

Time to Shine

A summary of delivery partners' learning

April to June 2021



Introduction

Learning and insight is collected from Time to Shine delivery partners as part of their quarterly monitoring returns. Eight delivery partners shared their learning this quarter and the information from April to June 2021 is summarised below. Quotes from partners are included in italics. The photo is of an outdoor 'Saturday Social' group at Choices, Feel Good Factor.

How have Time to Shine delivery partners used a flexible and/or test and learn approach, particularly as the Covid-19 pandemic continues and restrictions are subject to change?

Delivery partners adapted their activities very quickly in response to the lockdown in March 2020. Contact changed overnight from face-to-face to telephone, Zoom and doorstep support and the initial focus was on essential support including food, medicine and social connectivity. Now delivery partners are slowly reintroducing face-to-face activities, mainly outdoors, with Covid-safe measures in place. Lots of 1-2-1 support is needed to help some older people overcome their anxiety and rejoin groups. Most projects plan to retain some element of online provision alongside group and 1-2-1 work.

In terms of the Time to Shine programme, 11 new Small Funds delivery partners were chosen this quarter. This funding round focused on bridging the intergenerational divide which was exacerbated during the pandemic and on response and recovery work for Covid-19. Seasonal Loneliness projects were extended for up to 18 months as many were unable to go ahead during the pandemic.

How have Time to Shine delivery partners supported older people to start to re-engage in activities after shielding or staying at home for long periods due to Covid-19 restrictions?

One delivery partner integrated the use of relaxation and other lifestyle management techniques into activities to support this transition. Regular wellbeing calls continued where necessary and this was an opportunity to update people on any changes to Covid regulations and an opportunity to discuss any fears or concerns about re-joining activities.

Generally, delivery partners tailored support to each individual and some people were best supported by taking a step-by-step approach with one-to-one meetings before a group. *“One lady who had experienced extreme anxiety about leaving her house was invited on a walk close to her home. Staff were able to meet her and walk with her to the park so that she could join in. She felt confident enough to walk home from the park afterwards.”*

Other partners helped people to feel safe by *“putting risk assessments in place, reassuring older people about their safety and by reminding everyone about the local guidelines e.g. reminding them to keep social distance, wear masks and use hand sanitiser. People said they feel like they are in a safe environment due to the PPE guidelines.”* One of the challenges identified was that some people are *“still waiting for things to be back to ‘normal’. This has prolonged re-engagement with activities as Covid numbers rise with the easing of restrictions.”*

How have older people felt less isolated as a result of their involvement in Time to Shine projects?

Older people have reported enjoying and appreciating phone calls, online Zoom meetings and group meet ups organised by delivery partners. One delivery partner said they *“have witnessed new and healthy friendships made through various groups and it has been lovely to see people reaching out for support and receiving it when needed throughout online and in person sessions.”* Telephone befriending continues to be valuable for some older people, particularly when people establish a good rapport with someone they trust and can share their problems with.

Most delivery partners have kept in regular contact with clients and volunteers since the start of the pandemic which has helped people to feel less isolated. Small gifts and activity packs reminded people that they were not forgotten. Social media, in particular WhatsApp groups, have helped people to feel connected to others facing the same situation and delivery partners are aware that new friendships have developed independently as a result of these interactions. One delivery partner said they *“feel that people have felt less isolated as they have stayed connected and have had support and a variety of different opportunities to get involved and meet in groups.”*

Care home staff feedback has highlighted the issue of isolation and the impact of sessions for residents: *“We would love to be able to have some more sessions as an ongoing support to our services - where many of the customers are very isolated and have embraced the connections as well as the health benefits through this lovely dance opportunity.”*

How have Time to Shine delivery partners helped older people to participate in their communities?

One project encouraged older people to get involved in a *“Clear Up Armley campaign where they pick up litter left by other people who aren't as considerate.”* Another project noted that people had been particularly enthusiastic about joining walking and exercise groups and said *“we helped carers*

increase their confidence to get out and about again. They have then been able to use this confidence to go out shopping rather than just buying online. This increases the likelihood of reconnecting with locals they used to meet up with naturally when going out and about."

