



Circles of Support Oxfordshire

What difference has it made?

**Qualitative feedback and impact
assessment from case studies and
interviews**

INTERIM REPORT

July 2015

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We are grateful to the respondents including individuals, staff and volunteers who gave their time to answer our questions over the phone or at meetings or by completing the volunteer survey.

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1 Introduction

In 2014, Age UK Oxfordshire was commissioned by the Cabinet Office, National Tripartite Group and Oxfordshire Clinical Commissioning Group, to set up and manage *Circles of Support* in Oxfordshire, embedding staff and volunteers in teams of health and social care practitioners with the aim of helping people to stay out of hospital by keeping well, active and connected.

The Age UK Oxfordshire Circles of Support team includes:

- **Community Networkers**, staff and volunteers based within 6 locality teams across Oxfordshire and
- **Care Navigators**, staff and volunteers based at the JR (Oxford) and Horton (Banbury) hospitals and at Abingdon Community Hospital.

This Oxfordshire project is one of seven in England designed to test the impact of social action on reducing winter pressures in the health and social care system, which are being independently evaluated by the Nuffield Trust on behalf of the Cabinet Office.

As well as participating in the Nuffield Trust evaluation, Age UK Oxfordshire commissioned independent researcher Margaret Melling to carry out a separate local evaluation in order to:

1. Develop a series of in-depth case studies highlighting the way that the project was making a difference to individuals moving home from hospital and becoming more connected in their community;
2. Understand how the project was operating from the perspective of staff, volunteers and health and social care staff.

This report

- Provides in-depth and vignette case studies
- Summarises the feedback on the actual and potential impact of the project from the perspective of volunteers and professionals and
- Develops an overall picture of impact from this qualitative study to inform further evaluation work.

Limitations of this research

Note that these case studies and vignette stories have been developed over a relatively short period of time (less than 6 months) from the start of the project and, therefore, describe the most immediate impacts.

2 Assessing the impact - case studies

This section provides case study examples of people who have been supported by Oxfordshire's *Circles of Support* project.

There are two types of case study:

- 1) Those resulting from in-depth interview(s), mainly carried out face to face. These are longer stories and include verbatim quotes from the people involved.
- 2) Case vignettes+developed from information provided by staff and volunteers.

Care Navigator case studies focus on the work of the *Circles of Support* Care Navigator in the process of moving someone home from hospital. As the intervention is typically fairly short, these case studies are about the direct impact of the support.

- Case A1: Supporting the family to arrange care and through the discharge process, **Patrick and son Mark**
- Case A2: Equipping the home for a return to independent living, **Jean**
- Case A3: Speeding the discharge process, **Ruby**
- Case A4: Responding to a case of financial abuse, **Andrew**
- Case A5: Arranging emergency respite care, **Trevor**
- Case A6: Helping a recovering alcoholic to move on, **Tony**
- Case A7: Arranging residential care, **Lucy**

Community Networker case studies describe the work of the *Circles of Support* Community Networker helping someone in their own home to make new social connections and access practical advice and support. In these cases the interventions have tended to be more in-depth and it has been possible for respondents to describe the start of longer term changes.

- Case B1: Supported to develop new social networks, **Peter**
- Case B2: Overcoming physical and psychological barriers, **Richard**
- Case B3: Accepting support and finding a new purpose, **Cecilia**
- Case B4: Building new support networks, **Shaun**
- Case B5: Focus on practical tasks, **Terry**
- Case B6: Supported to achieve a clear ambition, **Cathy**

All names of individuals have been changed.



2.1 Care Navigator cases

Case A1: Supporting the family to arrange care and through the discharge process, Patrick and son Mark

Patrick is in his 80s and his most recent stay at the JR hospital was the result of a chest infection. According to his son Mark, Patrick is not very mobile and has problems with memory.

This case study reports Mark's views of the support provided by the Age UK Oxfordshire *Circles of Support* Care Navigator.

