initial contacts between the person and the referral point. The signposting element of the LLL programme demonstrates that for many older people, the triage conversation enables Age UK staff to direct them to the most relevant service or organisation that is able to help them deal with the issue or concern which led them to make contact. The variation across the six local areas is likely to reflect differing interpretations of the monitoring categories as opposed to any substantial variation in approach.

Feedback from the six local Age UKs delivering the LLL programme suggests that the use of a triage conversation has created efficiencies by reducing the number of inappropriate or unnecessary internal and external referrals. This has been achieved by ensuring that the clients' needs and circumstances are fully understood, and relevant information is recorded on the CRM before taking further action.

Figure 4.4 Referral pathways

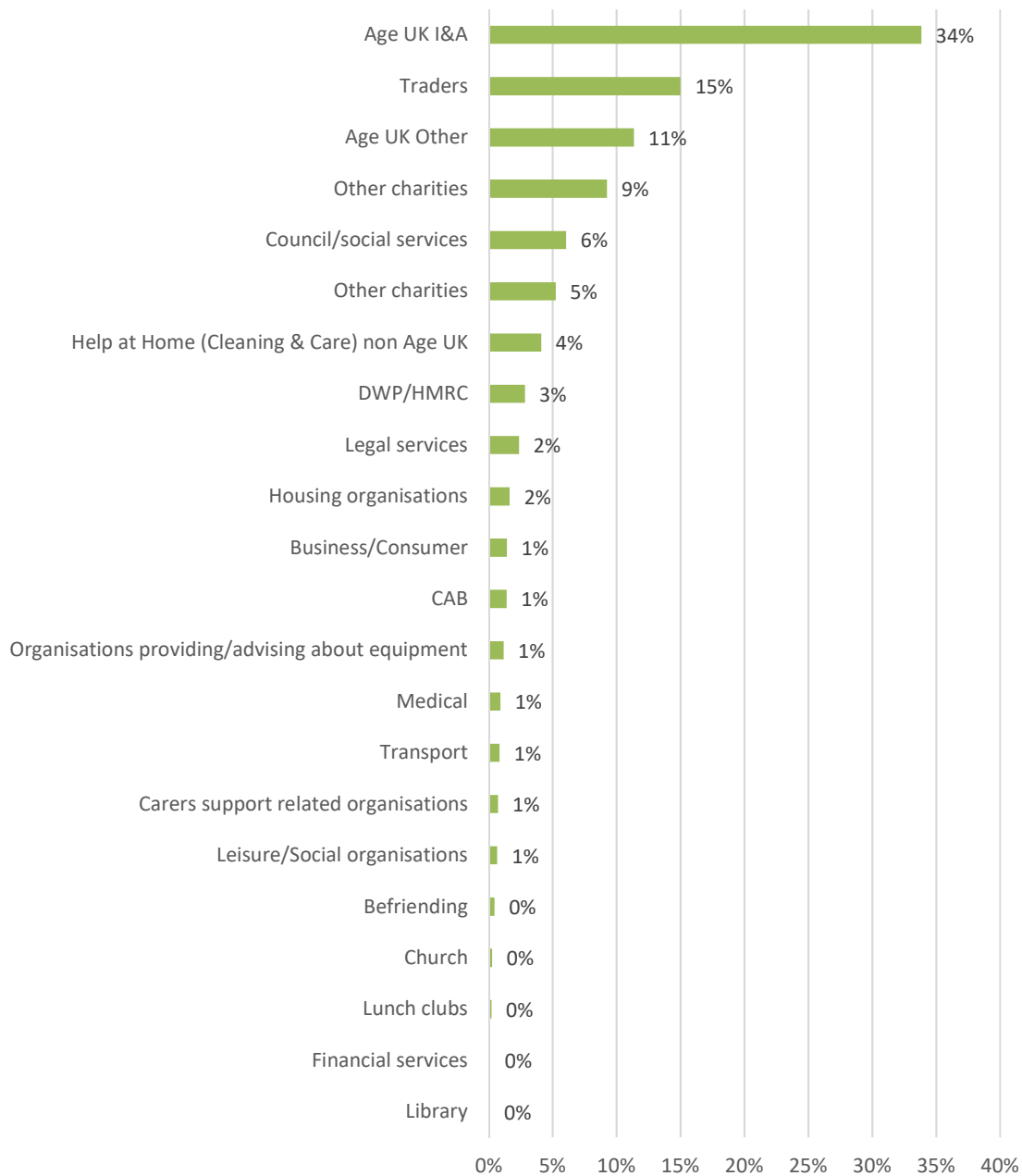


However, as outlined in Section 5.0 of this report, for many clients the triage conversation enables Age UK staff to identify a range of support needs resulting in multiple referrals (internal and external). This provides an indication of the value of using a triage conversation at the first point of contact, as opposed to simply focusing on responding to the initial presenting need or enquiry of clients.

4.5.3 Referral destinations

The monitoring data for the programme reveals that referrals to the local Age UKs' Information and Advice (I&A) Teams account for around one third (34%) of referrals by type of organisation. This is followed by traders (15%) (using a trusted supplier list for traders including plumbers, gardeners and electricians), other Age UK services (11%) and other charities (9%). The list of referral destinations, outlined in Figure 4.5 below, demonstrates the wide range of information, advice and support needs identified during triage conversations.

Figure 4.5 Referral destinations by type of organisation



The data submitted by the six local Age UKs for Year 2 also provides detail on the number of signposts and/or referrals per contact for the LLL programme (Table 4.3). Whilst one in four contacts required no signposting or referral as the client’s needs are met at the first point of contact, half of contacts result in at least one signpost or referral and one in four contacts recorded two or more signposts or referrals. This demonstrates the value of the triage conversations in enabling Age UK staff to support clients in addressing the issues facing them and managing their situation.

Table 4.3 Number of signposts / referral per contact (Year 2)

No. signposts / referrals	No. contacts	%
0	2,100	23.30%
1	4,692	52.06%
2	1,266	14.05%
3	562	6.24%
4	237	2.63%
5	76	0.84%
6	29	0.32%
7	21	0.12%
8	11	0.07%
9	6	0.08%
10	7	0.08%
10+	5	0.06%
Total	5,370	100

Crucially, the ability to signpost effectively is governed by the ability of the Customer Service Team and Triage Workers to understand the circumstances behind the client’s presenting issue and also likely future issues they may encounter without relevant support.

Feedback from Age UK staff has also highlighted the importance of considering when it is appropriate to refer a client and when to signpost them to sources of support. This is often a judgement call based on a professional assessment of the client’s confidence and ability to deal with the issue facing them and also considering a client’s preference. Evidence from the case studies collated by local Age UKs demonstrates that in many cases clients wish to consider their options in further detail before being formally referred or in some cases don’t wish to involve other services suggested to them (for example social services).

The wide range of organisations towards which LLL clients are referred highlights the importance of Customer Service Teams and Triage Workers having a good understanding of the network of support services and organisations available to older people. Each of the local Age UKs maintains a directory of services which is used as a resource by all staff and volunteers. It also demonstrates the crucial link role that Age UK plays given that they are often the first point of contact for older people (and their families) in seeking information, advice and guidance.

4.6 Training needs of staff and volunteers

One of the evaluation questions discussed with the six Age UK local sites has been the training needs of staff and/or volunteers arising from the delivery of the LLL programme. The exact nature of the training needs within each local Age UK has been informed by their respective delivery models and existing skills and levels of experience amongst staff and / or volunteers.

