Age UK

Maximising Older People's Personal Budget Use (MOPPU)

Project Evaluation Report

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Abstract

From July 2011 to November 2014 Age UK was funded by the Department of Health to deliver a programme called Maximising Older People's Personal budget Use (MOPPU) which aimed to 'improve social care outcomes for older people using personal budgets' through the development of an 'innovative volunteer-delivery model'. This report distils the main findings of the programme's evaluation. It suggests that the programme contributed to a range of outcomes for both older people and volunteers. It contributed to growing levels of understandings about personal budgets and supported some people in the move onto direct payments. Its success, however, is perhaps best judged as enabling personalisation, providing a specialised information and support service and, on occasions, a specialised befriending and support brokerage service, which contributed to feelings of well-being and supported people in accessing services, rather than more narrowly maximising older people's use of personal budgets.

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Introduction

Following the launch of the 2007 *Putting People First* concordat, personalisation has become central to social care policy and personal budgets have become a key mechanism for achieving it. Since their introduction, however, concerns have been raised as to the extent to which personal budgets work for older people. This has led to suggestions of a need to build support for older people on personal budgets. Volunteers and peer support have both been identified as having a role to play in ensuring that personal budgets lead to greater choice and control.

Within this context, Age UK developed its Maximising Older People's Personal budget Use (MOPPU) programme, for which it received funding from the Department of Health's Health and Social Care Volunteering Fund. The MOPPU programme ran from July 2011 to November 2014. Its overarching aim was to 'improve social care outcomes for older people using personal budgets' through the development of an 'innovative volunteer-delivery model'. The programme had four specific objectives:

1. To promote awareness of personal budgets amongst older people;
2. To increase understanding and take-up of personal budgets amongst older people;
3. To enable older people to identify their own needs and use their personal budgets to maximum effect;
4. To develop volunteer peer support community-networks of existing recipients to support those not yet using personal budgets.

It had three associated targets:

1. To recruit and train 290 volunteers;
2. To promote awareness of personal budgets amongst 7,750 older people;
3. To directly support 1,495 older people to maximise the use of their personal budgets.

The programme was coordinated nationally by Age UK and delivered locally by a network of five Age UK partner organisations. Within the overall framework of the programme and its aims and objectives, each of the partners had individual targets and the flexibility to develop projects which responded to local context.

An evaluation was commissioned to understand the process, review the learning and to assess the outcomes emerging from the programme, involving five elements:

1. Scoping: a review of key literature and policy documents, and familiarisation with the programme and its main stakeholders;
2. Participatory workshops: Workshops at the start and end of the evaluation period, brining programme and project staff together to explore the theory of change behind the programme (start) and the implications of the emerging evaluation findings (end);

3. Programme manager interviews: Three sets of semi-structured interviews with the key staff responsible for managing the programme at national level;
4. Monitoring data: Analysis of programme monitoring data collected by local projects and collated by national programme mangers; alongside the design and analysis of evaluation outcomes forms for older people (n=399) and volunteers (n=111).
5. Case studies: Two waves of qualitative data collection and analysis with key stakeholders at project level, including interviews and focus groups with: project coordinators and their managers; volunteers; older people supported through the programme; local authority representatives.

Programme overview

Responsibility for managing and coordinating the programme lay at national level, and involved four key elements: monitoring and reporting to the funder; coordinating partners and facilitating communication between them; keeping abreast of key national policy and practice developments; transferring the learning from the programme through the development of a toolkit.

At the local level, the basic model that was intended to form the core of the programme was the established of a referral pathway for older people on or entitled to a personal budget from the local authority social care teams into the project. Volunteers were to be recruited to support the older people referred into the project with an assessment of their needs and the provision of information and advice to support them in understanding personal budgets and how to maximise their use. Within these boundaries there was considerable flexibility. As the projects evolved and responded to national and local contexts, different project models emerged.

Project models

Four different dimensions emerged which distinguished the different delivery models that developed across the five partners, as follows:

1. **Support provision:** Two overarching models of support provided to older people were identified.
   a. Specialist information and advice: providing older people with information and advice about personal budgets and the availability of local services;
   b. Specialist brokerage and befriending: enabling access for older people to a range of different services and activities in their local area, on the basis of an ongoing assessment of need, some of which is undertaken during befriending visits.
2. **Relationships with the local authority:** Developing partnerships between each of the projects and their respective local authorities was a fundamental part of the programme design. The nature of relationships between projects and authorities, however, varied considerably, with three models identified:
   a. Embedded within the local authority, through co-location or co-working;
   b. Working alongside the local authority, through developing effective referral mechanisms;

c. Working outside the local authority, where it was not possible to operationalise local authority referral mechanisms and alternatives were established.

3. **Referral processes:** Five different referral mechanisms were identified across the programme, with most partners developing multiple mechanisms, but with their significance varying considerably:
    a. Referrals from local authority adult social care teams;
    b. Referrals from local authority first point of contact teams;
    c. Referrals from other statutory and voluntary sector providers;
    d. Referrals from within Age UK;
    e. Self-referrals.

4. **Staff and volunteer roles**: Six models of volunteer involvement were found across the programme, although their significance to the projects varied and in some projects the roles were undertaken by volunteers in others by paid staff:
    a. Assessors: assessing the needs of older people;
    b. Broker/coordinator: making links and building connections between older people and services;
    c. Befriender: providing regular company and general help to older people, with a specific emphasis on helping with issues connected to personal budgets and personalisation;
    d. Information and advice provider: providing information about personal budgets, entitlements, and services;
    e. Peer supporter: empathising and sharing experiences of receiving personal budgets and/or accessing social care;
    f. Administrator: helping to administer the project.

Key deliverables

The MOPPU programme had three core national targets, with associated individual project level targets, each of which was assessed through monitoring data.

1. **Deploying volunteers**: In total, **266 volunteers were recruited** into the programme, 92% of the original target of 290. At project level, the numbers recruited ranged from 10 to 93. While two projects exceeded their targets, three fell short. Volunteers were recruited into the projects through a range of mechanisms, including through Age UK workers, family and friends, and promotional materials. The evaluation forms suggest that volunteers were predominantly White, female, and aged 55 or above.

2. **Raising awareness:** Monitoring data suggests that awareness of personal budgets was raised amongst **11,032** people, 142% of the original target of 7,750. Achievement against targets varied across partners. Awareness raising was achieved through a range of mechanisms, including leaflet distribution, presentations to group sessions, and one-to-one information provision.

3. **Providing support:** Across the programme, **1,518** older people were supported to maximise the use of their personal budgets, 102% of the target of 1,495. There was variation across partners in terms of both the absolute number of people supported (from 112 to 445) and the achievement against target (three projects exceeded target, two fell short). Evaluation forms suggest that a majority of support recipients were White and female. Nearly three-quarters (72%) of evaluation form respondents were aged 75 or over,

half (51%) said they were frail, and two-thirds (66%) were living alone. Nearly half (47%) were on a local authority personal budget. They looked to the projects for help with information regarding personal budgets (50%) and information about care and support services (39%).

Achieving programme outcomes
The programme has led to outcomes for a number of different stakeholders.

1. **Outcomes for older people and their carers**: Older people received support on a range of different issues, from information about personal budgets through to assessments of need, and delivered through a variety of mechanisms, from one to one support through to peer support groups. The support contributed to:
   a. **Maximising personal budgets and direct payments**: 79% of older people completing evaluation forms, for example, said they understood more about personal budgets as a result of the project. Some had been able to use this new understanding to negotiate with the local authority about their funding levels or how their funds were used.
   b. **Personalising and enhancing social care**: 82% of older people completing the evaluation forms, for example, agreed they were more involved in deciding what is best for them as a result of the programme; 88% said they had come to understand what their options are, and 69% felt more in control of their situation. In some cases it was suggested that support planning processes had been improved.
   c. **Community involvement and holistic care**: Some older people had been supported in accessing services and activities in their local communities in order to meet their wider social care needs. A majority (83%) of older people completing evaluation forms, for example, agreed that they were more knowledgeable about local services, three-quarters (78%) felt more involved in their local community.
   d. **General well-being**: There was some suggestion that the programme had also contributed to positive outcomes for older people in terms of improvements to their general feelings of well-being. Nearly three-quarters (73%) of those of completing evaluation forms, for example, said they felt better in themselves since being support through the programme, 72% were less worried and 56% less lonely.
   e. **Having the time** to spend with older people emerged as an important factor in each of these outcomes.

2. **Outcomes for volunteers:** The reasons that volunteers gave for getting involved in the MOPPU programme were both altruistic (e.g. wanting to help people) and instrumental (e.g. wanting to learn new skills). Some got a lot out of being involved:
   a. **Enhanced sense of well-being and confidence:** Three-quarters of the volunteers completing the evaluation form said they felt more appreciated since being involved and a similar proportion felt better within themselves. Half felt more confident as a result of volunteering. Volunteers said the experience was 'fulfilling', it gave them a sense of 'purpose to life', and left them feeling they had 'done something good

that day'. It could also, however, be frustrating, especially when they were under-utilised or not given feedback.

 b. **Using and gaining skills and knowledge**: Volunteers were able to access a range of different training courses through the programme. Many felt they were able to utilise their existing skills through the programme, and this was satisfying, while many were also able to develop new skills. The learning that came through volunteering in the project, contributing to new understandings about older people's situation and in some cases to changing attitudes and behaviours.

 c. **Making friends and connections**: Volunteering in their projects led some people to make new friends, and to get more involved in their local communities (74% and 76% of evaluation form respondents agreed with these respective statements).

3. **Outcomes for adult social care teams:** The programme had begun to lead to positive outcomes for those adult social care teams that engaged with it:

 a. **Relieving pressure through increased capacity:** In at least three of the project areas, the projects had effectively added capacity to the adult social care teams, helping to relieve some of the pressure on staff and also add value to the services they provided.

 b. **Contributing to targets and service outcomes:** In some cases, the projects had been contributing to the achievement of local authority targets and service outcomes, either directly through increasing the capacity and capability of social service teams, or more indirectly through the work the project did to increase levels of awareness and understanding of personal budgets and direct payment, whether inside or outside of local authority referral systems.

 c. **Facilitating access and inclusion?** In some cases it was hoped that the project would lead to longer term outcomes for adult social care through the engagement of older people who might otherwise have been excluded from services. In particular, it was suggested that while some older people may resist engaging with statutory service provision, they may be more willing to be supported by a voluntary organisation or volunteers.

4. **Outcomes for Age UK:** A number of positive outcomes were reported for Age UK, particularly at local project level:

 a. **Increased profile:** Volunteers and the older people supported in the programme came to know more about Age UK and what it does as a result of the programme. In some cases, Age UK's profile was also raised amongst key stakeholders such as the local authority.

 b. **Enhanced models of volunteer involvement:** It was suggested that some local partners had been able to involve a more diverse range of volunteers in more diverse roles than had previously been possible.

 c. **Enhanced internal capacity and capability:** learning about personalisation, personal budgets, new ways of working with partner organisations, and of engaging volunteers.

5. **Difference:** Across all outcomes, evidence suggests there was variability in their achievement across projects. This is likely to be influenced by the pathways that projects took in response to the national and local contexts.

Critical factors

A number of critical factors at nation and local level have been identified which have shaped the programme as a whole, and influenced the different pathways and models of delivery that projects adopted and the outcomes that were achieved.

1. **National context**:
    a. **Policy context and programme positioning**: the programme has been operating within the wider context of personalisation being rolled out across statutory services, while at the same time those services are also dealing with the effects of austerity. This has contributed to a challenging policy context.
    b. **Programme management and coordination**: Whether or not the correct balance was struck between coherent national programme management and flexible local delivery within MOPPU was debated.
2. **Local context**:
    a. **Adult social care structures and processes:** There was consensus across all those involved in programme delivery, that local authority structures, processes, approaches and personnel had a significant (and challenging) impact on project delivery. The evaluation identified a number of hindering and enabling factors.
    b. **Geography:** The geography of the areas in which the project partners operated had implications for delivery, particularly the level of rurality, the size of the area covered, and boundary issues.
    c. **Age UK partner structure:** The size, structure and resource base of the project partner organisations influenced programme delivery, as did the configuration of other services within the organisation.
    d. **Project coordinator capacity and background**: The individuals charged with coordinating projects at the local level had a significant influence on delivery and outcomes: their skills, knowledge, confidence, attitudes, and approaches shaped the projects.

Conclusions and recommendations

The MOPPU programme has promoted awareness of personal budgets to older people and associated stakeholders, and has reached many more people than originally intended. Levels of understanding about personal budgets have also been raised, albeit in slightly lower numbers than hoped for. This has led to some people maximising the use of their personal budgets, and to others it has facilitated a personalisation of their wider care. It had achieved this, in part, through the involvement of volunteers, who were involved in a range of different roles on a scale that was just short of the initial programme intensions. As well as benefiting the older people supported, some of the volunteers also got a lot out of their involvement.

The programme has then contributed to growing levels of understandings about personal budgets and has supported some people in the move onto direct payments. Perhaps more significantly, however, it has contributed to enabling some older people to feel more involved in deciding what is best for them, understanding what their options are, feeling more knowledge about what's going on in their local

communities, and generally better in themselves. Its success is perhaps best judged as enabling personalisation, which contributed to feelings of well-being and supported people in accessing services, rather than more narrowly maximising older people's use of personal budgets.

Achieving the programme targets, aims and objectives has not been easy. A number of challenges have been experienced at programme and project level which had the potential to undermine programme outcomes, but in many cases have slowly been overcome. The most significant challenge faced was building relationships with and referral pathways from local authorities.

The flexibility within the programme design for individual partners to adapt their projects to their local context meant that they were able to respond to local context. The learning that has been gained through delivery in light of these challenges and complexities and the subsequent evolution of five different 'models' of delivery, with multiple pathways and outcomes, has been valuable in and of itself.

A number of specific recommendations emerge from the evaluation:

1. **To Age UK partners looking to support older people maximise personal budgets:**
   o Find out what is already happening in your local area, and complement rather than duplicate.
   o Integrate specialist advice on personal budgets and care navigation with existing information and advice services.
   o Integrate with existing befriending service, so that befrienders are sensitized to identify different needs of the older people they befriend, provide expert knowledge and advice, and broker services.
   o Develop multiple referral pathways into the project, including but not limited to those from the local authority.
   o Involve volunteers in creative ways that maximise their potential to add value to services.
   o Explore the potential to develop opportunities for co-production and co-location with local authorities.
   o Be flexible, responsive and pragmatic, but don't lose sight of project goals.
   o Be persistent and celebrate success along the way.
2. **To Age UK partners looking to involve volunteers:**
   o Get everything in place, before recruiting volunteers.
   o Be inclusive, both in terms of seeking to engage a wide range of volunteers and to involve them in a wide range of roles.
   o Be supportive, by investing in the recruitment, training and ongoing support of volunteers and in the creation of opportunities which match organisational need and volunteer motivation.
3. **For Age UK looking to deliver national programmes through local partners:**
   o Balance flexibility and autonomy, with guidance and direction. Consider the role the organisation can play at national level to advocate for the programme and to shape policy and practice at national and local level.

1. Introduction

1.1 Background

In 2007 the sector-wide *Putting People First* concordat declared that adult social care provision was to be 'personalised'. The Social Care Institute for Excellence's 2008 publication - *Personalisation: a rough guide* - reinforced the message that the individual is best placed to know what they need and how their needs can be best met. Personalisation has since become central to social care policy.

Personal Budgets have been seen as a key mechanism for achieving personalisation[1]. Since April 2013, Local Authorities have been required by central government to move eligible older people onto a 'personal budget', meaning that they have a designated annual budget for their care needs[2]. If people take this as a 'direct payment' they can purchase care directly from a provider, or employ a personal assistant to support them. Alternatively they can opt for a managed personal budget, spent on their behalf by the local authority or a third party. Current policy emphasis is on increasing the uptake of direct payments.

Since their introduction, a number of organisations have reported concerns about the extent to which personal budgets, and particularly direct payments, work for older people, including:

- Capacity and funding pressures relating to local authority financial positions, including workforce issues[3]
- Low levels of take up and/or reluctance to use direct payments by older people, despite such payments being linked to better outcomes than managed personal budgets [4] [5],[6]
- Low levels of funding for older people, compared with younger disabled people[7]
- Initial delays in moving older people onto personal budgets, due to the large numbers of people being assessed, and concerns about safeguarding, transfer of risk and equity of access to resources[8]
- Insufficient responsiveness to the needs of people with dementia[9],[10]
- The failure of managed personal budgets to address the low quality of much block-purchased home care[11]

[1] Routledge, M and Carr, S. (2013) *Improving personal budgets for older people: A review,* TLAP and SCIE

[2] Department of Health (2010) *Vision for adult social care,* London: Department of Health. s

[3] Routledge, M and Carr, S. (2013) *Improving personal budgets for older people: A review,* TLAP and SCIE

[4] *Ibid*

[5] Association of Directors of Adult Social Services (2012) *The Case for Tomorrow*, London: ADASS.

[6] Hatton, C. and Walters, J. (2011) *The National Personal Budget survey, June 2011*, London: Think Local, Act Personal (TLAP).

[7] Wilberforce, M., Glendinning, C., Challis, D., Fernandez, J-L, Jacobs, S., Jones, K., Knapp, M., Manthorpe,J., Moran, N., Netten, A., Stevens, M. (2011) 'Implementing consumer choice in long-term care: The impact of Individual Budgets on social care providers in England,' *Social Policy and Administration*, 45,5, pp. 593-612.

[8] Association of Directors of Adult Social Services (2012) *The Case for Tomorrow*, London: ADASS.

[9] Social Care Institute for Excellence (2011) *Keeping Personal Budgets Personal: Learning from the experiences of older people, people with mental health problems and their carers*, London: SCIE.

[10] Alzheimer's Society (2011) *Getting Personal? Making personal budgets work for people with dementia*, London: Alzheimer's Society.

[11] Equalities and Human Rights Commission (2011) Close to home: An inquiry into older people and human rights in home care, London: Equalities and Human Rights Commission.

- Insufficient attention to the ways in which choice and control can be extended beyond personal budgets, recognising, for example, the importance of building effective relationships between an older person and a care worker[12]
- Insufficient information, advice and support for older people to make good use of personal budgets[13] and particularly in the assessment and support planning phases of moving onto a personal budget to ensure that choice and control are enhanced[14]; and insufficient management support for people who may be interested in employing a personal assistant.[15]

Such findings suggest a need to build support for older people on personal budgets and to evaluate that process so that good practice can be shared. To this end, the Think Local, Act Personal (TLAP) partnership recently completed a review of personal budgets for older people, aiming to identify and share good practice. Local projects need to focus on better understanding and addressing the issues that lead to low take up of direct payments by older people, but also to making managed personal budgets lead to more transformative outcomes. Volunteers, user-led organisations, and other forms of peer support have been identified as having a potentially important role to play in ensuring that personal budgets lead to greater choice and control.

At the same time as the role of volunteering in supporting older people on personal budgets has been considered, there has been a more general emphasis on the value of volunteering in supporting service delivery and in meeting civil renewal agendas. This has led to successive governments' developing policies and programmes aimed at growing and supporting volunteering[16].

One such initiative has been the Department of Health's Health and Social Care Volunteering Fund (HSCVF), which was launched in 2009, with the aim of supporting the Department's Strategic Vision for Volunteering, by 'recognising the role that volunteers play towards improving the choice of services available in the health and social care sector'[17]. Managed by Ecorys, the HSCVF has funded a series of both national and local projects.

It is within this context that Age UK developed its **Maximising Older People's Personal budget Use** (MOPPU) programme, applying for and receiving funding from the Department of Health's HSCVF. It was a timely and exciting intervention, with the potential to play a key role in identifying how volunteer support could best be developed to maximise the benefits of personal budgets for older people.

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[12] Association of Directors of Adult Social Services (2012) *The Case for Tomorrow*, London: ADASS.

[13] Routledge, M and Carr, S. (2013) *Improving personal budgets for older people: A review,* TLAP and SCIE

[14] Age UK (2010) *Personalisation in Practice: Lessons from Experience*, London: Age UK.

[15] Social Care Institute for Excellence (2011) *Personal budgets briefing: Learning from the experiences of older people and their carers*, London: SCIE.

[16] Zimmeck, M. (2010) 'Government and volunteering: Towards a history of policy and practice' chp 7 in Rochester, C., Ellis Paine, A. and Howlett, S. (eds) *Volunteering and society in the 21st century,* Palgrave Macmillan: Basingstoke.

[17] ECROYS (2014) Annual HSCVF Report Template

1.2 Programme aims and objectives

The MOPPU project was funded through the HSCVF, under theme four: 'projects that enable people to have greater choice over their care and support, leading to improvements for individuals, and complementing existing statutory and community provision through volunteering'. The programme ran from July 2011 to November 2014.

The overarching aim of the programme was to **'improve social care outcomes for older people using personal budgets'[18].** Within this overall aim, the programme had a number of specific objectives based on the development of an **'innovative volunteer-delivery model'** to:

   i.   Promote awareness of personal budgets amongst older people
   ii. Increase the understanding and take-up of personal budgets by older people
   iii. Enable older people to identify their own needs and use their personal budgets to maximum effect
   iv. Develop volunteer peer support community-based networks of existing recipients to support those not yet using personal budgets.

The MOPPU programme was coordinated nationally by Age UK, and delivered locally by a network of five Age UK project partners, all individual charities, affiliated with Age UK. The five partners were spread around England, in: Hereford (Age UK Hereford and Localities); Lincoln (Age UK Lincoln); Wandsworth (Age UK Wandsworth); West Cumbria (Age UK West Cumbria); and Wirral (Age UK Wirral). The partners were selected through a competitive bidding process that was undertaken by Age UK prior to the main programme funding application being submitted to the HSCVF.

The programme was designed to provide a broad framework, with nationally agreed outcomes. The aims were to recruit and train 290 volunteers across the five partners, to promote awareness of personal budgets amongst 7,750 older people and to directly support 1,495 older people to maximise the use of their personal budgets. An additional element of the programme was that peer support networks would be established, whereby older people with experience of personal budgets would volunteer to support other older people moving on to a personal budget.

The overarching programme model was based on the principle that partnership would be developed between each local Age UK project and their respective local authority Adult Social Care (ASC) team(s), to establish a referral pathway for older people in receipt of, or entitled to, a personal budget coming into the project. Within this overarching framework, each of the five partners had flexibility to deliver projects which reflected local contexts. The programme budget is summarised in table 1.

