

# Community Solutions Finding the right support

Community Solutions brings together several complementary areas of work developed through a partnership between Outside the Box, the innovation hub at Healthcare Improvement Scotland, Nesta and other organisations.

This is one of a series of publications describing work that happened between 2019 and early 2021. You will find more information <u>here</u>.



## Why it matters

Community solutions have always been important as part of and alongside public sector responsibilities and services. Together this leads to people having better access to support and more choices in the care and support they use, and so having solutions that work for them. Over the past year the contribution of community-led activities has been even greater, as groups responded quickly to the needs created and highlighted by Covid, but this was building on many years' experience and learning.

People in Scotland are looking for ways to improve our social care system, to enable more people to get the support they want. The limited range of social care providers is a particular challenge in many rural areas, and people there often have limited choice and at times may not be able to get any social care at all.

The role of community-based services and activities has been highlighted in the recent reviews of how our current social care arrangements work, and we expect that people's choices and experiences around communitybased supports will be a big part of plans for the future. Community-based and community-led services and activities contribute to many parts of our formal social care system and to the informal supports that complement and extend it's impact.

- Information and assessment people finding out about what is possible, getting help with identifying the support they need, and help with the conversations to agree what care and support services the Health and Social Care Partnership will pay for
- Social care community-based voluntary organisations, social enterprises and small businesses delivering care and wellbeing support
- The community supports that are there for many people to use – often including people who need additional support, but also usually available for others too. This support covers a huge range of activities, giving people choices and letting people find the support that reflects their interests and circumstances.
- Complementing Primary and Community healthcare services – this includes
  - Providing activities as part of Social Prescribing
  - Support to people with long-term conditions around self-management
  - A location for community health services our outreach care
- A shared impact is that they lead to
  - Reducing, slowing or preventing a person needing higher levels or more formal social care or health care services
  - Promoting wellbeing and better health for individual people and for the community as a whole
  - Reducing social isolation (which is known to be an important factor in increasing poor health and wellbeing and increasing people's need for formal services)

#### Stage 1

October 2019 - March 2020 The first stage was working with HSCP teams and a range of peer support groups and care/support providers that each worked in a rural location. This was a partnership project with ihub. We planned a follow on stage, to work alongside participants as they adapted new approaches for their areas.

#### Stage 3

#### Late 2020 - March 2021

The third stage - current at the time of writing this report - is following up with some of the places and groups we started with, picking things up in more detail, and piloting some ways to help develop more community solutions.

#### Stage 4

#### June 2021 onwards

The fourth and next stage will be continuing to work with people who are making changes in how they offer or provide support, and checking out with more people.

## Stage 2

April 2020 - March 2021 The second stage has been learning from the community responses to Covid: this was not the follow on from the first stage that was planned for spring and summer 2020, but was what happened. There were several elements:

- Continuing to listen to and learn from groups and networks across Scotland in rural areas and in towns, including the people involved in the first stage of Community Solutions
  - Developing <u>Committed to Good</u> <u>Support</u>, which gave specific support to smaller groups as they started or expanded activities to respond to people in their area during Covid: this was part of the overall Scottish Government response. Community groups in touch with local communities and with communities of people who share experience of ethnicity or other circumstances were part of developing, piloting and then using the materials

## How people find out about and ask for support

### Why it matters

Having information about what support is there and knowing who to ask is the first step in people getting support.

- If this is right, the rest of the process works better.
- If this is difficult, people are more likely to get to a crisis or significant problems before they start to get help and then need more services and have a lot more distress and worry.
- When people can find the right combination of ordinary community supports and social care, most want and need fewer formal services. This leads to better outcomes for the people involved, and to easier access to acute care and higher support services when people do need them.
- When the support people want is not currently available, early conversations help everyone think about possible solutions and they can look at increasing the range of people and services involved.

It's good to know that our experience is helping make things better for people.

### What we heard

Most people do not know what support is available, or where to go to find out anything. The experience we heard across Scotland is that most of the information about care services is written as if people already know a lot about how this all works, and is available in places and formats that work for the people who already get support.

The new community responses that emerged during Covid included information points that then told people how to get access to other services and/or passed on requests. We also heard how developments that had been planned by some Health and Social Care Partnerships were taken a stage further to use that experience during Covid and what they had learned from public sector and community responses working together.