A successful transfer out of hospital

Mark was first in contact with the Care Navigator by email and phone to discuss the options for self-funded home care arrangements for his father Patrick.

He was pleased to have had the Care Navigator's help.

"She had all the contacts with the local care agencies"

"She saved me all the running about – it was very useful"

Mark is not sure what would have happened without this help from the Care Navigator, but thought he might have asked hospital staff or Citizen's Advice.

Coming up to discharge, the Care Navigator was a very useful contact in the hospital for Mark and his father. This was especially helpful as the family were uncertain about the discharge time and arrangements.

At the time of discharge, the Care Navigator helped his father whilst Mark got the car and she then gave them information about a personal alarm system to take home.

A distinctly different style of support

Mark could not think of ways the service could have been improved.

"For me it worked pretty well. The main thing was finding the care provider."

Overall he believes that Age UK Oxfordshire's Care Navigators provide a distinctly different type of support to hospital staff.

"Age UK Oxfordshire has more time to do the support properly".

Case A2: Equipping the home for a return to independent living, Jean

Jean, who has memory problems, limited mobility and no family support, needed to organise a stair lift before she could be discharged home from hospital. The Care Navigator researched her options, contacted her neighbour and organised the fitting. This practical organisation and reassurance helped Jean to get home quicker and keep some independence which she is passionate about.

Case A3: Speeding the discharge process, Ruby

Ruby has dementia and lives alone with support from carers. After a recent hospital stay, the Care Navigator arranged the transport service and liaised with her carers, speeding up her discharge and making sure that her move home from hospital went smoothly.

Case A4: Responding to a case of financial abuse, Andrew

Andrew, increasingly frail and vulnerable and in need of social contact, was recovering from surgery when he shared information with nurses indicating he had become a victim of serious financial abuse. Social care, the police and solicitors became involved and the Care Navigator worked intensively to make the changes needed to allow him to return home. Now with the regular support of a much-appreciated Community Networker volunteer, Andrew is being visited by a student befriender and is happily attending several regular social groups.

Case A5: Arranging emergency respite care, Trevor

Trevor was medically fit to return from hospital over the Christmas period but his next of kin was away and unable to provide informal care and his heating/boiler was broken at his home. The Care Navigator found a local care home that had 2 week availability over Christmas and New Year and a care agency who could follow on and pick up the care in January once his boiler was repaired and he could return home. With the help of the Care Navigator, Trevor was able to be discharged from hospital without delay.

Case A6: Helping a recovering alcoholic to move on, Tony

Tony is a recovering alcoholic in his 40s with repeated hospital admissions and no family support. During a recent stay in hospital, Tony and the *Circles of Support* Care Navigator talked through his many problems and worries. As a result the Care Navigator referred him to a local support service and followed up to check on progress. He has found linking with this service difficult but is still being supported.

Case A7: Arranging residential care, Lucy

Lucy has dementia and no immediate family. Following a referral from social care, the Circles of Support Care Navigator discussed the option of a care home with Lucy. Lucy was clear that she wanted a sociable setting - not where they are all sitting around doing nothing+. The Care Navigator researched the options, liaised with Lucy's friend and a relative, organised visits and supported a smooth discharge to the home that Lucy had chosen.



2.2 Community Networker cases

Case B1: Supported to develop new social networks, Peter

Peter is in his early 60s and had become increasingly isolated and depressed following the death of his wife.

“the more I stayed in, the less I wanted to go out”

Peter was referred to Age UK Oxfordshire *Circles of Support* by his NHS Occupational Therapist (OT), following visits to a hospital specialist after a number of unexplained falls.

The Occupational Therapist's initial assessment was that Peter had very low mood.

“There was no structure to his day and no incentive for him to get up in the morning”. [OT]

Finding the right opportunities

Peter says he had an open mind before the Community Networker volunteer's first visit but was surprised and pleased at how helpful it was.

“She was very positive and suggested things I was interested in. She matched me to things that would help me.”