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[18] Age UK (2010) *DH National Volunteering Fund Application*

Table 1: MOPPU programme funding, by project

		Original funding (£)	Projected spend 2011-2014 (£)	Variance (£)
National level		**£91,664**	**£108,214**	-£16,550
Project level	Hereford	105,000	105,000	£0
	Lincoln	104,380	104,053	£327
	Wandsworth	98,953	98,137	£816
	West Cumbria	103,011	103,011	£0
	Wirral	96,992	81,585	£15,407
	Projects total	**£508,336**	**£491,786**	**£16,550**
Programme total		**£600,000**	**£600,000**	**£0**

1.3 Evaluation aims, objectives and methods

The aim of the evaluation was to review the learning from and assess the outcomes of the MOPPU programme on beneficiaries and volunteers. The evaluation was designed to take into account key issues such as the quality of partnership working, programme and project management and achievement of targets. Within this overall aim, the evaluation was tasked with addressing six key questions:

i.   Have the milestones and deliverables in the Delivery Plan been achieved
ii.   What worked well? What worked less well?
iii. What good practice has been developed during the course of the project?
iv.   What elements of the project are most likely to lead to long-lasting change?
v.   What is the potential for replication and scalability of the support model?
vi.   What lessons can be learned for the future delivery of personal budgets?

The evaluation ran from September 2012 to August 2014, having been commissioned to start over a year after the programme began and to report a few months before it was completed. It included both a formative and a summative element. It aimed to provide process and outcomes data - focusing on context, inputs, activities, outputs and outcomes – enabling an assessment of what worked well/not so well and why, as well as what difference was made. As the programme evolved through delivery, the evaluation was adapted in response to the changes. In particular, the variety of delivery models that emerged within the programme made addressing questions such as the scalability and replicability of 'the support model' particularly challenging, as rather than being one support model there were effectively five. The limited scale of the evaluation meant that the emphasis was on assessing outcomes at the national, programme level, while exploring delivery processes at local level.

The evaluation involved five main stages, as follows:

- **Scoping:** A brief scoping study was undertaken at the start of the evaluation involving reviewing key background documents on the policy landscapes of volunteering and personalisation, together with the first participatory workshop, programme managers' interviews outlined below, and short phone interviews with the five project coordinators. The policy and evidence review was refreshed throughout the evaluation period.

- **Participatory workshops:** A workshop with Age UK programme managers and project coordinators was held at the start of the evaluation in November 2012 and focused on exploring the 'theory of change' underlying the project. A second participatory workshop was held towards the end of the evaluation period, during which emerging findings were shared by the evaluation team in order for participants to reflect on their relevance and to explore their implications. In addition, the evaluation team attended most quarterly partners meetings and a selection of programme board and advisory group meetings.

- **Programme managers interviews**: Three interviews were conducted with the Age UK national programme managers[19] at regular interval throughout the course of the evaluation. These interviews explored the experiences of managing the project, progress, successes, challenges and good practice. These semi-structured interviews were supplemented by regular conversations between the programme manager and evaluation team.

- **Development and analysis of monitoring data**: The evaluation design relied on collection of monitoring and outcomes data by programme and project managers, with monitoring systems having been put in place before the evaluation was commissioned. Beyond recording high level data against the three core programme targets, however, the project partners did not collect monitoring data in a consistent way, nor did they collect outcomes data. As such two new data collection tools - for older people and volunteers were designed. These included a brief set of demographic and outcomes questions and were distributed to volunteers and service users at the end of their involvement in the project, complementing the monitoring data which was already being collected. Project partners were responsible for ensuring the completion of the evaluation forms. In total, 399 evaluation forms were completed by older people (a 26% response rate) and 111 by volunteers (a 42% response rate). Returns varied across partners (see table 2), with implications for the reliability and validity of the findings.

  As some assistance was provided to some older people when completing the evaluation forms, any comments taken from these and used within this report are referenced as such and not put into quotation marks, so as to distinguish them from direct quotation from older people taken from interview transcripts.

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[19] 'Programme managers' is the term used throughout the report when referring to all the main staff within Age UK who had responsibility for managing, coordinating and delivering the programme at national level. This includes, but is not limited to, the Project Officer. We refer to Programme Manager(s) and Project Coordinator(s) throughout the report, to make the distinction between staff responsible for managing and delivering MOPPU at national (programme) and local (project) levels, and to aid anonymity.

Table 2: Evaluation form response rates, by partners

		Older People			Volunteers		
		Total directly supported	No. of completed evaluation forms	Response rate	Total recruited	No. of completed evaluation forms	Response rate
Project	Hereford	445	71	16	54	11	20
	Lincoln	314	139	44	93	53	57
	Wandsworth	229	17	7	10	2	20
	West Cumbria	418	97	23	72	33	46
	Wirral	112	75	67	37	12	32
Programme total		1518	399	26	266	111	42

- **Case studies of the five local partners:** Each of the five partners was treated as case studies within the evaluation. The case studies involved two waves of fieldwork: the first conducted in spring 2013 the second in spring 2014. The first wave involved interviews with project coordinators and in some cases other paid staff working on MOPPU such as CEOs and volunteer coordinator and interviews or focus groups with volunteers. The second wave involved: interviews with project coordinators and senior managers; focus groups or interviews with volunteers; interviews and observations with service users; and interviews with local authority (generally, adult social services) representatives.

Interviews and focus groups from across each of these elements were recorded and transcribed, assigned unique identifiers for the purposes of confidentiality and anonymity, and imported into QSR's Nvivo 10 a qualitative analysis software package. A coding frame was created within the programme based on broad inductive categories and themes that include, for example, 'supporting older people' and 'recruiting volunteers'. The interview transcripts were then coded to those themes with subsequent analysis leading to the creation of more finely grained sub-codes. The quantitative data arising from the monitoring data was subject to descriptive analysis, utilising the SPSS software package.

1.4 Reporting
This is the final report of the evaluation. It follows an interim report, submitted to Age UK in July 2013. Following this introduction, the next section described the MOPPU programme and the projects undertaken by the five partners and achievement against the three main project deliverables. Section three considers the different project models and pathways that were developed, before section four discusses the critical factors which shaped the programme as a whole and the emergence of different models of delivery at project level. The fifth section of the report focuses on programme outcomes. The final section provides a conclusion to the evaluation, including reflections on key successes and challenges, lessons learnt and recommendations for future delivery.

2. Programme overview

As outlined above, the MOPPU programme was funded and managed at a national level, but was delivered locally by five Age UK partners, each of which are independent organisations within the Age UK network of organisations. In this section we provide a brief descriptive overview of national programme, of local project delivery and of achievement against the main programme targets.

2.1 National programme management

At the national level, Age UK was responsible for managing and coordinating the programme. A programme manager[20] was employed to lead programme delivery and coordination. This post was originally supported and line managed by Age UK's head of volunteering, who had been involved in developing the funding application. A change in personnel, due to the long term illness of the head of volunteering and internal restructure, resulted in the programme coming under the responsibility of the services and commissioning team and a new line manager for the programme manager. These changes in personnel inevitably had some effect on programme management and delivery.

National programme management involved four key elements:

- **Monitoring and reporting to the funder**: monitoring the programme budget and achievement against targets - including designing and collating programme monitoring and reporting systems, which the partners completed on a quarterly basis; liaising with and reporting to the programme funder.

- **Coordinating and informing partners:** organising quarterly partners meetings, which were designed to provide a forum for information exchange across partners; disseminating information across the partners; acting as a bridge between partners.

- **Linking with policy**: keeping abreast of policy developments and sharing key documents and developments with programme partners; building networks and relationships with key external stakeholders working in the field.

- **Transferring the learning**: developing a toolkit at the end of the programme to act as a practical guide for other organisations looking to develop similar schemes; sharing the learning from the programme throughout Age UK.

2.2 Local project delivery

Although the programme was designed and funded at the national level, it had a strong emphasis on local, flexible, delivery. The five partners were initially selected to take part in the programme through a competitive bidding process undertaken prior to submission of the funding application, with success dependent on the

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[20] The actual job title for this post was Project Officer. However, as noted above, throughout the report we refer to all members of staff with responsibility for managing and delivering the programme at national level as 'programme manager(s)' in order to make the distinction between national (programme) and local (project) level activity, and to enhance anonymity of individual respondents.

development of a strong project proposal, demonstration of a good, existing relationship with the local authority, and of strong support for volunteering. The remainder of this section provides a brief outline of the key elements of each of the partners' project delivery models and processes.

Box 1: MOPPU in Hereford

In Hereford the MOPPU project was delivered across a wide geographical area, which included a small city, several market towns and a large rural hinterland. A project coordinator was recruited to deliver the scheme, initially alongside a wider responsibility for volunteer coordination across the organisation although over time the MOPPU project became the sole focus of the role.

The relationship between the project and the local authority Adult Social Care (ASC) team has fluctuated. After a promising start with the early establishment of a multi-agency project steering group and a referral process via the first contact team, progress and referrals soon stalled during a period of change within the Local Authority. The steering group came to an end and all the initial contacts within the local authority changed, meaning that new relationships had to be built. During the last six months of the project, doors were re-opened, and arrangements were made for the project coordinator to be based in one of the ASC team offices, one day a week and for a new referral system to be established directly from the ASC team.

Alongside receiving referrals from the Local Authority's initial point of access team and more latterly the ASC team, referrals have also been received from other statutory services, third sector organisations and from within Age UK itself.

The model of support provided is based on the completion of a 'toolkit' (a set of questions relating a various aspects of well-being) to assess the needs of older people referred into the project. A triage call is made by the project coordinator to undertake an initial assessment of the older person's needs, after which follow up visits (if required) may be undertaken by the coordinator or volunteers. The focus of the visits is on completing the toolkit to assess needs and subsequently providing information, advice and guidance as required. Relevant information from completed toolkits is passed on to the relevant local ASC team. In total, 445 older people have been directly supported by the project (above target of 360), with awareness raised amongst 1,241 (slightly below the target of 1,300).

In total 54 volunteers have been involved (against a target of 65), after having been recruited through a number of sources. Volunteers have, variably, been involved in providing information, advice and befriending services. On average, each older person supported through the project received one visit from a volunteer, although there was considerable variation within the project. Volunteer training was extensive, including the option of completing National Brokerage Network accreditation. One of the first volunteers recruited onto the project had a social work background, and they had a strong influence on project development, including designing volunteer training, identifying how best to pitch the project to the local authority, and acting as a source of legitimacy for the project with the ASC team.

Box 2: MOPPU in Lincoln

The Lincoln project covers a number of towns and villages spread across a very large, mostly rural and coastal area to the East of England. It includes some relatively deprived areas, with relatively poor public transport infrastructure. The project has been delivered by two project coordinators, each working on a part time basis and covering different geographical areas. Being home-based, and geographically dispersed, the project coordinators were somewhat separate from the main Age UK office which is based in the county town. Other members of staff from Age UK have been involved in the project, particularly the volunteer coordinator and the information and advice team.

Each project coordinator had responsibility for recruiting volunteers and building relationships with the local authority ASC teams in their patch in order to generate referrals. The relationship with the local authority has developed over time and the model of support being delivered evolved slightly differently in the two areas shaped by the relationship with the ASC teams and the practicalities of delivering support across broad geographical areas. Despite initial interest and support of senior staff in the ASC teams there were few referrals from social workers on the ground for most of the first year. During this period project coordinators continued to build relationships with the different teams whilst engaging in awareness raising around personal budgets across the county and recruiting and training volunteers. By the final year, however, there had been a significant change with stronger relationships with social workers and embedding of the service within two ASC teams. Routine letters were being sent to new clients and those coming up for a review offering them support through the project and a resulting flow of referrals. In total, awareness of personal budgets for older people was raised amongst 1560 people, with 314 older people directly supported (slightly below the respective targets of 1,900 and 400).

The project was supported through the involvement of 93 volunteers (above target of 80). Whilst the project workers often undertook the first contact with clients they made extensive use of volunteers and recruited those with professional backgrounds, able to take on what they saw as a specialised and enhanced advice and guidance role. Geographical distances meant that opportunities for face to face meeting and getting volunteers together were relatively rare and created challenges for matching volunteers to older people.

Box 3: MOPPU in Wandsworth

The London borough of Wandsworth is characterised by mixed neighbourhoods and pockets of deprivation but good transport infrastructure. The project coordinator was initially recruited to work on a part time basis to deliver the project, while working for the rest of the week to deliver a separate project within the organisation. After a year, staffing for the project was reviewed and an extra day per week allocated to the project coordinator, although it remained a part-time post.

Initial contact with the local authority ASC team had been positive and a project

steering group was set up, including social work managers and strategic staff, in order to embed the project across the local authority. However, despite regular meetings and the ongoing support at the senior level, referrals were not forthcoming and indeed there appeared to be some resistance to referring older people into the project by social workers on the ground. The negotiations went on for much of the first year (and indeed beyond), whilst the project coordinator simultaneously worked on producing publicity material and systems for the project including updating a database of local services that could be used to support the older people once they were referred. This was done with the support of a small number of volunteers in administrative roles. Whilst efforts were maintained throughout the programme period to build a referral pathway with the local authority and while senior managers remained supportive, it was not possible to find a way to make it work operationally and as such a referral pathway was not established from the adult social care team.

As it became apparent that local authority referrals were not going to be forthcoming, the project coordinator developed other referral pathways, including the organisation's own Information and Advice service. This led to the development of a relationship with a second project operating within the organisation, which provided support to older people to access personalised care and support services at home. Given apparent overlaps in the client groups and in the advice being given across the two projects, a decision was taken to merge them. This was a pragmatic decision to improve the delivery of both projects by creating a single entry point and combing resources. The merger appeared to be a successful strategy as by the final months of MOPPU the two project workers were providing ongoing support to a large group of older people who called with issues about their care. In total, the monitoring data suggests that awareness was raised amongst 1,575 (above the target of 1,250), and 229 older people were directly supported through the project (above the target of 115).

The project was supported by a small number of volunteers (10, below the target of 30), most of who took on administrative roles. The lack of initial referrals meant they lost a number of volunteers who they could not provide work for. In the later stages when referrals began to come through, the project coordinators felt that the kind of issues they were dealing with for the older people they supported (e.g. complaints about ASC assessments, financial problems) demanded too much specialist knowledge that needed to be deployed in a short timeframe and the involvement of volunteers would not have been appropriate.

Box 4: MOPPU in West Cumbria

In West Cumbria, the MOPPU project operated within a coastal town and surrounding rural area, which is economically deprived and somewhat remote. The project was delivered by a project coordinator, working closely alongside other colleagues from across the organisation including the volunteer coordinator and staff from the information and advice service. The project has been seen as a significant initiative within the organisation, forming a central part of a wider assets-based approach to working with older people that is being adopted by the organisation.

Strong relationships were established at an early stage with the local authority, particularly within the ASC team in one geographical area, and have been maintained throughout. The project was embedded within the local authority structures and systems, in part through the co-location of the MOPPU project coordinator within one of the ASC team offices. This proved a successful strategy, both in terms of establishing a fruitful referral pathway and ensuring clear lines of communication about individual client cases.

The project has focused on expanding support plan packages offered to older people, through an enhanced information, advice and brokerage model. After being referred into the project, the social support needs of an older person are assessed by the project coordinator who can also offer advice on personal budgets (including direct payments) if applicable. Volunteers are then involved in any required follow-up work with client, such as identifying and helping older people access services and activities in their local communities. In some cases, the project coordinator has been able to bring clients together to pool budgets (mainly self-funded), through identifying people who have similar interests and suggesting that they come together as a group to reduce and share service costs. Support has also been provided through peer support groups.

In total, awareness has been raised amongst 4,814 people (exceeding the target of 1,300), direct support provided to 418 older people (above the 360 target), and 72 volunteers recruited (above the target of 65).

Box 5: MOPPU in Wirral

The final project operated in the Wirral, an inner city and suburban area in the northwest of England, typified by mixed neighbourhoods with pockets of deprivation. A full-time project coordinator was recruited to deliver the project supported by their line manager, who had responsibility for research and development across the organisation, and working closely with the organisation's volunteer coordinator and other teams, including information and advice and carers support services.

After positive initial discussions with the local authority concerning working in partnership to deliver the project, which extended to a local authority representative being part of the interview panel for the project coordinator, a period of considerable turmoil and restructuring within the local authority resulted in doors being closed to the project. It proved impossible to establish a referral system with the local authority, which had been a central part of the project design not only for generating clients but also for recruiting volunteers.

From the outset the project placed a strong emphasis on involving volunteers with experience, or at least detailed knowledge, of personal budgets and particularly of direct payments. The idea was to build a peer support model of provision, with volunteers sharing their knowledge and experience of receiving direct payments or managed personal budgets with others who were new to the system. The challenges faced in developing a referral pathway with the local authority also meant that it was difficult to identify potential volunteers who had

experience of personal budgets: there was no readily available list of such people who could be contacted and asked to get involved.

Service users (often carers) and volunteers were instead referred and recruited into the project through a range of other pathways, particularly through working across other teams within the organisation. Indeed, there was a strong emphasis on the project coordinator working across different teams within the local Age UK to support personalisation within their services.

Beyond sharing information and experiences of receiving personal budgets to individual older people and their carers, volunteers were also involved in: disseminating information about personal budgets to groups of older people and to organisations providing services to older people who could then cascade the information; conducting research into local services for older people in the area to enable service users to pursue their interests; and providing administrative support to the project. Slow rates of referrals into the project left some volunteers feeling under-utilised.

In total, awareness was raised amongst 1,842 people (against a target of 2,000); 112 people were directly supported by the project (against a target of 260); and 37 volunteers were deployed (with a target of 50).

In light of persistent challenges in building a referral pathway with the local authority, when the project coordinator successful applied for another post towards the end of the project period a decision was taken to finish the project in July 2014, several months early. The early end date for this project goes someway to explaining the reported underspend (see Table 1), and the progress against targets.

3. Project models and pathways

As discussed above, the MOPPU programme was designed to provide an overall framework for an innovative volunteer-supported service to increase awareness and maximise use of personal budgets amongst older people. Within this there was considerable flexibility for individual project partners to tailor their services to fit the local context. This flexibility proved vital as local project partners navigated their way around the dynamics of their relationship with local authorities and other stakeholders. It led to the development of different models of delivery that were the culmination of different pathways that project partners have taken through the programme as they have responded to local context and resources. Projects have continued to grow and evolve – right up until the end of the evaluation period and the programme as a whole. The evaluation identified four key dimensions which distinguish between the delivery models. In this section we focus on describing these dimensions; in section 6 we discuss in more detail the factors which have influenced the pathways that the projects and the programme as a whole have taken.

3.1 Support provision model

The nature of support offered to older people through the projects has varied across and within the partners. Two 'ideal type' models of support can be identified:

- **Specialist information and advice (including peer support):** MOPPU projects all operated as a specialist information and advice service, offering older people a source of information and guidance about personal budgets – including direct payments – and on a whole range of other services and activities available in their local area and beyond. This may be provided on a one-to-one or group basis; face-to-face or over the telephone. It may be provided by volunteers or by paid staff. It may be advising people how to make the most of their existing personal budgets, or making them aware of how personal budgets operate for those not already in receipt of one.

- **Specialist brokerage and befriending.** Some MOPPU projects have also operated as specialist brokerage and befriending services, making connections for older people with different social service departments or with a whole range of other statutory and voluntary services and activities within their local communities. This brokerage role may develop as an extension of the information and advice service, or through the identification of specific needs during either an assessment undertaken at the start of a project intervention or through ongoing interactions in a befriending context. When operating as a specialist befriending service, project 'workers' may pick up and take action on particular social care issues or needs, that may not be acted upon in a standard befriending service.

Within these two support models, there is a great deal of difference in the nature and level of service provided. The different models of support offered by the projects are hinted at within the data on the average number of visits older people received from project workers (see table 3).

Table 3: Intensity of face-to-face support received by older people through MOPPU

		Median no. of visits from volunteers	Base 1	Median no. of visits from paid staff	Base 2
Project	Hereford	1.00	71	0.00	71
	Lincoln	3.00	139	2.00	139
	Wandsworth	0.00	17	1.00	17
	West Cumbria	0.00	21	1.00	97
	Wirral	1.00	73	1.03	73
Programme total		1.00 (mean = 2.06)	321	1.00 (mean = 1.39)	395

Source: Older people's evaluation forms. Base1 = all respondents answering volunteer visits question. Base 2 = all respondents answering paid staff visits question.

3.2 Relationship with the local authority

As discussed above, developing a partnership with the local authority to deliver the project, and particularly to establish a referral pathway, was a fundamental part of the original programme design. All project partners had involved the local authority in the development of their proposal, and evidence of the relationship was used as one of the criteria for becoming part of the programme.

The nature of the relationship between the project partners and their local authorities became one of the key dimensions affecting programme delivery. These relationships have:

- taken time to establish;
- proved challenging for some;
- evolved considerably over time;
- been fundamental to the pathways partners have taken through the programme.

The resulting project-local authority relationship models can be characterised as being one of three types:

- **Embedded within** the local authority: In some cases the projects have become embedded within the local authority. Two of the project coordinators have, for example, been co-located with their local adult social care team. One became embedded within the local authority at an early stage of project delivery, with, for example, the project coordinator based one day a week within an adult social care team's office and referrals coming directly from the team at an early stage. Two others reached this point only recently, one through co-location during the last few months of the project, the other through the development of more general systems to integrate the project into adult social care structures and processes.

- **Working alongside** the local authority: For a greater part of the programme, two of the partners, who ended at the stage of being embedded, can be better described as working alongside the local authority. The relationship between the project and the local authority fluctuated, with a consistent message of

support for the project received at a strategic level but with inconsistent levels of referrals. In this context, the projects developed with relationships and referrals coming from both within and beyond the local authorities. Arguably all projects began in this position, although some changed considerably and in both directions.

- **Working outside** the local authority: Despite commitments made at the stage of project planning, two of the partners were unable to gain buy-in from their local authorities. Indeed, project partners struggled to maintain communication with local authorities in these areas, with little or no response received despite ongoing efforts. In these contexts, relationships broke down and referral mechanisms were not established. This meant that these two projects effectively had to operate outside of the local authority, receiving referrals from elsewhere and on occasion acting as advocates for older people who were facing problems with local authority social care.

3.3 Referral process

Related, but not limited to relationships with the local authority, another key dimension distinguishing project models has been the nature of the referral mechanisms that were established for older people coming in to be supported through the project. Five different referral mechanisms were identified across the programme, with most partners developing multiple mechanisms, but with their significance varying considerably (see table 4).

- **Referrals from local authority Adult Social Care Team**. The original intention within the MOPPU programme was for all partners to develop referral mechanisms with local authority ASC teams. This has not always been possible. In some projects, the local ASC team(s) has been a key referral mechanism. Older people referred into the project through this mechanism tended to be those who have been judged to be in critical or substantial need. They were likely to be in receipt of personal budgets; although many were self-funded, and may have been referred into the project either at the point of initial contact with the ASC team or at the point of review. They were referred in for support with understanding personal budgets/direct payments and/or with accessing local services/activities that would enable them to maximise their personal budget.

- **Referrals from local authority first point of contact**. Referrals have also been received from the 'first point of contact' teams (e.g. Local Access Points) within local authorities, or from reablement teams. People referred into the project through this route tended to be those with lower level needs, and who may eventually get a personal budget, but did not currently have one. This was reported to be a significant referral mechanism for two of the projects, and to a lesser extent a third.