Examples of topics in which training has been provided to staff and / or volunteers delivering the LLL programme include:

- First five minutes course (e-learning) – an online training course designed to develop the skills and knowledge of staff and volunteers delivering front line services
- The Care Act
- Safeguarding
- Information governance
- Guided conversation- training to ensure people are engaged in the conversation which includes asking the right questions at the right time.
- The General Data Protection Regulation (GDPR)
- Dementia Awareness

Each local Age UK has their own in-house resources, such as factsheets and toolkits, to guide and support the triage process. Age UK Sheffield uses a ‘triage prioritisation tool’ (see Appendices) to ensure that clients with the most urgent support needs are prioritised by the I&A team (i.e. clients at crisis point). Local sites also use a range of other resources including:

- CPAG Welfare Benefits Handbook
- Manual of Housing Law
- Community Care Law and Local Authority Handbook
- Step Change Debt Advice

Whilst the e-learning resources provided by Age UK were highlighted as valuable, a number of staff suggested it would be helpful if a ‘train the trainer’ resource pack could be developed to help cascade the training as part of an internal Continued Professional Development (CPD) sessions. The only training gap identified by staff was around supporting clients that have recently suffered a bereavement. More generally, local sites emphasised the importance of resourcing ongoing training for staff and volunteers given the continuing welfare reform agenda, new legislation and the forthcoming social care green paper.

Training has been provided to ensure that staff / volunteers providing the first point of contact have the necessary ‘hard’ skills, including:

- IT and data entry skills to update the CRM system following each client engagement
- The ability to navigate online resources during calls to help them retrieve information requested or required by clients (which helps to avoid the need to call back clients)

All of the local sites maintain a directory of local services and this was regularly updated given the changes to local support services.

The key 'soft' skills and qualities required by staff/volunteers in supporting an effective triage model outlined during consultations were:

- Active listening techniques
- Questioning techniques
- Having an open mind and not judging clients
- Enjoying helping people
- Being able to empathise
- Having a good telephone manner
- Being confident to deal with a range of issues
- Being able to assess a client's ability to manage their own situation

Whilst many of these skills and qualities were regarded as trainable (either as part of e-learning or through internal review meetings), some were more strongly influenced by the personality and inter-personal skills of staff / volunteers acting as the first point of contact. The skilled nature of being able to use a triage conversation effectively has led some local Age UKs to amend their recruitment practices to include role play, literacy tests and practical tests. This has helped to ensure that individuals applying for customer service / triage worker roles have the required approach to reassure clients to open up about both their presenting and underlying support needs.

Whilst the use of guidance scripts was helpful, it is important for the contact to flow as a natural conversation as opposed to the client feeling like they are being interviewed. Whilst gentle probing and reassurance can encourage clients to divulge more information about their circumstances, the pace by which this is achieved can vary, in particular where clients become distressed or where the client's mental state means that they have trouble explaining and expressing themselves. The ability to build trust and rapport quickly is a critical part of a successful triage conversation. Once trust and rapport has been established it is also important that clients don't feel rushed or pressured to take the next step or passed around different members of staff. Whilst training such as the use of a guided conversation can assist staff in building trust and rapport, this is also a skill that develops with experience.

Where the first point of contact is delivered via telephone as opposed to face-to-face, staff / volunteers are not able to draw on visual clues as to the client's level of distress or level of comfort with the conversation. As such it is as important to listen to what isn't being said as what is, and also knowing when to allow the client time to gather their thoughts.

One of the challenging aspects of the role as a designated first point of contact is being able to manage the conversation to ensure sufficient turnover of calls, in particular given the high call volumes received by local Age UKs. Whilst there is no standard call duration for telephone enquiries managed through the LLL programme, there is consensus across the six local Age UKs that the approach can lead to extended call times and the possibility of some calls lasting much longer (e.g. a triage conversation with a distressed client that may reveal a complex range of support needs).

4.7 Quality assurance

All of the six local Age UKs emphasised that there was no substitute for experience. Effective line management and peer-to-peer support was essential given the often emotionally challenging nature of calls received and conversations undertaken through the LLL programme.

Building in a quality assurance step within the delivery of the LLL programme is important to ensure that staff and volunteers undertaking the first point of contact role are providing clients with accurate and appropriate information based on their presenting needs and circumstances. This is undertaken through a combination of supervisory staff listening to a sample of calls (one site has invested in double headsets to enable supervisory staff to listen in to a random selection of calls), reviewing the details entered onto the CRM and holding regular team or one-to-one meetings to provide an opportunity for staff and volunteers to feedback on how certain calls have been handled.

All of the local sites operate within the framework of the Age UK Information and Advice Quality Programme (IAQP), which governed their approach to quality assurance across the whole organisation including the LLL programme. Examples of the Quality Policies and Customer Care Charters are provided in the Appendix.

4.8 Empowering clients

A common theme highlighted during consultations with the six local Age UKs was the opportunity for the triage conversation and follow-up support to empower clients to manage their own situation and equip them with the necessary information and advice to deal with future issues. The use of motivational interviewing techniques⁶ was identified as effective for some clients in giving them the confidence to resolve their own presenting needs.

Several staff stated that the ability to provide information, guidance and support at the point of contact, where possible, was valuable in encouraging clients to act on the advice. The triage conversation allowed local Age UKs to provide timely support at points where many clients felt most vulnerable or were motivated to act to resolve their specific needs.

Data collected through monitoring information submitted by local sites suggests that around 30% of Year 2 clients were provided with information through guides and factsheets following the initial conversation (0.3 guides/publications per contact). There were local variations across the local sites ranging from 11% to 60% which may be explained by the different triage approach used by sites and/or their capacity to undertake follow-up calls and contacts to further review a client's needs.

⁶ Motivational Interviewing uses a guiding style to engage clients, clarify their strengths and aspirations, evoke their own motivations for change and promote autonomy in decision making.

Local sites provide a wide range of factsheets and resources to clients supported through the LLL programme including, for example:

- Paying for Permanent Residential Care (Age UK Factsheet 10)
- How to get Care and Support (Age UK Factsheet 41)
- NHS Complaints Advocacy
- Care Directory (guide to care homes, care agencies and care support services)
- Attendance Allowance (Age UK Factsheet 34)

Whilst the provision of factsheets and information was regarded as helpful in informing clients about their options and the services and support available to them, staff emphasised the importance of understanding the context of the client's needs. The complexity of the current welfare benefits system requires careful navigation. An accurate understanding of the client's situation is essential when assessing any benefit entitlements. A successful application for one benefit, for example, can lead to a withdrawal or reduction of a benefit for another household member.

Such complexity cannot be easily outlined in a factsheet and as such the triage model commonly requires staff to emphasise to clients the importance of seeking subsequent advice once they have reviewed any information provided. The LLL programme has highlighted a need for some local sites to train their reception teams and / or customer service teams to avoid information being sent out at the request of callers without the use of a triage conversation.

One of the local Age UKs indicated that the process of undertaking follow-up questionnaires with people supported through the LLL programme identified that some clients have not done anything with the factsheets they had been sent. This highlights the additional support many clients require to address their presenting or underlying issue. The skill for the staff delivering the service is in using the triage conversation to determine which clients are likely to be able to resolve their advice need themselves following the provision of information and which are likely to need further support.

Summary

- Local sites highlighted the importance of ensuring that volunteers are clear on the parameters of their role and don't provide clients with information or advice that is beyond their level of expertise.
- For some of the local sites, delivery of the LLL programme has identified a need to invest in their telephony and CRM systems. Incorporating the facility for callers to leave a message or request a call back, enabling diverts to Advice Line and allowing staff to analyse call volumes all have the potential to improve service delivery and quality.
- The use of a single telephone helpline number provides the most efficient and cost-effective mechanism for older people to seek support, in particular for those that may struggle to attend in person due to mobility issues.

