

The Impact of the Community Connectors Project on Adult Social Care and residents in Sefton

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Introduction

The Community Connectors project is a borough wide service, which helps to reduce the levels of loneliness, social isolation and low level mental health experienced by residents. This evaluation will focus on the outcomes of the Community Connectors project, specifically its impact on Bootle township residents and Adult Social Care.

Using both quantitative and qualitative data, the impact of the initiative in terms of early intervention and prevention will be measured by the number of clients referred to Community Connectors from Adult Social Care, whether the client's loneliness and mental wellbeing scores improve during their time with the project, and whether they still require Adult Social Care's input. The qualitative approach will be explored through case studies and semi structured interviews.

The evaluation will be conducted by Gina Harvey and Ian Willman, with the input of Bootle Community Connector, Volunteer Community Champions and 2 Public Advisors.

The evaluation of Community Connectors aims to assess the impact of this early intervention and prevention initiative on diverting inappropriate referrals away from the Adult Social Care pathway in Bootle.

The objectives of the evaluation are to:

- Establish the impact of Bootle Community Connectors on the Adult Social Care call log in Bootle; are numbers decreasing, increasing or staying the same?
- Establish the impact of Bootle Community Connectors on client's (a) loneliness and mental wellbeing scores and (b) activity in terms of access to local groups.

Health Inequalities

This neighbourhood was chosen because it is considered as one of the most deprived areas in Sefton and has a wide range of health inequalities.

We have completed a **HIAT (Health Inequalities Assessment Toolkit)** on the Bootle area and this was deemed to be of a high enough standard for CLAHRC to use as a case study on the website: hiat.org.uk.

Sefton MBC ward profiles provided a sound base for our statistical data for the HIAT, and working with our clients we are finding this to be a true reflection.

There seem to be a large number of housing issues which can be the main barrier to people accessing groups within their local community.

One example of this is a client who was discharged from hospital following a leg amputation. This client is now in a wheelchair but lived on the top floor of his apartment block. The lift is often out of use which causes him to feel trapped and imprisoned in his own flat.

The Community Connector worked with this client to apply for Property Pool and bid on an appropriate property in the same community, helped him pack up his belongings and take surplus items to charity shops. We introduced him to one of our Community Champions who took him to his local Church and Community Centre on a weekly basis, until he felt able to make the journeys on his own.



Early Findings



We have developed excellent working relationships between Sefton Council, Sefton Council for Voluntary Service (CVS) and Arvato Contact Centre, with information sharing between agencies.



To date, 100% of those who have completed the project have reported reduced feelings of loneliness and social isolation, and improved mental wellbeing.



These clients are accessing over 30 different voluntary, community and faith sector groups and activities.



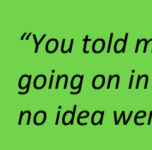
Not all clients referred to Community Connectors from Adult Social Care are removed from their call log. In these cases Community Connectors focus on isolation issues.

Next Steps

- Semi-structured interviews with clients
- Data analysis
- Literature review
- Finalise Evaluation Report



"You came along with me to help me settle in and now I can go with my community champion every week".

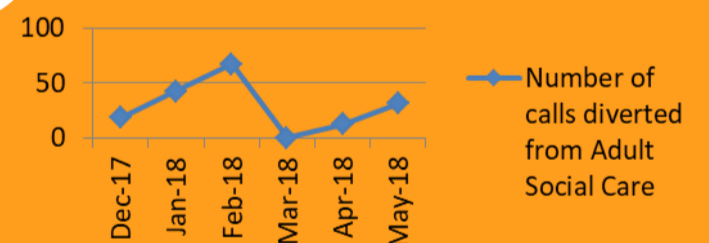


"You told me about things going on in my area that I had no idea were taking place".

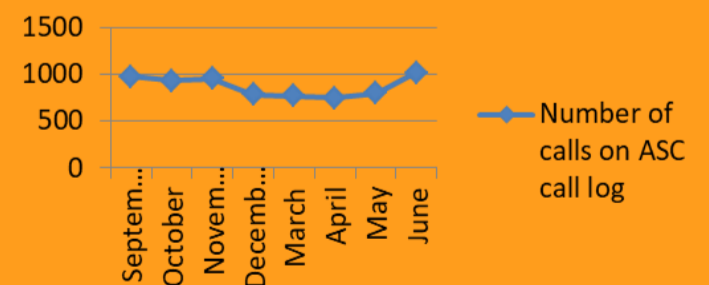


"You gave me the confidence to try something new".

Results



This graph shows the number of Adult Social Care related calls (handled by Arvato Contact Centre) being diverted to other organisations or services on a monthly basis. There was a drop in Adult Social Care calls in March and April due to other services (such as Council Tax enquiries) being significantly higher, which possibly accounts for the drop in numbers being diverted.



This graph shows the number of Adult Social Care cases waiting to be allocated. Between September 2017 and May 2018 there was a steady reduction in cases waiting to be allocated. However a sudden increase in June.

Acknowledgements

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