Data Gathering Survey Write Up

November 2016

The following report sets out the feedback from the data gathering surveys undertaken between May and July 2016 on providing and accessing information and advice services. This data was used to inform the development of the Information, Advice and Advocacy Strategy and service specification for the General Information and Advice Service and Targeted Support Grants.

Report on Service Provider Telephone Interview Responses

Organisations Represented (19):

- Harrow Association of Disabled People (HAD)
- Hillingdon Aids Response Trust (HART)
- Harrow Anti-Racist Alliance (HARA)
- Harrow Carers
- Harrow Mencap
- Namaste Care
- Paiwand Afghan Association
- Harrow Law Centre (LC)
- Sangat Centre (SC)
- Harrow Association of Somali Voluntary Organisations (HASVO)

- Kuwaiti Community Association (KCA)
- Healthwatch (HW)
- Harrow Citizens Advice Bureau (CAB)
- AGE UK Harrow
- Indian Association of Harrow (IAH)
- Voiceability
- Alzheimer's Society
- Russian Immigrants Association (RIA)
- Mind in Harrow (MiH)

1. How Customers Access Information/Advice:

The majority (16 organisations) stated that their customers tend to access information and advice in a variety of ways, such as over the phone, via e-mail or through referrals (from other VCS organisations, Council services and word of mouth such as from family). Namaste Care also stated that they sometimes get referrals from memory clinics and a local GP.

The most frequently stated methods for clients to access information/advice were: via phone (14), referrals (10), walk-in sessions (9), e-mail (8) and self-referrals (2). 4 organisations also stated that they serve new customers through outreach activities (e.g. MiH and IAH engage new service users through bulletins).

2. Level of Needs of the Customers:

11 organisations stated that the level of need varies from client to client, as some have complex needs (e.g. food bank referrals and rough sleepers), whilst others can manage relatively well independently (e.g. those who want advice over socialising opportunities, job search assistance and skills training).

- Russian Immigrants Association: 'there are different levels of need - some come just for basic information (around new polices and immigration)'

- Paiwand Afghan Association: 'Needs are varied. Lowest level is form filling. Highest level is homeless people.'

- HARA: 'Level of needs can vary. It can range from in-depth benefit advice to support accessing a housing register, medical support, letters of advocacy, finance and budgeting, debt management, foods bank access, baby milk access.'

On the other hand, 9 service providers stated that most of their clients have high levels of need, most frequently around housing and benefits issues. The areas of highest need listed by providers were: homelessness or threat of eviction, welfare and finance issues, mental health issues and social isolation and loneliness.

2 organisations (HARA and MiH) also stated that migrants - particularly those from Afghan, Tamil, Somali, Arabic and Eastern European communities - tend to have high levels of need across a range of areas such as immigration and integration, housing, mental health advocacy and welfare applications. MiH stated that the Afghan, Tamil and Somali communities often have issues with social isolation due to a lack of advocacy service targeted/tailored towards the needs of their communities in Harrow.

- Law Centre: 'Clients are usually in desperate need. These are people living on the streets or sleeping in cars and are homeless.'

- Alzheimer's Society – 'Varying needs – customers usually in crisis'

- Harrow Carers: 'Most have high levels of different needs; normally have some kind of emotional or common mental health condition. Have lots of practical needs too – financial, need for training.'

- Harrow Association of Somali Voluntary Organisations (HASVO): 'Most people have acute issues such as housing eviction'

- HARA: 'There's an increase in the number of people in crisis. More requests for advice coming from beneficiaries (especially from Tamil, Afghan and Eastern European communities). There is also an increase in service requests from Arabic speakers – not a huge number but steadily increasing'

- MiH: 'There is no publicly advertised advocacy in particular for the Afghan, Tamil and Somali community. These communities are socially isolated'

The reasons given for why high levels of need may tend to dominate, included incorrect signposting between VCS organisations and GPs causing delays in a customer's journey to get advice (3), and delays in approaching advice services due to a perceived 'stigma' associated with having their conditions (1 – MiH).

- Law Centre: 'People go from agency to agency not being assisted'

- Mind: 'People delay in getting help because of the stigma attached. A lot of GP's are not informed about where to refer'

A further two organisations (Law Centre and CAB) stated that individual clients often have multiple needs, thereby necessitating a 'multi-faceted' (holistic) approach to resolving their issues.

- Law Centre (LC): 'There are usually multiple issues such as the council is about to take children into care, someone is about to be deported or a person that is claiming asylum but they have no food or clothes'

- CAB: 'There are many areas of complexity around people's needs such as health and advice for elderly people and there needs to be a multi-faceted response to a range of issues.

3. What are the Most Time-Consuming Actions?

There was a mixed response amongst providers. The largest group of respondents (6) stated that the most time consuming factor in delivering advice services is providing advocacy services for clients - specifically for issues around housing, welfare and finance/debt.

- Harrow Association of Disabled People: 'Most time consuming factor is representing someone at a tribunal when they have lost their benefits. Providing one-to-one advocacy. Working on people who want to claim benefits. It's rare to have a simple exchange of advice with this type of work. Most of it requires long discussion and long pieces of work'.

- HART: 'Most time consuming is providing in-depth housing and benefits advice and advocacy'

- Sangat Centre: 'Most time-consuming is assisting people with appeals processes, helping them to complete benefits forms and assisting them where their claims have been rejected.'

- MiH: 'Dealing with housing and homelessness casework (we can spend months trying to get people the right kind of help).'

The Mind in Harrow (MiH) representative also stated that there was a need for a more 'culturally targeted' approach to providing advocacy services to people from new migrant communities. MiH also raised a concern that there is 'no non-statutory mental health advocacy service (in Harrow) as this was cut by CCG and the Council last year', which has left up to '4,000 residents' with acute mental health need without support.