  Two-fifths (41%) of those older people who were supported through the programme and who completed an evaluation form were referred into their project partner, in one way or another, through social services (see table 4). These forms confirm wider evaluation findings that social services were a much more significant point of referral for certain partners compared to others.

- **Referrals from other statutory and voluntary sector providers**. Referrals were also received from other statutory and voluntary sector providers, including police, fire services and GPs. Older people referred into the project via such routes may be in any level of need. Whether they were or were not on a personal budget was unlikely to be known at the point of referral. The evaluation forms suggest that referrals through these other providers were limited (e.g. 2% were referred into the project by a GP or other NHS organisation), although there was variation across partners.

- **Referrals from within Age UK**. Many referrals into the programme came via other services within Age UK partner organisations, including two-fifth (42%) of the evaluation form respondents. It was a particularly significant source of referrals for two partners. In one, where the relationship with the local authority had been particularly problematic, internal Age UK referrals represented 85% of all those recorded on the evaluation forms (table 4). Other Age UK services that referred older people into the project included information and advice, day care and carers support groups. Older people referred into the project via such routes may be of any level of need. Whether they were or were not on a personal budget may not be known at the point of referral.

- **Self-referrals and word of mouth.** Some people heard about the support through local outreach work undertaken through the projects, or because a family member or friend had received support. According to the evaluation forms, 7 per cent of older people self-referred into the project (see Table 4). Older people referred into the project via such routes may be of any level of need. Whether they were or were not on a personal budget may not be known at the point of referral.

Table 4: Older people's referral routes, by project

| | | | Finding out about the project | | | | | | Base |
			Age UK	Friends or family	GP / NHS	Social services	Self-referral	Other	
Project	Hereford	No.	46	6	0	18	0	1	71
		%	65%	9%	0%	25%	0%	1%	
	Lincoln	No.	30	0	0	87	22	0	139
		%	22%	0%	0%	63%	16%	0%	
	Wandsworth	No.	7	1	2	6	0	1	17
		%	41%	6%	12%	35%	0%	6%	
	West Cumbria	No.	21	15	3	51	4	3	97
		%	22%	15%	3%	53%	4%	3%	
	Wirral	No.	64	7	1	3	0	0	75
		%	85%	9%	1%	4%	0%	0%	
Programme total		No.	168	29	6	165	26	5	399
		%	42%	7%	2%	41%	7%	1%	

Source: Older people's evaluation forms. Base = all respondents.

3.4 Staff and volunteer roles

Paid staff and volunteers took on different roles across the different project partners. In general, programme delivery was led by paid staff (i.e. the project coordinator(s)). Paid staff were responsible for managing and monitoring the project, for developing relationships with the local authority and other partners, for developing the referral pathway, and for recruiting and training volunteers. The extent to which paid staff were involved in direct service delivery (i.e. raising awareness about personal budgets, and directly supporting older people to maximise the use of their personal budgets) varied across the partners, in relation to the role that volunteers played in the projects.

The level and nature of volunteer involvement varied considerably between projects, as indeed did the skills and backgrounds of volunteers. The total number of volunteers recruited through each partner was as follows:

- Hereford: 54
- Lincoln: 93
- Wandsworth:10
- West Cumbria: 72
- Wirral: 37

Beyond numbers, the roles that the volunteers undertook within the projects also varied considerably. The volunteer evaluation forms suggest that three-quarters (74%) of responding volunteers were involved in face-to-face support with older people, although this ranged from 0 per cent in one project through to 100 per cent in another (see Table 5 – although please also note the particularly low number of responses for some partners). Volunteers were also heavily involved in awareness raising (68%) and community development/outreach (68%) activities. While across the programme as a whole, 15 per cent of responding volunteers said they were involved in administrative activities, this appeared to be a significant volunteer role in two of the projects.

Table 5: Volunteer support roles, by partners

			Face to face support	Phone support	Distributing leaflets	Awareness raising	Outreach / community development	Administration / research	Other	Base
Project	Hereford	No.	10	10	8	10	9	0	0	11
		%	91%	91%	73%	91%	82%	0%	0%	
	Lincoln	No.	53	39	31	53	53	6	9	53
		%	100%	74%	58%	100%	100%	11%	17%	
	Wandsworth	No.	0	0	0	1	0	1	1	2
		%	0%	0%	0%	50%	0%	50%	50%	
	West Cumbria	No.	14	4	3	7	12	1	2	33
		%	42%	12%	9%	21%	36%	3%	6%	
	Wirral	No.	5	2	3	5	1	9	9	12
		%	42%	17%	25%	42%	8%	75%	75%	
Programme total		No.	82	55	45	76	75	17	21	111
		%	74%	50%	41%	68%	68%	15%	19%	

Source: Volunteer evaluation forms. Base = all respondents.

Cutting across all these individual activities, six different models of volunteer roles were identified, which shaped and was shaped by the overall delivery model adopted by different partners:

- **Assessor**: In some projects, volunteers have been involved in assessing the needs of older people. In one project, for example, volunteers were involved in completing a toolkit with service users, which was designed to identify support needs. Such assessments were sometimes fed directly into adult social care teams. In other projects, the assessment of need and any detailed financial discussion was undertaken by paid staff, with a view that it was inappropriate to involve volunteers in such roles: *'I wouldn't let a volunteer go in and help my mum and dad with their personal budget. I wouldn't want a volunteer to do that.'*

- **Broker/coordinator/enabler**: In some projects, volunteers have been involved in making links and building relationships between older people and various service providers, depending on their needs, and putting things in place to enable older person to engage in services/activities.

- **Befriender:** In some projects volunteers have provided regular company and general help to older people, in a role that has extended a general befriender model through the addition of specific skills and/or knowledge related to personal budgets and/or personalisation more generally. As one respondent put it: *"...we are sort of befrienders with benefits! [...] Our benefits are that we will have knowledge and we can find knowledge"*.

- **Information and advice provider:** In most projects, volunteers have been involved in providing information about services and entitlements, including but not limited to personal budgets and direct payments. This may be provided through a combination of face to face and over the phone support, and through either one to one or group work (e.g. in churches, mosques, sheltered housing, other voluntary organisations working with older people).

- **Peer supporter**: A particular dimension of the information and advice provided by volunteers in some of the projects has been the provision of peer support – a sharing of knowledge, information and experience based on having been through similar process of receiving a personal budget, and being able to empathise and share experience. One project in particular focused on peer support as a core part of their model, with volunteer recruitment based around those with direct experience or detailed knowledge of personal budgets.

- **Administrator:** Volunteers in a number of projects had been involved in helping to administer the project. This was the main model of volunteer engagement in one project.

4. Key deliverables

At the heart of the MOPPU programme, and each of the projects and delivery dimensions, were three core targets, relating to: the number of volunteers recruited and deployed; the number of people whose awareness of personal budgets had been raised; and the number of older people who had been directly supported to maximise the use of their personal budgets. This section provides an overview of programme and project achievement in these three areas.

4.1 Deploying volunteers

Across the programme, the target for recruiting and deploying volunteers was 290. This target was not quite met at programme level: by the end of August 2014, **266** volunteers had been involved, representing **92 per cent** of the target. Both the target and actual levels of recruitment, however, varied considerably across the five partners (see Figure 1).

Figure 1: Number of volunteers deployed
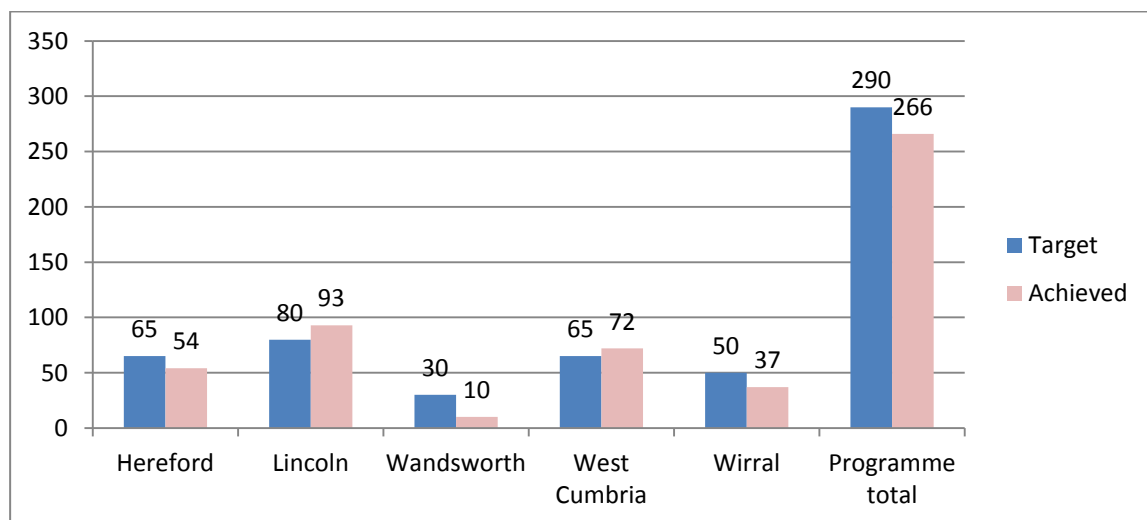
Each of the partners recruited volunteers through a variety of means, including looking for volunteers during personal budget awareness-raising sessions for older people, also via word of mouth, local volunteer centres, the do-it website, and through other local Age UK projects and services. The volunteer evaluation forms suggest that the most common way of finding out about volunteering opportunities within the MOPPU projects was through Age UK workers (32%), followed by family and friends (19%) and through reading leaflets, posters or adverts in the local media (19%) (see Table 6). Several of the volunteers interviewed as part of the evaluation reported that they were currently or had previously been involved in other volunteer roles within Age UK.

Table 6: Routes into volunteering with MOPPU

Project			Finding out about MOPPU volunteering							Base
			Work/ college	Age UK worker	Friend/ family	Internet (inc doit.org)	Vol. Centre	Leaflet/ poster/ad in local media	Other	
Project	Hereford	No.	2	1	0	1	5	0	2	11
		%	18%	9%	0%	9%	45%	0%	18%	
	Lincoln	No.	2	13	10	10	0	18	0	53
		%	4%	25%	19%	19%	0%	34%	0%	
	Wandsworth	No.	0	1	0	0	1	0	0	2
		%	0%	50%	0%	0%	50%	0%	0%	
	West Cumbria	No.	5	14	9	0	4	1	0	33
		%	15%	42%	27%	0%	12%	3%	0%	
	Wirral	No.	0	6	2	0	1	2	1	12
		%	0%	50%	17%	0%	8%	17%	8%	
Programme total		No.	9	35	21	11	11	21	3	111
		%	8%	32%	19%	10%	10%	19%	3%	

Source: Volunteer evaluation forms. Base = all respondents answering questions.

Some project coordinators were supported by existing volunteer coordinators/ managers within their organisations, and/or a robust volunteer recruitment and support strategy already in place. Others found they were more or less starting from scratch. Partners operating across large rural areas with significant travel times and poor public transport faced challenges in recruiting volunteers in the areas that matched the referrals and also providing support and training for widely dispersed volunteers.

In terms of the demographic profile of MOPPU volunteers, data from the volunteer evaluation forms suggests that a vast majority (99%) of responding volunteers were White, (see Table AV1). A majority (91%) were female (Table AV2). Most were heterosexual, with a small number who were gay/lesbian (see Table AV3). A majority (71%) were aged 55 or above, with one-third (35%) being aged 65 or above (see Table 7). Reflecting the age profile, three-fifths (59%) of the volunteers completing the evaluation forms were retired (Table 8), although one-fifth (19%) were in either full or part time employment. One-quarter (25%) of responding volunteers had experience of working in health care (see Table AV4), and one-third (36%) had caring responsibilities, either dependent children (14%) or caring for another family member (22%) (see Table AV5). Volunteer profiles appeared to differ across partners with some projects focusing on recruiting older people with personal budget experience, whilst others focused on those with professional backgrounds or returners to work. During the case study visits, some of the project partners suggested that the volunteers recruited through MOPPU represented a different demographic to those that the organisation had traditionally involved.

Table 7: Volunteer age, by project

			Age						Base
			18-24	25-34	35-44	45-54	55-64	65-74	
Project	Hereford	No.	1	2	1	1	4	2	11
		%	9%	18%	9%	9%	36%	18%	
	Lincoln	No.	1	0	0	0	19	22	42
		%	2%	0%	0%	0%	45%	52%	
	Wandsworth	No.	0	0	0	0	2	0	2
		%	0%	0%	0%	0%	100%	0%	
	West Cumbria	No.	3	5	3	4	8	10	33
		%	9%	15%	9%	12%	24%	30%	
	Wirral	No.	2	3	1	2	3	1	12
		%	17%	25%	8%	17%	25%	8%	
Programme total		No.	7	10	5	7	36	35	100
		%	7%	10%	5%	7%	36%	35%	

Source: Volunteer evaluation forms. Base = all respondents answering questions.

Table 8: Volunteer work status, by project

			Work status								
			Not working due to health	Part time student	Full time student	Part time employment	Full time employment	Retired	Unemployed	Not working and not looking for work	Base
Project	Hereford	No.	1	1	0	3	0	5	4	2	11
		%	9%	9%	0%	27%	0%	45%	36%	18%	
	Lincoln	No.	2	2	1	6	1	43	8	13	53
		%	4%	4%	2%	11%	2%	81%	15%	25%	
	Wandsworth	No.	0	0	0	0	0	2	0	0	2
		%	0%	0%	0%	0%	0%	100%	0%	0%	
	West Cumbria	No.	2	2	4	7	1	14	10	1	33
		%	6%	6%	12%	21%	3%	42%	30%	3%	
	Wirral	No.	1	2	0	1	2	1	6	2	12
		%	8%	17%	0%	8%	17%	8%	50%	17%	
Programme total		**No.**	**6**	**7**	**5**	**17**	**4**	**65**	**28**	**18**	**111**
		%	**5%**	**6%**	**5%**	**15%**	**4%**	**59%**	**25%**	**16%**	

Source: Volunteer evaluation forms. Base = all respondents.

4.2 Raising awareness

The second target for the programme was to raise awareness amongst 7,750 people of personal budgets and how they could be used. This target was exceeded, with monitoring data reporting that **11,032** people had their awareness raised, **142 per cent** of the original target. The target did not specify exactly whose awareness was to be raised – it was apparent that while some partners focused solely on raising awareness amongst older people, others included a wider range of stakeholders such as carers and support workers. Neither was it made explicit how the partners should judge whether or not someone's awareness had been raised. Some partners recorded the total number of individuals present during group sessions (e.g. talks about the project and personal budgets delivered to a group of older people within sheltered accommodation) and/or numbers of leaflets handed out, for example, while others recorded only those engaged with on a one-to-one basis where they could be more confident that individual awareness had been raised rather than more simply information having been provided. This may have contributed to the considerable differences in the levels of awareness raised reported by partners (see Figure 2).

Figure 2: Number of people who had their awareness raised
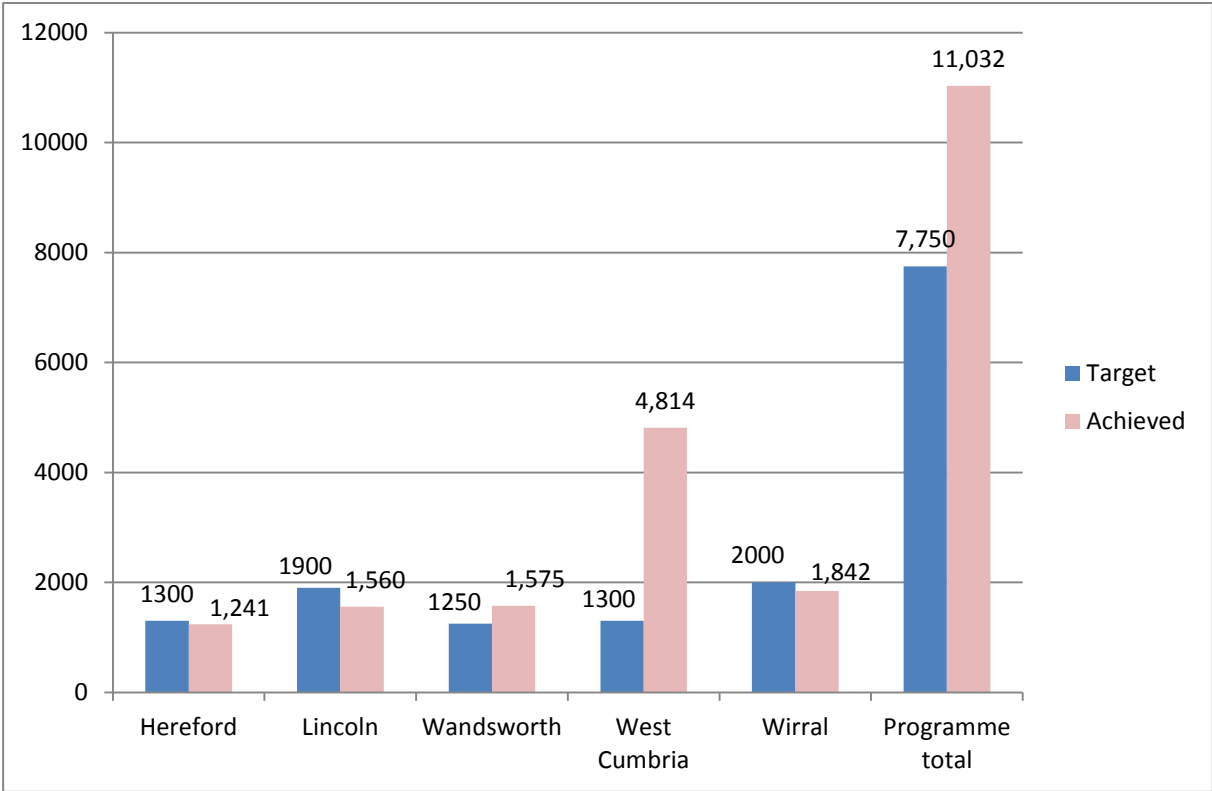
4.3 Providing support

The third programme target related to the number of older people to be directly supported to maximise the use of their personal budgets through the programme; this was set at 1,495. The monitoring data reports that the actual number of people

supported was **1,518**, representing **102 per cent** of the target. Again, however, there were considerable differences across the partners both in terms of the scale of the original target and their success in meeting it (see Figure 3). As with raising awareness, there was also a lack of agreement as to what exactly could be counted against this target. It was apparent that while some partners, initially at least, stuck very closely to (their interpretation of) the initial outline within the programme application and counted only those they supported who were in receipt of a personal budget, others included all older people (and/or their carers) who were supported, regardless of whether or not they were currently or ever likely to be in receipt of a personal budget from the local authority.

Figure 3: Number of older people directly supported
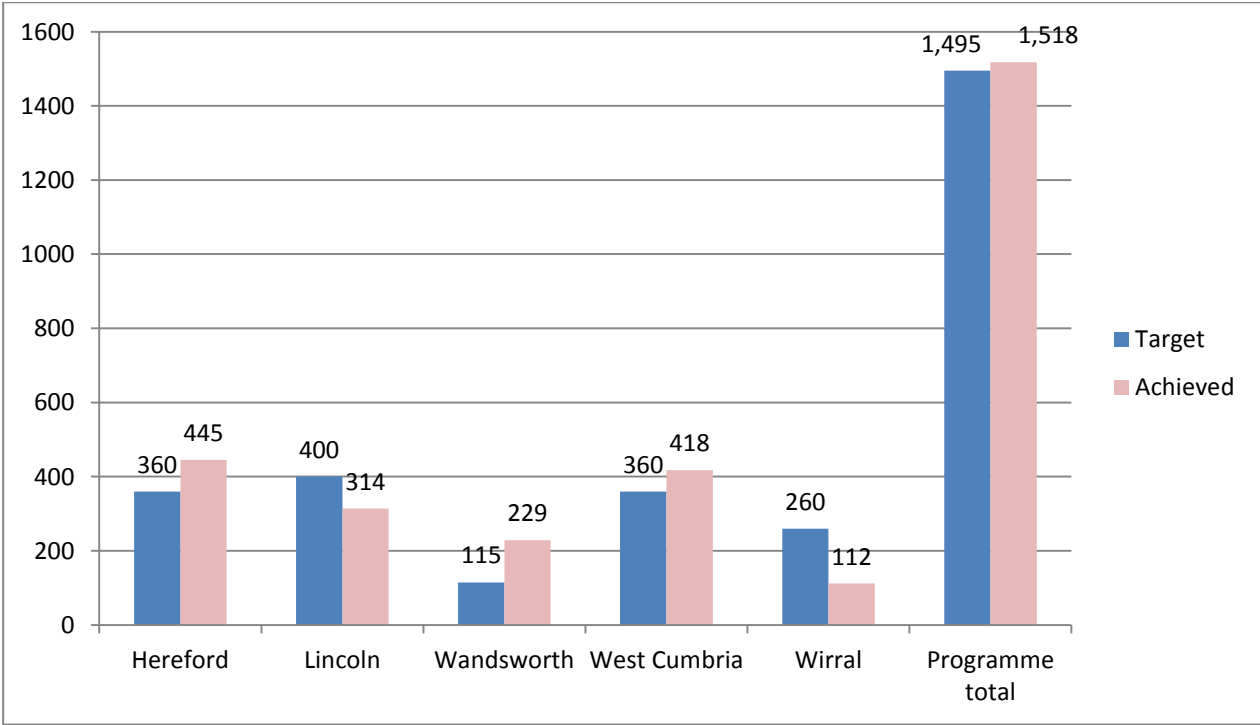
The evaluation monitoring forms provide some indication of the characteristics of the older people supported through the programme, although it should be remembered that only a minority (28%) of participants completed the forms. The forms suggest that a majority (89%) of people directly supported through the project were aged 65 and over, with 72 per cent being aged 75 and over, including 35 per cent who were aged 85 and over (see Figure 4).

Of those who responded, a vast majority (99.5%) were White. Only one partner's evaluation forms recorded supporting older people (a total of two) from BME groups (see Table AO1). Two-thirds (65%) of the older people supported were female, and this was fairly consistent across all partners (see Table A02). Two-thirds (66%) of respondents were living alone (see Table 9). Half (51%) said that they were frail, and 45 per cent were physically disabled (see Table 10).

