

The Service User Experience of Careline

A report by
Healthwatch
Ealing



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Executive Summary

We spoke with 22 Careline service users and carers and four Careline staff members, using a combination of surveys and qualitative interviews. We also met with Careline management at both Ealing and Harrow Councils to understand the wider operational context.

Findings

- **Most service users feel safe and independent because of Careline.**
86% told us the service enables them to live independently, with some saying they would not be able to remain at home without it.
- **The transition from Ealing to Harrow caused very few operational issues.**
Only one out of 22 service users reported practical difficulties — specifically around equipment collection and payments.
- **Communication about the transition was a key concern.**
Many service users were unaware a transition was taking place until after it had happened.
- **Careline response times and support were generally positive.**
Most users reached staff quickly during non-emergencies, and incidents such as falls were handled effectively.
- **Awareness of Careline in the wider community is low.**
Many residents we met at community events had never heard of Careline, despite being eligible or likely to benefit.
- **Staff enjoy supporting service users but face a fast-paced, demanding workload.**
While staff feel supported by colleagues and managers, few were aware of or engaged with the mental health support available from Harrow Council.

Key Recommendations

- Strengthen communications about service changes and transitions.
- Increase public awareness of Careline and its benefits.
- Improve staff wellbeing support and awareness of available mental health services.
- Continue Careline's good practice in proactive engagement (e.g., birthday calls, follow-ups, remote battery checks).

Introduction

About Healthwatch Ealing

Healthwatch Ealing is the independent champion for people who use health and social care services. Our role is to listen to what residents value in their care, understand where services can improve, and ensure that their voices inform local decision-making. During 2024–25, the Careline contract for Ealing residents transferred from Ealing Council to Harrow Council. Following concerns raised by the public, we undertook a study to understand how this transition affected service users and to explore the overall experience of Careline.

This report presents the findings from our mixed-methods engagement with Careline users, carers, frontline staff, and management. It highlights what is working well and what requires improvement, especially around communication, service awareness, and staff wellbeing.

About the Project

During the 2024–25 fiscal year, responsibility for the Careline service in Ealing was transferred from Ealing Council to Harrow Council. Public concerns prompted Healthwatch Ealing to explore how service users experienced the change and how well their needs are being met.

Project Aims

- To understand the experiences of Careline service users and carers in Ealing.
- To identify what works well and what could be improved.
- To determine whether the transition between providers created challenges for service users.

Methodology

- **22 interviews** with Careline users or carers (qualitative and quantitative).
- **4 interviews** with Careline frontline staff.
- **Meetings** with Careline senior management at Ealing and Harrow Councils.
- Recruitment took place at community events and through voluntary-sector partners.
- Due to data protection constraints, we could not contact Careline users directly.

About the Report

Limitations

- Participants were those we could reach in community settings; the sample is not fully representative of all service users.
- Many people encountered at events were unaware of Careline, highlighting both a limitation and an important finding.

Ethics and Safeguarding

All interviews for this study were carried out in safe, supervised settings, supported by staff from Healthwatch and or relevant third sector members.

Before the interviews began, every participant was fully informed about how their responses would be used. They were told they could decline to answer any question or withdraw at any time. Informed consent was obtained from each person who took part.

If any safeguarding concerns were raised during the course of the interviews, these were immediately escalated to the relevant third-sector support staff and Healthwatch management to ensure an appropriate and timely response.

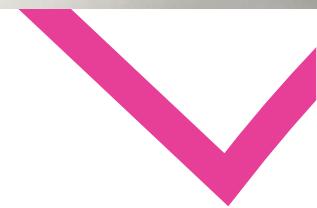
Special Thanks

We wish to thank the following organisations for hosting us during our interviews, for co-producing our questionnaire, and for furthering our background knowledge.

- Carer's Co-Production Board
- Ealing Reclaim Social Care Action Group
- The Ealing Frailty Board
- Ealing Falls Prevention Board



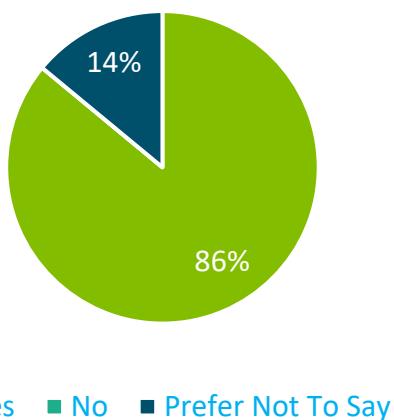
Key Findings



Feeling Independent

If not for Careline, I might not be able to live on my own anymore
– service user.