Further time-consuming factors stated were:

- The Council being difficult to reach/communicate with (3)

- Providing face to face consultations (3)

- Form-filling services (2)

- Clients bringing incorrect documents to meetings (2)

- Providing a holistic response to clients with diverse/complex needs (2)

- Providing help to people who are housebound or in hospital,

- Helping clients to get appointments with other organisations

- Providing immigration advice.

4. What are the Main Frustrations which Customers Experience when Accessing Information and Advice?

There was a range of responses to this question, but the most common were the frustrations caused when customers are incorrectly signposted or 'passed around' between advice organisations without getting the appropriate advice (stated by 8 organisations), when customers cannot get immediate solutions to their issues from advice services because the services offer advice rather than direct assistance (6 organisations), and when customers have to endure long waiting times (5 organisations).

a) Signposted Incorrectly:

− Healthwatch: 'People have usually been sent around the houses and are frustrated. There is frustration in having to wait to see a service provider or being referred incorrectly'

− Law Centre: 'being sent from pillar to post and then being signposted – the matter is not resolved and people are not able to get through to agencies.'

− Alzheimer's Society: 'Main frustration is when service users are signposted incorrectly.'

− CAB: 'The demand is high for all service providers. Many people don't want to be signposted. Now everyone is signposting because of the Care Act'

In terms of suggested solutions to this issue, Healthwatch (HW) stated that there needs to be a 'more centralised and efficient way of working between VCS organisations so that it's easier to signpost people correctly and more immediately'. The HW representative also called for a 'centralised database for key providers to share information (whilst being compliant with data protection act).'

b) Advice organisations can't provide immediate solution:

− Sangat Centre: 'People want an immediate answer and often they don't like their outcomes.'

− Paiwand Afghan Association: 'Clients frustrated by the fact that advice service doesn't provide shelter, food and direct assistance.'

c) Waiting Times:

− AGE UK: 'People are frustrated by waiting lists and funding cuts. A waiting list can be between 4-6 weeks.'

− Kuwaiti: 'People have to wait a long time sometimes; will be on the phone for 45 minutes to 1 hour. It also takes time when waiting in line at the council. Instead of using the phone we prefer website and email, its quicker to send and quicker to get a response.'

d) Language barriers

Kuwaiti Community Association reiterated their concern about language barriers and suggested that organisations which provide services to those with language barriers should be made more visible to potential service users in places such as the Harrow Advice Together (HAT) portal. 3 other organisations (Namaste Care, HARA and Paiwand Afghan) also stated that the main issue customers experience when seeking advice is language barrier difficulties particularly from Arabic, Afghan, Tamil and Eastern European communities.

− HARA: 'Language barriers are the biggest customer frustration especially for new arrivals coming from other European countries. If there is nobody in the team who speaks the language (which is unusual) then very often we can communicate in a third language (e.g. Russian, French, Spanish , Italian). But this is not with every case, so communication can be difficult'

e) Dealing with multiple needs

There was also a view that customers were frustrated by the fact that few organisations in Harrow can offer a holistic service to address all of a clients' needs in one place.

− Healthwatch (HW): 'Some service providers are not able to deal with multiple needs.'

HW stated that having a more centralised coordination between providers and mapping of community assets would improve the ability of VCS organisations to provide a holistic service to clients.

5. *Best Way for Customers to Access Information/Advice Services:*

The most common response (listed by 8 organisations) was that the best way for customers to access advice is over the phone, as there was a view that this is the most convenient way for service users and is less time-consuming than face-to-face consultations meaning that providers can handle more clients. Notably, the CAB also stated that over the phone is the best way for customers to reach their organisation because they cannot afford to open long hours.

The second most common response (6 organisations) was for customers to access advice digitally rather than via face-to-face consultations or over the phone (i.e. online through a website or through e-mails). This was also considered by some providers as a way to enhance their capacity so they can handle more clients, and makes it easier to keep a record of the interaction.

− Kuwaiti: 'Instead of using the phone we prefer website and email, its quicker to send and quicker to get a response, meaning we can double the amount of people we see. It means that we also have a copy of the email as evidence of interaction with agencies for our clients.'

− RIA: 'It would help if they could access information on a website before walking into the office. Computer terminals in public place such as shopping centres would be helpful'

− HASVO: 'Best way to access information and advice is through the website'

Healthwatch (HW) also stated that more use of social media as a way for users to access advice may be beneficial as they have noticed significant user activity through this channel:

- HW: 'We have had 100,000 twitter hits and I think that more use of social media would be helpful/desirable.'

There was however some recognition that this method may be a challenge for some clients, particularly those with low computer literacy or who struggle to navigate online (such as the elderly, disabled and those with language barriers), and those with no computer/internet access. For instance:

- CAB: 'If the customer is digitally aware, they can access the HAT website and there is a step by step process for people to be assisted. However the website may be a challenge for people with mental health issues, elderly, people with low literacy and that have language barriers. Some also do not have the money to access the internet'

3 organisations (HAD, Namaste Care and HARA) stated that the best way to access services was via face-to-face consultations. HAD claims that this is because many disabled people cannot access the internet, whilst HARA stated that 1-1 consultations make it easier to assess a user's needs, identify language barriers and make appropriate referrals.

However whilst agreeing with the need for face-to-face consultations, the AGE UK representative noted that it is sometimes challenging to provide this type of service to elderly clients, as they 'tend to only go out when the weather is good'. This particular response may therefore suggest that there is a need for more of an outreach element to the face-to-face consultations (where providers do home visits for instance). It should be noted however that both the Indian Association of Harrow and Voiceability stated previously (Q3) that providing outreach 1-1's (home visits and ward rounds) can be highly time-consuming.