The experiences we heard showed that community approaches to this stage of looking for support have a big impact for people. Common features that people say makes a difference include:

- Less stigma if the place where you ask about help covers a range of supports or services that anyone can use, there is no stigma in contacting them to say you need some extra help
- Already in the community places people are in touch with anyway and especially when they already trust the workers there
- Covering a wide range of things that people might need or want to ask, and are ok when you can sort of describe the problem but didn't know about the possible solutions
- Easy to ask people who are welcoming, using friendly and positive language, a range of ways to get in touch including text, phone, social media messages, and long contact hours for phone calls
- Frequent opportunities to ask
  opportunities to get to know
  people, sound them out on a small
  thing first and then ask about the
  bigger need once you trust them
- Someone asking questions that make it easy for you to respond and help you work out what it is you want to ask
- People who understand about equalities and what works for your circumstances

Someone offered help to my Mum in a way she could accept. Once she got used to the volunteer helping with shopping and so on, she was happy for conversations about more lowlevel supports - practical things, her being part of a group of older people who keep in touch and look out for each other - that make her life easier and better. Now she's no longer worrying about not coping and having to leave her home and I'm not waiting for the crisis to happen.

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Any time we've felt stuck I've phoned round a few of our members and they talk to their friends, including older people who don't get much by way of services. They come up with ideas and sound advice, and most of our solutions and ideas for bigger developments come from them.

## **East Renfrewshire Talking Points**

Talking Points is a single contact point for people who want to get access to a range of services and community supports. It is a partnership between East Renfrewshire HSCP, East Renfrewshire Council and the voluntary and private sector. The post of Talking Points Coordinator is funded by East Renfrewshire HSCP.

People who get in touch don't need to know which service they want or who will provide it, as the person they talk to can sort that. People taking calls have all had training on how to respond and know how to use the combined resources of the organisations and their wider networks to help people find the practical response or on-going support that they need.

Talking Points began a few years back and had been building through a mix of regular drop-in sessions in locations like shopping centres, libraries and Health Centres, plus pop-up sessions in locations across the area.

Since the beginning of the pandemic, Talking Points worked with the Community Hub to make it easier for residents to get access to the support they needed. That relationship has now been made formal with Talking Points: Voluntary Action East Renfrewshire (the Third Sector Interface) and East Renfrewshire Council (Community Services) are all working together under the one roof.

- During the pandemic the Community Hub put people who were shielding and others who needed help in touch with food deliveries, prescriptions etc.
- The initial contact team of social workers and Occupational Therapy support got calls from the community and from partners, and followed up to get people to the right supports
- It became another contact point for all the mutual aid groups across the area
- People offered their time to help others and were introduced to services that were looking for more volunteers
- There was also a network for people involved in providing support through a closed Facebook group, where people working in a range of roles supported each other and shared learning and good practice

These are points that people in East Renfrewshire have learned and will be drawing on in the future.

- Organise around what is easy for people looking for information or support. For example, people can get in touch themselves by phone, email or the Community Hub Helpline, and requests come through organisations who spot that someone may need extra help
- The broad range of things people can ask about means there is no stigma in contacting the Community Hub
- Have information about the services in a very wide range of places, not just health and social care routes. People also tell friends and family about it
- There are many benefits from building a strong partnership between the agencies involved
- Diversity and inclusion are important and can be built into all aspects, which leads to benefits for people in all communities
- Community and voluntary organisations bring a depth of knowledge and ideas as well as assets
- Clients of every service gain from easier access to the skills and supports across all the services and partners, which has further positive impacts for people's health and wellbeing
- It is worth investing in the staff and volunteers who provide the direct supports as well as in the people who respond to the enquiries
- The existing network of organisations and the relationships built via Talking Points gave a strong foundation for the development of the Community Hub and these relationships need to be fostered

The plan for the future is to combine the phone and digital support with the in-person sessions.

## There is more information <u>here</u> or email talkingpoints@eastrenfrewshire.gov.uk

#### Example

## **Community support during Covid**

This is typical of the approach that was taken in many places.

Collecting shopping and prescriptions, walking the dog, or getting to the GP or vet.

We're here any time you want to have a chat or if you feel down or lonely, and we want to hear from you.

All our volunteers are here to help folk in our town/village get through this difficult time.

If you have some time and can help people in our community, just get in touch.