- Half of contacts result in at least one signpost or referral and a further quarter in two or more signposts or referrals.
- The LLL programme highlights a need for strong links across first point of contact services and I&A services (both internal and external). Across the programme around one third of clients have been referred to Age UK I&A services.
- Using customer service teams as the initial point of contact for fielding client calls provides both organisational benefits and client benefits. The customer service teams are able to use the triage conversation to quickly and accurately identify the client's information, advice and/or support needs. This model underpins an effective process of internal referral with client's able to speak with a member of staff with expertise in the specific area where support is sought.
- The use of a triage conversation has created efficiencies by reducing the number of inappropriate or unnecessary internal and external referrals.
- The wide range of organisations towards which LLL clients are referred highlights the importance of Customer Service Teams and Triage Workers having a good understanding of the network of support services and organisations available to older people. It also demonstrates the crucial link role that Age UK plays given that they are often the first point of contact for older people (and their families) in seeking information, advice and guidance.
- The skill required to use a triage conversation effectively has led a number of the local Age UKs to amend their recruitment practices to include role play and practical tests. This has helped to ensure that individuals applying for customer service/triage worker roles have the required approach to reassure clients to open up about both their presenting and underlying support needs.
- Building in a quality assurance step within the delivery of the LLL programme is important to ensure that staff and volunteers undertaking the first point of contact role are providing clients with accurate and appropriate information based on their presenting needs and circumstances.
- The use of motivational interviewing techniques can be effective for some clients in giving them confidence to resolve their own presenting needs. The skill for the staff delivering the service is in using the triage conversation to determine which clients are likely to be able to resolve their advice need themselves following the provision of information and which are likely to need further support.

5 Impact on older people

This section of the report presents an assessment of the evidence of the impact of the LLL programme on the older people supported by the service. It draws on the feedback from older people captured from telephone questionnaires completed with a sample of clients by local Age UKs as well as evidence presented in case studies and service scenarios for a sample of clients.

5.1 Evidence from telephone interviews

Local Age UKs have completed 240 telephone questionnaires with a sample of clients supported by the LLL programme in Year 2. The telephone questionnaire is completed approximately 2-4 weeks following their support through the LLL programme. A copy of the telephone questionnaire is provided in Appendix 1.

Reason for contacting Age UK

Responses from clients as to their reason for contacting Age UK are broad ranging including simple requests for information to more complex support needs for older people at crisis point. Several calls are received from family members who are worried about the individual, most commonly their parent or a sibling, that they have care responsibilities for. Support is also sought by clients that have recently suffered a bereavement or treatment for a medical condition.

To help to understand their circumstances, the telephone questionnaire asks clients a series of questions on how they were feeling prior to contacting their local Age UK. A summary of the responses is presented below:

- 86% agreed that they lacked information about the options available to them.
- 74% agreed that they didn't feel prepared to deal with the issues facing them.
- 70% agreed that they lacked confidence in managing their situation
- 64% agreed that they felt stressed and worried

Clients were also asked to describe other ways in which their situation was affecting them. The key themes from their responses included concerns regarding their household finances, feelings of anxiety and worry and struggling to understand some of the documentation they had received from other services to help them to deal with the issues facing them.

'It was just a big worry. I knew I couldn't do the form and I can't get out to get help. I was awake at night worrying.' [Client recently moved to PIP]

'I heard about continuing health care, but it was difficult to get clear information.' [Client's mother was in residential care and they wanted information on help to pay the fees]

'I haven't got enough money to pay for services and equipment.' [Client was struggling to manage daily living tasks and personal care]

'I felt marooned and it took away my independence.' [Client's wheelchair had been stolen]

After the triage conversation with their local Age UKs, clients were provided with a range of support which, in the majority of cases, involved a referral to another Age UK service or signposting to other organisations that were able to assist them in dealing with their issue (Table 5.1). For some clients Age UK may not contact another service on their behalf because they wish to digest the information or guidance provided first prior to deciding what next steps to take. On occasion this may also be due to the difficulty of making a direct referral to an external service or organisation due to weaknesses in some partners referral processes.

Table 5.1 Support provided to clients following the initial conversation

Information through guides and factsheets	A referral to another Age UK service, and an appointment was booked	A referral to another external service, and an appointment was booked	I was told to contact another organisation and given contact details	None of the above
40%	69%	8%	31%	5%

As a result of the information or support they had received from their local Age UK, clients reported a range of positive outcomes, namely:

- 93% agreed that they understood more about the options available to them.
- 78% agreed that they felt more prepared for issues that may arise in the future.
- 68% agreed that they felt more confident in managing their situation.
- 54% agreed that they felt less stressed and anxious.

It is worth noting that the above client responses are captured 2-4 weeks after their first contact with Age UK. As such, rates of confidence or feelings of being prepared are likely to increase further as a result of follow-up support from an Age UK advisor where necessary.

Clients were asked what had changed for them since they received support. In a number of cases clients were still awaiting the outcome of a benefits claim or an application for funding following support from the I&A team, but for many their issue had been resolved and they now felt less anxious because they were reassured that they could contact Age UK in the future for support.

‘I know now where I can get advice for my parents and feel as if they will be safer at home.’

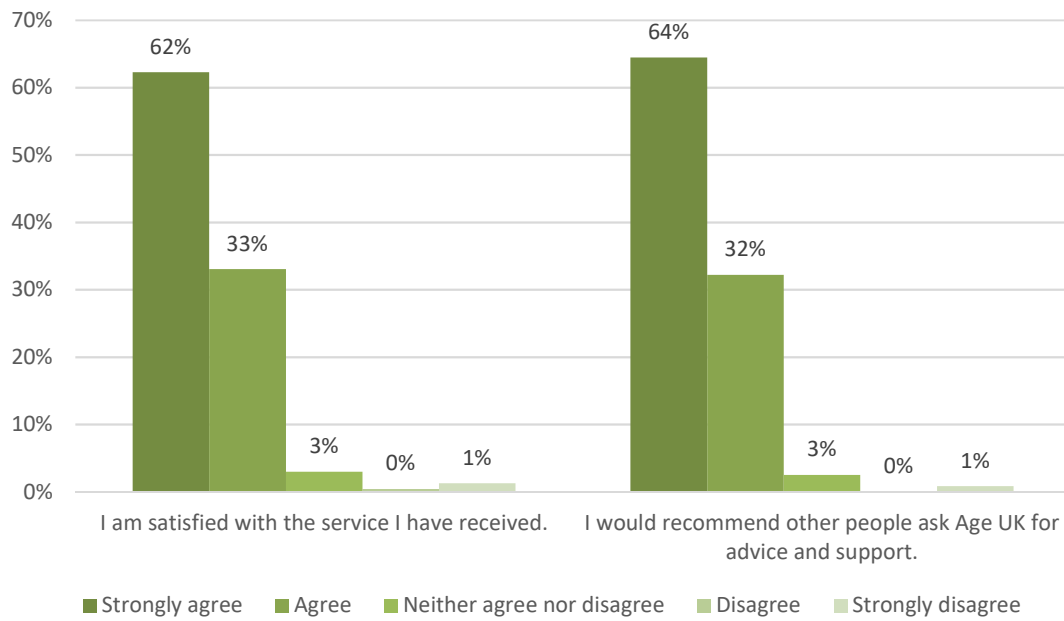
‘Not only am I now receiving financial help to get people in to do the things I can no longer do, but I feel comfort in knowing I have Age UK to back me up if things get bad.’

‘I feel better about my situation and I can help my daughter with the costs of looking after me.’

‘I feel much happier now I know about the support services that are available to me.’

The majority of clients (95%) agreed that they were satisfied with the service they had received from their local Age UK, and **97% would recommend other people facing similar issues to them ask their local Age UK for advice and support** (Figure 5.1). In the very few cases in which clients were not satisfied or would not recommend the service, it was suggested that they were unable to receive the particular support they had initially envisaged. Although little further detail is provided, it is possible that this support was not available through the LLL programme.

Figure 5.1: Client satisfaction and likelihood of recommendation



5.2 Evidence from case studies and scenarios

The local Age UKs delivering the LLL programme have produced a small number of case studies to provide further detail and evidence on the presenting needs of clients and the support provided as a result of their triage approach. As each case study requires the consent of the client to publish, local Age UKs have also been asked to produce a number of client scenarios based on their experience of delivering the LLL programme. This approach has been used to ensure that the evidence base isn't restricted to case studies where consent has been secured from clients, which can be difficult to obtain, but is able to draw on the delivery of the wider programme.