Figure 4: Age of older people supported
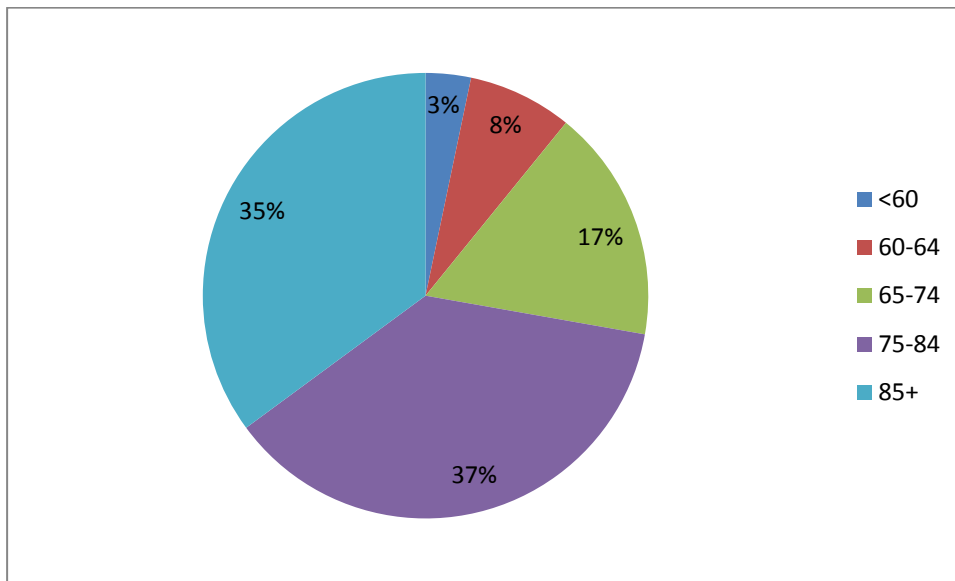
Table 9: Household situations amongst older people supported, by project location

			Household situation					Base
			Living alone	Living with partner	Living with family	Living with friends	Living in supported accomm.	
Project	Hereford	No.	54	10	8	0	5	71
		%	76%	14%	11%	0%	7%	
	Lincoln	No.	95	51	53	53	36	139
		%	68%	37%	38%	38%	26%	
	Wandsworth	No.	13	4	1	0	2	17
		%	76%	24%	6%	0%	12%	
	West Cumbria	No.	69	23	4	0	0	97
		%	71%	24%	4%	0%	0%	
	Wirral	No.	33	30	9	0	1	75
		%	44%	40%	12%	0%	1%	
Programme total		No.	264	118	75	53	44	399
		%	66%	30%	19%	13%	11%	

Source: Older people's evaluation forms. Base = all respondents. Respondents could select more than one option.

Table 10: Health conditions amongst older people supported, by project location

			Health conditions							Base
			Frail	Physical disability	Mental health condition	Learning disability	Sensory impairment	Dementia	Other health condition	
Project	Hereford	No.	60	42	16	4	19	14	52	**71**
		%	85%	59%	23%	6%	27%	20%	73%	
	Lincoln	No.	67	69	21	1	93	27	1	**139**
		%	48%	50%	15%	1%	67%	19%	1%	
	Wandsworth	No.	13	7	3	0	3	4	0	**17**
		%	76%	41%	18%	0%	18%	24%	0%	
	West Cumbria	No.	13	36	22	2	1	25	13	**97**
		%	13%	37%	23%	2%	1%	26%	13%	
	Wirral	No.	51	24	2	0	0	4	3	**75**
		%	68%	32%	3%	0%	0%	5%	4%	
Programme total		**No.**	**204**	**178**	**64**	**7**	**116**	**74**	**69**	**399**
		%	**51%**	**45%**	**16%**	**2%**	**29%**	**19%**	**17%**	

Source: Older people's evaluation forms. Base = all respondents.

Of the 393 older people supported through the programme who completed evaluation forms and answered the questions, 185 (47%) stated that they were in receipt of a personal budget (see Table 11). There appears to be considerable variation across partners in terms of the proportion of older people supported who were in receipt of a personal budget, although in part at least this may reflect different interpretations of the question and different understandings of 'personal budgets' as some respondents appeared to be fully self-funded but still recorded as being in receipt of a personal budget. Most of those who received a personal budget had a managed budget. Just 65 respondents reported receiving direct payments Table 12). One hundred and fifty four of the respondents reported being self-funded; some of these were fully self-funded others received some funds from the local authority but topped these up with their own money.

Table 11: Receipt of personal budget by older project supported, by project

			Local authority personal budget			Base
			Yes	**No**	**Don't know**	
Project	Hereford	No.	12	42	17	71
		%	17%	59%	24%	
	Lincoln	No.	129	10	0	139
		%	93%	7%	0%	
	Wandsworth	No.	2	10	5	17
		%	12%	59%	29%	
	West Cumbria	No.	37	55	0	92
		%	40%	60%	0%	
	Wirral	No.	5	53	16	74
		%	7%	72%	22%	
Programme total		**No.**	**185**	**170**	**38**	**393**
		%	**47%**	**43%**	**10%**	

Source: Older people's evaluation forms. Base = all respondents answering questions.

Table 12: Type of budget, by project (Frequency)

			Type of personal budget				
			Managed budget	**Direct payment**	**Individual service fund**	**Not know**	**Self-funded**
Project	Hereford	No.	12	6	0	0	7
	Lincoln	No.	92	54	1	53	104
	Wandsworth	No.	2	0	1	0	7
	West Cumbria	No.	24	2	0	0	36
	Wirral	No.	2	3	0	4	0
Programme total		**No.**	**132**	**65**	**2**	**57**	**154**

Source: Older people's evaluation forms.

Respondents were asked what kind of support they hoped to receive from the project. Half (50%) said that they wanted to be given information or support about personal budgets; two-fifths (39%) wanted to find out about care and support services (see Table 13). The differences across partners appear significant and to some extent this reflects the different models of delivery adopted by the projects, although caution should be taken when interpreting these figures due to low response rates, and because the question only allowed respondents to select one kind of help that they wanted whereas many went on to mention other forms of support wanted.

Table 13: Types of help wanted from the project, by project

			What wanting from the project				Base
			Wanted someone to help arrange my care	Wanted to be given info/support about personal budgets and/or direct payments	Wanted to find out about care and support services	Other	
Project	Hereford	No.	14	4	48	5	71
		%	20%	6%	68%	7%	
	Lincoln	No.	0	138	0	0	138
		%	0%	100%	0%	0%	
	Wandsworth	No.	3	0	11	3	17
		%	18%	0%	65%	18%	
	West Cumbria	No.	1	17	75	3	96
		%	1%	18%	78%	3%	
	Wirral	No.	13	40	20	0	73
		%	18%	55%	27%	0%	
Programme total		No.	31	199	154	11	395
		%	8%	50%	39%	3%	

Source: Older people's evaluation forms. Base = all respondents answering question.

The next chapter moves on to discuss whether or not these demands for support were met, and what the outcomes of the programme were.

5. Programme outcomes

The programme has led to outcomes for a number of stakeholders, most notably older people directly supported through the projects and their carers; volunteers involved in delivery; adult social care teams; and Age UK both nationally and locally. The outcomes for each of these groups will be discussed in turn. The complexity of the programme, with the different delivery models and pathways as described above, and the limitations to the scale of the evaluation mean that the focus is on assessing programme level outcomes. Although it has been possible to indicate where differences are apparent in project level outcomes, it has not been possible to explore these in detail or to assess why this has been the case.

5.1 Outcomes for older people and their carers

As a reminder, according to programme monitoring data 1,518 older people have been directly supported through the MOPPU programme (102% of the original target). The evaluation forms suggest that they received a range of different support services (see Table 14), including:

- information about local care and support services (88% of respondents received this type of support);
- support in the process of identifying what sort of help they needed (70%);
- information about personal budgets generally (69%);
- understanding what would be available to them through a personal budget (65%)
- help with understanding the process involved in applying for direct payments.

There was considerable variation in support received across the partners (Table 14), reflecting the different delivery models that evolved.

Support was provided through a range of mechanisms, including phone contact, face to face visits, and the provision of information leaflets. As discussed above, on average (median figures used), the evaluations forms suggest that older people received one visit from a volunteer and one visit from a paid member of staff (see Table 3), although these figures mask a considerable variation between and within projects. Some older people recorded five or more support visits on the evaluation forms.

Analysis of the quantitative data from the evaluation form and of the qualitative data from the case studies suggests that this direct support provision led to several positive outcomes for older people. We have grouped these into four areas.

Table 14: Support received by older people, by project

			Types of support received						Base
			Information about local care and support services	Information about personal budgets generally	Understanding what is available to me through my personal budget	Understanding the process of applying for direct payments	Identifying what sort of help I needed	Other types of support	
Project	Hereford	No.	61	36	29	21	43	5	71
		%	86%	51%	41%	30%	61%	7%	
	Lincoln	No.	119	138	136	130	134	5	139
		%	86%	99%	98%	94%	96%	4%	
	Wandsworth	No.	17	12	7	3	17	4	17
		%	100%	71%	41%	18%	100%	24%	
	West Cumbria	No.	91	26	44	13	65	11	97
		%	94%	27%	45%	13%	67%	11%	
	Wirral	No.	63	62	44	34	19	5	75
		%	84%	83%	59%	45%	25%	7%	
Programme total		No.	351	274	260	201	278	30	399
		%	88%	69%	65%	50%	70%	8%	

Source: Older people's evaluation forms. Base = all respondents.

5.1.1 Maximising personal budgets and direct payments

The programme enabled some older people to maximise the use of their personal budgets and is likely to have enabled others to do so in the future, although the scale of this is hard to measure. At programme level, four-fifths (79%) of evaluation form respondents agreed that they understood more about personal budgets as a result of project interventions (see Figure 5 and Table 15). These programme level outcomes, however, conceal differences between partners (see Tables 15).

Figure 5: Enhancing understanding and use of personal budgets
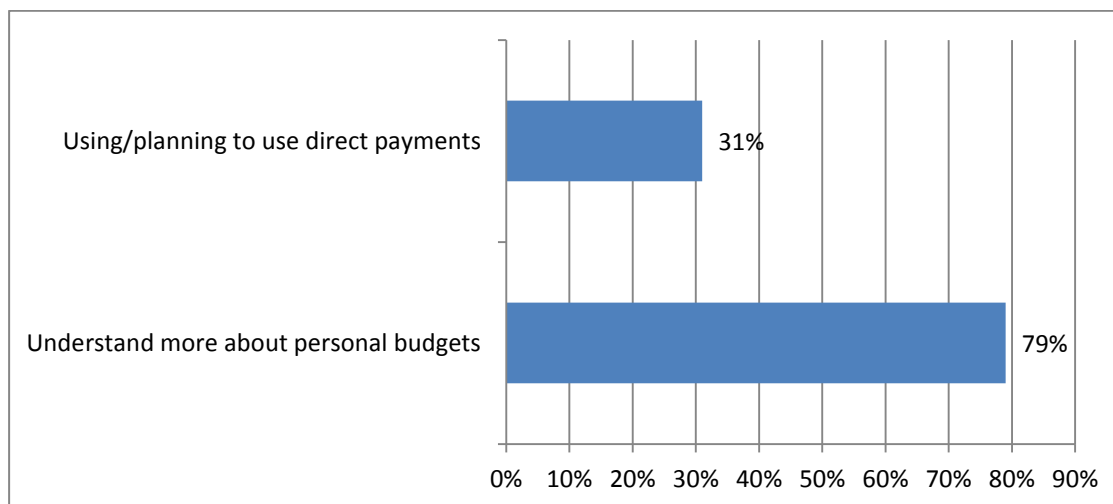
Source: Older people's evaluation forms. Percentages represent all those who agreed with the outcome statement. Base: All respondents answering question.

Table 15: Understanding more about personal budgets, by projects

			Understand more about personal budgets and how they affect me				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	40	21	6	4	71
		%	56%	30%	8%	6%	
	Lincoln	No.	138	0	0	0	138
		%	100%	0%	0%	0%	
	Wandsworth	No.	2	10	1	4	17
		%	12%	59%	6%	24%	
	West Cumbria	No.	60	23	0	13	96
		%	63%	24%	0%	14%	
	Wirral	No.	71	3	0	0	74
		%	96%	4%	0%	0%	
Programme total		**No.**	**311**	**57**	**7**	**21**	396
		%	**79%**	**14%**	**2%**	**5%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Comments made on the older people's evaluation forms included:

> I thought a Direct Payment was a direct debit before Age UK came to visit (Older person)

> It felt like someone switched the light on (Older person)

> She was so easy to understand and I didn't understand before she came. (Older person)

> [They] came regularly so I could understand in small chunks (Older person)

A contrast was made between what had been achieved through the MOPPU programme in terms of increasing levels of understandings about personal budgets (and beyond) compared to what was often possible for social services to achieve alone, particularly given the short time that social workers were able to spend with individual clients (see Box 6). One respondent suggested that the local authority simply wasn't *'giving them any information and you felt as if you were a bit of a lifeline for people really'* (Project partner). Or, as a respondent from one adult social care team said:

> *'It spreads out getting the information as well, because sometimes when I go out without the Age UK service I am giving them so much information in one go that they just can't take it all in, and I can't visit two, three, or four times to spread that out because I just haven't got the time as a practitioner, whereas the Age UK volunteers can do that bit of it and give the information'* (Local authority)

This view was confirmed by one older person supported through the project:

> *'[knowing I] could speak to somebody, I know this sounds silly, somebody who is very knowledgeable, very knowledgeable, and if he didn't know, he would find out. He has always been cheerful, always. To me he has time for people, it is not just a job, he is not just whisking through things and filling things in, because that is what you do have. He definitely is a people's person, and he understands his job'* (Older person)

Box 6: Taking the time to provide accessible information

Mrs Ogden is cared for by her daughter and son in law. They all lived together for a short period of time after Mrs Ogden was diagnosed with vascular dementia and moved out of sheltered accommodation due to a few issues that arose. Mrs Ogden's son in law was a befriender with Age UK and through that he came to hear about the MOPPU project.

Although Mrs Ogden was currently funding her own care, including attending a day care centre, they all thought it was wise to start planning ahead for when her needs intensified and so made contact with the MOPPU project coordinator in order to find out more about their future options and entitlements regarding personal budgets. They found it helpful to have someone to talk everything through this, and appreciated hearing about personal budgets in *'lay-mans'* terms.

They said they found the project coordinator helpful and informative and valued being able to ask questions to which they received sensible answers and it felt good to be supported. They contrasted this to the experience they had when they previously contacted social services and when it had been established that Mrs Ogden savings exceed the funding threshold an information leaflet with sent out and that was it. They had felt that although they needed other kinds of support, social services had effectively *'closed the door'.*

Source: Evaluation case study visit

The case study data suggests that in some instances older people (or their carers) had been able to use this newly acquired understanding about personal budgets to negotiate with their local authority regarding their entitlements. This had resulted in some older people successfully negotiating to use existing money for other purposes, some to receive additional money (see box 7) and some to make more of their money by pooling budgets with others (see box 8). As one respondent reported:

> *'And like they thought they had a reasonable package, and the volunteer sort of said to her, "Do you ever get a full night's sleep?" And the daughter just broke down. She says, "I'm not actually coping, am I?" And it was a volunteer who got her to realise that. [She went] back for a reassessment, [and] that package went up from £8,000 to £15,000 a year.'* (Project partner)

BOX 7: Maximising personal budgets

Mrs Zammit is the main carer for her husband who has Alzheimer's disease and cancer. They are both in their 70s.

After being referred into the project, Mrs Zammit was visited by a MOPPU project coordinator and volunteer. The visit included reviewing Mr Zammit's support plan. They found that although the support plan took into account Mr Zammit's care needs, it did not take into account Mrs Zammit's ability to provide the care on an ongoing basis and the effect it might have on her general well-being. Mrs Zammit wanted to care for husband, but it was becoming a considerable strain.

For example, Mrs Zammit cannot drive and has to walk at least three miles to the nearest shop to get groceries – a trip which she finds very difficult to make during the short time that she has a paid carer in to look after her husband. During the conversation with the volunteer – who had experience of being a carer and receiving a personal budget so was able to relate well to Mrs Zammit - it emerged that Mrs Zammit had thought about getting a taxi to the shop but felt that she could not afford it. The volunteer suggested that this needs to be considered in the support plan, to help give Mrs Zammit peace of mind about not being away from her husband for too long and more generally to reduce the strain of providing care. The volunteer also asked what would make her feel better, and Mrs Zammit said that she would like a break one weekend with someone else there to look after her husband.

Following the visit, the project coordinator called the social services and asked for Mr and Mrs Zammit's case to be re-assessed as their circumstances had changed. The visit seemed to leave Mrs Zammit feeling much happier – she had been able to share experiences with the volunteer and felt hopeful about negotiating with social services. The re-assessment was undertaken and a new personal budget agreed. As the volunteer said: '*I mean it was such a small thing but it made such a huge difference to her life …*'

Source: Story told by volunteers and coordinator during evaluation case study visit

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Box 8: Pooling budgets

In one project, the coordinator had facilitated the pooling of budgets between individual service users. Three women, for example, who lived close to each other and who all attended the same service, had been brought together to share costs of a taxi. It was suggested that the MOPPU project coordinator was in an ideal position to make such links.

Almost one-third (31%) of older people responding to the evaluation forms, agreed that they were using or planning to use direct payments as a result of the project (see Figure 5, and Table 16 for more detailed findings). Again, however, there appeared to be considerable variation across partners.

Table 16: Increase use of direct payments

			Using/planning to use direct payments				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
	Hereford	No.	16	21	27	7	71
		%	23%	30%	38%	10%	
	Lincoln	No.	61	2	76	0	139
		%	44%	1%	55%	0%	
	Wandsworth	No.	1	2	0	14	17
		%	6%	12%	0%	82%	
	West Cumbria	No.	5	25	5	56	91
		%	5%	27%	5%	62%	
	Wirral	No.	38	32	2	0	72
		%	53%	44%	3%	0%	
Programme total		**No.**	**121**	**82**	**110**	**77**	**390**
		%	**31%**	**21%**	**28%**	**20%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

There was some suggestion, however, that even when armed with a new level of understanding, some older people faced problems in accessing direct payments:

> *'...one of the service users who after speaking to her had high care needs, knew she was eligible, had been assessed as being eligible, knew from our service about direct payments, knew that these direct payments were exactly what she required, but it took her six months, a letter of apology from the director of adult social services, two councillor's letters of apology and writing to an MP before she got a direct payment. That's just one individual case'* (Project partner)

One project had chosen not to do large scale awareness raising exercises about personal budgets and direct payments, for fear of setting up false expectations. Another said that should they repeat the programme they may do less general awareness raising given the challenges that service users had experienced in assessing direct payments: false expectations had potentially been created.

5.1.2 Personalising and enhancing social care
Several outcomes were identified which suggest that older people directly supported through the MOPPU project benefited from a greater level of personalisation of social care services, including feeling more involved in decisions about how their care needs might be best met and more informed about the options available to them.

For example, at the programme level, 82 per cent of evaluation form respondents agreed that they were more involved in deciding what was best for them (see Table 17 or Table AO4 for more detail). In part, this had been facilitated through providing

information to older people about personal budgets (see above), about activities and services available to them (see below), and helping them to understand what their options were (88% agreed). Approximately two-thirds (69%) of older people completing the evaluation forms felt more in control of the situation as a result of being supported through a MOPPU project (see Table 17, or Table AO5).

Table 17: Personalisation outcomes for older people, by project

			Outcomes			Base
			Feel more involved in deciding what's best for me	**More in control of situation**	**Understood what my options are**	
Project	Hereford	No. agreeing	40	27	50	71
		% agreeing	56%	38%	70%	
	Lincoln	No. agreeing	127	113	123	138-139
		% agreeing	91%	81%	88%	
	Wandsworth	No. agreeing	12	8	12	17
		% agreeing	71%	47%	71%	
	West Cumbria	No. agreeing	96	90	92	91-97
		% agreeing	99%	93%	96%	
	Wirral	No. agreeing	50	37	70	72-74
		% agreeing	68%	51%	96%	
Programme total		**No. agreeing**	**325**	**275**	**347**	**390-398**
		% agreeing	**82%**	**69%**	**88%**	

Source: Older people's evaluation forms. Figures represent all those who agreed with the outcome statement. Base = all respondents answering the question.

Support planning processes had in some cases been improved, leading to positive outcomes for older people. Improvements to support plans were made as a result of three mechanisms: older people were more knowledgeable about the process and their entitlements, more involved in decisions and more in control of the situation and so were able to press for a better support plan; volunteers or project coordinators were asked to sit in on support planning sessions and were able to make suggestions during the process; the project team could build on existing support plans by reviewing the appropriateness of plans with clients and then negotiating with social workers if changes were needed:

> *'It's a preparation visit for when the social worker comes, because if they mention something that's really, really important to them we can say 'remember to tell your social worker about that: that's really important. Or it can be written down. That's the sort of thing that you could have written into*

your support plan, so if you feel really, really strongly about that, mention it to your social worker'. And then that should stop this fairly narrow social worker assessing that can go on sometimes, which is purely focused around personal care' (Project partner)

'It was nice, already having spoken to [project coordinator], you know, you had something to sort of... rather than be out-witted by social services, and go away thinking well, what do I do next, at least you had some information to fight them back with, in case they weren't helping you the way they should do. So you felt that you had got the support of a big body, like Age UK is, to get things in place. So yes, action is made, so there is your support side of the chain link' (Older person)

Comments from older people on the evaluation forms included:

I didn't feel so alone when meeting with social services if they were with me (Older person)

I liked having the support when I was meeting with the social worker (Older person)

I got to see my support plan and assessment thanks to them (Older person)

Some suggested that the most significant outcomes of the programme had not been the maximisation of personal budgets or direct payments, but the facilitation of a wider personalisation of social services and the meeting of wider social care needs. As with enhancing understandings of personal budgets, the time available through the project for coordinators and volunteers to spend with older people, to assess their needs fully and to support decisions about how to address these needs was seen to be fundamental to success, and held in contrast to what was possible for social services. Comments included:

'The adult social care [visit] time is like fifteen, twenty minutes they are allocated. So they can't possibly do justice to... like [this person] said with her mum "can you go upstairs?" "yes I can". And you know very well she can't but that wouldn't be identified: a social worker has got to take what they are saying as read. So to have a volunteer who has two or three visits and has already seen that Mrs Smith cannot get upstairs, she can barely get out of her chair ...' (Project partner)

'I think, from the comments that we've had, it is a sense of relief, reassurance, information. It is the care navigation side, really. So many of them do not know what's out there; they don't know which way to turn. And that's the biggest thing that we've found. You know, that people might have all the information perhaps coming through the door, but it won't mean anything to them unless you sit down and you talk to people about it.' (Project partner)

5.1.3 Community involvement and holistic care

Building on from the personalisation of social care described above, the programme had enabled a more holistic approach to meeting the wider care needs of older people through brokering access to services and activities across a range of providers, and utilising existing community resources. For example, while support plans completed by ASC teams had tended to focus on personal care, some project partners had extended these to build a package of support which reflected the individual's needs and interests above and beyond personal care, and identify ways to meet these needs through utilising a range of community resources. One project had made this a central focus of the direct support they provided to older people. Comments included:

> *'They'll have had all that information [about domiciliary personal care] from – if it's an adult social care referral - that information will have been given to them. We're looking outside of that, we are trying to extend the support plan in a package and try and find out what interests them. It might just be like a couple of pound in a local group but wouldn't necessarily be offered through a budget, but if that's what's going to meet that need we are providing that information and that support to meet that need. Might be low cost as well.'* (Project partner)

> *'It has tried to encompass all the resources in the community and all the different volunteers' experiences of personal knowledge of their own personal knowledge of resources within their own communities, to share those resources and that experience with people accessing the service. And that has been proven to have taken place, and that benefits people with low to moderate needs as well as high end needs, which is specifically related to the personal budgets.'* (Project partner)

More generally, however, project partners were able to identify the needs and interested of the older people they directly supported, and subsequently provide information about or brokerage access to a range of different services and activities available in their local area. As they were not restricted to providing information or access to certain areas of need/interest or certain services/activities, it was suggested that they were able to connect up the different care needs of older people in a way that other service providers couldn't. Once again, comparisons were drawn between the services and support provided through the projects and through the local authority. Project coordinators were seen to have the time to be able to assess needs and interests thoroughly, to ensure any information provided is properly understood, and/or that provisions were made to enable older people to follow up on the information provided, such as through supporting them to attend activities in their local community.