One of the suggestions was for Peter to become a volunteer for Age UK Oxfordshire, working as an IT tutor to help older people to learn IT skills and get connected. He is finding the voluntary work a very positive experience.

“teaching people is really quite a big thing for me”

“people are appreciative and that makes me feel good”

Peter's experience has highlighted the importance of finding the right opportunities. Peter had tried volunteering in the past in a local charity shop but the working conditions proved too difficult.

“the key is volunteering in something that suits you”

Taking the first step

Having found opportunities that were matched to Peter's interests, The Community Networker volunteer actively encouraged him to take the first difficult steps by phoning him to check how he was doing and making a follow up visit.

“She gave me the spur to go out and do something. Her role was to get me started.”

Without the signposting and the essential encouragement of *Circles of Support*, Peter believes he would have stayed isolated.

“I wouldn't have got to know people. I wouldn't have got into the habit of going out.”

The Occupational Therapist also believes that, without this support, Peter would have continued to be isolated and that he may have needed more help from the community mental health nurse and/or medication.



Case B2: Overcoming physical and psychological barriers, Richard

Richard's stroke and neuropathy means that he struggles to stand and has a regular carer to help him to get up and dressed. He has also suffered from depression and was put in touch with Age UK Oxfordshire's Circles of Support Community Networker to help find new activities and interests.

"they worried about me sitting in the chair"

"the trouble is that everything I like has been denied me [by ill health], it is frustrating"

Bronwyn, his wife and main carer also has poor health - with knee and back problems - and recently suffered a broken wrist and elbow.

"we spend a lot of time indoors. We have got a nice room but it is not the same as going out and meeting people"

Finding the right social activity took time

Richard's lack of mobility and his incontinence means that transport, disabled access and availability of disabled toilets are all big issues in getting out of the house.

"most places are not disability friendly"

With the encouragement of the Community Networker, Richard tried two different day centres and tried a Phone Pals service (a regular conference call with other housebound people), but he found this type of unstructured social contact was not for him

"I had nothing in common with others in the group and I felt left out"

Activities linked to Richard's keen interest in sport have been more successful. He was introduced to a local bowls club by the Community Networker and enjoys the sport and the mix of people.

"they are all very good to me and not as old as me!"

"only one other disabled person"

Richard's experience shows that it can take time . . . and several attempts - to find the right type of social activity. There can be very significant physical and psychological barriers to be overcome.

Appreciating personal support

As well as getting out to social groups, a young volunteer now visits regularly to teach Richard how to use an iPad. Both Richard and Bronwyn have enjoyed getting to know their new helper.

Overall Richard and Bronwyn have appreciated the support of their Community Networker and see her help as distinctly different from health and social care professionals.

"you get a personal interest"



Case B3: Accepting support and finding a new purpose, Cecilia

Cecilia aged 90 was referred to Age UK Oxfordshire's Circles of Support Community Networker by her Occupational Therapist after a fall resulted in a broken shoulder.

Cecilia is a remarkably independent lady who worked full time and then part time until the age of 88. Her fall and broken shoulder curtailed her independence and activity.

"I always used to go out"

"more than ever I stay inside which I know is not good for me"

A condition of discharge from hospital was to set up a formal care arrangement. This was organised quickly and Cecilia speaks highly of her new carer.

Accepting support

As Cecilia has tended to be very self-reliant, the support from the Community Networker came as a surprise.

"I try not to worry the kids"

"I was surprised that they [Age UK Oxfordshire] had sent someone to help me."

"I had never had any help"

Her first conversation with the Community Networker uncovered the types of things Cecilia might enjoy. Cecilia was impressed with the work that was put in to research her options.

"She went into what I had done in days gone by"

"I said I wouldn't mind volunteering"

"She came back with activities. She had done a lot of research and talked to people"

"I was impressed with the way she tried to help me"

Finding a new purpose

Cecilia has now started to volunteer at her local library and is extending her social network in her local area.