6. *Customer Satisfaction Measure*

Most organisations stated that they use customer feedback forms and surveys to measure customer satisfaction (14 organisations). Of these, 10 organisations use feedback forms filled out by each customer they serve, and 4 based their measure on annual surveys of their service users.

Other responses: customer satisfaction measured by outcome of the case (rather than client feedback) (2) and feedback from focus groups (1).

7. *Main Change in Customer Needs within Past 5 Years:*

The most common change observed by providers was a rise in users with financial difficulties (reported by 6 organisations).

- HAD: 'People with huge financial problems'

- Harrow Mencap: 'People seem to be in greater financial hardship now'

- Mind in Harrow: 'There are more in debt and at risk of homelessness'

A further change reported was an increase in demand for advice specifically over benefits and welfare reform issues (5 organisations). On this note, 2 organisations stated that changes to the benefits system had left clients confused about their entitlement to welfare support and at greater risk of financial hardship.

- Kuwaiti: 'Over the last 2 years we see more people with benefits issues, employment and support needed for disability payments and PIP (Personal Independence Payments)'

- RIA: 'The benefits system changes quickly and often. Public services are not good at explaining the differences.'

Other changes observed by providers include: more demand for housing advice (4), immigration advice (4), an increase in users from Tamil, Afghan and Eastern European communities (HARA), ageing carers needing diverse range of support (Harrow Carers), and more refugees in need due to law changes (Noori Pari).

3 organisations (HAD, Namaste Care and LC) also stated that there are now fewer advice services available than before despite increases in demand for them, leading to more pressure on the services which remain.

- Law Centre: 'There are far fewer places for people to get housing advice, welfare benefits, immigration, education and there are far fewer places to get general advice.'

- HAD: 'Less organisations providing support in borough so customers more dependent on the remaining ones'

- Namaste: 'Social care provision getting smaller whilst general demand for this increases'

8. Predicted Change in Customer Needs over Next 5 Years:

Every provider stated that they believe demand for their services will increase, although there were various reasons given for this.

The most common reason stated was that demand would increase due to welfare reform and legislation changes (such as the reduced benefit cap and introduction of universal credit) which would increase the number of Harrow residents experiencing financial hardship (10 organisations).

- CAB: 'Universal credit will have a huge impact. We are undertaking financial capability workshops to train our staff and volunteers to advise people on how to budget and prioritise'

- LC: 'Benefit cap may mean people cannot afford rent'

Further responses were that: There would be an increase in demand for immigration advice due to an increase in new arrivals and refugees (6), and more elderly people accessing information and advice services due to an ageing Harrow population (3 - Indian Association of Harrow, Harrow Carers and Namaste Care), more Arabic speaking users accessing advice services - meaning there'll be an increased need for Arabic interpreters (HARA), and there will be increased demand for housing advice due to low housing supply in Harrow (LC).

9. Will Organisations be able to cope with Future Demands?

Most organisations stated that they would be able to cope in the future with some changes (14). 3 stated that they would be able to cope as they are.

Of the required changes, 5 organisations stated that they would need to adapt to meet changing customer demands, and 6 specified that they would need more funding. Notably, two organisations (CAB and RIA) also suggested that they would be able to cope with demands in the future as long as more people accessed advice services online rather than in person.

- RIA: 'We need to expand services online'

- CAB: 'Need to empower people to use digital information'

2 organisations (HAD and MiH) indicated that they'd be likely to close. HAD stated that this was due to their receiving less money from government and the greatly increased demands coming from an ageing population, and MIND stated that it was because of cuts to public services and increased competition for funding from external sources (e.g. Big Lottery).

- MiH: 'The Big Lottery has cited a 200% increase in applications for the Big Lottery.'

- HAD: 'Don't think we will be able to cope – there is too much pressure as the population ages which will create more disabled people, and government policy isn't providing us with enough resources'

10.   Main Issues which Customers have with Accessing Information and Advice:

The largest group of respondents (9 organisations) stated that clients often have issues accessing information online due to low computer literacy and/or a lack of computer access., with 2 (Noori Pari and Namaste Care) stating that some clients need assistance to access information online.

A further group (6 organisations) stated that language barriers were the main issue clients have with accessing advice, with Namaste Care expanding on this by saying that more 'culturally sensitive' information presentation was required.

Additional issues stated were: long waiting lists (HAD), information being dispersed around too many different organisations (Paiwand Afghan Association). The Indian Association of Harrow also stated that issues they have with training and retaining volunteers (such as that they have a high volunteer turnover and have noticed a decrease in the number of volunteers wanting to work in information and advice) may cause issues to customers seeking quality advice.

11.   Most Effective way to Provide Quality, Accessible Advice:

10 organisations stated that the best way was to offer more face-to-face consultations, with fully trained staff. There was a view that face-to-face consultations provided more of a chance to fully understand a clients' needs, identify language barriers and deliver a holistic response. In particular, HAD argued that 1-1's are required to deal with complex benefit-related enquiries.

- LC: 'There is enough information online already. We need a human approach. People need proper old fashioned (face-to-face) advice'

- RIA: 'Provide more one to one/face to face sessions'

- HAD: 'Increase the number of people who can give face to face advice'

Further suggested steps to provide quality advice included: having longer opening hours (AGE UK), tailoring advertisement to suit the age demographic of the audience, e.g. using social media to promote services to the young, and on paper methods to raise awareness amongst adults/elderly (MENCAP), distributing leaflets to all kinds of community organisations and public places to raise awareness (HART), and more collaboration between service providers in terms of materials and information (Paiwand Afghan Association).