Does Careline make you feel safe and independent?



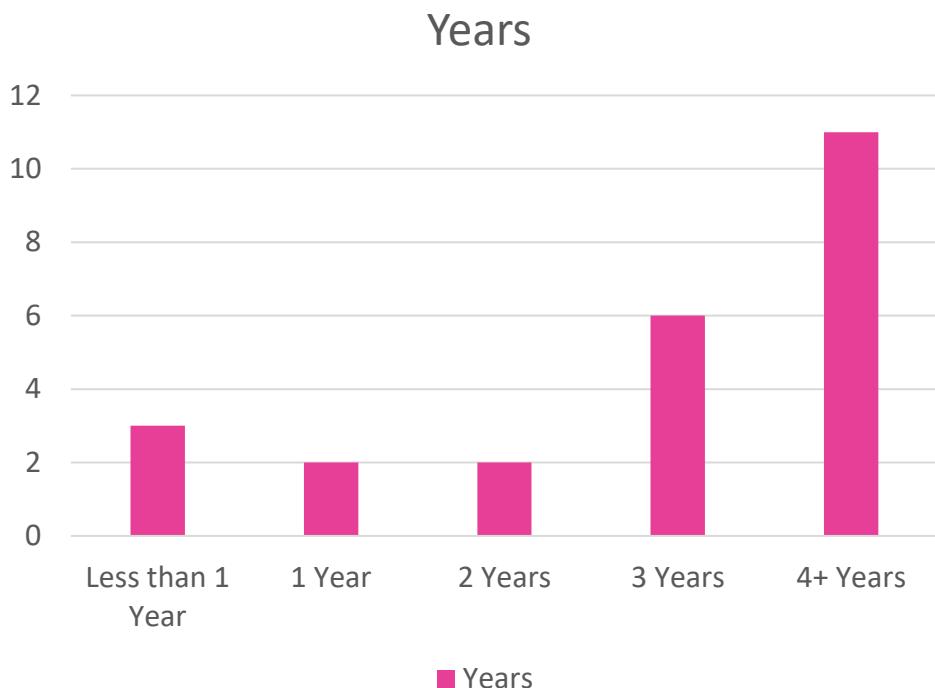
86% (19) of our respondents told us that having the careline service makes them feel safe and independent. With some residents even telling us that if it were not for having the service, that they would not be able to live alone.

14% (3) told us they preferred not to say, the reason for this being that they were answering on behalf of another person.

We also asked why they chose to use this service:

- 11 people told us that they had a disability or long-term health condition that required the use of a service like Careline.
- 5 people told us that they were carers, and that the service was necessary for those they were caring more.

Length of Use and the Ealing/Harrow Transition

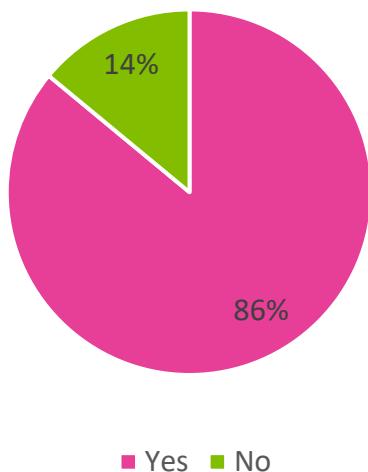


The average length of use for those we spoke with was 2.5 years. With the shortest length of use being 2 months and the longest being 10 years.

Most of the service users we spoke with during the course of this study used the service both before, during, and after the transition from Ealing Careline to Harrow Careline.

Incidents, Support, and Getting Through to Careline

Incident In The Last Year



We asked respondents if they had had an incident in the last year which required a response from Careline; just over half told us that they had.