Ensuring clients are aware of the full range of options available to them

Client A is a widow who lives alone. She had recently been admitted to hospital following a fall and her niece was concerned about how she would manage at home when she was discharged. The client's niece informed Age UK that her aunt did not want to involve Social Services as she was worried they would send her to a home. The client was due to be discharged from hospital shortly and although she had been seen by a discharge nurse her niece was concerned that no services were being put in place. The client's niece felt that she needed carers to visit her each day and she would also benefit from a stair lift. She also informed Age UK that as her aunt was financially stable she would not qualify for help from Social Services. During the initial contact conversation the Triage Worker provided the client's niece with information on the options available to them and advice on a suggested course of action, including:

- A suggestion to speak to the discharge nurse to obtain information on the hospital's assessment of how the client would manage at home following discharge and to check what service, if any, the hospital would be arranging;
- Advised that if the hospital assessed the client as needing care services this would be provided free of charge for a period of 6 weeks irrespective of the client's financial circumstances;
- Advised that as the client was reluctant to engage Social Services then it was possible for the family to set up a care package and they had the option of using Age UK's Help at Home service or could source care agencies via the Age UK London Business Directory;
- Provided the client with contact details of the Disabled Living Foundation for advice regarding stair lifts and home adaptations; and
- Advised that Age UK could also provide information on other services such as community transport or a toenail cutting service if this was required at a later date.

Taking time to probe further into the client's circumstances is often valuable, even in cases where the client's initial reason for making contact is to simply request information. Encouraging clients to expand on other issues which were affecting them frequently opens up other areas where local Age UKs can offer support and guidance.

Uncovering non-presenting support needs

Client B contacted her local Age UK to ask for details of gardeners and handymen in her area. The Signpost Worker provided the information requested but also probed a little further and established that the client was 79 years old and only had one friend in her peer group left. This highlighted concerns that the client was at risk of becoming socially isolated and lonely. The Signpost Worker suggested that the client was referred to the Age UK Visiting and Befriending Service and also provided details of Kindred Spirits activities and the Film Club which is held in the local Age UK's premises once a month.

The client was delighted with these and agreed to look at the information and see what she could attend. She also mentioned that she enjoyed walking her son's dog, so the Signpost Worker suggested she contacted The Cinnamon Trust, which is a national charity for the elderly, the terminally ill and their pets.

The client was still active and did not want social care at home, so a care assessment was not appropriate. She also had sufficient income to sustain her lifestyle and did not require a benefits assessment. However the Signpost Worker provided her with a general services leaflet, which covers all aspects of help available through Age UK. The client said she was delighted with the friendly and helpful response she had received and indicated she would certainly feel comfortable about contacting Age UK again if she required any other help.

Many clients are unaware of what support is available and as such don't contact their local Age UK with a clear understanding of what they are hoping to achieve. One of the common reasons that older people do make contact is to seek guidance or support to obtain a Blue Badge to help them park more easily. However gentle questioning by Customer Service staff often reveals a broader support need than outlined by clients initially. Feedback from local Age UKs delivering the LLL programme has highlighted that Customer Service staff become familiar with certain scenarios, such as Blue Badge enquiries, where there is likely to be non-disclosed support needs. This demonstrates the value of experience and also the importance of ensuring continuity across the first points of contact within local Age UKs.

Supporting clients to claim their benefit entitlements

Client C is aged 83 and he lives with his wife. He is her primary carer as she suffers with dementia and also has arthritic problems. He is supported by a local care provider who calls in every morning to help wash and dress his wife. He contacted Age UK at the recommendation of a friend to seek help with getting a Blue Badge.

The client was advised that the new guidelines meant that Blue Badges were issued strictly on mobility issues. The client indicated that he did have mobility issues which then led to a discussion about his own health issues. The client stated that he has had problems with his heart for many years causing him breathlessness. He also suffers from arthritic pain in his joints which cannot be repaired due to his heart conditions. Although social services have provided support for his wife's care needs, the client had not undergone an assessment of what benefits he may be entitled to.

Following support from Age UK the client was awarded his Blue Badge and Lower Rate Attendance Allowance of £57.30 per week. This Blue Badge has made a difference to the client and his wife's quality of life and they are more confident to go out as they worry less about parking. The extra income has also allowed the client to pay for respite care and as a result he feels more supported as his wife's carer.

There are numerous examples across the LLL programme of clients making a basic enquiry but where the triage conversation results in in-depth support and both internal and external referrals to ensure the support needs of the client and other members of the household are fully addressed. This is enabling clients to maintain their independence as well as helping other services engage older people that may not have otherwise contacted them.

Enabling clients to maintain their independence

Client D is in his 80s and phoned Age UK for information on getting grab rails fitted in the shower as he had started to become more unsteady resulting in several falls over the last few months. He hoped that Age UK would be able to recommend an inexpensive way to get the rails fitted, as he and his partner were on a limited income.

Following a conversation with Age UK Client D was referred to the social services team at the local council who advised him that he was entitled to an assessment from the occupational therapy team and that equipment such as grab rails could often be provided free of charge. The advisor from Age UK also identified that he should be eligible for Attendance Allowance and arrangements were made for a volunteer to help him complete the form. The advisor completed a full benefits check for the couple and then helped them to apply for Pension Credit and Carer's Allowance.

Following an assessment from the occupational therapy team, social services installed a number of safety aids including grab rails for the bathroom and the front door, as well as a shower seat. Client D and his partner were also awarded Pension Credit and full Council Tax Support. He was also awarded Attendance Allowance and his partner was awarded underlying entitlement to Carer's Allowance, meaning that their Pension Credit was topped up further. As a result they are now over £7,000 a year better off and are able to pay for a gardener and cleaner to help them maintain their home.

What is evident in the case studies collated by each of the six local Age UK sites is the complex and multi-faceted nature of the support needs of clients contacting the service. The inter-related nature of the issues facing many clients emphasises the benefits of staff using a holistic approach to ensure that the presenting needs can be addressed and resolved. The triage conversation is an integral component of this holistic approach by ensuring that staff are aware of the underlying causes of issues affecting clients and don't just seek to resolve the initial presenting issue. The ability of staff to establish a rapport and trust with clients is essential in giving them confidence to discuss often personal issues that are causing them distress.

Supporting clients through life stage events

Client E approached her local Age UK for advice as she was struggling to pay the rent for her housing association flat and her husband had recently died. The Triage Officer identified through the initial conversation that the client was on a low income, had minimal savings and had not applied for Housing Benefit or Council Tax Support before. She also had not notified the Council Tax department and was not aware of the 25% Single Person Discount available.

She had recently lost her husband after a long illness. The funeral was approaching and she was worried about paying the funeral charges as this would leave her with no savings. The Triage Worker sought the clients consent to refer the client to an Information & Advice Officer who would provide in a more comprehensive level of advice in addition to arranging a benefit check appointment.

The Triage Officer sent the client a number of information guides relating to some of her support needs, namely:

- Bereavement
- Council Tax Support
- When somebody dies
- More Money in your Pocket

The Triage Officer also signposted the client to a number of organisations for further support including the local tenancy support service and a bereavement care counselling service.

The Information & Advice Officer telephoned the client to assess their eligibility for Housing Benefit and Council Tax Support. A benefits check form was then sent to enable a full assessment to be undertaken. The client also requested assistance to fill out an application to a local fund to help with the costs of her husband's funeral.

The client was subsequently awarded Housing Benefit, Council Tax Support which was a great help towards meeting her rent. She was also awarded a 25% single persons discount off her Council Tax bill. By being awarded these benefits the client was relieved as she had been worrying about how she would manage financially following her husband's death. Since being awarded these benefits she was more financially secure and her outgoings were a lot less.

Summary

- Responses from clients as to their reason for contacting Age UK are broad ranging including simple requests for information to more complex support needs for older people at crisis point.
- Prior to contacting Age UK the majority of clients lacked information about the options available to them, didn't feel prepared to deal with the issues facing them or lacked confidence in managing their situation.
- Nine out of ten clients agreed that they were satisfied with the service they had received and nearly all would recommend that other people facing similar issues to them should ask their local Age UK for advice and support.
- The presenting and underlying needs of clients can often be complex and as such the use of a triage conversation enables local Age UK's to fully understand the client's circumstances and importantly key concerns they have.
- Many clients are unaware of what support is available and as such don't contact their local Age UK with a clear understanding of what they are hoping to achieve.