12.   Does Providing Advice on Accessible Websites Increase Demand?

There was a mixed response to this question. 9 providers answered either 'yes' or 'probably yes', whilst 6 stated 'no', 1 (HW) said the effects would be 'neutral' and 1 (Mind) said it would depend on what advice is

provided. Namaste Care also added a condition, stating that this would probably increase demand, but 'only if advice is translated properly (online)'.

Of those responding 'yes', there was a view that clients would feel empowered by the knowledge gained from accessing information online and therefore feel more confident approaching an advice organisation. RiA also noted that their clients had asked about this type of service.

Of the 'no' responses, 2 organisation (HAD, HARA) stated that online information would not help the disabled community, many of whom cannot access info online. Sangat Centre also answered 'no' but stated that advice on accessible websites would help people to find the right advice service for their needs.

3 organisations also referred to a need for providers to have a digital forum to share best practice and target efforts at the needs of the community. AGE UK also noted that clients often prefer to go direct to agencies rather than seek information online as 'they prefer feedback and it reduces their anxiety levels.'

13.   Would Customers Benefit from Accessing Info/Advice from a Single Brand?

The largest group of providers (9) answered 'yes', with common reasons such as that it would improve client trust in and knowledge of the organisation they are referred to. However most stated that certain conditions would need to be met for a single brand to be beneficial. These were: a need for highly trained/expert staff who know about the local services on offer (3: LC, HW, MiH), need for an outreach element, standards and quality checks to ensure 'consistent service across the board' (CAB), need for the right technology/software to be used (HW), and need for a 'cultural change' before this is implemented (AGE UK).

- MiH: 'Single brand needs expertise and local knowledge base'

- CAB: 'Single brand needs standards and quality checks to maintain consistent service across the board'.

On the other hand, 5 organisations answered 'no'. One organisation (HAD) stated that a single brand would reduce customer choice about where they go to seek advice and undermine the ability of organisations to build up trustful relationships with customers.

14.   How would you Access Information held by Harrow Council?

15 organisations stated that they accessed the Council website to acquire information. HARA drew particular attention to Harrow Advice Together, whilst MENCAP argued that the website was good, but needed more investment.

Further responses: Contact the Council over the phone (4 organisations), Attending Harrow Council community engagement events (2: HW and Paiwand Afghan), one-to-one consultations is the only way we get info on a user (HAD), and over the phone is the most convenient way (Harrow Carers).

15.   What Gaps exist in Service Provision in the Borough?

19 organisations stated that gaps existed in the borough, however there was a range of responses about where these gaps exist. The areas noted were gaps in advice over: legal (2), immigration advice for refugees/new arrivals (2), housing (2), health including daytime mental health services (2), care and financial management advice for the elderly (1), employment (1), youth and gangs (1).

− HW: 'There is a gap in services for people with severe learning as it is challenging to reach out to them'

− HASVO: 'We need more information for the youth, around gangs and housing'

− AGE UK: 'Big gap in advice provision around housing'

Further responses: A need for funding and volunteers (Noori Pari), that gaps exist due to the Council being difficult to contact (HART), and that advice is often too complex for users to understand, meaning that many users are unable to use it (MENCAP).

16.   What can Voluntary Services do to improve?

8 representatives stated that overall standards of service would be improved through closer collaboration between advice organisations. Specifically some called for more effective data and best practice sharing between organisations, and more effective inter-agency referrals.

− HASVO: 'There needs to be better co-ordination and lobbying for funding'

− Harrow Carers: 'More interagency co-operation and referrals'

− HARA: 'When the HAT two year project was going on, part of that was an advice forum. That worked very well, bringing in speakers, exchanging information. Something like this would be very helpful. Advice forum would be very helpful'

Other suggestions included: more consistent quality standards across organisations; more training (with Kuwaiti calling for more training specifically in immigration advice); support for small groups in lobbying for funding and gaining influence (HASVO); advice provided on more multimedia platforms (MENCAP).

On the other hand, 3 organisations suggested that service delivery is already at a high quality level and may not need improvements (HAD, HART and Sangat Centre).

17.   What can the Council do differently to Improve Advice Provision?

8 organisations stated that advice provision would be improved if the Council communicated more with service providers - with HART stating that 'we're lucky if we get a letter back (from the Council)'. Specifically, CAB suggested that the Council 'streamline internal departments for a better flow of communication', whilst HW stated the Council should 'be the focus for coordinating community engagement' and 'encourage information sharing and collaboration between VCS organisations'. 1 organisation (MiH) also stated that both the VCS and Council should communicate more with GPs to 'join up services in a better way'.

A further common view was for the Council to either provide more funding for the VCS (3) and to target funding more effectively (2: LC, Voiceability). 1 organisation (AGE UK) also requested that the Council commission services for 3 years to allow VCS organisations to plan more effectively and retain staff who may leave once funding runs out.

In terms of targeting funding more effectively, Voiceability advised that the Council shouldn't just fund one area of advice, whilst LC stated: "The Council should stop wasting money on signposting". Further responses: use the VCS for translation services (RIA), provide central point of access for VCS through 'Access Harrow' (Sangat Centre), train VCS more (Kuwaiti).

18. What do you see as the Pros/Cons of Advice Provision that is delivered by Independent Agencies?

Most responses listed more 'pros' than 'cons'. The most common advantage listed (7 organisations) was that having independent agencies enables organisations to be flexible in how they handle clients' issues, and also allows them to specialise more.

- MiH: Having independent agencies 'Means that expertise and specialisms can be retained.'