As a result of the support received through the project, a majority (83%) of older people completing the evaluation forms agreed that they were more knowledgeable about local activities and services (Table 18). More than three-quarters (78%) felt more involved in their local community. Again, however, the differences across partners were apparent (see Table 18, and Tables AO6-8 for further detail).

Table 18: Accessing support and getting involved

| | | | Outcome | | | |
			Increased knowledge of local activities and services	Feel more involved in community	Feel have somewhere to go for help	Base
Project	Hereford	No. agreeing	55	14	55	70-71
		% agreeing	77%	20%	77%	
	Lincoln	No. agreeing	75	117	75	137-139
		% agreeing	54%	85%	54%	
	Wandsworth	No. agreeing	15	1	15	16-17
		% agreeing	88%	6%	88%	
	West Cumbria	No. agreeing	96	64	96	94-97
		% agreeing	99%	67%	99%	
	Wirral	No. agreeing	69	18	69	72-74
		% agreeing	93%	25%	93%	
Programme total		No. agreeing	329	310	310	392-397
		% agreeing	83%	78%	78%	

Source: Older people's evaluation forms. Figures represent all those who agreed with the outcome statement. Base = all respondents answering the question.

More generally, the MOPPU projects enabled older people to feel that they had somewhere to go for help when they needed it (78% of evaluation form respondents agreed – see Table 18). What was particularly important here was that those supported through the project felt that if they asked for help through the project then action would be taken to resolve any issues identified (see box 9). This was not always the case, it was suggested, with statutory services.

Box 9: Taking action

Mr and Mrs Able are both in their eighties. They are an active couple, but Mrs Able has recently been diagnosed with an illness which has slowed her down somewhat and Mr Able has a visual impairment which is limiting what he can do and requires regular check-ups.

Following a referral to the MOPPU project from the local fire service, the project coordinator visited the couple and chatted through their needs, concerns and interests. During the meeting it emerged that Mr Able was struggling to get to a hospital appointment as Mrs Able was not currently able to drive him there. It was also apparent that both were feeling a bit isolated and were not as actively involved in their local community as they would like. The couple also discussed being concerned about a recent conversation with social services during which they felt a conclusion had too quickly been reached that they would not be eligible for a personal budget due to complicated assets.

Following the first meeting, the project coordinator organised transport to get Mr Able to hospital. A second visit quickly followed, during which the project coordinator passed on details of several different activities available in the local area and also provided further information about personal budgets and how the financial assessment process works. Mr and Mrs Able were thrilled with the support that they had received: what impressed them most was the ability of the project coordinator to get things done and to quickly follow up on the actions required to address their needs: *'I contacted social services and we've had a whole series of people, I suppose we must have had four or five people anyway, come to see us, but to be quite honest [the MOPPU project coordinator is] the first one that seems to have produced anything and she's very, very good'* (Older person)

Source: evaluation case study visit

5.1.4 General well-being

There was some suggestion that the programme had also contributed to wider positive outcomes for some older people in terms of improvements to their general levels of well-being. Nearly three-quarters (73%) of older people responding to the evaluation forms agreed that they felt better within themselves since receiving support through the project, 72 per cent felt less worried, and 56 per cent felt less lonely (see Table 19, Box 10, and Tables AO9-11). Simply being visited by the project worker and/or volunteers appeared to have had a positive effect on some older people:

> *'I mean, I have to say that all the visits that I've done so far, I came away with, I think, an overwhelming feeling that the people that we had been to see were lonely. .... And so were happy to have company even though we weren't there in a social capacity...'* (Volunteer)

> *'we went to see this lady in [one location] who we helped. She was in a terrible state when we got here, an absolutely terrible state. She looked miserable, fed up, and she was trying to get a personalisation [sic] budget for her and her husband. We spoke to her and I tried to explain to her what I had used my*

budget for, to help my husband and to help myself, asked her certain questions about what she was doing with the budget, or what she would do with the budget, and she seemed a lot calmer. And when we left she was actually smiling [...] I know he was in a very bad way, her husband, and I just felt so much better that she seemed happier when we'd left than when we got there' (Volunteer)

'So you just feel that you have got those headaches and everything else to worry about, that you can ask a question and get some answers to' (Older person)

Comments on the older people's evaluation forms included:

I felt like giving up before they came, I am now happier (Older person)

I was at my wits end before I met Age UK; they have helped me sort everything (Older person)

I was very worried about things before, but not since Age UK visited (Older person)

Box 10: Giving hope

Edith is in her sixties and is retired. Nine years ago her husband, John, was diagnosed with early onset dementia. For most of that time Edith has looked after John at their family home. More recently, however, John's condition deteriorated and he moved into a care home. He no longer recognises Edith or his children. Ever since John's diagnosis Edith feels that they have faced lots of challenges, barriers and *'bad practice'* when dealing with a range of different services associated with his illness. This has added to the distress experienced by the family.

Over the years, Edith and John have both used Age UK's services for carers' support and day care. It was through this that they came to hear about the MOPPU project. A project worker went to visit Edith at home after she requested support with John's care plan. Edith was particularly keen to sort out some respite care. The project worker was able to provide information and advice, and to help with completion of various bits of paperwork.

Unfortunately, due to council cut backs, the support provided by the project did not lead to the financial outcomes that Edith was hoping it might. It did, however, help renew Edith's faith in humanity and to give her a more positive outlook. Or, as she put it: *'...when we met up with [the project worker], he was so refreshing, he was so positive, he is such a nice young gentleman, and he really gave me hope that there was some people who cared enough to understand and try and help you, and he really did. You have no idea how despairing it gets, when you are up against people who think they know, and won't listen.'* (Older person)

Source: Evaluation case study

Table 19: Enhanced well-being amongst older people

			Outcomes			
			Feel less lonely	Feel better within self	Feel less worried	Base
Project	Hereford	No. agreeing	28	37	40	70-71
		% agreeing	39%	53%	56%	
	Lincoln	No. agreeing	108	134	130	137-139
		% agreeing	78%	96%	94%	
	Wandsworth	No. agreeing	0	8	4	16-17
		% agreeing	0%	50%	24%	
	West Cumbria	No. agreeing	66	75	76	94-97
		% agreeing	68%	77%	79%	
	Wirral	No. agreeing	20	36	34	72-74
		% agreeing	28%	49%	46%	
Programme total		No. agreeing	222	290	284	392-397
		% agreeing	56%	73%	72%	

Source: Older people's evaluation forms. Figures represent all those who agreed with the outcome statement. Base = all respondents answering the question.

More specifically, however, the knowledge, advice, information, and support provided by the projects regarding personal budgets and entitlements to support services were felt to provide reassurance to some older people and their carers, particularly with regards to the possibility of them living independently in their own homes:

'I think it's reassuring the person in their own home. Because all the people I've been to see have been deeply concerned about the fact that they could lose their home and they'd be taken out of their home, and that reassurance is vital. And the support that can be put around them so that they can stay in their own homes. I think that is, to me, the most vital thing.' (Volunteer)

Comments included on the older people's evaluation forms included:

Information and support to keep my independence without social services input (Older person)

As in other outcome areas, having the time to spend with, listen to and talk with older people and/or their carers was felt to be important in achieving these outcomes. It was the company that was important, and that led to outcomes above and beyond those associated directly with the primary aims of the visits.

> *'I think the selling point of this project has become the fact that we can say we can invest the time that the Social Workers can't'* (Project partner)

For example, related comments on the older people's evaluation forms about what was best about the support they received included:

Spent a lot of time with me never rushed off (Older person)

The time she spent with me never felt like I was a nuisance (Older person)

Would stay as long as I needed help (Older person)

I could always get her on the phone when I couldn't get to speak to the social work (Older person)

Given the different project models outlined in section 3 above, particularly the variation in the average number of visits that clients received from project volunteers and paid staff, these findings suggest that such differences may make significant differences to the outcomes achieved by individual projects. The evaluation data was not sophisticated enough, however, to assess these differences.

5.2 Programme outcomes for volunteers

In total 266 volunteers were recruited into the MOPPU programme, with the numbers involved in individual projects ranging from 10 through to 93 (see section 4.1).

The volunteers reported being motivated to get involved by a mixture of altruistic and instrumental factors (see Figure 6 and Table AV5), including:

- a desire to help people (91% of evaluation form respondents agreed that this was one of the reasons they got involved), often in response to a perceived need (67%);
- wanting to use existing skills (79%) and/or gain new ones (75%);
- having spare time on their hands (75%)
- wanting to meet new people and make new friends (63%).

Figure 6: Reasons for volunteering with MOPPU
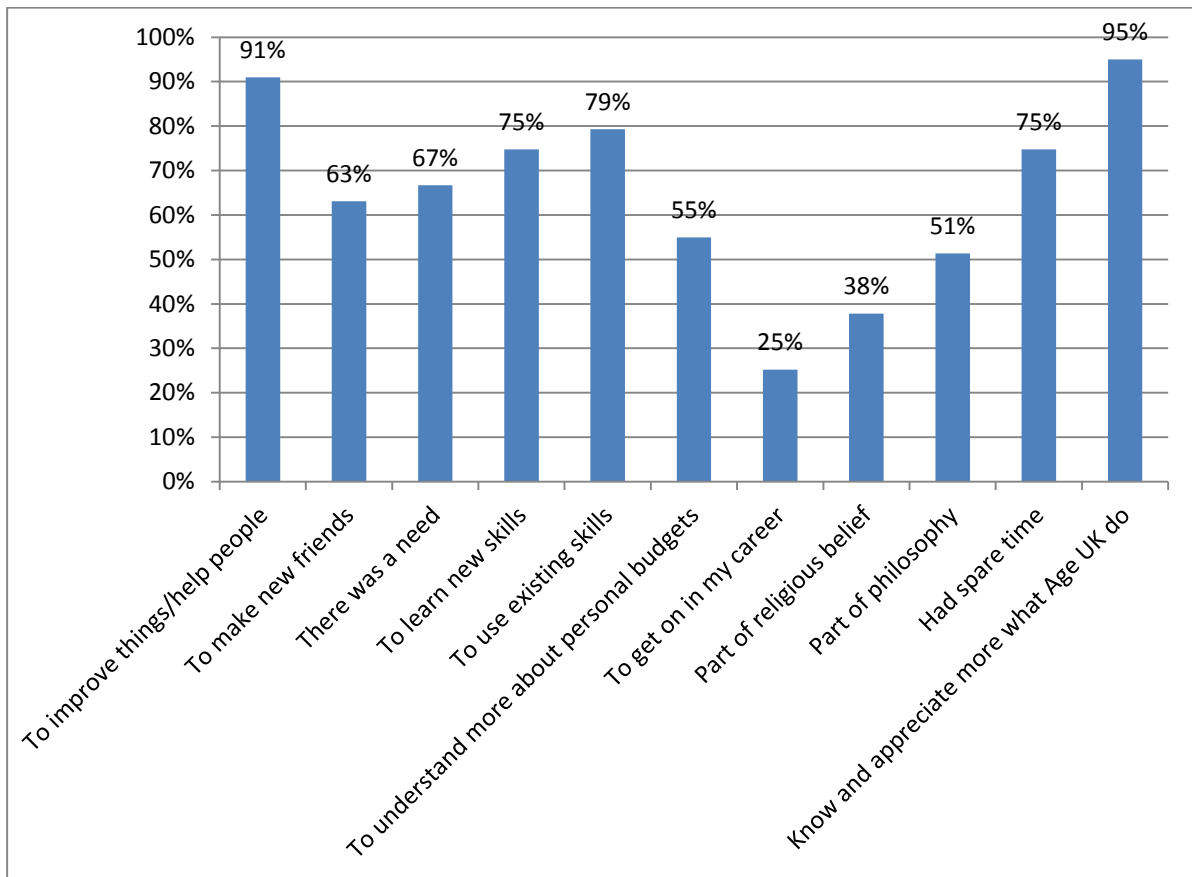
Source: Volunteers' evaluation forms. Base: all respondents answering motivations question. Percentages relate to the proportion of respondents agreeing with the statements.

The structured and skilled nature of the volunteer roles in some projects proved particularly appealing to some volunteers. As one respondent said:

> *'And when I read the letter I thought this is going to contain a structure and training and carry more of a professional sort of feel about it, I suppose'* (Volunteer).

The outcomes for volunteers have been grouped into three: well-being and confidence; skills and employability; friendships and networks.

5.2.1 Enhanced sense of well-being and confidence

Figure 7: Feeling better through volunteering
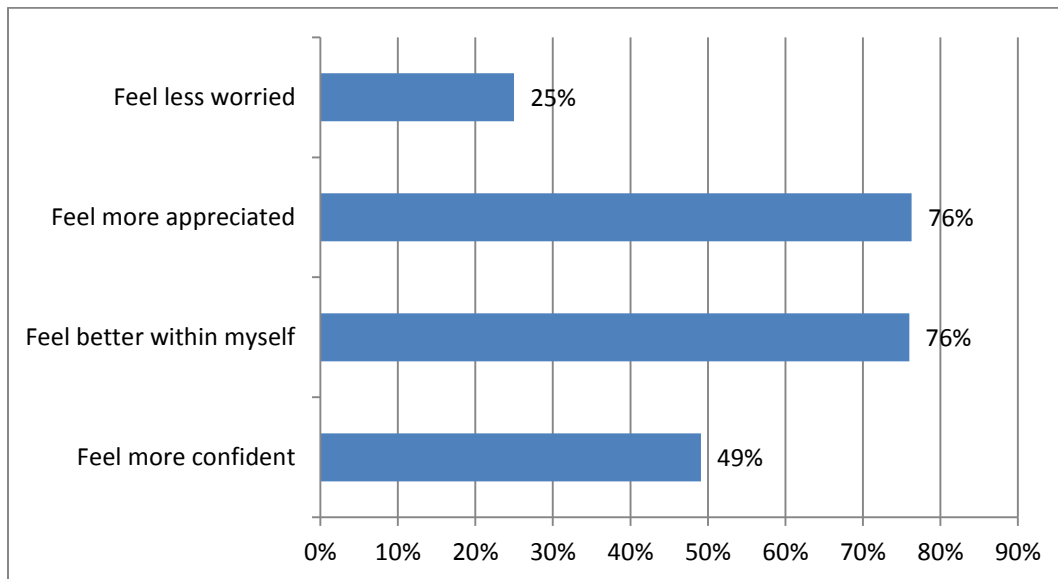
Source: Volunteers' evaluation forms. Base: all respondents answering outcomes questions. Percentages relate to the proportion of respondents agreeing with each outcome statement.

Reflecting the dominance of a 'desire to help people' as a motivator for getting involved, one of the most frequently mentioned outcomes for volunteers was a sense of positive well-being that came through helping others. As demonstrated through the quotes in box 11 this was discussed in terms of: the value of feeling that you are doing something worthwhile; knowing that you have made a difference to someone else's life; a sense of fulfilment; having a purpose in life. Amongst volunteers responding to the evaluation forms, three-quarters agreed that since volunteering in their MOPPU project they felt more appreciated (76%) and the same proportion said they felt better within themselves (75%) (see Figure 7 and Tables AV13 and AV17 for more detail).

Box 11: Volunteer reports of well-being

*'… well, we've not all retired but some of us have retired. It gives more purpose to life, and I love doing my voluntary work and going out. I think I've worked out over a month I probably do eight or nine hours voluntary work every week, which doesn't sound much but it is really when it goes week on week. And yes, it's that sense of feeling you are contributing, you're doing something useful.' (*Volunteer)

*'Well it's nice to think that you've been out there and you've provided help for somebody really when they're pretty desperate actually and there's a lot of isolated people – a huge amount of isolated people in the community and when you go out, they'll say, "You're the first person I've been able to talk to about this" and you do feel like you've actually done something good that day.' (*Volunteer)

*'As I say, with that lady looking so happy when we left, it just makes you feel good inside.' (*Volunteer)

'I find it very fulfilling, I really do, because I like that it gets me away from being on my own and being with people. I feel I'm helping people. I do feel fulfilled in it.' (Volunteer)

*'Just knowing that you've made a difference to somebody's life. I mean, an hour, an hour of your time and, like you see some people and they're so grateful of you just coming round and sitting having a craic with them. And, as I say, to see for yourself that... Like when I went to see the first woman, she wouldn't go out the house, her husband had died, that was it, like she couldn't cope with life anymore, just wanted to sit there in the house, and now you see her and, "Yeah, we're going for a walk today. And I've been to bingo and I'm going to do this and I'm going to do that," you can see she's making progress. Slow but we're getting there.' (*Volunteer)

Some volunteers also gained in confidence through their involvement in the project. As one respondent said: '*Well, knowing that when you've actually told somebody and you know you've helped them, and that boosts your confidence*'. Half (49%) of volunteer evaluation form respondents agreed that their confidence had increased since being involved in their project. A smaller proportion – one-quarter (25%) - agreed that they felt less worried since volunteering.

Volunteering within the programme was not, however, without its challenges and frustrations, which could dampen positive project outcomes and potentially impinged on individual's well-being. A number of volunteers from across projects talked about being frustrated due to a sense of being under-utilised within the project, a situation which arose as a result of the challenges that projects faced in developing referral pathways with local authorities for older people into the project. As one volunteer said: '*I personally found it very disappointing that we haven't been used a lot more'*. They wanted to get more involved, particularly during periods when referrals into the project had been slow. Indeed, this had contributed to some volunteers dropping out of projects. Additionally, some volunteers were frustrated by a lack of feedback about outcomes of the services they provided to older people.

More specifically, in one project a couple of volunteers questioned the appropriateness of the level of responsibility they had been given within the project, which had caused some anxiety. They were concerned that the outcomes of their meetings with older people were being inadvertently used as part of the assessment of that person's support needs:

> *'And I feel that we're going to see people and trying to ascertain their quality of life, what would help them improve their quality of life, but it's very uncertain whether anything really can be done to change that because the social workers are not available to visit. And certainly on a last visit I complained, in a way, to [the project coordinator] because I felt we were being used wrongly, that a lot depended on what we said as to whether this person was safe and needed to be followed up or not. And I don't think that's what, as volunteers, even with training, we should be doing'* (Volunteer)

5.2.2 Using and gaining skills, knowledge and employability

Nearly all the volunteers had undertaken some training through MOPPU: just 3% said they had done none (see Table 20). The training courses offered to volunteers by individual projects have, for example, covered topics including: understanding personalisation, dementia, stroke, heart start, first aid, lone working, confidentiality, safe guarding, and end of life care. Some training was mandatory, most was optional. Some project also involved a mentoring aspect, with new volunteers being mentored by more experienced volunteers or project coordinators. Mentoring support provided by a 'professional' appeared particularly valued. The training received by volunteers ranged from general programme and organisational induction training (undertaken by 91% of volunteer evaluation form respondents) through to sessions on personal budgets (75%) and safeguarding (71%) (see Table 20). A small proportion of volunteers had undertaken more specific training on areas such as end of life (11%) and community development (31%).

Table 20: Volunteers' training

| | | | Training courses undertaken | | | | | | | Base |
			No training	Induction training	Personal budgets	Community development	Safeguarding	End of life	Dementia	
Project	Hereford	No.	0	11	11	4	11	0	1	11
		%	0%	100%	100%	36%	100%	0%	9%	
	Lincoln	No.	0	53	53	29	53	8	29	53
		%	0%	100%	100%	55%	100%	15%	55%	
	Wandsworth	No.	0	2	2	0	2	0	0	2
		%	0%	100%	100%	0%	100%	0%	0%	
	West Cumbria	No.	2	26	14	0	12	4	10	33
		%	6%	79%	42%	0%	36%	12%	30%	
	Wirral	No.	1	9	3	1	1	0	3	12
		%	8%	75%	25%	8%	8%	0%	25%	
Programme total		No.	3	101	83	34	79	12	43	111
		%	3%	91%	75%	31%	71%	11%	39%	

Source: Volunteers' evaluation forms. Base: all respondents answering outcomes questions. Percentages relate to the proportion of respondents agreeing with each outcome statement.

Reflecting both the centrality of being able to provide information and advice to volunteer roles and the high levels of training made available to volunteers through the projects, volunteers reported valuing being able to use existing skills and knowledge and gaining new skills, knowledge and understanding as important outcomes. The volunteer evaluation forms, for example, found that most (85%) volunteers felt they had been to utilise existing skills through the project; many (59%) had also learnt new skills (Figure 8). Relatively few (23%) reported enhanced employment prospects, but this is influenced by the demographics of the respondents, many of whom were retired.

Figure 8: Enhancing volunteers' skills, knowledge and employability
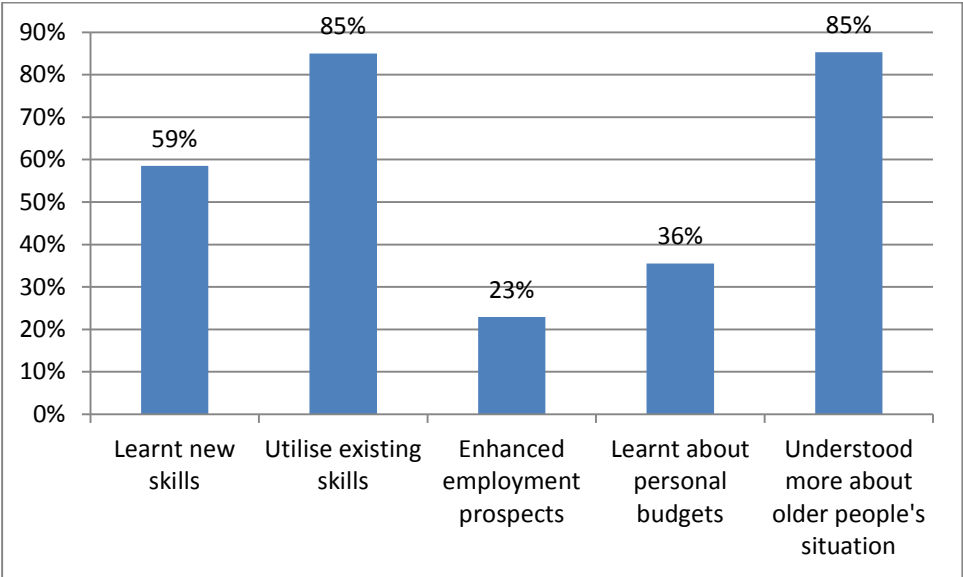
Source: Volunteers' evaluation forms. Base: all respondents answering each outcomes question. Percentages relate to the proportion of respondents agreeing with the statements.