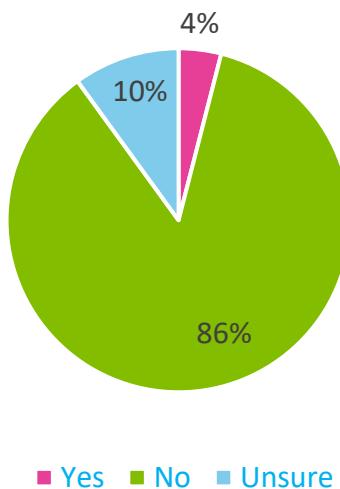
Most of these incidents were falls, but one resident told us that on one occasion, they were alone, scared, could not see, and contacted Careline, who helped them.

When contacting Careline for a non-emergency situation, most told us that when they had to, they were through to a person within minutes. Only one respondent had a complaint about having to wait a while to get through on the phone.

In terms of equipment used by our respondents, most had the pendant and a fall alarm, while others had pull cord alarms.

The Ealing and Harrow Transition

Did you have any issues during the transition of the Careline Service?



Out of the 22 respondents, only 1 reported any issues with the transition; these were regarding equipment collection and payment issues that were due to miscommunication issues with Ealing Council. 2 did not answer the question.

Most respondents did not notice any change in service, with one noting that it had improved within the last year.

We did hear concerns regarding the timeline and communication of the transition, with some telling us that they did not know there was a transition occurring until it had already happened. While they did not have any issues during the transition, respondents did wish it had been communicated with them.

What Frontline Workers Told Us

"It is very important that we leave no one behind"

- Admin Officer.

We spoke with 4 staff members during our visit to Harrow Careline. The shortest length of service was 1.5 years, with the longest being 3 years. The average length of service of those we spoke with is 2.25 years.

What Staff Told Us –

- The thing about their job they enjoyed most was helping people. One employee told us that they felt great satisfaction, in particular, when they could send help out to someone who needed a response.
- The most difficult things about their positions included the fast pace of work, background noise on some calls, and admin work. Our respondents did tell us that they accepted these things as part and parcel of the job.
- We asked about their mental health in this role. Employees told us that they felt supported by their team, team leader, and management.
- When asked about employee support programs offered by Harrow Council, most of our respondents were aware that they existed, but did not know what was offered in detail. One employee did not know about them.

What Careline Management Told Us

We spoke with John Milbourn, the Director for Digital Data and Customer Services, Griselda Colvin, the Service Manager for Careline & Adults and Avtar Mann, Head of Service –Integrated Commissioning at Ealing Council, about a variety of topics.

Key Themes:

Digital to Analogue Switchover –

Harrow Careline was the first in London to do this, beginning in 2019 and continuing through COVID-19 pandemic. This allowed them to be well prepared for the switchover in Ealing, which is now complete.

Cost of Careline –

There is no charge for the equipment to any service user, as any equipment costing less than £1,000 is paid for by the local authority under the Care Act. Ealing Council does not charge service users for call-outs nor monitoring and any changes in charging is subject to service user consultation

Outreach to Service Users –

"We conduct Birthday Calls, annual surveys based on a sample of the service user populous, and an 8-week post-installation follow-up. We also have staff conduct battery checks remotely, so that we can inform users on when we need to service their batteries.



Recommendations

Recommendations: Communicating Clearly with the Residents of Ealing

Clear and timely communication is essential to maintaining trust and ensuring service users feel informed and supported. When changes occur such as contract transitions, equipment updates, or operational adjustments—service users should receive information in advance and in accessible formats.

- Communication about switchovers – We understand and acknowledge that the circumstances surrounding the handover of the careline contract were not usual for the council. However, we do recommend that the council communicate clearly with residents and service users about changes that impact their services, including any changes to Careline. We commend the communication that has taken place so far.
- Share information through at least two communication channels—for example, a posted letter and an email or SMS message. Communication and commissioning teams can adapt existing templates used for service announcements.
- Careline itself has shown good practice with engaging with its service users, including but not limited to its holiday period check-ins, follow-ups post installation, etc. We recommend that these communication practices continue, and if time allows to be expanded so more service users can benefit from more communication.

Recommendations: Staff Wellbeing

Frontline staff or Harrow Careline play a vital role in supporting vulnerable residents, often in emotionally demanding situations. Ensuring they know how to access mental health and wellbeing support is essential to sustaining a healthy and resilient workforce.

