



MHA Community Support Project: helping older people get out and about

Time to Shine end of project report
August 2021



Summary

The Community Support Project (CSP) aimed to provide tailored social opportunities for socially isolated older people by working with three of [MHA's Live at Home schemes](#) (now MHA Communities) that collectively cover part of West Leeds.

The CSP team planned to work alongside Leeds' Adult Social Care Reablement service, known as the Skills for Independent Living (SkILS) team. SkILS in West Leeds provides short-term intensive support helping individuals to regain skills and confidence to get back to doing everyday tasks and activities after illness or hospitalisation. SkILS were working with many older people experiencing high levels of isolation. The CSP planned to establish a referral pathway into Live at Home schemes by using short-term volunteer befrienders to help people achieve social goals.

The CSP team focused on increasing people's confidence, helping them to get out and about by accompanying a person on a walk or on a bus. When the time was right, the volunteer could accompany the individual to attend an activity and as the participant's confidence grew the volunteer would gradually withdraw support.

The project was beset by procedural challenges but responded to these creatively. The team was able to build a good network of partnerships which enabled them to create systems that will continue to work in a post-pandemic world. The project extended its geographical range for accepting referrals and also referred participants to other organisations who could offer the appropriate levels of support.

The Community support project in numbers

- 193 individual people have taken part in the CSP since 2018, with 44 people participating regularly during this period
- 21% of referrals came from the SKiLS reablement team
- Demographic data was collected for 184 people
 - » 95% were of White British heritage
 - » 1.7% were of Black African / Caribbean / Black UK heritage
 - » 1.1% were of Asian / Asian UK heritage
 - » 1.1% were of Irish / Irish Traveller / Gypsy / Other White heritage
 - » 1.1% were of Other Ethnic heritage
- 73% of people taking part in the CSP for whom we have information identified as female
- Volunteers have given over 540 hours of their time to the CSP
- 8 case studies and stories have been written to share the project's learning and experiences
- The team formed an excellent range of partnerships including with the British Red Cross, Independent Age, South Leeds Recovery Hub, the Leeds PEP (Patient Empowerment Project), a number of Leeds Neighbourhood Network Schemes and AgeUK Leeds' citywide SWiFt (Supporting Wellbeing and Independence for Frailty) worker.



Activities

Initially the project worked entirely one-to-one with participants, helping people to access events organised by others. However, as the pandemic closed down events, and almost closed new referrals, the project stepped up to create a range of online activities and telephone-based meetings.

52 of these group activities have been organised (all in 2020/2021) including: facilitated friendship groups; book groups; competitions' like pub quizzes and bingo, and craft groups where everyone undertook the same activity. Activities also happened on the telephone as although CSP staff supported people to access digital resources not everyone wished to do so.

What difference did it make for older people

Case studies and anecdotal evidence clearly show individuals appreciated the support and it did change lives.

A participant has a "fuller life" and "feels good" when he knows O is visiting. O feels happy that H wants to go out - "It's nice to see him so happy". Both agree that they "get on well and have a laugh." O sees him "like her Dad" and feels H has filled a gap left when her parents died.



Learning

The initial partnership with the SKILS team almost foundered on the complexity of the referral process, a problem which was resolved by the formation of good individual relationships and direct communication. This was made possible due to the duration of the funding and flexibility offered by the Time to Shine programme which resulted in the development of a range of partnerships. These partnerships then enabled the CSP to take a much wider range of referrals from SKILS and others, and refer them on to more appropriate partners themselves.

The CSP was very effective in recruiting and training volunteers to support individuals and was hindered by the low levels of participant recruitment. It was difficult to retain a motivated and enthusiastic volunteer team without suitable participants to match them to. The team learned they could partner effectively between the CSP and the Live at Home schemes to ensure the volunteers could be active and have a fulfilling experience. It seems this actually helped the volunteers to support and encourage participants to join activities as the volunteers were better able to 'sell' something they had seen other people enjoying when they were volunteering.

Legacy

Prior to Covid-19 the CSP team reflected on the legacy of the initial challenges of the project. The complexities of handling referrals had forced them to develop robust processes to enable them to handle referrals from any organisation, alongside self-referrals and referrals from relatives. Since the pandemic started the team have developed a triage system linked with Live at Home schemes across Leeds to allow each referral to be supported correctly and with flexibility to sustain long-term support after an acute illness or change in circumstance.

Since Covid-19, the CSP has also reflected on the potential for digital support for people as part of that package and would like to see it retained alongside in-person support.

Covid-19 response

The Covid-19 response was excellent. The team continued to accept new referrals throughout, although for the first six months numbers were greatly reduced as the referral partners were unable to continue their own work. For example, the Red Cross ward work ceased so they were unable to identify and refer those who would need support.

The CSP team suggested to partners that all referrals were sent to them. They then did a series of three welfare calls over a period of three weeks to those individuals, after discharge. This created a triage-type system of signposting or referring into their local Neighbourhood Networks for the correct support.

CSP worked even more closely with each local Live at Home scheme with community support coordinators aligned with other staff to help with the coordination of telephone befriending support, bespoke shopping, meal provision and delivery of craft packs, afternoon teas and other initiatives.

After initial assessments the team tailored support to the needs of the most vulnerable first, then graded support so that no individual was missed during lockdown, even those who were independent.

The manager was able to invest the time diverted from relationship management into the development of digital resources, to support staff and volunteers who were working as digital champions.





Case study

A woman with a mild learning disability was referred to the CSP prior to her moving to sheltered housing. She had been recently bereaved and had had a period of hospitalisation. “Initially we spoke both to the social worker and the manager of her convalescent housing regarding what expectations they had regarding support for Anne long-term. They informed us that they felt quite confident that if Anne recovered from this challenging period, with the right support she would be able to manage to return to live in a supported living environment back in the community.’

The CSP staff met Anne - as she got to know them she discussed that her main goals were to build her confidence to be able to manage her life, including shopping and day-to-day activities, especially relating to now having to live at home since she had lost her partner. She also said she would like to get involved in ‘projects’ where she could give something back by volunteering herself, as she felt that would help her to help herself.

CSP staff worked with [Bramley Elderly Action](#) (BEA) so that they could have some input into Anne’s recovery and agreed that for the first few weeks the CSP volunteer would continue to support Anne as she was nervous about meeting new people. The volunteer continued to visit regularly and gradually began to get Anne to travel outside and get the bus, walk round charity shops, and go for a coffee. The volunteer tried to encourage her to talk about her feelings as at times Anne was rather up and down with her moods and motivation. She encouraged her to write her feelings down to help her reflect on what she was thinking about.

Staff from BEA had contacted Anne and started to try and encourage her to join the activities that were being organised by the residents where Anne was living.

CSP staff realised that they needed to withdraw the CSP volunteer and let Anne be supported where she now lived by BEA. The volunteer was a little apprehensive about this but after visiting Anne again she was in a hugely improved position and seemed happy to move on with support from BEA. She was managing to go out to the shops on her own, her confidence had hugely improved and she was talking about setting up a coffee morning with the residents to support McMillan!

Resources

To find out about MHA go to www.mha.org.uk and search [under their Communities dropdown](#)



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