Reflecting on their experience of supporting older people through providing advice about personal budgets, one volunteer said: *'I've always felt that I've learnt something and they've learnt something'.* Over one-third (36%) of volunteer evaluation form respondents agreed that they had learnt about personal budgets through the project. One said:

> *'I've learnt loads; your communication skills, how to get people out, empathising, everything, absolutely everything I've learnt. I think it's a fantastic project, I really do. Because that's what the future is, promoting choice and personalisation, in my eyes anyhow. So I think it's fantastic'* (Volunteer)

For some, this leaning extended to challenging their own attitudes towards and engagements with older people. Indeed, a majority (85%) of volunteer evaluation form respondents agreed that through the project they had come to understand more about older people's situations. Comments included:

'You learn to listen more. So, as I say, in the past it was always like... "Oh it's just an old person," but then when you actually spend time with them you think, "Actually they're quite interesting," they've got a good bit of banter and a good bit of craic going, so... Yeah, you do learn to listen better.' (Volunteer)

'I have noticed in the shop, like in the supermarket, and if I'm stood behind an old person I'll say, "Do you want me to help you with that?" Like in the past I maybe wouldn't have done it'. (Volunteer)

Some volunteers had been able to put their new skills and knowledge to practical use. Some had been able to offer advice to family and friends. Some had been able to use their new knowledge in their own personal dealings with social services:

'… personally it's helped me in my discussion with social services because that's been something that's come up fairly recently and so I feel as though I've got some inside track knowledge, you know, about how to..., how the system works. [...] But more than that I just found it really enjoyable' (Volunteer)

Others had been or were hoping to be able to draw on the skills, knowledge, experience and confidence gained through programme when moving into new employment opportunities, including returning to work after periods out of the workforce due to caring responsibility or disabilities. Nearly one-quarter of evaluation form respondents said that volunteering with MOPPU had enhanced their employment prospects (23%), although for some this outcome was irrelevant as they were already retired/unable to work. Comments included:

'I worked for [a local voluntary organisation] as a result of working with Age UK, you know the experience I got there' (Volunteer)

'But the big thing with me is empathising and putting myself in their shoes, because that's a big thing I'd have to do in my future career and I have learnt how to do it. I'm still learning loads' (Volunteer)

5.2.3 Making friends and connections

The opportunity that the project provided to meet people and make new friends was reported as a positive outcome by some volunteers. The volunteer evaluation forms, for example, suggest that many volunteers (76% of respondents) made new friends through their involvement (see Table AV9). Indeed, the opportunity to meet new people was a motivating factor for some:

'Well, like I said, it's my passion; it's just a passion. I like going out, speaking to people, meeting people, I enjoy that interaction.' (Volunteer)

Volunteering through the project had also been a way to get more involved in local communities: 74% of volunteer evaluation form respondents agreed that this was the case (see Table AV8).

5.3 Outcomes for adult social care teams

The programme had also begun to lead to positive outcomes for some adult social care teams. Inevitably these outcomes were more likely to have occurred in projects where relationships between project partners and local authorities were stronger and as such were slow to emerge in some areas. Three groups of outcomes have been identified, as discussed below.

5.3.1 Relieving pressure through increased capacity

In at least three of the areas, the projects had effectively added capacity to social care teams through the additional input of staff and volunteer resources, which had relieved pressure on staff. In some cases the project provided a clearly distinct and complementary role, supporting people with low or moderate needs who did not meet local authority eligibility criteria, for example, or provide a type of support which was additional to statutory requirements. In other cases the project appeared to have effectively taken on some areas of responsibility from social care teams, helping to prop up over-stretched services. This was not, however, widely identified as an issue. Indeed, in all cases where the project had been embedded within the local authority all stakeholders consulted as part of the evaluation felt that the project had resulted in positive outcomes for the capacity of adult social care provision (see box 12).

Box 12: Building capacity

'So we've done a complementary role. [...] We do field work away from the social workers which is what they need. And there is somewhere to refer people into where they know they're going to be supported with information, volunteers, so that's how they can use it, so it is complementary.' (Project coordinator)

'I've used the [MOPPU project] service with two of the people I've been working with. One was a new direct payment and one was a reassessment where they were having an increase to their direct payment. A very, very positive experience. The service users found it very good because the volunteer could spend a lot more time with them than I could and it also relieved a lot of pressure from me as a practitioner, because some of the things that I would normally have to do – they were doing the support planning side of things and going through with the service user what was important to them.' (Local authority)

'It's not just about not having anybody, it's about really being quite as creative as we can about meeting need, and I think that Age UK are doing a lot of that work by setting up little community networks. [The project coordinator] and her team know an awful lot of resources and they can put things in place without necessarily using adult social care but, equally, we can both share information and work together [...] Perhaps sometimes, say if you've got someone very vulnerable, socially isolated, that we don't always as practitioners have the luxury of paying three or four visits to try and unpick something. Whereas Age UK has been able to be much more flexible and can: they are more able to build up that rapport.' (Local authority)

In addition to the general increase in capacity experienced by social care teams, the project has also helped to build the capabilities of individual team members, through joint learning, particularly as a result of individual social workers learning more personalisation and personal budgets and about the availability of local services and

activities for older people, but also more generally about different ways of working. These outcomes are discussed in the following conversation between local authority staff members:

> *LA1: 'I've had fed back to me from my workers that working with the volunteers has been quite beneficial and that they've learned from the volunteer and equally the volunteer's learned from the worker, you know, and there's been some good bonding between the volunteer and the worker, which has been useful. And [...] this has actually gone some way in some circumstances to inform practice [...] because [...] they've been in the job a lot of years and suddenly there's somebody else in there with them and they visit and they start to reflect and see things slightly different, so practice can change. I think you've had similar feedback from your staff, haven't you?'*

> *LA2: 'Yeah, feedback has been pretty positive actually about working with the volunteers'.*

> *LA1: 'Initially, I think it has to be said, I think it's fair to say, there was some hesitation from workers, why are Age UK doing this when it's our job, and there was a little bit of hesitance and suspicion around it, so we had to do a bit of selling there [...] And the workers that did engage and did fully engage – because there were people that did toe dip but there were others that really did get engaged, and it's those that did get engaged, they've come back positive and saying that, yeah, it's been a beneficial experience all round, not just for the user but for the organisation as well.'*

In some cases the partnership working involved in project delivery represented a new way of working for social care teams. This was particularly the case for the two projects that involved co-location, but also in a third where a close partnership had developed for the first time and where it was '*really the first time [in this area] that we've had another agency coming in, working alongside practitioners and supporting people*' (Local authority). In all three cases co-production, or co-working, was seen as a positive development, even if it was too early to assess its impact. As one local authority representative commented:

> *'I think co-working is a really good way of trying to make things much more multi-professional, really. When we assess people and we are assessing all of their needs, not just one specific aspect, so really I [would like to] see more [...] I think really it just fits with the ethos of [...] multi-disciplinary working, multi-professional working, co-working. The co-location of co-working really fits together very well. For example, our finance officer, she is not our finance officer, but she sits in with us, so although she is not managed by us she sits in with us. Same with the direct payments officer. So, to me, it's just building on that because there's so [...] much knowledge and skills that can be brought into a team, and I think that this team in particular I think they are very, very good at embracing. It's not a 'you and us', 'them and you', thing; it's more, 'great [...] let's share it [...].' And I think it really works'* (Local authority)

5.3.2 Contributing to targets and service outcomes

In some cases, the projects had been contributing to the achievement of local authority targets and service outcomes, either directly through increasing the capacity and capability of social service teams (as discussed above) or more indirectly through the work the project did to increase levels of awareness and understanding of personal budgets and direct payment, whether inside or outside of local authority referral systems. As one respondent said:

> *'I think we are helping their outcomes and their targets and I think we are also reducing calls like into customer services by fielding and giving people the information on personal budgets before they actually get into the system, so that more people are arriving at a stage where they need adult social care already informed'* (Volunteer)

It was not possible, however, to directly measure such outcomes through the evaluation. Indeed, such outcomes may take a considerable period of time to come to fruition: it may be years before some people who have become more aware of personal budgets through the project are in a position to utilise this knowledge as they become eligible for social service support. This potential delay in programme outcomes coming to fruition, and the challenge that this represented for the evaluation, was recognised by the different stakeholders involved.

5.3.3 Facilitating access and inclusion?

In some cases it was hoped that the project would eventually lead to longer term outcomes for adult social care through the engagement of older people who might otherwise have been excluded from services. In particular, it was suggested that while some older people may resist engaging with statutory service provision, they may be more willing to be supported by a voluntary organisation/volunteers, through which trust and confidence may be built and doors opened to future support from social care:

> *'Unfortunately I think there's been a lot of bad press about social workers, it's not necessarily their fault, but a lot of the high profile cases that have hit the news, haven't they? So it often has social workers attached where something has gone wrong. So I'm not really sure the words 'social worker' actually promote a lot of confidence in people, and I think as volunteers they do open up to us, they chat to you...'* (Local authority)

> *'And, also, I think the advantage is that sometimes for some people not belonging to anything to do with government is good. And I'm just thinking that sometimes older people are, 'I've never asked the government for anything. I've never asked for charity and I'm not about to start now.' And I think sometimes the more befriending approach can pay off. These can be really vulnerable people, it's about getting your toe in the door, you can't even get your foot in the door, it's about trying to get your toe in to then start – and someone who have got very, very high level needs, when at least if they start building up trust with somebody it can be then later that then it's, like, 'Well, can I introduce you to a social worker?' It's done more gently. So those sorts of things have been helpful'* (Local authority)

5.4 Outcomes for Age UK

A number of positive outcomes were reported for Age UK partners, particularly at the local level, although these were generally hard to assess.

5.4.1 Increased profile

The volunteer and older people's evaluation forms suggest that levels of awareness of Age UK may have increased through the project. For example, 95 per cent of older people supported through the project and completing an evaluation form agreed that they knew and appreciated more what Age UK did. Amongst those who answered the question (n=293), 95 per cent said that they were likely to contact Age UK if they needed support in the future, the remaining 5 per cent said they might do. Over half (57%) of the responding volunteers agreed that they knew more about Age UK as a result of their involvement in the project. There was also some suggestion in some areas that Age UK's profile had been raised amongst other local organisations (including the local authority). As one respondent said:

> 'I think initially when we started doing this when other organisations found out we were doing this they came to us and asked us if we would go and explain personal budgets to their staff' (Project partner)

5.4.2 Strengthened relationship with local authority

In some (but not all) cases project delivery had helped strengthen relationships between Age UK and the local authority. As one local authority representative reported:

> 'We've reached a good level of trust and understanding between the adult care teams and between Age UK and the volunteers, to be fair, that is working, I think for both organisation and agencies, and more importantly it's delivering better support for the people [in the area]...' (Local Authority)

5.4.3 Enhanced models of volunteer involvement

One of the legacies of the project within some of the partners is likely to be an enhanced model of volunteer involvement. It was suggested, for example, that some organisations had increased their capacity to involve and support volunteers through developing new systems and procedures, including volunteer training modules. It was also suggested through the recruitment of a more diverse group of volunteers in a more diverse range of roles, traditional models of volunteering within the organisation had been challenged. As one project coordinator reported:

> 'the volunteers that have been working on this project have been a different kettle of fish altogether: probably a younger generation of volunteers, more recently retired from the professional backgrounds – health and social care, teaching, or whatever. And because they've come in with a fresh objective and not just, oh yeah, hand around here and do some photocopying while we have a think of what you can do... They've had training from a social worker and they've had meetings and opportunities, so they've been involved, and it's actually created a whole different group of volunteers' (Project partner)

The achievement of this outcome is likely to have depended on both existing volunteer involvement models within individual organisations, and the approach to volunteer involvement that was adopted within the project, which – as indicated above – varied considerably.

5.4.4 Enhanced internal capacity and capability

Sharing the learning from the project across the organisation, in terms of new insights into ways of delivering personalisation, new understandings of how personal budgets and direct payments work for older people, of new models of working with partner organisations and with volunteers, and more generally about project management, was reported to have had positive effects on wider organisational capacity and capabilities. For example, in one project the success of the co-location and peer support model adopted through MOPPU had led to other services within the organisation considering how they might adopt similar approaches.

The experience was not, however, without its downsides. The difficulties faced in building relationships with local authorities were felt to be particularly challenging for some partners particularly where there was not a successful outcome to their efforts in this regard. Some partners also found the monitoring and reporting requirements associated with the programme challenging. While one partner felt it had been '*one of the most important projects that we have done*', another felt that they would think twice before getting involved in another project of a similar nature, mainly due to the barriers they faced in building relationships with the local authority and their reliance on that partnership for the success of the project.

Such contrasting experiences in project delivery had to some extent influenced sustainability plans. In all cases there were plans to integrate elements of the project into the organisation through, for example, building in the learning about personalisation and person budgets into the Information and Advice Service. One partner had applied for funding which would have, in part, enabled the integration of the project with the Information and Advice Service – unfortunately the application had been unsuccessful. Others were looking at different ways to resource elements of the project. The three local authorities within which the project had become embedded all expressed a desire for the project to continue, but it is unclear at the time of writing if any will contribute financial resources to enable that to happen.

6. Critical factors

A number of critical factors have been identified which have shaped the programme as a whole, and influenced these different models of delivery which individual projects have adopted and the outcomes that were achieved. While some of these critical factors have operated at a national level, most were local factors.

6.1 National context

A number of factors associated with the evolving national context within which the programme operated have been identified as shaping its delivery and success.

6.1.1 Policy context and programme positioning

When the funding application was developed for the programme, personalisation for older people was relatively new and local authorities were only beginning to get to grips with its implications, including the process of transferring service users onto personal budgets. The deadline for local authorities to move eligible older people onto a personal budget was part way through the programme delivery period. At the same time as the personalisation agenda was being rolled out, local authorities have been faced with considerable cuts to their budgets. The programme has been delivered, therefore in the relatively turbulent and evolving national (and local) policy and funding context.

A number of project suggested that the local authorities they worked with faced considerable challenges in delivering personalisation for older people in the context of wider austerity measures, with a number of specific implications, including: a tightening of eligibility criteria for older people accessing social services, restricting access to support to only those with critical or substantial needs; a lowering of personal budget allocations, often leaving little flexibility to pay for support beyond personal care needs; cuts in local services restricting the choices available to older people; restructuring of local authority services, resulting in considerable change of, and often reduction in, personnel.

The national, and subsequently local, policy and funding context inevitably impacted on programme delivery at project level. As one project partner said:

> *'if personalisation had worked up and down the country the way it was bigged up to work, we would be sitting saying something completely different; we'd have probably been swamped [with older people and volunteers] and it would have been a massive success. And, in a lot of ways, the project has been a success. It has done what it had to do in terms of it has raised people's awareness, it has ticked all the boxes, and the project has worked probably harder than if personalisation had been supported by everybody because it would have made life easier'* (Project partner)

6.1.2 Programme management and coordination

Achieving a balance between coherent national programme management and flexible local delivery is challenging, particularly when local context proves so

significant in determining success. Whether or not the correct balance was struck within MOPPU was debated.

A number of challenges at programme management level were identified as having a significant influence on project delivery and outcomes. The delayed appointment of the main programme manager had a knock on effect for project partners and their delivery: by the time the post was filled, for example, some partners had already begun their activities and set up their own monitoring systems making it difficult to subsequently impose universal guidance. Meanwhile, internal restructuring and personnel changes meant that the wider national programme management team changed throughout the programme, which had something of a destabilising effect on programme and project delivery.

In part due to these personnel issues, the programme budgeting, monitoring and reporting requirements were reviewed and amended throughout the funding period. This was frustrating and challenging for some partners, who felt there was a *'change in goalposts at every stage'*.

The quarterly partners meetings, organised by the national programme management team, were seen as a potentially useful forum for sharing learning and identifying/creating coherence across the individual partners, yet some felt they were not always used to the greatest effect. It was during these meetings that the tension between a flexible, localised approach versus a more centralised programme delivery model was most apparent. Some partners felt that quarterly partners meetings should have been used to provide more of a central steer as to how the programme should be delivered at local level, or at least as a forum for reaching a consensus on a shared delivery model or alternatively for legitimating and valuing local differences, rather than more simply as a way of sharing updates, reporting on activities from the local level to national managers, and identifying 'under performance'.

Overall, there were mixed views as to the extent to which local delivery should have been directed from the national, programme level. One senior member of staff from within project partner organisation said:

> *'I think when we started off I think we just assumed that there would be direction. Because it was a partnership project we assumed that there'd be more direction from Age UK. And as it is, I think, each project has gone off and done their own significantly different thing'* (Project partner)

It was apparent that different project partners had different understandings of what the programme was trying to achieve, and how it should go about doing so:

> *'What is this project about? Is it about maximising personal budgets? Is it about maximising direct payments, because the two aren't the same thing? Or is about making better use of personal budgets?'* (Project partner)

Another respondent suggested there was a tension within the programme between achieving outcomes for older people alongside outcomes for volunteers, and different projects had focused on different elements. Indeed, it was clear that different partners had adopted different positions on the involvement of volunteers and held

different views on what were appropriate roles for volunteers. While some partners had trained and involved volunteers in support planning and assessment processes ('professional' roles), others felt this was inappropriate and volunteer involvement should be restricted to providing more basic information and support in accessing personal budgets and/or local services, one had more or less restricted volunteer involvement to administrative functions.

Some felt that greater guidance and direction should have been provided by the national programme management team to clarify and help reach agreement on the overall project aims and delivery models. Others felt that the level of flexibility and autonomy was appropriate and indeed essential for a pilot programme.

The partners had responded differently to the level of autonomy afforded within the programme. Some felt they had to stick closely to what had been agreed within the funding application, even when faced with considerable challenges to the proposed delivery model, others felt they should and could adapt their project to the reality of the context they operated within. Some suggested that this divergence should have been tackled at national programme management level; as one project partner said: *'It should have been pulled in line two years ago'.*

6.2 Local context
A number of factors relating to the local context were identified as being particularly significant in shaping local project delivery models and successes.

6.2.1 Adult social care structures and processes
There was consensus across all those involved in programme delivery, that local authority structures, processes, approaches and personnel had a significant impact on project delivery. As one project partner said:

> *'The one thing that all the partners around the country have noticed is how much the project has been shaped by the local authority...'* (Project partner)

While all the relevant local authorities had in theory been '*hugely supportive'* of the projects at design stage, in a number of cases the situation changed considerably and rapidly at the point of delivery. Sometimes the projects faced challenges to building relationships with the local authority at the strategic level, at other times they faced challenges at the operational level. For one partner a positive relationship was established at an early stage, and it built from there. For the other partners, despite the apparent support during the funding application process, building the relationship with the local authority at project delivery stage felt like something of an uphill struggle, one that took years rather than months to establish. For two of those it paid off, for two it did not:

> *'And for months and months there was just no response to phone calls, no response to emails'* (Project partner)

> *'So, yes, we've tried. To be honest, I am not going to bash my head against that wall anymore. We've only got a short amount of time left on the project so it's crazy now to try and set up a referral pathway...'* (Project partner)

A number of factors can be identified that have either hindered relations, or facilitated them. Hindering factors include:

- **Poor timing and constant change:** As suggested above, at the point at which project delivery began a number of the local authorities involved were facing considerable internal change. These changes related to both overall funding levels and restructuring processes which affected local authorities as a whole, and more specific changes to the ways in which local authorities were organising and delivering adult social care. It was suggested that during periods of such significant change, building external partnerships can be particularly challenging not least due personnel changes. The experience of two of the project partners for whom the doors to the local authority were effectively closed for part of the programme, during which both local authorities went through significant restructuring processes, but opened towards the end, suggests that timing may be critical in building successful relationships. Arguably the project with the strongest relationships was in the most stable local authority involved in the programme.

- **Capacity:** Partnership working requires a certain level of capability and capacity from all involved. It was clear that there was a lack of capacity for engaging in this project within some local authorities, at either/both strategic and operational level. At the operation level, it was suggested that there was a capacity issue relating to the engagement of adult social care (and indeed finance) teams with personalisation, personal budgets and direct payments in general, and more specifically that pressures to *'drive down the times to actually do the work made it very difficult for social workers to think more broadly'.* Capacity could also be an issue for MOPPU project coordinators, particularly when dealing with complex and changing local authority structures, in which relationships need to be developed at multiple levels and across multiple teams across different geographical areas.

- **Conflicting agendas and values:** In at least one case it was suggested that the project partner and the local authority had conflicting agendas and values regarding the project. While the project partner saw the project as offering a complementary service for adult social care teams, it was suggested that some within the local authority saw it as a way of propping up struggling services particularly in the face of funding cuts, which created some tension. There were also different views as to the involvement of volunteers, which could create a barrier to partnership working: *'professionals don't always like volunteers around'.*

Enabling factors included:

- **Building on existing relationships and other areas of joint work:** While in theory all project partners had good relations with their local authorities before the programme began, it became apparent that some relations were stronger than others but also that pre-existing relationships were no guarantee of future partnership working. In the case where the project was most closely and consistently embedded within the local authority, the project had been able to

build on existing and developing partnerships across a number of service areas. In one of the cases where relations had improved over time, this has been helped by the involvement of the project organisation in the undertaking of a customer experience survey for the local authority.

- **Identifying the best fit:** Rather than sticking rigidly to one model of delivery, where project partners had been able to adapt their project to make it fit with local authority structures and processes joint working had been enhanced. This may take some trial and error. For example, in one case the project had originally been positioned within the reablement team, but this had led to very few referrals; a review of the project model led to it being developed as a service offered to adult social care clients due to have their cases reviewed and this has proved much more successful. It was suggested that the 'fit' was better here as needs were likely to be less critical, and timing less crucial, allowing for greater time for the project to work. Being able to present a case to the local authority which clearly demonstrated how the project would fit with and complement their services and help them to achieve positive outcomes for older people was also important: it was hoped that as evidence of programme outcomes became available over time a more convincing case could be built.

- **Resolving practical matters:** Issues such as client confidentiality and the development of effective systems of communication across partners proved to be an initial stumbling block for some projects in their negotiation with local authorities; identifying ways to resolve these practical issues (including co-location) helped to embed the project in local authorities. For example, in Lincolnshire the local authority legal team wrote a section on the project information sheet which acted as a means for clients to agree for their details to be passed between the local authority and Age UK.

6.2.2 Geography

The geography of the areas in which the project partners operated had implications for delivery. The level of rurality in some areas created challenges recruiting, supporting and matching volunteers with clients, and more generally in delivering and managing the project, due to the travel distances involved and/or poor transport infrastructures. More generally, the size of the geographical area covered by the project could represent a challenge, and led a couple of partners to concentrate their efforts within selected areas within their region, rather than spread themselves too thin.

Geographical and organisational boundaries could also prove challenging. For example, the boundaries of geographical areas covered by Age UK partners were not always co-terminus with local authority boundaries which added a layer of complexity.