Taking part in a shared activity which has wider community benefit was another way to encourage people to reconnect with their community. Examples include knitting blankets together for premature babies at the neonatal clinic, and tending community gardens. The latter works well as there is a lot of interaction, conversation and positive comments shared between gardening group volunteers and members of the public using the community facilities.

One delivery partner said *"There have been many instances this quarter where people joining one group have then started to attend another group through invitation of their peers. We've had volunteers helping in the kitchen and spreading the word about our community cafe, and older community members doing fundraisers for kitchen equipment and for our local residents group to take an annual trip to the seaside."*

Delivery partners found creative ways to keep people connected to their community even when they were unable to meet up face-to-face. This included a volunteer *"raising a large number of bedding plants at home which were then planted out in the community gardens"* and intergenerational connections through local schools which has helped older people *"feel thought about by the young ones"* and *"part of the community"*.

How have older people co-produced their Time to Shine project's design, delivery and evaluation?

Most delivery partners actively sought feedback from older people on their experience of group events. Most also *"ask members' opinions when planning any group activities. They have a say in the venue, the timing, the nature of the event, topics for discussion and the frequency of online exercise groups and general online catch-ups."*

Additional support was sometimes required to help someone step up to volunteering roles. For example, a staff member *"met with a carer/ volunteer to practice a craft before a creative session. They took part in the session facilitation and were supported to feel empowered in their role."*

Informal methods of co-production also worked well. One delivery partner said they *"used their community café and food parcel delivery as informal market research, spending time chatting to those who we leave food with. We have really been able to get an idea of what people want and also how they are finding the activities and services we already offer."*

A group of 6 or 7 older interviewers / writers for Shine magazine and a project worker get together regularly to come up with new ideas, plan the content for future issues and share out practical tasks.

What are the main points relating to mental health and wellbeing that partners have noted?

A number of older people lost close family members or have had family and friends fall severely ill during this period. Not being able to support loved ones or be there for them in the usual way or even to visit made them question their value and self worth.

Delivery partners have learned that, in general, people are experiencing:

- social isolation
- lack of companionship
- lack of face-to-face contact
- mental health struggles
- anxiety about vaccination
- confusion over local guidelines
- fear about going to shopping centres and supermarkets
- worries around places reopening and adjusting to new lifestyles
- physical health deterioration
- worry that they aren't able to visit and see their doctor as they used to
- fear of breaking their routines, particularly if new responsibilities have arisen
- a loss of confidence in how to communicate with others

Some volunteers are anxious about supporting people face-to-face and want to continue with telephone support. It has been a challenging time for everyone and support amongst staff has been vital - they support others whilst living through the same uncertainty. *"Care staff are exhausted and therefore sensitivity and kindness is needed around organising activities."*

People tend to be happier when they know there is a sense of community spirit and this can be of help to people without a family to rely on. A sense of belonging and being thought about has been so important for people during the pandemic. One delivery partner noted that *"Some people have been experiencing more anxiety or panic symptoms with the prospect of going out becoming real. However, some are feeling more optimistic and reporting improved mood after having more frequent social interaction."* On a positive note there has been a sense of togetherness and *"it has been nice to see people spreading the word after feeling benefits for themselves to others they know who are isolated."*

How have Time to Shine projects supported people's mental health and wellbeing?

Projects had *"open discussions about how people felt in relation to their wellbeing to reduce stigma"* and signposted / referred people who needed additional support. Listening has been a great help to some people and one project set up a *"Listening Room as a safe space where people can talk about any issues they have in a non judgemental environment."* Regular telephone befriending calls, wellbeing calls, Zoom chats and meeting up 1-2-1 have all made a difference. People have been

supported to attend ukulele lessons or singing groups to improve their mood through music. One project offered Reiki training, beauty treatments and Tai Chi sessions to help people to relax.