- IAH: 'the good thing is being able to provide a niche service'

Further pros were that delivering services with multiple independent agencies encouraged more trust-building between service users and providers (particularly where they spoke the same foreign language or were from the same community) as well as greater customer choice (6 representatives).

- HAD: 'Independence is key for people to have confidence in the organisations.'

- Namaste Care: Independent agencies are 'more sensitive to language and culture.'

- Paiwand: 'Language is same as clients. Builds trust. Deliver advice level at very basic level which can't be found elsewhere.'

- AGE UK 'Independent agencies is a good thing as it means that people can go to a number of different agencies e.g. MIND for mental health and Mencap for learning disabilities'

There was also a view that having multiple independent agencies promoted accessibility of services as there is more chance that one will be located near to where a resident lives.

- HARA: 'voluntary organisations can be very close to the beneficiaries in 3 respects – geographically, communication and psychologically'

Disadvantages listed were that multiple agencies may lead to duplication in some areas of info/advice provision (4 organisations), can mean agencies have fewer resources (4) and the quality of service can vary (2).

- CAB 'There is areas of duplication and the quality and outcomes are different'

- Kuwaiti: 'It is bad being independent as we cannot open every day we can only see people twice a week'

- Alzheimer's: 'Duplication, wasted resources, lack of specialist provision, giving inappropriate advice over areas where you are not trained. There needs to be accountability'

- AGE UK: 'The negative things about this the cost for tendering and diluted service and resources and overheads as well as duplication'

There was also a view that having independent agencies may encourage too much 'signposting' (Namaste Care).

Overall, it appears that the majority view was that independent agencies are good for providing specialisms, building trust with clients (particularly those with language barriers) and being accessible. However, a single brand may prevent work duplication.

19.   What do you see as the Pros/Cons of Advice Provision Delivered by a Smaller Group of Coordinated Providers?

Only one 'disadvantage was listed, which was that that the idea may lead to there being insufficient funding to maintain advocacy standards (Namaste).

Of the advantages, 3 organisations stated that this would enable providers to become more specialised in their areas – leading to better quality advice. Further advantages included: smaller groups could provide more tailored advice (Namaste Care), less duplication of work (Paiwand), small groups could be trained very well through this model (Noori Pari), and organisations would be able to retain their unique identities making it simpler for residents (MiH). A total of 5 organisations (HAD, HART, Harrow Carers, Namaste and Noori Pari) stated that this change would improve/enable the improvement of the training of advisors.

Of the reservations stated, 3 organisations stated that it would need strong co-ordination between the organisations (HW, IAH and Alzheimer's)

- HW 'The co-ordination has to be effective. There are resource implications and running costs'

20.   How do you feel about an Adequately Resourced and Well-Developed Referral System being Adopted by Advice Providers?

18/20 providers agreed that this would be beneficial, with answers ranging from 'Can work very well' (Paiwand), to 'Really needs to happen' (MENCAP). Namaste added the condition that 'whoever is doing the triage must be very knowledgeable and there should be a time limit for when referrals are completed'.

− LC: 'This would work really well, we want proper cases and for these to be referred correctly.'

− HASVO: 'this would save money and time and improves the outlook. It gives overall a better knowledge and understanding of issues such as mental health and would provide a holistic response to client cases.'

− IAH: 'this is desirable and would benefit users'

On the other hand, Sangat Centre questioned where the money for this would come from, Alzheimer's Society stated that it 'needs to be holistic and build on existing relationships', and Voiceability stated 'it depends on how it looks – It could work well'.

21.   What would be needed to make this Work and how does this Benefit Advice Quality?

6 organisations stated that stakeholders involved must communicate effectively with one another and all have a strong commitment to the project.

− HART: 'Ensure all stakeholders are talking to one another and there is a good line of communication. Ensure good ideas are taken on board.'

− Noori Pari: 'Need to work together'

− Namaste Care: 'Trust and collaboration between organisations and not competition'

In terms of the Council's role, 2 organisations (LC and AGE UK) stated that the Council should have a leadership role, co-ordinating and 'bringing together' the VCS organisations involved. However on the other hand, 1 organisation (RIA) stated that the VCS must 'come together themselves', while the Council

acts as a support to this and share what the needs in Harrow are. MiH also suggested that the Council could help make the project work were for the Council to: engage with CCG and get the NHS on board.

Further responses included: need to fund the VCS more first (Kuwaiti and HAD), set up a task group to clarify what the aims of the project are and analyse data (HW), provide more language translation services – particularly Arabic and Romanian (HARA), that the referral system must be easy to navigate (MENCAP), and for all parties to be trained on the process and 'for everything to be clear and joined up' (Alzheimer's Society).

Report on Service User Responses

This section of the report highlights resident's experience of accessing information and advice. This includes data from our Consultation and Engagement including one-to-one interviews, attending user group meetings and questionnaires for service users to complete which were left at service provider's offices. (53 questionaires were completed and returned. We have also referred to Carer Survey results and Social Care Activity data relating to information and advice.

In particular we were assessing why people needed information and advice and what their experiences were. The service users represented the following organisations**:**

1. Age UK Harrow

2. Mind in Harrow

3. Harrow Association of Disabled People (HAD)

4. Harrow Citizens Advice Bureau

5. Russian Immigration Association

6. Harrow Law Centre

7. Harrow Anti-Racist Alliance (HARA)

8. Kuwaiti Community Association

9. Milmans Resource Centre (Carer Group)

10. HASVO (Harrow Association of Somali Voluntary Organisations)

11. Sangat Advice Centre

12. Harrow African Caribbean Association Society (HACAS)

13. Harrow Mencap

14. Alzheimers Society

15. Harrow Carers

16. Centre for ADHD & Autism Support

Service User Consultation Responses

Q1. When was the last time you spoke to an organisation to get advice and support and which one was it?