6.2.3 Age UK partner structure

The size, structure and resource base of the project partner organisations influenced programme delivery, as did the configuration of other services within the organisation. For example, while some of the partner organisations had a history of extensive volunteer involvement, and/or a wider volunteer coordinator post, not all did and this is likely to have had implications for the resources that the project could

draw upon, but also for attitudes and approaches to volunteering within the project and across the whole organisation. While Information and Advice was a core service provided by all partners, the way it was delivered and the extent to which the MOPPU project was integrated with it varied. The presence of other projects within the partner organisation also proved influential: one partner effectively merged the MOPPU project with a separately funded project designed to support older people access care at home, leading to a re-focusing of the aims and delivery mechanisms of both projects.

6.2.4 Project coordinator capacity and background
The individuals charged with coordinating projects at the local level had a significant influence on delivery and outcomes: a point which was emphasised by senior staff, volunteers and older people. The projects were shaped by the previous experiences, skills, knowledge, confidence, attitudes (e.g. towards risk; towards the involvement of volunteers) and approaches of their coordinators. The capacity and capability of project coordinators (and their managers) influenced the development of relationships with local authorities; the model of delivery developed; the experience of volunteers; and the outcomes of the project.

7. Conclusions and recommendations

In this final section of the report we pull together findings from across the evaluation, to address the core evaluation questions.

7.1 Programme milestones and deliverables

Within its overall aim of improving social care outcomes for older people using personal budgets, the MOPPU project had a number of core objectives, with associated milestones and deliverables. Revisiting these enables an assessment of the programme against its original ambitions:

- **Promoting awareness of personal budgets:** The MOPPU programme has successful promoted awareness of personal budgets to older people and associated stakeholders. According to programme monitoring data, nearly three thousand more people had their awareness raised than was originally targeted. In total, this data suggests that awareness of personal budgets was raised amongst over 11,032 people, against a target of 7,750. It is not possible to assess, however, exactly what lies behind these figures: whether all those people who were given information, and so included in these figures, were any more aware of personal budgets as a result. The evaluation could only reach a small proportion of this total figure, and the wider evidence suggests that there is not an automatic link between providing information and raising awareness or understanding. Nonetheless, the project has succeeded in disseminating information and promoting awareness about personal budgets to a considerable number of people.

- **Increasing understanding and take up of personal budget:** Levels of understanding about personal budgets have been raised amongst older people and their carers. Monitoring data suggests that 1,518 older people have been directly supported in the uptake, use and/or understanding of a personal budget, exceeding (by 23) of the original target. Arguably, the project's influence over the take up of personal budgets was affected by the introduction early on in the programme of the requirement for all local authorities to move all eligible older people on to a personal budget; it had greater potential to influence understandings of personal budgets. The older people's evaluation forms found that four-fifths of respondents agreed they understood more about personal budgets as a result of their engagement with the programme. A third of the volunteers had also learnt more about personal budgets. This suggests that the programme was successful at increasing understanding of personal budgets. The time that was made available through the project for staff and volunteers to spend with the older people, to talk through personal budgets at their own pace, to answer questions and address issues as they arose seemed to be particularly significant in enhancing understanding.

- **Enabling older people to identify needs and use personal budgets to maximum effect:** Although hard to measure within the limited scale of the evaluation, evidence suggests that the programme had supported older

people to identify their needs, to be more knowledgeable about services and activities available to them in the local area, to feel more involved in decisions about meeting their care needs and to feel more in control of the situation. Out of the 1,500 older people supported through the project, a majority agreed that these outcomes had occurred.

There is less evidence that the programme was able to support a substantial number of older people to directly maximise the use of their (local authority) personal budgets. While it is clear that the programme supported some individuals to use their personal budgets to maximum effect, making a significant difference to the lives of those individuals, a number of factors beyond the control of programme partners limited the extent to which this was feasible on a large scale. Challenges included the tightening of eligibility criteria for older people entitled to social care, a lack of flexibility with personal budget allocations to support older people beyond meeting their personal care needs, and more general challenges within the programme of establishing referral pathways specifically for people on personal budgets.

However, the programme had, in some areas, contributed to a broader personalisation of social care through raising awareness and confidence amongst older people in their dealings with social services, through brokering access to a wider range of services, and through a greater utilisation of community resources to meet older people's varied needs. Even more broadly, for some older people the support provided through the project had enhanced their sense of general well-being. They reported knowing more about what was going on in their communities; feeling less lonely; less worried and generally better.

- **Innovative volunteer-delivery model, including volunteer peer support networks:** Over 260 volunteers were recruited into the programme. Although some projects exceeded their individual volunteer recruitment targets considerably, overall the programme fell slightly short of its ambition (by 24 volunteers). Volunteers were involved in a range of different roles, ranging from assessing the needs of older people through to providing administrative support for the project. Most partners developed volunteer peer support networks as part of their projects, although the involvement of volunteers and the focus on peer-support varied across the programme. For some partners, the involvement of volunteers in more 'professional' roles and the recruitment of volunteers from a range of different demographic backgrounds represented a new mode of volunteer involvement.

  Volunteers got a lot out of their involvement: skills were used and developed, relationships built and knowledge enhanced. While the volunteers generally felt well supported through their project coordinators, and were able to access a range of training courses, the delays in establishing referral pathways and so in recruiting older people to support meant some volunteers waited considerable periods of time before being matched with a beneficiary, and left some feeling frustrated and under-utilised. Overall, however, the volunteers who engaged in the evaluation reported that they had enjoyed and benefited from the experience.

7.2 Successes and challenges

Defining success within the MOPPU programme – beyond the achievement of the three main programme deliverables - is complex. An early evaluation workshop found that the partners had different views on what success would look like. There was agreement that, in the short term, success at the programme level would include positive outcomes for older people in terms of enhanced knowledge and understanding about Age UK, personal budgets, and locally available services and feeling less isolated. For volunteers, it would include knowledge of personal budgets, Age UK and older people and enhanced skills. In the longer term, there was agreement that the project would have been successful if older people received improved social support and benefited from enhanced physical and mental well-being, while volunteers increased in confidence and social capital, and had enhanced employment prospects. None of these things are easy to measure. There is evidence from within the evaluation to suggest that the programme has been successful in achieving these outcomes on some level: as discussed in the section above, a majority of older people who engaged in the evaluation reported feeling more knowledgeable about personal budgets, for example, and about what services and activities were available to them locally. Many reported feeling less worried or more generally feeling better, suggesting enhanced levels of well-being. The evaluation, however, relies on self-reported assessments and was not extensive enough to measure the depth or breadth of these outcomes in concrete terms, or the factors that were critical to their achievement. Many outcomes take time to develop and will only come to fruition after the programme, and its evaluation, have come to an end.

At the project level, it was apparent that success looked different for different partners. For some it meant fidelity to the original programme design, with an persistent emphasis on maximising the use of local authority-allocated personal budgets and on developing a peer support model of volunteer engagement, even if sticking to this ambition meant that it was not always possible to meet targets due, principally, to challenges faced in developing referral pathways in partnership with local authorities. For others success meant adapting the project within the parameters set by the local and national context – responding to the changing policy and practice landscape and the challenges experienced in developing referral pathways by moving away from the primary focus on maximising personal budgets towards a broader emphasis on personalisation and greater utilisation of community resources to support the wider social care needs of older people, whether or not they were in receipt or entitled to a personal budget. The different end points of the different projects reflect the different strategies that were adopted as the programme and the individual projects evolved. Success has come to mean something different in each one.

Within these different stories of success and challenge, the evaluation suggests that there were certain elements across the programme and within individual projects that worked well, and others that were more challenging, or worked less well.

- **Providing support for older people:** Whatever the model that was adopted by project partners, and whatever the specific outcomes were for older people in those projects, the support that was provided for older people was well received and clearly addressed a need (or rather many different needs).

- **Volunteer recruitment and training:** Despite falling slightly short of the programme target, the approach adopted to volunteer recruitment and training worked well. The roles developed for volunteers to support older people were appealing to potential volunteers – they offered something different from other available volunteering opportunities. The awareness raising activities undertaken as part of the projects combined with the volunteer recruitment materials to raise the profile of the opportunities. As a result few projects struggled to recruit volunteers (although some struggled more with being able to place them – see below). The extensive training that was made available to volunteers in most projects was well received, equipped the volunteers well for their roles, and contributed to positive outcomes for volunteers in terms of skills and knowledge development.

- **Adaptability and flexibility**: The flexibility that was built into the programme design, to enable project partners to adapt their approach in response to the local context was a significant factor in the success of the programme. Further, as project delivery began it soon became clear that one programme model would not work in all areas, that the different contexts within which they were working meant that different approaches would be needed, and the adaptability of local partners and projects would be central to success.

- **Building on what you've got:** Where projects had been integrated into, built and drew on existing services, resources and relationships within their respective organisations they worked well. This was also true at programme level – when the programme had been able to tap into the considerable knowledge and expertise that existed within Age UK in areas such as the policy context for personalisation everyone benefited.

- **Co-location and co-production with local authority**: It was not possible in all areas, but in the three cases when, by the end of the programme, it had become possible, co-location or co-production with the local authority appeared to be working well. Doors opened and things became possible – with positive outcomes for all – when close partnership working was achieved. Seemingly relatively simple things, such as regular communication and the sharing of information about clients became smoother and more successful once the teams worked together.

7.2.2 What worked less well?

- **Balancing unity and autonomy**: As the programme evolved, finding unity across the diversity of projects and balancing flexibility with direction and

guidance was challenging, and was something that remained so throughout the programme.

- **Developing a consistently strong relationship with the local authority:** A considerable amount of time and energy was invested by all project partners in developing a partnership with their local authority. In some cases this paid off. In others it didn't.

- **Direct referrals of older people on personal budgets:** The initial intention with the programme was for each project to establish a direct referral pathway for older people on or entitled to personal budgets from the local authority into the project. This proved challenging. It was addressed by developing multiple referral pathways, which resulted in a greater number of older people being referred into the projects, but with less control over whether or not those people were on/entitled to a personal budget.

- **Volunteer utilisation and retention:** Establishing the volunteering element of the programme, including recruiting volunteers into the projects, moved ahead more smoothly and quickly than the setting up of partnerships and referral pathways for older people coming into the project. In some cases this meant that volunteers were recruited, ready and waiting, but with no one to support. This led to some issues with volunteers feeling under-utilised and/or leaving, particularly in the early stages of the programme.

- **Resolving issues of outputs versus outcomes:** As the programme evolved and it became apparent that some of the partners would need to adapt their projects in response to local contexts, some tensions arose between meeting programme output targets and ensuring positive outcomes for older people – a balance needed to be stuck between reaching a large number of people and achieving significant outcomes for individuals. With limited resources, was it more important to focus on providing a large number of people with a limited amount of support, or providing a smaller number of people with a more significant level of support? These issues weren't fully resolved at programme level, leading to ongoing tensions for project partners.

7.3 Lasting change

Mixed approaches to sustainability were evident across the partners, reflecting their different experiences in delivery, their differing views of the value of their projects, and the differing availability of resources for future work in this area, including partnership resources. All were looking to sustain at least some elements of their projects, but some were more committed to doing so than others. For some this was basically adding knowledge and expertise regarding personal budgets to the organisation's existing information and advice team. Others were looking to extending their information and advice service and/ or more explicitly maintain elements of their project, including the referral pathway and more general close working relationship with the local authority.

In terms of whether the outcomes achieved through the programme were sustainable, overall, the evidence suggests that the elements of the project that are most likely to lead to lasting change include:

- **Outcomes for some older people**: A number of older people have been supported through the programme to maximise the use of the resources available to them, whether those resources come through personal budgets from the local authority, from their own savings, or from the wider community. This has led to positive changes in the lives of some older people, which are likely to be lasting; it has demonstrated that even small changes can make a big difference to individual's lives.

- **Outcomes for some volunteers**: Getting involved in the programme, being trained and providing support to older people, contributed to the development of new knowledge and skills, new forms of engagement, and feelings of well-being amongst the volunteers. For some, it had contributed to changes in their attitudes and behaviour towards older people. While the numbers involved may be fairly modest, these changes are likely to be long lasting for the individuals involved and their effects are likely to ripple out within the volunteers' wider communities.

- **Enhanced information and advice for older people:** There has been considerable learning for individual Age UK organisations involved in the programme about personal budgets and, more broadly, about the personalisation agenda and supporting older people in their communities. With all partners looking, at a minimum, to integrate this learning into their information and advice service, enhancing their ability to provide specialist information and advice relating to personal budgets (and within that direct payments) and also more broadly relating to how older people might navigate their way through the social care system, the effects of programme are likely to be long lasting and to become more extensive over time.

- **New ways of engaging volunteers:** For some partners, their projects represented a new way of engaging volunteers, with volunteers being given a greater level of responsibility and a more 'professional' role than they had previously within the organisation, and in return being provided with more intense levels of training and support. For some, it was suggested that the profile of volunteers recruited through the project was somewhat different – younger, more professional – than the organisation had previously experienced. In some cases this had challenged attitudes towards volunteer involvement and may lead to lasting changes in the ways that organisations involve volunteers.

- **Co-location and co-production with local authorities:** Developing partnerships with the local authorities was in some ways the most challenging part of the programme, but when the challenges were overcome there is perhaps the greatest potential that MOPPU will lead to long lasting change. In the three projects that became embedded within their local authorities (albeit at a late stage in the programme in two cases), the co-location and co-working that was made possible represented a new way of working for both the Age

UK partner organisations and their local authorities. While it had not been without challenge, all those concerned recognised its potential to lead to significant changes in the ways in which they worked and subsequently the outcomes for the older people that they supported.

7.4 Potential for replicability and scaleability

The MOPPU programme did not result in one model of delivering support to older people to maximise the use of their personal budgets that could be replicated and scaled up across the country. Instead it resulted in five different projects with a number of different delivery models that were the culmination of different pathways taken by the partners as they navigated their way through the local policy, practice and funding environments. Four key dimensions were found to distinguish the different delivery models:

- the support provision model adopted: specialist information and advice; specialist brokerage and befriending;
- the relationship with the local authority: embedded within; working alongside; working outside;
- the referral process: local authority adult social care; local authority first point of contact; other statutory and voluntary providers; within Age UK; word of mouth;
- staff and volunteer roles, with volunteers as: assessors; broker/coordinator/enabler; befriender; information and advice providers; peer supporters; administrators.

These have been shaped by six critical factors:

- national policy context and programme positioning;
- national management and coordination;
- local adult social care structures and processes;
- local geography;
- local organisational structure;
- local capacity and capability.

What is clear from this evaluation is that one size does not fit all in terms of how to support older people maximise the use of their personal budgets. The core of the programme essentially became the involvement of volunteers in supporting personalisation of social care (including personal budgets) and utilising community resources to meet the needs of older people. This core provision is both valuable and scaleable (given the availability of resources to do so), but the ways in which it is best achieved will depend on the national and local context.

7.5 Lessons learnt

The lessons learnt not for the future development of programmes to involve volunteering in supporting older people to maximise the use of personal budgets, or more broadly to enhance personalisation include the following:

- **The need is there:** The need amongst older people for support with personal budgets, but also and perhaps more fundamentally with identifying needs and accessing and navigating services and activities that cut across statutory, voluntary and community providers and draw on a range of different resources - for a support service which one respondent summed up as *'befrienders with benefits'* – was made clear through the delivery of the MOPPU programme.

- **It takes time:** A number of lessons connected to time and timing emerged from the evaluation. The experience of partners in delivering their projects highlighted the necessity of dedicating enough time (and persistence) to building the relationships necessary to deliver a service which relied on a referral mechanism from the local authority social services. It also highlighted the importance of spending time with older people: the availability of resources through the programme, particularly through the involvement of volunteers, which allowed projects to spend enough time with older people to ensure that needs were fully assessed, that information given was fully understood, and that actions were followed up, was central to older people's experience of the service. Getting timings right, however, is also important. It is important, for example, to get project delivery mechanisms set up, before volunteers are recruited. For some project, the early stages of delivery coincided with their local authorities undergoing considerable change, and this exacerbated the challenges of partnership working. Although it is unlikely that there is ever a 'right time', setting small achievable goals and judging when is the right time to set them out is an important lesson to emerge.

- **It takes resources:** It is unlikely that the programme would have been successful, without the availability of resources at the local level. The project coordinator roles proved particularly vital – both for managing the project, relationships and volunteers, but also for delivering the support services to older people. While volunteers were involved in direct service delivery – in some projects substantially so – the project coordinators played an essential role in underpinning the provision.

- **Build on what you've got:** Another lesson to emerge from the evaluation was the importance of building on existing internal and external resources, such as knowledge and expertise of involving volunteers and of personal budgets, and existing relationships, for example with local authority, but at the same time not taking those things for granted. Building on what you've got both helps to maximise the resources available to the project, but also to integrate it within the wider organisation increasing the chances of sustainability. Further, success breeds success, and if you are successful with some small objectives then you are more likely to go on and be successful, so taking small steps and building on short term successes can be an important strategy for achieving considerable change.

- **Be flexible, responsive and pragmatic:** The programme demonstrated that the same model for maximising personal budgets would not work in all parts of the country. Being able to respond to local context, and to identify the best fit in terms of local project delivery models, was vital. The pragmatism and resourcefulness of the projects in dealing with the various challenges that they

faced – and which any other organisation/area wishing to use this approach is likely to face - was essential. At the same time, however, additional learning through this programme has been that the flexibility and autonomy given to projects to enable delivery needs to be supported and managed if outcomes are to be achieved at programme as well as project level: it needs to be clear what the boundaries are and mechanisms need to be established for sharing learning and reaching joint decisions.

- **It's worth investing in volunteers:** Although the scale and nature of their involvement varied across the programme, volunteer involvement was an important element within its success. Volunteers were a fundamental part of the supported provided to older people with personal budgets, and more generally with the personalisation of their care. This relied on investing in the recruitment, support and training of volunteers: without the intensive training and support that was provided for volunteers, for example, they are unlikely to have been able to offer the same level of support particularly when they took on more 'professional' roles such as needs assessment. Experiences within MOPPU, however, suggest that as well as comprehensive training and support, volunteers also need to feel a certain sense of efficacy – feeling that they were not be utilised to full effect or not receiving feedback on the outcomes of their activities left some volunteers questioning their involvement.

7.6 Summing it up: Personal budgets or personalisation?

The programme has arguably contributed to a wider set of outcomes for both older people and volunteers than originally intended. It has contributed to growing levels of understandings about personal budgets and has supported some people in the move onto direct payments. Perhaps more significantly, however, it has also contributed to enabling older people to feel more involved in deciding what is best for them, understanding what their options are, feeling more knowledge about what's going on in their local communities, and generally better in themselves. Its success is perhaps best judged as enabling personalisation, providing a specialised information and support service and, on occasions, a specialised befriending and support brokerage service, which contributed to feelings of well-being and supported people in accessing services, rather than more narrowly maximising older people's use of personal budgets. Maximising the use of personal budgets and increasing uptake of direct payments have been important aspects of the programme, but they featured to a greater or lesser extent within individual projects.

Achieving the programme targets, aims and objectives has not, however, been easy. A number of challenges have been experienced at programme and project level which had the potential to undermine programme outcomes, but in many cases have slowly been overcome albeit towards the later stages of programme delivery. The most significant challenge faced by the programme as a whole was building relationships with and referral pathways from local authority social care teams. While commitments had been made to work in partnership at the funding application stage, the wider policy and funding context for local authorities often appeared to get in the way of partnership working at the stage of delivery. The first years of programme delivery came at a time when local authorities were restructuring their services in light of both funding cuts and the implementation of personalisation agendas,

creating a challenging environment for partnership working. As the situation stabilised within some local authorities, by the end of the funding period partnerships and referral pathways have come into fruition in all three out of the five partners to positive effect.

The flexibility within the programme design for individual partners to adapt their projects to their local context meant that they were able to respond to challenges faced in delivering the programme as originally intended and to come up with more workable solutions. While some partners fought to maintain the fidelity of the original programme design, others adapted their approach and ambition shifting their focus towards the utilisation of broader community resources rather than social care budgets. Some might interpret this as meaning that the programme strayed too far, and struggled to deliver on its ambition to maximise people's use of personal budgets. Others may interpret it as meaning that the project partners adopted a pragmatic and resourceful response to a challenging environment, enabling them to meet the wider ambition of the programme to improve social care outcomes for older people, whether or not they were using personal budgets to do so. The same types of problem are likely to be apparent in any areas wanting to develop such an approach to supporting older people: it is unlikely the one size will ever fit all.

Arguably, explicitly acknowledging these tensions and the change in emphasis on different elements of the programme aims at a national programme level and subsequently re-negotiating (if necessary) with programme funders, and with individual projects, at an earlier stage within programme delivery may have been beneficial. This may have enabled individual project coordinators and national programme managers to embrace the flexibility built into the programme design and the learning that comes out from the different emerging models of delivery, rather than continually grapple with tensions that arose from attempts to stick closely to what individual projects perceived (differently) to be the core aims of the programme in the face of sometimes apparently insurmountable barriers.

The learning that has been gained through the delivery of this programme, that in part has come precisely because of the complex and challenging realities of local environments within which the projects were operating and the subsequent evolution of five different 'models' of delivery, with multiple pathways and outcomes, has been valuable in and of itself. Rather than detracting from, it adds to the outcomes for the older people supported, the volunteers involved and the agencies delivering MOPPU.

7.7 Recommendations

A number of specific recommendations emerge from the evaluation and particularly from the lessons learnt through observing the experience of local partners delivering the MOPPU programme through their diverse projects. The recommendations have been organised into three groups:

1. To Age UK partners (or equivalent organisations) looking to support older people maximise personal budgets:

   a. **Find out what is already happening in your local area**. Don't duplicate existing services, but try to complement them.

b. **Integrate with existing information and advice services**. Train up advisors (paid or voluntary) to be able to support older people with personal budgets and with care navigation in its broadest sense, alongside the existing information and advice provided. This is a basic support model that could be adopted by most partners.

c. **Integrate with existing befriending service**. Explore opportunities to extend the services of existing befriending schemes, so that befrienders are sensitized to identify different needs of the older people they befriend, can providing expert knowledge and advice - including on personal budgets – if called upon, and can act as a broker for older people wanting to access a range of different services and activities across their communities.

d. **Develop multiple referral pathways**. Where possible build referral pathways with the local authority, but don't rely on these alone, also make use of existing relationships and direct contacts with older people, such as through other internal services.

e. **Involve volunteers**. Be creative in the involvement of volunteers in supporting older people, exploring different ways to maximise their potential rather than limiting their involvement to administrative functions, but do so in a way that recognises boundaries, is based on the principle of volunteers adding value rather than replicating paid roles, and is based on good practice principles of volunteer support (see below).

f. **Explore the potential to develop opportunities for co-production and co-location with local authorities**. Building partnerships takes resources and commitment, but if resources and circumstances allow, evidence suggests that there are potentially considerable benefits to be had from closer working.

g. **Be flexible, responsive and pragmatic, but don't lose sight of goals** and the defining characteristics of your project/approach. Adapt to the local context but don't lose focus.

h. **Be persistent and celebrate success**. Developing new ways of working and building partnerships can take time and can be frustrating, be prepared to spend time building relationships, understanding the needs of potential partners and find ways to help them meet them. Be persistent with these efforts, and celebrate small successes along the way – this can help to maintain motivation and expand the project's profile.