Practical help from delivery partners, such as how to get new batteries for hearing aids, food deliveries and information on mobile hairdressers, kept some worries at a more manageable level. Social groups have *“allowed older people to discuss some of their concerns and fears around covid and the vaccine and their general experiences.”* In many projects, remote support has continued for people not engaging in face-to-face activities. This has ranged from postal contact (activity packs, newsletters, Shine magazine) to dropping off plants at peoples’ homes and having a doorstep chat.

One project, working in care homes, felt that their sessions helped staff to *“find a different way of connecting with their peers through a fun activity rather than serious meetings. As a result staff are reporting their own enjoyment of the sessions which is also leading to staff engaging with the work in new ways. For the first time this year staff are going out to purchase props for the Zoom sessions which fit in with the theme of the week. They are inspiring their peers to get involved in similar ways.”*

Very generally, what have delivery partners learned about the key issues, challenges or concerns faced by older people over the last three months?

- There is a sense that people fall into one of two camps - some are extremely nervous about leaving the house and mixing with people and some are eager to meet up socially and take part in face-to-face activities.
- For over a year now people have been waiting for things to return to ‘normal’
- It’s important to support some people to take the first step to reconnecting socially. Small group activities enable people to build their confidence up slowly.
- People need to connect with others in a similar position and share their concerns to feel that it's ok to be anxious.
- Some people who were confident going out and about and attended a lot of groups or events have lost confidence during the pandemic.
- Some people now have poorer mobility due to a lack of going out over lockdown. People with long term physical health needs may have seen their condition worsen as they struggled to access services such as physiotherapy.
- People have reported that they are more isolated – however some have contradicted this and have felt more connected via Zoom and miss Zoom meetings now people are going back out.
- There has been an increased need for IT provision and help to get online
- Relationships with clients have changed following long periods of telephone contact, as this method of communication often leads to deeper, more open discussions.
- A significant number of clients suffered bereavement over the last year and the impacts of the loss, and not being able to visit people in hospital or have a funeral, are quite profound.

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- The closure of libraries and sports centres was also keenly felt, particularly for people who used the library to get online or for those who had very limited family connections.
 - For older job seekers challenges around job searching and interactions with the Job Centre was eased over lockdown. This challenge started to emerge again in April with a number of people anxious about reconnecting with Job Centres and looking for work.
 - Routine is important to older people and lots of people found themselves in new caring roles and/or taking responsibility for other households during the pandemic.
 - Sadly some people don't communicate their newer needs which developed during lock down, possibly through feelings of shame or not wanting to be a burden. One delivery partner noted deteriorating mobility, poor concentration, hearing loss and continence issues.
 - People have struggled to get through to their GP surgeries and have required support to book appointments online. Others are worried about delayed procedures.
 - Partners have helped people to book vaccinations and transport to the vaccination centre, and have taken people in their own cars when this was allowed.
 - Bereavement has bubbled to the surface again, even from a long time ago, as people have had time to reflect during lockdown and shielding.
 - The main issue facing care home residents is a lack of activity within the home. Care staff are trying hard to deliver activities without any external providers however this is impacted by staff capacity which has fluctuated throughout Covid.
 - Care homes remain cautious and risk averse because they work with highly vulnerable people. Homes are prioritising external visits from family members however this means residents can be left without other visits throughout the week.

Short case study from a Time to Shine delivery partner

“Some of the psychological impacts of Covid have been less straightforward to address, particularly for those who did not describe themselves as having mental health issues before the pandemic. One woman, a long term volunteer on our project, was experiencing high levels of anxiety around travelling too far from home.

A walk was arranged very close to where she lived but was carefully tailored so that it was not clear that it was arranged specifically for her benefit as that may have caused embarrassment. Instead, she was involved in the initial risk assessment of the route to make use of her local knowledge with the walk billed as one that was aimed at people with limited mobility.

The real aim was less about her being back in a group and taking exercise but all about trying to build up the sense of purpose and responsibility she had in the group before Covid.”