Largest group of questionnaire respondents (17) had spoken to an organisation the day they were asked. The second largest group (10) had spoken to one within the previous week. For 5, it was within the last month. However, for five who had spoken to one that day it was their first time. On the other hand, some had not spoken to an information & advice organisation for longer periods, such as three months (6), a year (2) or even two years (1).

The respondents had mainly sought advice from Citizens Advice Bureau (18), Harrow Youth Stop (7) and Russian Immigration Association (6).

Q2. Were you able to obtain the advice and support you wanted?

Majority (44/50) said yes, whilst 6 said no.

Q3. Why did you feel that you needed to obtain advice?

The two largest groups of respondents felt they needed advice and support once they were either in financial hardship (6/31) , or had difficulties accessing benefits or Personal Independent Payments (PIPs) (6/31) (such as filling in the forms or understanding their entitlement). Notably, 2 of this latter group sought advice only once their Employment Support Allowance (ESA) payments had stopped.

Other respondents sought advice upon receiving advice from a friend or relative (4 respondents), when needing help looking for a job (4), wanting to understand their child's new illness (2), due to referrals from other organisations, health problems making everyday life too challenging (2), after being sacked from their job, seeking human rights advice (1), adult education needs (1), after suffering domestic abuse (1), and wanting support after filing for divorce (1).

Overall, it appears that most people tend to seek advice when they reach crisis point, such as when in financial hardship, struggling to obtain benefits (particularly when ESA taken away), health problems escalating, being sacked from their job, or suffering domestic abuse. The fact that many respondents sought advice after speaking to their relatives may suggest that some rely on family to judge their situation or make enquiries for them.

Q4. What did you find the most difficult about seeking advice and why?

The largest group of respondents (14) reported having no difficulties at all, however the rest reported a diverse range of issues. The most common issue reported was long waiting times (ranging from 2 weeks to several months) (12 respondents), followed by difficulties identifying what each service did (3), barriers to speaking with someone face-to-face rather than on the phone or online – which, one respondent claims, prevented them from being able to fully explain the complexities of their individual circumstances (3), staff having a lack of knowledge/giving poor advice (3), difficulties locating the organisation (3) and a reluctance to speak about personal/sensitive topics and issues (3).

Further, less commonly reported issues included: the cost (unspecified - perhaps of travelling to organisation) (2), requiring evidence from GP (1), realising they needed help (1), difficulties explaining what advice they needed (2) and language barriers (1).

Q5. What did you find easiest about seeking advice?

The largest group of respondents stated that speaking with approachable and empathetic staff was the easiest part of seeking advice (10).

Further respondents cited the easiest part of the process was getting quick appointments (4), good information/knowledgeable staff (3), convenience of speaking on e-mail/over the phone (2)[i], non-judgemental attitudes of staff (2), receiving clear, easy-to-follow advice (2), ideal location of organisation (1), walk-in service (1), quick and appropriate referral (1), Russian speaker at organisation (1).

Importantly however, 4 respondents argued that 'nothing was easy.'

Q6. Do you feel advice services are easy for members of the public to access?

The majority answered 'yes' (23), however 11 said 'no', and 6 reported mixed responses. Amongst the 'yes' responses, 4 stated that information on organisations was easily accessible via advertisements, leaflets from Citizens' Advice Bureau or online, 2 said the central location of the organisation helped to facilitate the journey, whilst 1 said that the service being free helped them to access it.

The respondents that answered 'no' cited a variety of reasons, such as: long waiting times, both on the phone and in person (3), low availability of quality/personalised advice (2), difficult to find services (2) (1 argues that they move frequently), information difficult to access for those without internet (1) and language barriers (1).

The respondents reporting 'mixed' views on the accessibility of advice services claimed that waiting times were long but service excellent once seen face-to-face (2), it depends on the issues raised (1), access easy but bad advice given (1), yes but you need to know where to go (2)

Q7. How do you feel about accessing advice and info online?

10 respondents said they found it easy or relatively easy to access useful and reliable advice online, however the rest (37) reported difficulties.

The issues reported were: preferring face-to-face consultation (13), lacking confidence online/low computer literacy (11), language barriers due to respondents' lacking confidence in understanding English (5), online info too vague/generic (4), ease of access depends on how respondent feels on the day (2), it's hard to identify reliability of online sources (2), don't have internet access (2) and didn't know about online service (1). A further respondent also suggested that online info is the best of a bad set of options given that their GP lacked sufficient knowledge of their condition.

Results indicate that common issues related to accessing advice and info online are the vagueness/generic nature of information online – whereby respondents are less able to receive advice specific to their individual circumstances than they would be in face-to-face consultation, a lack of computer literacy/confidence navigating online, language barriers and the fact that some (perhaps with mental illness) may struggle to concentrate online, particularly on worse days. Assuring the reliability of online sources may also be a key issue.

Q8. Could advice providers do anything differently to make it easier for people to get advice? And if so, what?

The largest group of respondents (24) said either nothing, or not applicable, as the service was fine. However others suggested: longer opening hours and more appointment availability (6), more staff and resources at advice orgs (6), advisors specialising more (5, with 2 suggesting more focus on mental health specifically), advice services to be advertised more widely (2), a greater online presence among advice orgs (1), for advice providers to respond quicker to e-mails, pay more attention to older people and those with language difficulties (2 – with one drawing attention to lack of Russian speakers), be more accountable for their advice, and to operate in better building facilities (1). 3 respondents also said they were 'not sure' about how providers could make it easier.