2. To Age UK partners (or equivalent organisations) looking to involve volunteers:

a. **Get everything in place, before recruiting volunteers**. Do not rush into recruiting volunteers before having basic volunteer support mechanisms (e.g. volunteer policies, training schedules) in place. In most cases, the opportunities/roles which volunteers are to fulfil should also be developed – do not, for example, recruit volunteers before the basic framework that they are to be providing has been established, unless of course there is the potential to involve them in that process.

b. **Be inclusive**, both in terms of seeking to engage a wide range of volunteers and to involve them in a wide range of roles. If necessary challenge assumptions within the organisation (and beyond) about what volunteers can and can-not do and who does and does not volunteer and be open to conversations about what skills and experiences volunteers have got to offer, as well as what they want to get out of their involvement, while also keeping in mind what the boundaries are.

c. **Be supportive.** Investing in the recruitment, training and ongoing support of volunteers and in the creation of volunteering opportunities which match both organisational need and volunteer motivation. Offer feedback to volunteers on the outcomes of their efforts, and also opportunities for progression.

3. **For Age UK looking to deliver national programmes through local partners:**
   a. **Balance flexibility and autonomy,** with guidance and direction. Establish clear lines of accountability and reporting and clear mechanisms for sharing learning and decision making. Ensure that all partners understand and agree what level of flexibility and autonomy they have and what the boundaries to this are.

   b. **Consider the role the organisation can play at national level to advocate for the programme and to shape policy and practice.** This could include:
      i. Working with national umbrella bodies to help support relationships between partner organisations and local authorities;
      ii. Guidance on how to support older people through the social care system;
      iii. Working with policy makers to explore and address some of the challenges identified for older people receiving personal budgets, and particularly direct payments.

Appendix 1

Table AO1: Ethnicity of older people supported, by project location

			Ethnicity		Base
			White	Black	
Project	Hereford	No.	71	0	71
		%	100%	0%	
	Lincoln	No.	139	0	139
		%	100%	0%	
	Wandsworth	No.	15	2	17
		%	88%	12%	
	West Cumbria	No.	97	0	97
		%	100%	0%	
	Wirral	No.	74	0	74
		%	100%	0%	
Programme total		No.	396	2	398
		%	99%	1%	

Source: Older people's evaluation forms. Base = all respondents answering questions.

Table AO2: Sex of older people supported, by project location

			Sex		Total
			Female	Male	
Project	Hereford	No.	44	27	71
		%	62%	38%	100%
	Lincoln	No.	95	44	139
		%	68%	32%	100%
	Wandsworth	No.	11	6	17
		%	65%	35%	100%
	West Cumbria	No.	60	37	97
		%	62%	38%	100%
	Wirral	No.	49	25	74
		%	66%	34%	100%
Programme total		No.	259	139	398
		%	65%	35%	100%

Source: Older people's evaluation forms. Base = all respondents answering questions.

Table AO4: Age of older people supported, by project location

			Age					Base
			<60	**60-64**	**65-74**	**75-84**	**85+**	
Project	Hereford	No.	0	5	3	23	40	71
		%	0%	7%	4%	32%	56%	
	Lincoln	No.	9	1	24	54	51	139
		%	6%	1%	17%	39%	37%	
	Wandsworth	No.	0	0	2	8	7	17
		%	0%	0%	12%	47%	41%	
	West Cumbria	No.	3	12	15	38	28	96
		%	3%	13%	16%	40%	29%	
	Wirral	No.	1	12	23	24	13	73
		%	1%	16%	32%	33%	18%	
Programme total		**No.**	**13**	**30**	**67**	**147**	**139**	**396**
		%	**3%**	**8%**	**17%**	**37%**	**35%**	

Source: Older people's evaluation forms. Base = all respondents answering questions.

Table AO5: Getting involved in decisions

			I feel more involved in deciding what's best for me				Base
			Agree	**Neither agree nor disagree**	**Disagree**	**Not applicable**	
Project	Hereford	No.	40	25	4	2	71
		%	56%	35%	6%	3%	
	Lincoln	No.	127	12	0	0	139
		%	91%	9%	0%	0%	
	Wandsworth	No.	12	2	0	3	17
		%	71%	12%	0%	18%	
	West Cumbria	No.	96	1	0	0	97
		%	99%	1%	0%	0%	
	Wirral	No.	50	23	1	0	74
		%	68%	31%	1%	0%	
Programme total		**No.**	**325**	**63**	**5**	**5**	**398**
		%	**82%**	**16%**	**1%**	**1%**	

Source: Older people's evaluation forms. Base = all respondents answering questions.

Table AO6: Increased knowledge of local activities and services amongst older people

			Know more about the activities and services available to me in my local area				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	57	11	2	1	71
		%	80%	15%	3%	1%	
	Lincoln	No.	105	31	0	1	137
		%	76%	23%	0%	1%	
	Wandsworth	No.	5	2	0	10	17
		%	29%	12%	0%	59%	
	West Cumbria	No.	97	0	0	0	97
		%	100%	0%	0%	0%	
	Wirral	No.	65	8	0	0	73
		%	89%	11%	0%	0%	
Programme total		**No.**	**329**	**52**	**2**	**12**	**395**
		%	**83%**	**13%**	**1%**	**3%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Table AO7: Enhanced sense of involvement in community amongst older people

			Feel more involved in my community				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	14	41	14	2	71
		%	20%	58%	20%	3%	
	Lincoln	No.	117	17	1	3	138
		%	85%	12%	1%	2%	
	Wandsworth	No.	1	5	2	8	16
		%	6%	31%	13%	50%	
	West Cumbria	No.	64	27	0	4	95
		%	67%	28%	0%	4%	
	Wirral	No.	18	49	5	0	72
		%	25%	68%	7%	0%	
Programme total		**No.**	**214**	**139**	**22**	**17**	**392**
		%	**55%**	**35%**	**6%**	**4%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Table AO8: Getting support

			Have somewhere to go if I needed help or support				Base
			Agree	**Neither agree nor disagree**	**Disagree**	**Not applicable**	
Project	Hereford	No.	55	12	2	2	71
		%	77%	17%	3%	3%	
	Lincoln	No.	75	63	0	1	139
		%	54%	45%	0%	1%	
	Wandsworth	No.	15	1	1	0	17
		%	88%	6%	6%	0%	
	West Cumbria	No.	96	1	0	0	97
		%	99%	1%	0%	0%	
	Wirral	No.	69	5	0	0	74
		%	93%	7%	0%	0%	
Programme total		**No.**	**310**	**82**	**3**	**3**	**398**
		%	**78%**	**21%**	**1%**	**1%**	

Table AO9: Reduced loneliness amongst older people

			Less lonely				Base
			Agree	**Neither agree nor disagree**	**Disagree**	**Not applicable**	
Project	Hereford	No.	28	29	12	2	71
		%	39%	41%	17%	3%	
	Lincoln	No.	108	25	0	6	139
		%	78%	18%	0%	4%	
	Wandsworth	No.	0	4	1	12	17
		%	0%	23%	6%	71%	
	West Cumbria	No.	66	27	0	4	97
		%	68%	28%	0%	4%	
	Wirral	No.	20	45	7	0	72
		%	28%	63%	10%	0%	
Programme total		**No.**	**222**	**130**	**20**	**24**	**396**
		%	**56%**	**33%**	**5%**	**6%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Table A010: Older people feeling better

			Feel better within myself				Total
			Agree	**Neither agree nor disagree**	**Disagree**	**Not applicable**	
	Hereford	No.	37	26	7	0	70
		%	53%	37%	10%	0%	
	Lincoln	No.	134	4	0	1	139
		%	96%	3%	0%	1%	
	Wandsworth	No.	8	5	1	2	16
		%	50%	31%	6%	13%	
	West Cumbria	No.	75	21	0	1	97
		%	77%	22%	0%	1%	
	Wirral	No.	36	36	1	0	73
		%	49%	49%	1%	0%	
Programme total		**No.**	**290**	**92**	**9**	**4**	**395**
		%	**73%**	**23%**	**2%**	**1%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Table AO11: Reduced worry amongst older people

			Less worried				Base
			Agree	**Neither agree nor disagree**	**Disagree**	**Not applicable**	
Project	Hereford	No.	40	27	3	1	71
		%	56%	38%	4%	1%	
	Lincoln	No.	130	9	0	0	139
		%	94%	6%	0%	0%	
	Wandsworth	No.	4	9	1	3	17
		%	24%	53%	6%	18%	
	West Cumbria	No.	76	19	0	1	96
		%	79%	20%	0%	1%	
	Wirral	No.	34	35	5	0	74
		%	46%	47%	7%	0%	
Programme total		**No.**	**284**	**99**	**9**	**5**	**397**
		%	**72%**	**25%**	**2%**	**1%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Table AO12: Understanding options

			Have understood what my options are				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	50	19	1	1	71
		%	70%	27%	1%	1%	
	Lincoln	No.	123	16	0	0	139
		%	88%	12%	0%	0%	
	Wandsworth	No.	12	3	1	1	17
		%	71%	18%	6%	6%	
	West Cumbria	No.	92	4	0	0	96
		%	96%	4%	0%	0%	
	Wirral	No.	70	3	0	0	73
		%	96%	4%	0%	0%	
Programme total		No.	347	45	2	2	396
		%	88%	11%	1%	1%	

TableAO13: Increased knowledge of Age UK amongst older people

			Know and appreciate what Age UK do				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	61	10	0	0	71
		%	86%	14%	0%	0%	
	Lincoln	No.	136	1	1	1	139
		%	98%	1%	1%	1%	
	Wandsworth	No.	16	1	0	0	17
		%	94%	6%	0%	0%	
	West Cumbria	No.	92	2	0	0	94
		%	98%	2%	0%	0%	
	Wirral	No.	68	5	0	0	73
		%	93%	7%	0%	0%	
Programme total		No.	373	19	1	1	394
		%	95%	5%	0%	0%	

Source: Older people's evaluation forms. Base = all respondents answering the question.

Table AO14: Future contact with Age UK

			Likelihood of contacting Age UK for support in the future		Total
			Definitely	**Maybe**	
Project	Hereford	No.	61	10	71
		%	86%	14%	
	Lincoln	No.	139	0	139
		%	100%	0%	
	Wandsworth	No.	13	4	17
		%	76%	24%	
	West Cumbria	No.	66	0	66
		%	100%	0%	
	Wirral	No.	0	0	0
		%	0%	0%	
Programme total		**No.**	**279**	**14**	**293**
		%	**95%**	**5%**	

Source: Older people's evaluation forms. Base = all respondents answering the question.

AV01: Volunteer ethnic background

			Ethnicity		Total
			White	Black	
Project	Hereford	No.	11	0	11
		%	100%	0%	
	Lincoln	No.	53	0	53
		%	100%	0%	
	Wandsworth	No.	2	0	2
		%	100%	0%	
	West Cumbria	No.	33	0	33
		%	100%	0%	
	Wirral	No.	11	1	12
		%	92%	8%	
Programme total		**No.**	**110**	**1**	**111**
		%	**99%**	**1%**	

Source: Volunteer evaluation forms. Base = all respondents answering the question.

AV02: Volunteers' sexuality

			Sexuality			Total
			Lesbian/gay	Heterosexual	Prefer not to say	
Project	Hereford	No.	0	10	1	11
		%	0%	91%	9%	
	Lincoln	No.	3	39	11	53
		%	6%	74%	21%	
	Wandsworth	No.	0	0	2	2
		%	0%	0%	100%	
	West Cumbria	No.	0	33	0	33
		%	0%	100%	0%	
	Wirral	No.	0	8	2	10
		%	0%	80%	20%	
Programme total		**No.**	**3**	**90**	**16**	**109**
		%	**3%**	**83%**	**15%**	

Source: Volunteer evaluation forms. Base = all respondents answering the question.

AV03: Sex of volunteers

			Sex		Total
			Female	Male	
Project	Hereford	No.	10	1	11
		%	91%	9%	
	Lincoln	No.	50	3	53
		%	94%	6%	
	Wandsworth	No.	0	2	2
		%	0%	100%	
	West Cumbria	No.	32	1	33
		%	97%	3%	
	Wirral	No.	8	3	11
		%	73%	27%	
Programme total		**No.**	**100**	**10**	**110**
		%	**91%**	**9%**	

Source: Volunteer evaluation forms. Base = all respondents answering the question.

Table AV04: Volunteers' caring responsibilities, by project

			Caring responsibilities		Base
			Caring for family member	Parent of young children	
Project	Hereford	No.	6	2	11
		%	55%	18%	
	Lincoln	No.	9	5	53
		%	17%	9%	
	Wandsworth	No.	0	0	2
		%	0%	0%	
	West Cumbria	No.	5	6	33
		%	15%	18%	
	Wirral	No.	4	1	12
		%	33%	8%	
Programme total		**No.**	**24**	**14**	**111**
		%	**22%**	**14%**	

Source: Volunteer evaluation forms. Base = all respondents answer the questions.

Table AV05: Volunteers' experience of working in health care

			Have you ever worked in health care?		Base
			Yes	No	
Project	Hereford	No.	2	9	11
		%	18%	82%	
	Lincoln	No.	16	37	53
		%	30%	70%	
	Wandsworth	No.	1	1	2
		%	50%	50%	
	West Cumbria	No.	6	27	33
		%	18%	82%	
	Wirral	No.	3	9	12
		%	25%	75%	
Programme total		No.	28	83	111
		%	25%	75%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV06: Reasons for volunteering in MOPPU

			To improve things/help people	To make new friends	There was a need	To learn new skills	To use existing skills	To understand more about personal budgets	To get on in my career	Part of religious belief	Part of philosophy	Had spare time	Know and appreciate more what Age UK do	Base
								Reason						
Project	Hereford	No.	10	1	5	10	9	6	4	1	5	9	61	11
		%	91%	9%	45%	91%	82%	55%	36%	9%	45%	82%	86%	
	Lincoln	No.	53	53	48	53	53	46	8	37	41	53	136	53
		%	100%	100%	91%	100%	100%	87%	15%	70%	77%	100%	98%	
	Wandsworth	No.	2	0	2	0	2	1	0	0	0	0	16	2
		%	100%	0%	100%	0%	100%	50%	0%	0%	0%	0%	94%	
	West Cumbria	No.	27	12	14	13	17	4	10	2	7	13	92	33
		%	82%	36%	42%	39%	52%	12%	30%	6%	21%	39%	98%	
	Wirral	No.	9	4	5	7	7	4	6	2	4	8	68	12
		%	75%	33%	42%	58%	58%	33%	50%	17%	33%	67%	93%	
Programme total		**No.**	**101**	**70**	**74**	**83**	**88**	**61**	**28**	**42**	**57**	**83**	**373**	**111**
		%	**91%**	**63%**	**67%**	**75%**	**79%**	**55%**	**25%**	**38%**	**51%**	**75%**	**95%**	

Source: Volunteer evaluation forms. Base = all respondents answering questions. Respondents could select multiple reasons.

AV07: Volunteer outcomes - feeling more confident

			Feel more confident				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	5	4	2	0	11
		%	4%	36%	18%	0%	
	Lincoln	No.	17	0	36	0	53
		%	32%	0%	68%	0%	
	Wandsworth	No.	0	1	0	1	2
		%	0%	50%	0%	50%	
	West Cumbria	No.	23	6	0	2	31
		%	74%	19%	0%	%	
	Wirral	No.	7	2	0	0	9
		%	78%	22%	0%	0%	
Programme total		**No.**	**52**	**13**	**38**	**3**	**106**
		%	**49%**	**12.3%**	**35.8%**	**2.8%**	

Source: Volunteer evaluation forms. Base = all respondents answering question.

AV08: Volunteer outcomes - learning new skills

			Learnt new skills				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	11	0	0	0	11
		%	100%	0%	0%	0%	
	Lincoln	No.	18	0	35	0	53
		%	34%	0%	66%	0%	
	Wandsworth	No.	0	0	0	1	1
		%	0%	0%	0%	100%	
	West Cumbria	No.	23	8	0	0	31
		%	74%	26%	0%	0%	
	Wirral	No.	10	0	0	0	10
		%	100%	0%	0%	0%	
Programme total		**No.**	**62**	**8**	**35**	**1**	**106**
		%	**58%**	**7%**	**33%**	**1%**	

Source: Volunteer evaluation forms. Base = all respondents answering question.

AV09: Volunteer outcomes – Community involvement

			More involved in community				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Wirral	No.	8	4	0	0	12
		%	67%	33%	0%	0%	
	Hereford	No.	4	6	1	0	11
		%	36%	55%	9%	0%	
	Wandsworth	No.	0	0	0	1	1
		%	0%	0%	0%	100%	
	Lincoln	No.	42	0	11	0	53
		%	79%	0%	21%	0%	
	West Cumbria	No.	25	4	0	1	30
		%	83%	13%	0%	3%	
Programme total		**No.**	**79**	**14**	**12**	**2**	**107**
		%	**74%**	**13%**	**11%**	**2%**	

Source: Volunteer evaluation forms. Base = all respondents answering question.

AV10: Volunteer outcomes –Making friends

			Outcomes - Made new friends				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	5	3	3	0	11
		%	45%	27%	2%	0%	
	Lincoln	No.	40	0	13	0	53
		%	75%	0%	25%	0%	
	Wandsworth	No.	0	0	0	1	1
		%	0%	0.0%	0%	100%	
	West Cumbria	No.	27	4	0	0	31
		%	87%	13%	0%	0%	
	Wirral	No.	9	2	0	0	11
		%	82%	18%	0.0%	0%	
Programme total		**No.**	**81**	**9**	**16**	**1**	**107**
		%	**76%**	**8%**	**15%**	**1%**	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV11: Volunteer outcomes - Learning about personal budgets

			Learnt about personal budgets				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	11	0	0	0	11
		%	100%	0%	0%	0%	
	Lincoln	No.	0	0	53	0	53
		%	0%	0%	100%	0%	
	Wandsworth	No.	1	0	0	1	2
		%	50%	0%	0%	50%	
	West Cumbria	No.	16	11	0	3	30
		%	53%	37%	0%	10%	
	Wirral	No.	10	1	0	0	11
		%	91%	9%	0%	0%	
Programme total		No.	38	12	53	4	107
		%	36%	11%	50%	4%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV12: Volunteer outcomes - Understanding more about older people's situation

			Outcomes - Understand more about situation of older people				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	11	0	0	0	11
		%	100%	0%	0%	0%	
	Lincoln	No.	43	0	10	0	53
		%	81%	0%	19%	0%	
	Wandsworth	No.	1	0	0	1	2
		%	50%	0%	0%	50%	
	West Cumbria	No.	29	3	0	0	32
		%	91%	9%	0%	0%	
	Wirral	No.	9	2	0	0	11
		%	82%	18%	0%	0%	
Programme total		No.	93	5	10	1	109
		%	85%	5%	9%	1%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV13: Volunteer outcomes – Learning about Age UK

			Know more about Age UK				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	11	0	0	0	11
		%	100%	0%	0%	0%	
	Lincoln	No.	12	9	32	0	53
		%	23%	17%	60%	0%	
	Wandsworth	No.	1	0	0	1	2
		%	50%	0%	0%	50%	
	West Cumbria	No.	27	3	0	0	30
		%	90%	10%	0%	0%	
	Wirral	No.	11	1	0	0	12
		%	92%	8%	0%	0%	
Programme total		No.	62	13	32	1	108
		%	57%	12%	29%	1%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV14: Volunteer outcomes - Feel better within self

			Feel better within Self				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
	Hereford	No.	4	6	1	0	11
		%	36%	55%	9%	0%	
	Lincoln	No.	42	0	11	0	53
		%	79%	0%	21%	0%	
	Wandsworth	No.	0	1	0	1	2
		%	0%	50%	0%	50%	
	West Cumbria	No.	27	1	0	2	30
		%	90%	3%	0%	7%	
	Wirral	No.	7	3	0	0	10
		%	70%	30%	0%	0%	
Programme total		No.	80	11	12	3	106
		%	75%	10%	11%	3%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV15: Volunteer outcomes – Employability

			Enhanced employment prospects				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
	Hereford	No.	3	2	3	3	11
		%	27%	18%	27%	27%	
	Lincoln	No.	6	0	47	0	53
		%	11%	0%	89%	0%	
	Wandsworth	No.	0	0	0	2	2
		%	0%	0%	0%	100%	
	West Cumbria	No.	12	13	0	4	29
		%	41%	45%	0%	14%	
	Wirral	No.	3	4	1	2	10
		%	30%	40%	10%	20%	
Programme total		**No.**	**24**	**19**	**51**	**11**	**105**
		%	**23%**	**18%**	**49%**	**10%**	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV16: Volunteer outcomes - Feel less worried

			Feel less worried				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	2	4	3	2	11
		%	18%	36%	27%	18%	
	Lincoln	No.	13	22	18	0	53
		%	25%	42%	34%	0%	
	Wandsworth	No.	0	0	0	2	2
		%	0%	0.0%	0%	100%	
	West Cumbria	No.	9	15	1	3	28
		%	32%	54%	4%	11%	
	Wirral	No.	2	6	2	0	10
		%	20%	60%	20%	0%	
Programme total		**No.**	**26**	**47**	**24**	**7**	**104**
		%	**25%**	**45%**	**23%**	**7%**	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV17: Volunteer outcomes - Utilising existing skills

			Utilising existing skills				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	7	4	0	0	11
		%	64%	36%	0%	0%	
	Lincoln	No.	46	7	0	0	53
		%	87%	13%	0%	0%	
	Wandsworth	No.	1	0	0	1	2
		%	50%	0%	0%	50%	
	West Cumbria	No.	30	2	0	0	32
		%	94%	6%	0%	0%	
	Wirral	No.	8	2	0	0	10
		%	80%	20%	0%	0%	
Programme total		No.	92	15	0	1	108
		%	85%	14%	0%	1%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

Table AV18: Volunteer outcomes - Feel more appreciated

			Feel more appreciated				Base
			Agree	Neither agree nor disagree	Disagree	Not applicable	
Project	Hereford	No.	7	3	1	0	11
		%	64%	27%	9%	0%	
	Lincoln	No.	8	0	0	0	8
		%	100%	0%	0%	0%	
	Wandsworth	No.	0	0	0	2	2
		%	0%	0%	0%	100%	
	West Cumbria	No.	24	2	1	1	28
		%	86%	7%	4%	4%	
	Wirral	No.	6	3	1	0	10
		%	60%	30%	10%	0%	
Programme total		No.	45	8	3	3	59
		%	76%	14%	5%	5%	

Source: Volunteer evaluation forms. Base = all respondents answering question.

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