6 Lessons learnt

Delivery of the LLL programme has highlighted a number of lessons which can support local Age UKs in developing their own triage model and inform any potential roll-out of the programme. A summary of the lessons highlighted at this final stage of the evaluation is provided below.

6.1 Overview of Triage services

- Delivery of the LLL programme demonstrates the need for First Point of Contact services for older people.
- The use of a triage conversation on average takes longer than a more traditional approach to respond to client calls. A seemingly straightforward initial enquiry can develop into a more complex case which requires both capacity to discuss during the initial contact, and follow-up work to address a client's support needs. Local Age UKs need to consider both the initial and follow-up resource requirements involved in delivering an effective holistic approach supported by an initial triage conversation.
- The triage conversation helps to identify a range of support needs and as such supports local Age UKs in identifying older people for a range of projects and services (both internal and external).

6.2 CRM and telephone systems

- Delivery of the LLL programme has highlighted a need for some local Age UKs to invest and/or strengthen their telephony and CRM systems. This is an important consideration for other local Age UKs seeking to adopt a similar triage model, in particular to ensure the approach doesn't have an adverse impact on their ability to handle incoming calls. Local Age UKs should review the specification of their CRM and telephony systems and discuss their needs with their existing supplier.
- The ability to analyse call volumes is important to enable local Age UKs to handle telephone enquiries efficiently, in particular given the longer call times associated with a triage conversation.
- Using customer service teams as the initial point of contact for fielding client calls provides both organisational benefits and client benefits. The customer service teams are able to use the triage conversation to quickly and accurately identify the client's information, advice and/or support needs. This model underpins an effective process of internal referral with client's able to speak with a member of staff with expertise in the specific area where support is sought.

- Using members of the I&A team as the initial point of contact can provide benefits in that the wider experience of the I&A staff can mean that a greater proportion of clients have their issue or support need addressed during this initial call, with less need to schedule a subsequent call back. However, the variety of the enquiries received through helplines can also mean that the capacity of experienced I&A teams is taken up responding to more basic requests for information or providing referrals to other Age UK services.

6.3 Skills requirements for staff and volunteers

- Staff and volunteers with responsibility for using a triage conversation require a range of skills to deliver their role effectively. Whilst some of these can be trained, others require soft skills that may not be as easily acquired. This has implications for the approach to recruitment used by local Age UKs, with a need to use role play and client scenarios to identify the best candidates for first point of contact roles.
- It is imperative that staff and volunteers fielding the first point of contact for clients are able to enter accurate information about the client's presenting issue and support needs onto their CRM in a timely manner. This should be reflected in the resource allocation for customer helplines and also identify any training needs associated with data entry.
- Whilst volunteers can play an important role in fielding initial enquiries and responding to basic requests for information, the use of a triage conversation is often likely to identify support needs beyond their level of expertise. In these cases volunteers can book a call back from a member of their I&A team. There are operational advantages of calls being handled by experienced staff as they can deal with more issues at the first point of contact and thus reduce the need for a scheduled call back.

7 Recommendations

This final section of this report provides a number of recommendations for Age UK and the local partner network based on the emerging evidence and themes outlined at this mid-point stage of the evaluation.

- The LLL programme has demonstrated that for many older people their local Age UK is the first point of contact to help to address their support needs. The use of a triage conversation is enabling Age UK to signpost and refer clients to a range of other local services. In this regard the model of working is assisting other local services in extending their reach into the community. As such, the Customer Service Helpline adopted as a model by local Age UKs is becoming the single point of contact for a range of support services available for older people. Local Age UKs should highlight their contribution to referring into a range of services as part of conversations with local commissioners and at local advice networks.
- Age UK and the local partner network should review the current approach for recruiting Customer Service staff and volunteers and Triage workers to determine the extent to which role play and / or scenario work is used to assess the soft skills that are needed to perform triage work effectively. Continuing work is also required to assess the wider training needed for staff and volunteers to deliver an effective triage service.
- Whilst the e-learning resources provided by Age UK were highlighted as valuable, a number of staff suggested it would be helpful if a 'train the trainer' resource pack could be developed to help cascade the training as part of an internal CPD sessions. This should be explored by Age UK and piloted with a number of local partners.
- Age UK should review the technical specifications for the CRM and telephony systems used by the local partners delivering the LLL programme and produce guidance for the wider local partner network on minimum standards required to support the effective use of a triage model. This should include the ability to divert calls to the national Advice Line, to enable clients to request a call back or leave a message and to enable the service to analyse call volumes to assist with service planning.
- Given that all local partners had experienced technical difficulties in establishing call diversion to the Advice Line, Age UK should review current arrangements and ensure that these difficulties are resolved. This will provide essential support for older people wishing to make contact outside of the operating hours of their local Age UK customer service team.
- Feedback from local sites that have delivered the LLL programme indicates that they are increasingly receiving calls from older people who are socially isolated and struggling with their mental health. Whilst some of these areas are difficult to cover within a coherent campaign it was suggested that the core message for any national and local campaign work was to seek information and advice as early as possible to avoid older people falling into crisis.

Appendix 1 Telephone Questionnaire

Later Life Links year two: client feedback questionnaire (initial conversations)

How to complete this form

- Please contact clients to complete this form 2–4 weeks after you have provided the service to them. Note that some outcomes may not be achieved for many weeks after the client has been advised.
- Please complete this form **by telephone** or in person (no email).
- Please ask **all** questions.
- Please keep a note of which client this feedback relates to.
- Please confirm that you have complied with the data processing statement below by ticking in the box on the left or typing “yes” in it.

	I have explained to the client that we will share their responses to this questionnaire anonymously with national Age UK and an evaluator, to help write a report on what difference the service has made to older people.
--	---

Date questionnaire completed: / /
Name of member of staff who completed questionnaire:

Questions

1. What was the reason that you contacted your local Age UK?

--

2. Think back to how you were feeling **before** you contacted Age UK. I'll now read out some statements about how the situation might have been affecting you at that time. Please state how strongly you agree or disagree with these statements. [Delete the options that don't apply for each statement.]

(2a) I lacked information about the options available to me

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

(2b) I didn't feel prepared to deal with the issues facing me

1 = Strongly agree

2 = Agree

3 = Neither agree nor disagree

4 = Disagree

5 = Strongly disagree

(2c) I lacked confidence in managing my situation

1 = Strongly agree

2 = Agree

3 = Neither agree nor disagree

4 = Disagree

5 = Strongly disagree

(2d) I felt stressed or worried

1 = Strongly agree

2 = Agree

3 = Neither agree nor disagree

4 = Disagree

5 = Strongly disagree

3. Were there other ways the situation was affecting you at the time?

4. After the initial conversation with your local Age UK, what support were you provided with? [Delete options to leave all those that apply (can be more than one).]

- Information through guides and factsheets.
- A referral to another Age UK service, and an appointment was booked.
- A referral to another external service, and an appointment was booked.
- I was told to contact another organisation and given contact details.
- None of the above.

5. As a result of the information or support Age UK provided you with, please state how strongly you agree or disagree with the following statements. [Delete the options that don't apply for each statement.]

(5a) I understand more about the options available to me

1 = Strongly agree

2 = Agree

3 = Neither agree nor disagree

4 = Disagree

5 = Strongly disagree

(5b) I feel more prepared for issues that may arise in the future

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

(5c) I feel more confident about managing my situation

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

(5d) I feel less stressed and anxious

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

6. Is there anything else that has changed for you since receiving support from Age UK?

7. Thinking about the service you received from Age UK, please state how strongly you agree or disagree with the following statement: I am satisfied with the service I have received. [Delete the options that don't apply.]