Overall, it appears that more opening hours/greater availability of advisors would facilitate people accessing advice provider services, some of which may be provided by there being more staff and resources at advice provider organisations. Advisors specialising more, particularly in mental health, was also popularly cited as a way to make it easier for people to get advice, followed by more efforts to overcome language barriers, to advertise more and have larger online presence, be more accountable for services and improve building facilities.

Q9. What are your main advice needs?

Most respondents cited benefits advice as their main needs (14 – with one referring specifically to the mandatory reconsideration for ESA entitlement), whilst 13 stated careers advice. A further 7 said their key need was related to finance issues, such as debt and financial hardship (7 respondents). The next most common need was housing (5), followed by legal advice (3), reassurance and tips/opportunities to learn about how to care for someone in the family (3), advice on rights and opportunities as an immigrant (3), general family advice (3), legal (3), counselling support (3 – specifically about how to cope with life crisis issues and bereavement (2) and Autism (1)), pensions (2), health care (2), support with filling in forms (2), education (2 – with 1 referring to free education classes).

The main advice needs reported are therefore related to benefits, employment, general finance, housing and legal. Further needs included advice about immigration, looking after a relative, family, counselling support, pensions, health care, form-filling support and education.

Q10. Are all your advice needs being met by current advice providers in Harrow? If not, which needs are not being met and how?

23 respondents said that their needs were currently being met, but 10 said that they weren't. A further 2 stated that they were unsure.

Of those answering 'no', 4 stated which area their needs were not being met in. Mental health was listed by 2 respondents, followed by pensions (1), employment (1) and secondary care (1).

Of note was that the Citizens Advice Bureau was cited by 2 'yes' respondents as having met their needs very well, and the Centre for ADHD and Autism was cited positively by 1.

Q11. Do you have a preference as to who provides advice services in Harrow? Why?

The largest group of respondents said they'd prefer the Citizens' Advice Bureau to provide advice (10 respondents). After this, there were diverse responses, as respondents said they'd prefer the providers to be: Qualified staff/advisors and subject specialists (4), from the community/voluntary sector (2), Centre for ADHD and Autism (2), Harrow Youth Stop (2), AGE UK Harrow (1), MIND (1), and from Russian Immigration Association (1).

Further responses included one who would prefer those who provide advice services to be able to communicate well with older people (1), to have all services provided in one organisation (1) and to be qualified solicitors (1).

Reasons provided by respondents for preferring one organisation over another were that the advice team were patient and supportive and gained the respondent's trust, staff were kind and caring and there were workshops available plus long opening hours, and trusting their professionalism.

Q12. On a scale of one to ten, where one means very poor and ten means very good, how would you rate the quality of advice you have accessed?

The largest group of respondents answered 10/10 (20 respondents), whilst 9 respondents rated the quality of advice as 8/10. The average rating was therefore: 8.1.

Q13. What is your age group?

The largest group (27) were in the 45 – 64 years age group, followed by 9 in the 25-44 group, 8 in the 16-24 and and 8 in the 65 & over group and 1 in the under 16 group. 50.94% were therefore in the 45-64 years age group.

Q14. Do you have a disability?

The largest group of respondents (28) answered 'no'. Of the 'yes' responses (20), the largest group stated they had a disability affecting their mental health (9), followed by those with a disability affecting mobility (8), vision (1), learning capabilities (1) and hearing (1). A further group stated 'Other' but they either didn't specify what this meant or this data has not been collected (11 respondents).

Q15. Ethnic Origin

The largest group of respondents stated 'Asian or British Asian' as their ethnic origin (18) – of which 11 were Indian, 3 Afghan, 2 Chinese, 1 Pakistani and 1 Sri Lankan. The next most common ethnic origin was 'White or White British' (17) – of which 7 specified English, 4 Polish, 1 Romanian and 5 'Other'. Next largest group stated their ethnic origin was 'Black or Black British' (12) – of which 4 African, 4 Caribbean, 3 Somali and 1 'Other'. A further 2 respondents reported 'Mixed Origin' - 1 White and Black Caribbean and 1 'Other'. Finally, in the 'Other' ethnic origin group (4) – 3 did not specify and 1 stated 'Iranian'.

Q16. Marriage or Civil Partnership

When asked 'Are you married?', 33 respondents said 'no' and 19 said 'yes'.

When asked 'Are you in a Civil Partnership?', 46 said 'no' and 4 said 'yes'.

Q17. Pregnancy or Maternity - Have you been pregnant and/or on maternity leave during the past 2 years?

48 respondents said 'no' and 3 said 'yes'.

Q18. Religion and Belief - What is your religion?

The largest group answered Christianity (18), followed by: Hinduism (11), Islam (10), No religion/atheist (7), Sikh (1) and Buddhism (1). 5 respondents also stated 'Other' without specifying which.

Q19. Which sex are you?

34 said female and 19 male.

Q20. Is your gender identity the same you were assigned to at birth?

52 stated 'yes' and 1 stated 'no.'

Q21. What is your sexual orientation?

The largest group stated 'Heterosexual' (40 respondents), followed by 'Bi-sexual' (2) and 'Gay Man' (1). A further 11 respondents stated 'Other' but either didn't specify or the data is unavailable.

Conclusions

1. Areas of need

The main areas of need for information and advice were identified as:

- Housing

- Welfare benefits

- Financial hardship

- Employment

- Well-being (mental health, social isolation/loneliness)

- Immigration

All organisations believed that demand would increase further. Half attributed this to central government welfare policy/legislation changes (e.g. the impacts of the reduced benefits cap and introduction of universal credit) which it was claimed would increase the number of residents seeking information and advice over financial hardship, which may lead to issues affording rent payments and a need for housing & benefits advocacy. It was also suggested there would be an increase in demand for immigration-related advice due to future new arrivals and refugees; demand may also be increased due to an ageing population and there would be an increase in Arabic speaking users accessing advice services.