Phone numbers and email contacts 77

- Signs were in bright colours and large print. They were shown in shop windows, house windows and pinned to garden gates as well as on notice boards. These stayed up long after the first lockdown ended
- Information was shared on community Facebook pages and other social media routes with many updates and reassurance that this was an ordinary support to use
- In many areas a flyer was put through every door and a second one went round a month or so later

Other ways community groups and peer support groups helped people ask for support during Covid included:

- Volunteers seeing the same people each day for dropping off shopping or meals, to build relationships
- Regular telephone and text contact and encouragement it's ok to ask
- Sharing examples of the support other people were getting through social media and in printed newsletters to every house, so this became a normal thing to do
- Finding ways to help people when contacting formal care services, such as joining phone or video calls, arranging a phone chat before and after the person called the HSCP first contact point and helping people plan what they were going to ask about

#### **Roles and actions for HSCPs**

Ask people in the community where are the best places to provide information

Go local and use the natural communities within your Localities

Work in partnership with other organisations to give people information on the whole range of issues that can affect people who may need social care, such as community groups, care providers, Citizens Advice and services that help people reduce their fuel costs, for example

Find out which sources of information are used and trusted by people in this community, and how it varies for different people

#### Roles and actions for community organisations, social enterprises and other support providers

Have you told staff at the HSCP what you do and remembered that you need to keep repeating it for new staff? (See the other publication for tips on this)

Can you offer the HSCP a base in your community for them to come out and met people?

Do you have links with the independent SDS advice and with Advocacy services, so people in your area can get help from them to plan for a social care assessment?

Can people in the community help share information with their neighbours and friends?

Can you give suggestions on how to make sure people who could get overlooked are not forgotten?

Before, I thought it had to be a crisis before I could get any support. Now I know there is a lot of help that I can get now.

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## Increasing the range of support and addressing the gaps Why it matters

The legislation and good practice aim to give people choices in the type of support they get and how it gets delivered, to let them have a good life. Choice happens when the people providing care have enough flexibility to adapt to each person's circumstances, and that is more likely to happen when there is a range of providers in an area.

For people in some rural locations the problem has been getting any care at all when the location is too far or difficult for the main providers to cover. Staff in HSCPs planning for services overall and for individual people also describe this as a major challenge.

Rural areas have also seen the development of creative, successful solutions to these challenges. Some examples are:

- Community groups that focus on one type of service working in parentship with other community groups, so between them they increase support available for people in that area: this is probably the most common response and it increased during Covid
- Developing a range of services that includes social care as part of a community resource
- The Co-op approach a network of smaller providers working together to make it easy for people looking for support to find them. This was developed in Perthshire – now through the Care and Wellbeing CIC – and adapted for the North East by the Support and Wellbeing Co-op
- The 'Boleskine model' developed in Highland to provide care at home to people - initially in smaller, isolated communities – through a partnership between an established care provider and the local community
- Informal partnerships between Primary Care teams and community groups or smaller care and support providers to create more support for people with higher needs

These supports are often well known locally but not known outside the HSCP area, and sometimes not even known beyond their local area. We've learned that the information routes can be much more creative than before and reach people who don't already know about our services.

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The volunteers give leaflets and newsletters when we deliver food or shopping. People tell us they like that.

> We're getting more out of our overall resources and benefitting more people.

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## What we did and heard

We met and worked alongside people across Scotland, especially in rural areas, to find out more about the models that were happening across the area and in other places. Although Outside the Box helped people plan the work, facilitated some sessions and made introductions, the main change is the start of local conversations that will be continuing to let HSCPs and communities work out the right solutions for them.

We also helped newer groups and partnerships get going and plan how they could sustain community supports that were still needed.

These are features that we are hearing make a difference.

- It helps when people already know each other, agree that there is a gap they all want to see met, and are working within a context of trust
- People in local communities are coming up with ideas that don't fit the traditional ways of providing support but do reflect the principles and values that underpin social care
- People can get advice on the practical aspects of setting up and developing care and/or support, no matter what type of venture it is – so charities, micro enterprises and communitybased groups
- Recruiting care workers and volunteers is much easier when it is very local and a different ask – Can you help people in this community?

- Most of the successful solutions involve partnerships between the community and organisations providing support
- It is even better when this is a fair, realistic
  3-way partnership between the public sector, people/groups providing support and people living in that community, as each can contribute
- People use the approaches that have worked in rural areas to improve the services and choices for people in other situations
- HSCPs can be a link to other parts of the Council and NHS, which can them provide practical supports such as space where people can meet or work, training, or access to grants
- Established care providers can also help with aspects like training
- There are flexible approaches to checking out and training people providing support (both paid staff and volunteers) that reflect the circumstances of this place and people involved
- The ways for community-based services to get the income are realistic – including ways to commission support that use the flexibility in the legislation as intended, and use of grants to try out new approaches
- Public sector staff remember that many community groups have other funding that has other requirements on how work is described and reported, and take this into account





#### Example

## **Perth and Kinross**

Perth and Kinross has some rural locations where it has been difficult over many years for people to get consistent care at home. During 2020 a Care at Home resiliency project was set up and the Commissioning Team at the HSCP began working with people and agencies in these locations and across the wider area to look at ways to work differently around care at home.