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

8. Thinking about if someone else you knew had experienced a similar issue to the one you had, please state how strongly you agree or disagree with the following statement. [Delete the options that don't apply.]

I would recommend other people ask Age UK for advice and support

- 1 = Strongly agree
- 2 = Agree

3 = Neither agree nor disagree

4 = Disagree

5 = Strongly disagree

9. [Leave blank if not applicable.] If you disagreed with the previous statement, why was this?


10. Any other comments about the help you received from Age UK?

Please submit completed questionnaires through **Box** using a filename style of "Age UK [your Age UK name] Later Life Links year two feedback questionnaire [quarter] [questionnaire number]". For example:

Age UK Lancashire Later Life Links year two feedback questionnaire Q1 questionnaire 7

Appendix 2 Triage tools

A1- Telephone Pathway, Age UK Nottingham & Nottinghamshire

 **Telephone pathways** (V1.5 20/12/2018)

"Good morning/afternoon (or Hello), Age UK Notts, your name (e.g. Sandra McEvoy) speaking. How may I help?"

For existing customers asking for a staff member or volunteer by name	For customers requesting information and/or requiring signposting to another organisation	For customers requesting information and/or requiring referral onto one of our services
a) Ask for details - Please ask for the customer's name and explain that you will attempt to put the caller through	a) Understanding or diagnosing the help that is required - Please establish the information/help that is required. This can be relatively straightforward and quick to do but on occasion may take some time to ascertain	a) Understanding or diagnosing the help that is required - Please establish the information/help that is required. This can be relatively straightforward and quick to do but on occasion may take some time to ascertain
b) Advise the customer - Please advise the customer that you will attempt to transfer the call. Explain that if the person is not available at that point in time, the customer will be able to leave a voicemail for the person to get back to them. Offer to give the customer the person's direct dial instead in case they would rather call back later instead of leaving a voicemail	b) Taking details - Please take basic details from the customer always collect the postcode first and include name, address, contact telephone number/s, date of birth and the information requested	b) Taking details - Please take basic details from the customer always collect the postcode first and include name, address, contact telephone number/s, date of birth and the information requested
c) Transfer the call - Transfer the customer where possible and advise the staff member or volunteer of the name of the caller before you connect the call so that they are better prepared/able to take the call	c) Charitylog entries - The postcode enables you to check if there is an existing record on Charitylog to be updated OR whether you need to create a new record on Charitylog for the customer of the information/signposting that you are providing	c) Charitylog entries - The postcode enables you to check if there is an existing record on Charitylog to be updated OR whether you need to create a new record on Charitylog
d) Retrieving messages - When retrieving messages, please save the email into the Voicemail folder within the Actioned folder to create an audit trail and forward the email to the staff member concerned cc'ing their central team email address, to ensure that all messages are responded to in a timely manner should the staff member be out of office Please make sure to include the main details and information in the body of the email as some teams do not have the facilities to listen to the messages.	d) Ask for consent for services, products, fundraising & marketing - Record this on Charitylog on General Details Tab (Default Store/Decline etc.) & note in "consent notes" below (e.g. Consent updated dd/mm/yy) and update the GDPR tab as appropriate	d) Ask for consent for services, products, fundraising & marketing - Record this on Charitylog on General Details Tab (Default Store/Decline etc.) & note in "consent notes" below (e.g. Consent updated dd/mm/yy) and update the GDPR tab as appropriate
	e) Always code the information given - Please always add at least one I&A code to the record for monitoring purposes	e) Always code the information given - Please always add at least one I&A code to the record for monitoring purposes
	f) Quickly able to access the information required? - If you are readily able to access the information and/or to signpost the individual accordingly (e.g. through using the A-Z or Google) please explain this to the customer and advise that if they hold the line a moment you can provide the information	f) Making referrals to internal services - Please record on Charitylog that either: (i) a referral has been made to a relevant staff member by email/phone or (ii) use Charitylog itself to create a contact which then refers the customer to a relevant staff member or team
	g) Need some time to check facts/your response? - If you are unsure how to advise or where to signpost a customer to then please take the details of the customer and explain that you will research the answer to their question and that, as this may take a little time, offer to return their call. Please give them an idea of when to expect a return call. Some customers may wish to hold and of course that is fine as long as it	Please see additional sheet on how to refer to different services

A2 Age UK Sheffield Triage Prioritisation Tool

Customer Name:

Date of referral:

Customer Address:

Other Services Involved:



Assessment

		If 1-3 ticked Allocate 50 points	Very Much →			N/A
			(20)	(10)	(5)	(0)
1	Is the customer at immediate health / safety risk? e.g. risk of eviction, no heating in cold weather, no food etc					
2	Will AUKS intervention facilitate a more timely / appropriate discharge from hospital?					
3	Will AUKS intervention enable hospital admission avoidance?					
4	Will AUKS intervention enable the customer to maintain/regain independent living?					
5	Does the customer have debt problems, no money or difficulty managing finances					
6	Will a delay in AUKS response result in deterioration in the customer's health or wellbeing?					
7	Are there no other services / individuals currently involved					
8	Is the customer at risk of abuse / abusing / self-harm/Anti- social behaviour?					

Priority

Score	Priority / Action
50 and above	High priority, see customer as per service specification. Housing Discharge cases within 24 hours. Emergencies within 24 hours
30-40	Medium priority, see customer as per service specification
20-30	Low / Medium priority, see customer as per service specification
10-20	Low priority see customer as per service specification
0-10	Very low priority, signpost to more appropriate service

Appendix 3 Programme data

Year One Programme Performance

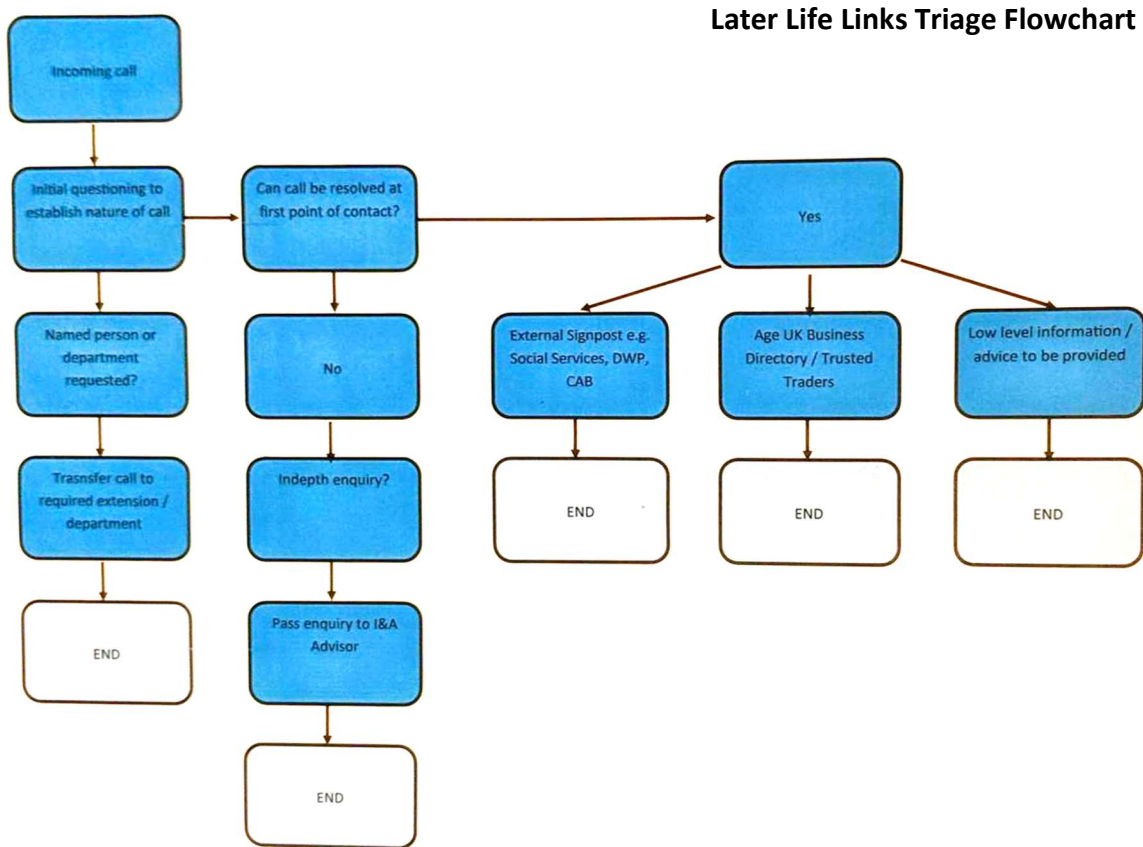
Partner	Total contacts	Total clients	Percentage of total clients seen across the six partners	Target for year	Performance versus target
Bromley & Greenwich	2,060	1,995	19%	1,200	166%
Devon	1,282	1,281	12%	1,200	107%
Lancashire	1,364	1,350	13%	1,200	113%
Leicester, Shire & Rutland	1,273	1,273	12%	1,200	106%
Nottingham & Nottinghamshire	3,008	2,810	27%	1,200	234%
Sheffield	1,625	1,623	16%	1,200	135%
Total	10,612	10,332	100%	7,200	144%