- Staff Mental Health – Members of staff we spoke with acknowledged that this job is fast-paced and can be taxing at times. However, they were not taking part in the mental health support offered by Harrow council, with one member of staff not being aware of the available support. We recommend that the council review the benefits they offer with employees to ensure they are aware of the support that is available to them.
- Provide all Careline staff with clear information about available wellbeing and mental health support. Introduce quarterly wellbeing briefings, with managers required to check staff understanding annually. HR and service leadership can build this into existing supervision and training processes.

Recommendations: Awareness of the Careline Service

A significant number of residents we engaged with had never heard of Careline, despite many likely being eligible or in need. Increasing community awareness will ensure more people can benefit from the service and will strengthen prevention pathways.

- Public Recognition of Careline. – During the course of this study, we encountered many members of the public who did not know what Careline is. When it was explained to them, many said that they would benefit from such a service. We recommend that the council work together with relevant stakeholders to ensure that those in need of Careline learn about it and obtain it if they are suitable for the program.

- Develop and deliver a targeted awareness campaign through GP practices, pharmacies, libraries, housing associations, and voluntary-sector partners. Build on existing communication channels, local networks, and community partnerships.

Recommendations: Expand Proactive engagement with Service Users

Service users consistently value Careline's proactive contact, which includes birthday calls, post-installation follow-ups, and remote battery checks. Extending this approach will help strengthen safety, reassurance, and connection—particularly for people who may be isolated. Develop and deliver a targeted awareness campaign through GP practices, pharmacies, libraries, housing associations, and voluntary-sector partners. Build on existing communication channels, local networks, and community partnerships.

- Continue existing proactive engagement activities and explore opportunities to extend them to a wider proportion of service users.
- Build on current systems and the positive feedback already received and showcase how Proactive engagement is a recognised strength of the service.

| Recommendation | Lead Organisation(s) | Supporting / Oversight Bodies |
|--|--|--|
| 1. Improve communication about service changes | Harrow Council (Careline), Careline Comms Team | Ealing Council Commissioning, Healthwatch Ealing |
| 2. Strengthen public awareness of Careline | Harrow Council (Careline) | Ealing Council, PCNs/GPs, Pharmacies, Housing Associations, VCS partners, Healthwatch Ealing |
| 3. Enhance staff wellbeing support | Harrow Council (Careline Management & HR) | Ealing Council Commissioning, Healthwatch Ealing |
| 4. Expand proactive user engagement | Harrow Council (Careline Operational Team) | Ealing Council Commissioning, Digital Teams, Healthwatch Ealing |

Table 1: Responsible Organisations for Recommendations

Responses to Recommendations

Communication:

Service user forum being established in Ealing which will help with timely communication. Letters, text messages to individual service users and residents are not always feasible due to numbers, but we can use existing channels as suggested, and aim to use more formats to make accessible to all. These communications are Ealing's responsibility to our residents

The circumstances in which changes have been made have not been in a typical environment. All service users were contacted when Ealing's Careline service closed, but it was not done soon enough. We have learnt from this and plan a more proactive approach. We have recently used existing channels to share information about the digital switchover with Ealing residents – in circulars and through VCS networks

Responses to recommendations

Staff Wellbeing for Harrow Careline Staff:

We accept that there is always more that we can do to promote available support to staff however it should be noted that the following are in place:

- Regular 1:1s with staff to discuss needs, support and training
- On site access to managers for support
- Annual appraisal
- Access to the Employee Assistance Programme either through the Council's intranet and by telephone where the following topics can be discussed confidentially through a third party
 - Family issues
 - Medical information
 - Alcohol or drug issues
 - Gambling issues
 - Consumer issues
 - Financial information
 - Relationship advice
 - Childcare support
 - Domestic abuse
 - Tax information
 - Legal information
 - Housing concerns
 - Stress & anxiety
 - Retirement or Bereavement
- Staff Wellbeing events held both on site and via Teams. The most recent event was held on 10 December with talks on wellbeing coaching Nutrition & gut health Neurodiversity Substance misuse. The Council's EAP.
- Access to online resources to support mental health, improving work routines and simple exercises that can be carried out at home.

Responses to Recommendations

Awareness:

We will continue to provide training and support to professionals who can refer for the service (already happens and actively supported and run by the Harrow Careline team).