Case B4: Building new support networks, Shaun

Shaun, aged 90, used to be (by his own account) a fit and active man and a keen cyclist. Open heart surgery on the aortic valve and fitting of a pace maker was followed by two months in a nursing home which left him frail and anxious about getting back on his bike.

"I am afraid that if I go out I won't be able to get back".

During a recent hospital stay, Shaun was referred to Age UK Oxfordshire because (as he was told) he was one of 70 people blocking beds+.

Safely home from hospital

Shaun really appreciated the personalised support from the Age UK Care Navigator to move him safely from hospital to his home. In preparation for his discharge, the Care Navigator turned on his heating at home and bought food. Other practical help included checking there were no trip hazards and arranging a bath pole so he could make use of his bath.

Without this help it is very likely his discharge would have been delayed and, if his home environment had not been checked and prepared, there was the real potential for readmission.

Building new support networks

Once Shaun was home, the Care Navigator handed over to the Age UK Community Networker volunteer who found out what help was needed on an ongoing basis. He is very thankful for the way the support was offered.

"She was beautifully concerned and positive".

As a result, Shaun is already a regular at two weekly lunch clubs and a book group and is planning to investigate another lunch club and join a gym. In addition he has just had a first visit from a student befriender.

Shaun can readily imagine how things might have been for him without the help of the Community Networker.

"with illness you feel just like sitting in a chair. I could have become "a cranky old thing".

"without this support I think people could be inclined to reach for the wine or the beer.... going down the road of giving the NHS more trouble".

Comparing himself with a more isolated neighbour, Shaun believes there are many positive outcomes from his new social connections including on his memory and mood.

"if you get to a lunch club it keeps your memory going".

"it keeps my personality going. You get out of yourself."

"We are all helping each other"

Case B5: Focus on practical tasks, Terry

Terry has Parkinson's and very limited mobility. On the Community Networker's initial visit it was clear that Terry felt too vulnerable in his electric chair to go out of the house and he declined to be put in touch with any volunteer or paid network that could visit him. He now has assistance with some important practical tasks - gardening, paperwork and clearing the home - and has started a weekly companionship call to diversify his social support network.

Case B6: Supported to achieve a clear ambition, Cathy

Cathy has learning difficulties and suffered a series of falls. She missed being able to meet up with her friends in a coffee shop in town, something her Occupational Therapist described as a really good functional, meaningful goal. A physical disability charity could not help, but through Circles of Support, Cathy was put in touch with a local volunteer who is helping her to achieve her ambition.

Just received a lovely phone call from Betty praising our volunteer Robert, she is very happy with his help and said what a wonderful caring and helpful man that he is, she couldn't believe how a man could be so good with grocery shopping!

Circles of Support Oxfordshire, Community Networker

3 Assessing the impact – volunteers and professionals

3.1 Feedback from the survey of volunteers

In May 2015, nine Age UK Oxfordshire *Circles of Support* volunteers completed an anonymous survey either on paper or online. These volunteers had been contributing to the project for between 3 to 7 months.

We asked volunteers what difference they thought the *Circles of Support* project had made to the people referred and to health and social care services (and any other impacts).

Key findings from the volunteer survey were:

1. **Volunteers had become involved with the *Circles of Support* project for a variety of reasons** including:

- a) Contributing relevant experience (several volunteers had previously worked in health and social care);
- b) Hoping to make a difference;
- c) Learning about health and social care.

I'm very aware of isolation / loneliness being a huge problem in society

Circles of Support volunteer

2. **Most were finding the work “rewarding”**. Two people commented that the project was at its early stages and the flow of work had, at times, been %sporadic+.

“An opportunity to help people lead as independent a life as possible”.