Year Two Programme Performance

Partner	Total contacts	Total clients	Percentage of total clients seen across the six partners	Target for year	Performance as a % against annual target to date
Bromley & Greenwich	1,419	1,391	15%	1,200	118%
Devon	1,186	1,186	13%	1,200	99%
Lancashire	1,232	1,221	14%	1,200	103%
Leicester, Shire & Rutland	1,228	1,228	14%	1,200	102%
Nottingham & Nottinghamshire	2,736	2,656	29%	1,200	228%
Sheffield	1,323	1,323	15%	1,200	110%
Total	9,124	9,005	100%	7,200	125%

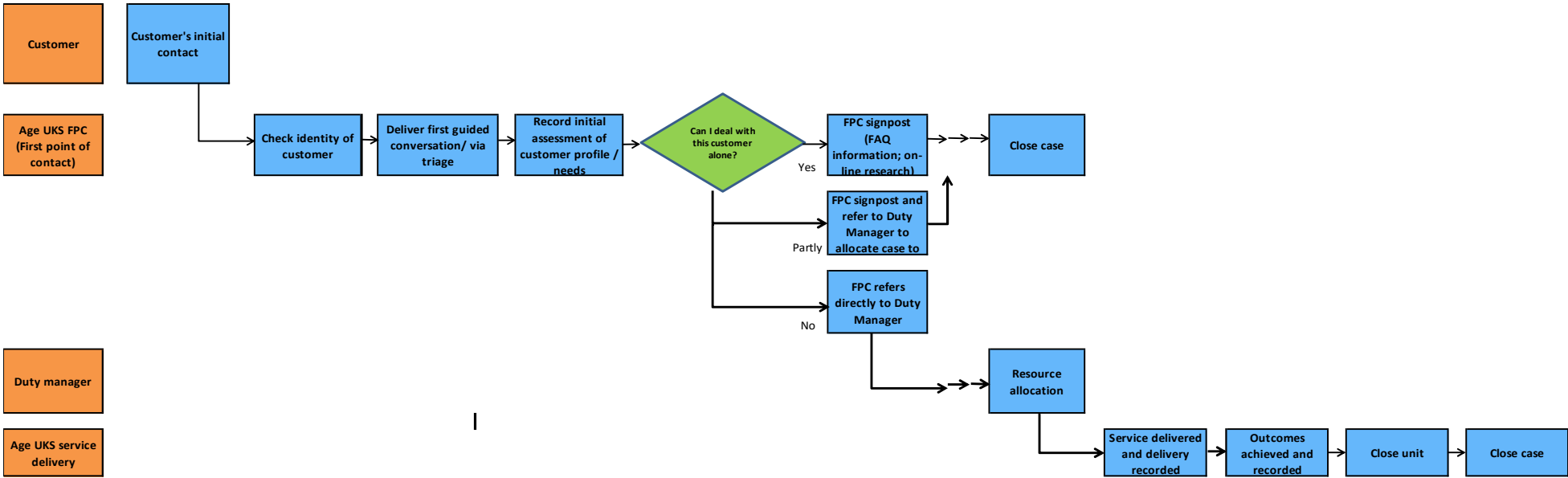
Appendix 4 Service Flowcharts

A3 Bromley & Greenwich Later Life Links Triage Flowchart



A4 Age UK Sheffield Single Customer Process

Age UK Sheffield single customer process



Age UKS FPC includes:	Initial contact made via:	Customer identified as:	First guided conversation delivered by:	Decision point for FPC	Service delivered and recorded by:	Outcomes recorded by:	Unit closed once all units for a given service have been completed	Case closed once all units across all services have been delivered
Receptionist	Phone	Existing	Triage		ILCs	ILCs		
I&A triage officer	Outreach & events Internet	Returning New	I&A		WBC staff 1-1 Practical assistants I&A staff	WBC staff 1-1 Practical assistants I&A staff, trained to required I&A level		
ILC	Networks e.g. Face to face 1:1		Opportunistic in the community: ILCs, 1-1 PAs and WBC staff					

Appendix 4 Job Descriptions



JOB DESCRIPTION & PERSON

SPECIFICATION

Job Title:	Advice Line Worker
Reporting to (Job Title):	Engagement Team Leader
Grade and Salary	
Brief overview of the Position:	Based at our Lancaster office you will provide information and advice to older people and their carers over the telephone in Age UK's four core areas of advice. You will be responsible for the monitoring and reporting on outputs, referrals, missed calls and any issues. Efficient, effective and high quality information and advice will be your prime consideration, operating within Information & Advice Quality standards.
Working with:	<p>You will work closely with the 0300 Customer Services team who will triage calls to the Advice Line and with our I&A Support Workers who provide face-to-face information to older adults in the community.</p> <p>You will deal with enquiries from members of the public, older people and their carers, partner organisations and professionals and signposting and referring customers to appropriate services and departments within Age UK Lancashire primarily. This team sits within the Engagement Directorate ensuring that customers are easily able to access the people, services and information that they require.</p>
Main duties and Responsibilities:	<p>Key Tasks</p> <p>Operate a telephone Advice Line delivering high quality information and advice, to older people and their carers in Lancashire, within quality standards.</p> <p>To handle telephone calls to the Advice Line in a pleasant and efficient manner, promoting 'customer care' as a main consideration.</p> <p>To ensure that enquiries to the Advice Line are answered and dealt with efficiently, accurately and in a timely manner and that the number of missed calls is kept to an absolute minimum.</p> <p>To produce weekly monitoring of the service provided for the Engagement Team Leader within agreed perimeters, including referrals, missed calls and any issues with customer flow and customer satisfaction. To produce written reports, when required.</p>

	<p>To provide cover for the 0300 team if required during holidays or sickness</p> <p>To assist with Training and Development of subject knowledge for the I&A and the 0300 team</p> <p>Provide technical supervision for the I&A Support Workers in Age UK's four core areas of information and advice, in line with quality standards, in the Supervisor's absence.</p> <p>Undertake File Reviews for I&A Support Workers in line with quality standards and Age UK Lancashire's procedures, in the Supervisor's absence.</p> <p>Maintain and keep up-to-date appropriate monitoring records and ensuring that message taking is efficient and proactive.</p> <p>To ensure all enquiries are handled appropriately ensuring prompt and accurate referrals to services via the CRM system.</p> <p>To ensure any customer feedback is recorded promptly and accurately and escalated if appropriate.</p> <p>To follow routine office procedures, to ensure the smooth running of the reception you are working in.</p> <p>Accurately complete all administration and documentation in accordance with the Age UK Lancashire procedures and operational standards.</p> <p>Undertake personal development as agreed between the role holder and their supervisor.</p> <p>Proactively promote Age UK Lancashire's services and products.</p> <p>To attend meetings, training courses, conferences etc as appropriate, for each aspect of the post.</p> <p>To meet with the line manager for regular planned appraisals and one-ones.</p> <p>To undertake other appropriate duties when required.</p> <p>To be competent to perform their role and undergo a regular review of their competence</p> <p>To accept appropriate supervision based on their skill and knowledge levels</p> <p>Be prepared to travel for training courses and if necessary spend a night away.</p>
<p>Accountable for:</p>	<p>Effective delivery of the Advice Line Service, within quality frameworks Reporting on outcomes, outputs and any issues.</p>