2. Accessing Information and Advice

a. Access Channel Preferences:

The largest group of providers stated that the best way for clients to access advice was over the phone, as it was believed that this is more convenient for service users and allows providers to handle more clients as it is less time-consuming than providing face-to-face consultations to all users. There was also a view that doing this was the best way to provide a service to customers when their organisation has limited capacity to open enough hours to see people face-to-face.

There was also notable support for users accessing advice digitally (online through websites and via e-mail), for the same reasons. There was also some support for users accessing advice services through social media. However, there was also some recognition that digital access would not be suitable for some clients, such as those without computer/internet access, and those who struggle to navigate online (such as the elderly, disabled and individuals with language barriers).

On the other hand, significant numbers of both service users and providers felt strongly that face-to-face consultations were the best way for clients to access advice. Particularly for those who cannot access information online; or to be able to fully understand clients' needs; identify language barriers and refer individuals appropriately.

A multi-channel approach to providing information and advice will therefore remain essential with an improved digital offer to encourage as many people who can to self-serve, allowing phone and face to face channels for those with the most complex needs.

b. Language Barriers and Use of Plain English:

Effective communication between user and provider is clearly crucial in terms of the provider assessing the users' needs and circumstances, and for the user in understanding the advice/information they receive. Harrow is a proudly diverse Borough, but it is important to recognise that this diversity brings with it unique challenges, such as an increased number of residents for whom English is not their first language and who may therefore have low English language skills. In terms of service accessibility, this can make communication between advice service provider and user much more difficult.

In both the interviews and consultations, service users and providers reported language barriers as a key obstacle to service accessibility making it very challenging for them to understand letters or conversations over the phone. Meeting with an advisor (particularly one which employs the required interpreters) however, was often reported by users as a way to enable them to overcome language issues and better access the appropriate advice easily and quickly.

In terms of why the issue has arisen provider responses tended to describe it as a consequence of demographic change in Harrow of people for whom English is not their first language. In terms of overcoming the issue, a common response by providers was that having more face-to-face consultations, preferably with the addition of interpreters, would provide the flexibility needed to not only identify, but also address, language barriers.

Issues relating to a lack of English language skills in the Borough may increase with further demographic change. Currently, the 'Asian/Asian British: Indian' group form 26.4% of the population, whilst 11.3% classified themselves as 'Asian Other' (reflecting Harrow's sizeable Sri Lankan community), and the proportion of both ethnic groups in the population is increasing. In percentage terms, in 2011 Harrow also had the second largest Indian and the largest 'Other Asian' population of any local authority in England and Wales, and had the highest number of Romanian (4,784) and Kenyan residents. Therefore, overcoming language barriers is, and is likely to continue to be, of central importance in achieving efficiency and quality in delivering advice and information services in the future.

c. Awareness

In general, service users felt services are quite easy to access because of advertisement and central locations, but they also felt that more could be done to improve access to information and advice by: reducing waiting times, increasing awareness of where to go so they go to the right place the first time, increasing the level of personalisation in advice.

d. Seeking advice

A significant proportion of respondents only sought advice when at '*crisis point*'; such as when they were in real financial hardship, struggling to obtain benefits, a health problem had escalated to the point where everyday life was too challenging, or they were sacked from a job. Service users also reported they sought the help of advice services after receiving advice from a friend or relative.

3. Customer Satisfaction and Frustrations

a. Signposting

A common issue reported' was the frustration caused by incorrect signposting and 'being passed around' different advice organisations without receiving the appropriate advice. It seems that signposting causes delays not only when the user is incorrectly sent to a provider who cannot help, but also due to the fact that it sometimes takes a long time to refer the user in the first place. Signposting may therefore partially

explain why a large group of respondents in the user questionnaire stated that 'long waiting times' caused them the most difficulty in accessing advice provision and resulted in them experiencing a 'fragmented customer journey'. A further common response in both the questionnaire and during consultations was that users lacked knowledge about what each advice organisation did and where to go.

A further issue which providers reported was that often users are frustrated by the fact that advice organisations cannot offer direct or immediate help to resolve their issues due to the nature of the service they offer.

b. Training and Quality Assurance:

In terms of their overall satisfaction with the service provided, it appears that most respondents were satisfied with the level of service they received. Improving the training of staff and volunteers at advice service organisations was suggested several times during consultation by both providers and users, as a key way to improve the quality of service provision.

As for quality assurance, some users in questionnaires reported that they were unsure about what each organisation did and how reputable they were. Some also suggested that they wanted more assurance about the reliability of different online sources. Similarly, it was suggested that the VCS could improve advice quality in Harrow by implementing consistent quality standards across different organisations.

Therefore, identifying ways to assure the quality and reliability of all information, advice and advocacy services no matter where you go may improve users' confidence in approaching them for advice and facilitate the customer's journey in seeking advice. A key part of this is also making sure that information about what each service does is easily accessible.

4. *Improvements*

a. Referral Pathways:

90% of providers agreed that an 'adequately resourced and well-developed' referral system would improve service provision. Service users in the consultation also stated that they needed a 'simpler pathway' with easier navigation to advice services and agreed that better co-ordination in the form of a reformed referral system would help to provide this enhanced accessibility and 'inspire confidence', whilst retaining the specialisms of individual agencies.

b. Future models of service delivery

There was a mixed response to whether or not a 'single point of contact' would improve advice service provision. A suggestion which did appear to get widespread report in the interview responses however was to retain the independence of individual advice provider organisations, whilst enhancing the collaboration, communication and data sharing between them.