ASC are currently reviewing the use of an online service used by other local authorities as part of its information and advice service. This includes tools to provide low risk assessment for equipment and signposting to the market. The tool can be used by vol sector, GPs and public

**Ealing commissioners are working to establish a service user forum for all community equipment. I think as regards Ealing residents, Ealing Council needs to lead on communications about changes (unless entirely operational matters)
Awareness raising needs for Ealing residents needs to be targeted, not generic We should all be partners in this.**

We are not in a position to market the Careline service to all Ealing residents. Our agreement with Harrow does not include provision for private clients from Ealing. Our residents access it through needs-based assessments by NHS and social care. We can however make sure that professionals have it in mind when assessing people through training and information. In targeted settings (such as Falls Prevention workshops in communities) we do promote the service in Ealing. Harrow team members have come along to such events and shared knowledge with residents and staff.

– Avtar Maan – Head of Service Integrated Commissioning for Adults and Children.



Appendix

Demographics

| Gender | Percentage % | No of Reviews | Age | Percentage % | No of Reviews |
|-------------------------------|--------------|---------------|-------------------|--------------|---------------|
| Man (including trans man) | 67% | 12 | Under 18 | 0% | 0 |
| Woman (including trans woman) | 33% | 6 | 18-24 | 0% | 0 |
| Non- binary | 0% | 0 | 25-49 | 6% | 1 |
| Other | 0% | 0 | 50-64 | 17% | 3 |
| Prefer not to say | 0% | 0 | 65-79 | 39% | 7 |
| Not provided | 0% | 4 | 80+ | 39% | 7 |
| Total | 100% | 22 | Prefer Not To Say | 0% | 4 |
| | | | Not Known | 0% | |
| | | | Total | 100 | 22 |

| Area of the borough | Percentage % | No of Reviews | Disability | Percentage % | No of Reviews |
|---------------------|--------------|---------------|-------------------------------------|--------------|---------------|
| Acton | 14% | 3 | I have a disability | 27% | 6 |
| Ealing | 27% | 6 | I have a long-term health condition | 23% | 5 |
| Greenford | 23% | 5 | I am a carer | 23% | 5 |
| Hanwell | 5% | 1 | None of the above | 5% | 1 |
| Perivale | 0% | 0 | Prefer not to say | 5% | 1 |
| Southall | 5% | 1 | Not provided (But within borough) | 23% | 5 |
| Northolt | 14% | 3 | Total | 100% | 22 |
| Out of the Borough | 0% | 0 | | | |
| Prefer not to Say | 14% | 3 | | | |
| Total | 100% | 22 | | | |

Demographics

| Ethnicity | Percentage % | No of Reviews | Religion | Percentage % | No of Reviews |
|---|--------------|---------------|-------------------|--------------|---------------|
| Arab | 9% | 2 | Buddhist | 0 | 0 |
| Asian/Asian British: Bangladeshi | 0.00% | 0 | Christian | 55% | 12 |
| Asian/Asian British: Chinese | 0.00% | 0 | Hindu | 0% | 0 |
| Asian/Asian British: Indian | 9% | 2 | Jewish | 0% | 0 |
| Asian/Asian British: Pakistani | 5% | 1 | Muslim | 14% | 3 |
| Asian/Asian British: Any other Asian/Asian British background | 0.00% | 0 | Sikh | 5% | 1 |
| Black/Black British: African | 9% | 2 | Spiritualism | 0 | 0 |
| Black/Black British: Caribbean | 9% | 2 | No religion | 5% | 1 |
| Mixed/multiple ethnic groups: Black African and White | 0.00% | 0 | Prefer not to say | 23% | 5 |
| White: British/English/Northern Irish/Scottish/Welsh | 27% | 6 | Other religion | 0% | 0 |
| White: Irish | 14% | 3 | Total | 22 | 22 |
| White: Gypsy, Traveller or Irish Traveller | 0.00% | 0 | | | |
| White: Roma | 0.00% | 0 | | | |
| White: Any other White background | 0.00% | 0 | | | |
| Prefer not to say | 0.00% | 0 | | | |
| Other | 4% | 0 | | | |
| Not Known | 18% | 4 | | | |
| Total | 100% | 22 | | | |



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