<p>Summary of key attributes & Qualifications for role:</p>	<p>Experience of delivering information and advice to older adults Up-to-date and accurate information and advice knowledge and expertise Excellent customer service skills and experience Experience of monitoring and services and reporting</p> <p>In addition the individual should be knowledgeable in the following areas appropriate to their role:-</p> <p>Age UK Lancashire’s services and products. Age UK Lancashire internal procedures Data Protection and Data Security requirements. Complaints and feedback Procedures. Customer Services skills</p>
<p>Main KPI’s / performance measured against:</p>	<p>Efficiency, quality and accuracy of information and advice given Number and quality of Advice Line calls Quality of File Reviews Competency – regular monitoring of performance and competency including annual assessments. Customer satisfaction - via anecdotal or reported feedback.</p>
<p>Generic Clauses:</p>	<ol style="list-style-type: none"> 1. To comply in all aspects with Age UK Lancashire’s policies. 2. To participate and contribute generally to Age UK Lancashire’s activities, attending meetings, training courses etc as required. 3. To support the engagement activities of the organisation, including promotions, fundraising and community engagement.
<p>Flexibility Clauses:</p>	<ul style="list-style-type: none"> • The nature of this post will require flexibility to meet urgent needs as they arise, this may entail occasional weekend or evening work. • This job description is not intended to be exhaustive. The post-holder will be expected to adopt a flexible attitude to the duties which may have to be varied (after discussion with the post holder) subject to the needs of the service, and in keeping with the general profile of the post.

VOLUNTEER ROLE DESCRIPTION



Role:	Information & Advice Service Receptionist
Reporting to:	Information & Advice Support Worker
Brief Overview of the Position:	The volunteer role involves meeting older people and/or their carers who come into the office and providing signposting and information to them depending on their enquiry
Brief overview of the role:	<p>The role involves:</p> <ul style="list-style-type: none"> • Meeting and greeting clients • Explore the nature of the problem raised by the person and, where appropriate, their wider circumstances • Identify and research information relevant to the users' situation, drawing on information resources available • Inform people about services that may be available to them and how to access them, including Age UK services; and where appropriate signpost people to other agencies and source of help • Maintain appropriate monitoring records of each caller/visitor either on an in house Database or on a manual record • Liaise closely with the Information & Advice Support Worker, seeking advice, guidance and support where required • Work as part of a team with other Age UK staff • To undertake mandatory training as required • Creating opening/closure information packs <p>Full training and day to day support will be provided and will include the use of necessary equipment.</p>
Role requires you to:	<p>Your role may also require you:</p> <ul style="list-style-type: none"> • To provide any other administrative support for the Information & Advice team including • Uploading documents to client records • Inputting data as required • To carry out your volunteer role individually or as part of a team with Age UK staff
Ideal skills and qualities for the role:	<p>The skills and qualities required for this role are:</p> <ul style="list-style-type: none"> • A methodical and orderly approach • Patience and flexibility • Being a good communicator • Ability to use your initiative • Ability to be part of a team • Understanding the need for confidentiality • Good computer skills • Reliability • Willingness to undertake induction and mandatory training, work to guidelines and policies on Health & Safety, Confidentiality, Safeguarding among others

Appendix 5 Customer Care Charters & Quality Policies

A5 Age UK Leicester Shire & Rutland Quality Policy



QUALITY POLICY

Age UK Leicester Shire & Rutland aims to ensure that our products/services meet the needs of our customers at all times in accordance with customer, statutory and regulatory requirements, as well as our policies and procedures.

Top management are responsible for the implementation of our Quality Management System and for achieving and maintaining ISO 9001:2015, ISO 1401:2015 certifications and Age UK Charity Quality Standards. The scope of our Quality Management System covers all activities stated within our Scope Document and we are committed to:

1. Develop and improve our Quality Management System
2. Continually improve the effectiveness of the Quality Management System
3. The enhancement of :
 - a. Quality, specification, and integrity
 - b. Customer satisfaction
 - c. Risk minimisation
 - d. Work ethics and best practices

Age UK Leicester Shire & Rutland has a continuing commitment to:

1. Reviewing the internal and external issues affecting our Quality Management System and the needs and expectations of interested parties
2. Ensuring that our customer needs and expectations are determined and fulfilled with the aim of achieving customer satisfaction
3. Communicating throughout the Organisation the importance of meeting customer needs and all relevant statutory and regulatory requirements.
4. Establishing this Quality Policy and our ongoing Quality Objectives
5. Ensuring that Management Reviews not only set but review the quality objectives, and report on the Internal Audit results as a means of monitoring and measuring the processes and the effectiveness of the Quality Management System
6. Ensuring the availability of resources

We shall endeavour to comply with all relevant statutory and regulatory requirements, and constantly monitors our quality performance against objectives and implementing improvements when appropriate.

All personnel understand the requirements of this Quality Policy and abide with the requirements of the Quality Management System as defined in this Quality Procedures Manual. This Quality Policy is regularly reviewed in order to ensure its continuing suitability.

Copies are made available to all members of staff and relevant interested parties along with copies of the minutes of Management Reviews, or extracts thereof, in accordance with their role and responsibilities as a means of communicating the effectiveness of our Quality Management System.

Management responsibility – T Young, Assistant Director
Date: May 2018
Review: May 2019

A6 Age UK Lancashire Charter for Later Life



Charter for Later Life

Our commitment to those in later life:

WE WILL BE INCLUSIVE

Our focus will be on those in later life regardless of their circumstances. We will be proactive in seeking out individuals who are marginalised, isolated and underrepresented. We will not discriminate and we will never be judgmental. We will respect and embrace the individuality of those in later life. We will challenge negative attitudes and discriminatory views.

WE WILL LISTEN

We will actively listen to the voices of those in later life, work in collaboration and ensure that they influence our Charity. We will seek out views from across society and challenge ourselves to ask the questions which matter so we receive feedback which will make a difference. Individuals will recognise Age UK Lancashire and feel that they know and understand us as we know and understand them.

WE WILL RECOGNISE OUR LIMITATIONS

We will know our limitations and communicate these openly. We will not make promises we cannot keep.

WE WILL BE RELEVANT

We will engage with those in later life to influence and design services which meet their needs and that they want.

WE WILL DEVELOP AND IMPROVE

We will offer high quality services consistently across our communities. We will ensure that our beneficiaries can feed back easily when things go wrong and that we use this to improve. We will listen to the views of our customers and their families to drive improvements. We will be open and transparent if we make mistakes.

WE WILL MAINTAIN HIGH STANDARDS

We will work to the highest standards and ensure that our workforce is suitably skilled and trained to deliver against these. We will apply these standards across the Charity from employees at all levels, volunteers, trustees, partners and funders. We will not compromise ourselves in this aim.

WE WILL BE ACCESSIBLE

We will work closely within our communities to ensure we are accessible in our buildings, on the telephone, through our website and our printed materials. We will respond quickly to those who contact us through these routes. We will always be aware of the differences some individuals and communities present and we will strive to work alongside them.

WE WILL WORK IN PARTNERSHIP

We will strive not to duplicate high quality services and support being offered by other charities and organisations. We will work with others to ensure they can direct their services towards our beneficiaries and support others to improve their services for the benefit of those in later life wherever possible.

WE WILL CAMPAIGN

We will work for and with those in later life and campaign about the things which matter to them.

WE WILL PROVIDE INFORMATION AND ADVICE

We will provide information and advice free of charge wherever possible. We will always be independent and support those in later life to make informed choices.