“Enlightening, empowering, rewarding, frustrating (limits and gaps in care system provision), enjoyable”

3. **When asked what difference *Circles of Support* had made to the people referred, volunteers mentioned helping people to live independently, reducing isolation, improving self esteem, confidence and well-being.**

“Make them aware of the range of options available to help them continue to live at home e.g Volunteer Good Neighbour schemes, paid support such as cleaning the house.

let them feel more able to continue living an independent life”

I am somebody with time to talk and listen

Circles of Support volunteer

4. Volunteers also believe they are helping people to understand their options and %unravelling the complexity of NHS/social services+.

5. Respondents found it more difficult to identify differences the project had made to health and social care services, either through a lack of knowledge or because the project was still at an early stage. Some believe that their work is helping the health and care system to direct limited resources in a more effective manner.

“Difficult to know. Takes time to get to know staff, we are just about accepted by some”.

6. Other differences mentioned by volunteers included raising awareness, improving knowledge of local activities and improving knowledge of social care.

We are raising awareness of importance of people's actual lived experience - not just as patients/clients.. and importance of social aspects of life for them

Circles of Support volunteer

3.2 Feedback from professionals

Between March and June 2015, 6 in-depth interviews were carried out with:

- Integrated Locality Team Clinician (paramedic)
- Community mental health nurse
- Occupational Therapist, Community Therapy Team
- Senior Practitioner Social Care (hospital-based)
- Two Discharge Planners, JR Hospital

Key themes from these discussions were:

1. Co-locating *Circles of Support* staff with health and social care professionals is making a positive difference to the referral process and the support provided. They are “part of the team”.

Saves us doing referrals and phone calls – the Community Networker knows all the right contacts. Sometimes she has identified need and referred back to the team.

She is part of the team because she is physically here and knows about locality team meetings.

Makes a huge difference working on the same [hospital] site.

[Without the Care Navigator] we wouldn't have the whole information and the right guidance for patients – for example she is able to advise on benefits.

2. *Circles of Support* staff do a professional job and the brand is important – there is “security” and “trust” with the Age UK Oxfordshire name.

Age UK is a “familiar face”. It is about building trust.

Circles of Support for us “is great”. It is reassuring that we know we can refer cases [to the Community Networker].

Have “no concerns about referring clients to Care Navigators” – they do a professional job and respond appropriately and sympathetically. Skill is needed as people and families can be distressed.

Age UK is creative and “very service user orientated”. Keep up-to-date and take the initiative – not just ticking boxes. The ethos of the organisation is important and the access to all the other bits of Age UK – resources and general information.

3. Circles of Support allows “the system” to do more prevention

The NHS is focused on medical help. They know social activities are important for people but they can't invest time in this.

There is the “potential” from the NHS to save time.. “the healing process is benefited by [Age UK's] work. With this support you can achieve more than just discharging without support.

Example of a lady living in extreme self-neglect, not wanting to eat or drink. Intervention of team avoided acute admission.

Circles of Support “fills the gap” between social worker and care agency.

Lower level needs are never going to be filled by OCC Social services.

Key impact is preventing readmission.

4. There is a lot of need for services to help reduce isolation.

It is possible that around 80% of older adults in touch with community mental health are isolated.

The majority of older people – especially those less confident, less mobile – really value having someone calling in.

There is a huge need for a sitting service.

- *Example of a lady preventing her husband from going out at all, even into the garden. Needs someone to sit with her to give her husband respite.*

5. Circles of Support is seen as a new and developing service.

They are just starting to find their feet – has taken a while.

There was a time early on when staff thought the Community Networker's role was sorting out cleaning or gardening. People now understand the focus on social isolation.

7. There is a need for more capacity.

Circles of Support needs more volunteers.

Could do more information and advice and have someone based in every ward.

Could employ staff out of hours.

8. Suggestion of sharing patient/client feedback with health and social care staff.

We need to understand what happens when patients go home.

Would be good to have feedback about Circles of Support cases on email. Always nice to let people know what is available.

“The networkers are a huge asset to us – I hope their funding will continue.”

End of Life Matron, Integrated Locality Team Oxfordshire, by email 10 June 2015