- Expanding on ideas that people in these locations had
- Building on innovative approaches that were developed in Highland Perthshire
- Bringing in other people's skills and ideas
- Working with current Care Providers in more flexible ways, building trust and investing in enhanced staffing roles
- Using the support from Community Solutions to learn from the experience in other places

#### The conversations included:

- Workshops to bring together a wide mix of people to look at needs of their local areas and opportunities that were around and emerged with Covid
- Local discussions about what could work in smaller areas within Localities
- Ways to help people in other rural parts of Perth and Kinross find out more about being supported by the Care and Wellbeing Community Interest Company in Highland Perthshire to develop micro enterprises for delivering social care
- The Commissioning Team looking at how they can change the way they commission services to support more flexible approaches
- The Community Engagement Team supporting the involvement of local people
- Local care providers talking to people in their communities about how the care services and community groups can work together to create more support locally and the best ways to tell people about it
- Care at Home Providers expressing interest in creating well supported and interesting volunteer opportunities to address challenges such as social isolation experienced by the people they care for
- A wide range of people took part in workshops and events linked to Community Solutions and other networks, to find out what other people were doing

This past year has made staff in our HSCP think differently about the voluntary sector and all the support communities give people. We're having more conversations now and with different people and that's coming up with solutions to long-standing problems as well as responses to the current situation that work in the different local areas.

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The NHS and social work people here have been very helpful in supporting our team when we come across people who seem to need more support. It's been a 2-way arrangement and we hope to keep it going for the future.

## Orkney's Island Wellbeing Project

The Island Wellbeing Project is a partnership project in Orkney, between Voluntary Action Orkney and the Development Trusts of Hoy, Stronsay, Sanday, Shapinsay and Rousay, Egilsay and Wyre. Each of the Development Trusts serves one of Orkney's nonlinked isles, which can only be reached by plane or boat. They each employ a Community Wellbeing Coordinator as part of the project.

The project aims to support the wellbeing of island residents, using a broad definition of wellbeing which encompasses health, economic, social and place-based issues. Coordinators offer one-to-one support to those who need it whilst also developing new projects, groups and relationships which build the long-term capacity of the community.

It is easy for people to get in touch for one-to-one support. There is no referral process or eligibility requirement, and people are encouraged to get in touch with any issue, which coordinators will signpost onto other services if they're unable to help with.

The biggest issues that coordinators support with are food and fuel poverty, access to benefits, social isolation and access to health services. There are no referral processes or criteria, and a request on one topic can lead into other matters. Most support revolves around navigation and signposting, but coordinators are encouraged to work flexibility and with an awareness of community resources that are also available. Support could therefore also include finding a neighbour or friend to help, or accompanying somebody to a group in the community. Whilst the project has a website, the coordinators are well known in the community and most requests for support come informally, during groups, at the island shop, on the ferry or through neighbours and friends. The coordinators follow strict processes around data protection and assure confidentiality to those they support, which can often be hard to come by in such small communities.

From this one-to-one support coordinators gain an insight into the issues most important to the community, which informs their project work. In the past, they have developed foodbanks, health walks, Skill Sharing courses, pop-up cafés, charity shops and a Daily Living Aids Library.

During Covid-19 the Island Wellbeing Project played an essential role in supporting the island communities. With most professionals unable to reach the island, they worked with other services to ensure residents continued to receive the support they needed. They also organised their island's volunteer efforts and put together many of the schemes which emerged in response to lockdown, including fuel vouchers, grocery packs and activity boxes.

The project is funded by the Scottish Government's Aspiring Communities Fund, with support from European Social Funds.

Sources: <u>www.islandwellbeing.org</u> Harry Johnson, Project Manager: Harry.Johnson@vaorkney.org.uk

## Roles and actions for HSCPs

Are there places or groups of people where there are gaps in services, or few choices? Start by asking people there what sort of services they would like.

How can you help community-based providers – micro enterprises as well as voluntary groups – to get going? And how do you also support innovation by existing providers? Have you asked what would be helpful?

Partnerships work well when they take account of the partners' different circumstances. You are probably the biggest partner with the most resources – practical as well as time and money. How flexible can you be to support other partners? How can you help people get together?

#### Roles and actions for community organisations, social enterprises and other support providers

Are you in contact with people who find it difficult to get a service, or have very little choice? What can you do to help them describe the services they would like?

Does the networking in your area include social enterprises and voluntary and community groups, so people from different roles who care about good social care can support each other and share ideas?

Get a conversation going about what a healthy partnership looks like in your area or for the people you know.

Visit other places – virtual as well as in person when this becomes possible – to see what they do. Or get them to do information sessions in your area, and invite other people to hear about it. And ideally do both.

## Outside the Box www.otbds.org

