



Annual Report



June 2015 – December 2016

Introduction and Executive Summary

In this report we have set out what we have achieved so far and what we hope to achieve in the next phase. Above all, Solva Care is a whole community project – we work together to care for those in our community who need help. Our 2013 survey showed enthusiastic support for a proposal to trial our project. We successfully applied for grant funding and appointed a Project Co-ordinator in June 2015. Our funding comes to an end in March 2017 and we are currently seeking funding for our next phase.

From the first, Solva Care has been a trial project – would it work, how would it work, who would benefit, how would we fit in with the current social and health care models etc. etc. We were also interested in what would not work, what might inhibit progress, what would be the things that might threaten to block progress, what problems might prove impossible to solve. We have learned a great deal and have taken care to record the lessons learned, in order to provide some support and guidance for any other communities seeking to deliver a similar service.

You will see from the report that follows that we have made a good start. Thanks to our Co-ordinator, our volunteers, our service users, our partners and all those who have helped us, we have been able to make a real difference to people's lives and the community as a whole has benefitted.

We can all be proud of what we have achieved so far in Solva Care. My thanks to all those people who have taken part and who will be working with us in the future, not just to carry on the good work, but to develop and extend it to meet the needs of the Solva Community.

I hope you will enjoy reading this report - please get in touch if you need further information.

Yours,
Mollie Roach
Project Leader

Connecting our Community

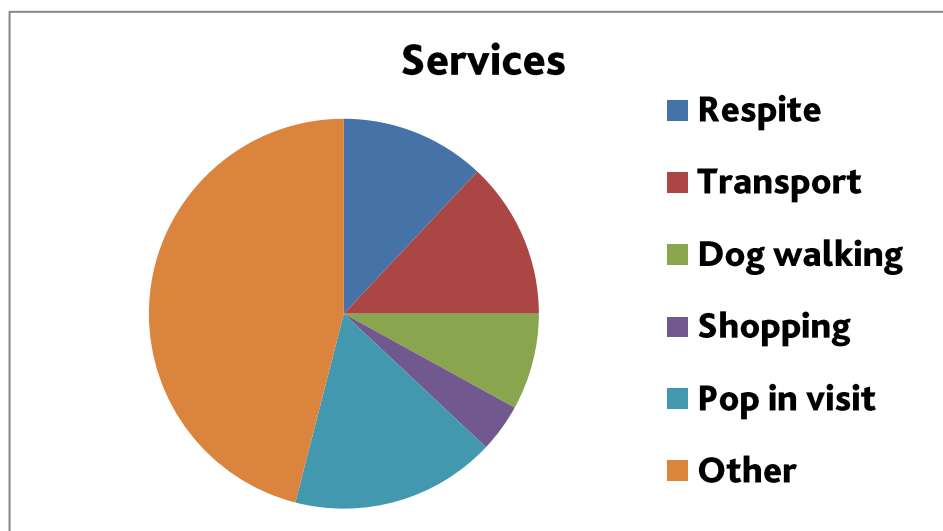
Objectives

Solva Care is a not for profit community initiative. We have been operating a pilot scheme since June 2015 to offer local support and help to those who need it in Solva Parish. The Pilot Project is funded by a grant from WAG, administered locally by the Pembrokeshire National Parks Sustainable Development Fund (£23,408 over 2 years).

Our aims are to improve health and wellbeing by enabling residents to stay in their own homes, to remain a part of the community, offering a way to counteract loneliness, isolation and social disadvantage and to provide extra support to family carers. The services are provided by local volunteers, coordinated by a part-time paid Co-ordinator. Solva Care is governed by a Management Committee responsible to Solva Community Council.

Achievements

In the first seventeen months since we started delivering services, from August 2015 until December 2016, volunteers delivered 2374 hours of help to 40 people (on average 140 hours/month or 33 hours/week). (See Appendix 1 – Who can use the service and how we can help).



Solva Care is filling the gaps in the provision of services from local authorities, paid care services, family and friends. The Co-ordinator provides the link between the volunteers, service users and a variety of support organisations. (*Organisations we have worked with or learned from* are listed in Appendix 2.)

We have arranged two tea parties for the residents of Solva, a bread baking event with Paul Sartori and eight 'Try something new' events together with The Alzheimer's Society. From September 2016 these were replaced by 'Solva Senior Activities' sessions with the support of The Reach Project at Pembrokeshire College (six planned events).



We have shared our experiences by talking at 'Ageing Well in Wales' events in Aberystwyth, Cardigan, Narberth and Cardiff, had stands at the Community Forum in St Davids and a WCVA Conference in Cardiff, along with our own event '**Together for better outcomes – homecare and community initiatives**'. The latter was held in Solva Memorial Hall on Tuesday 20 September 2016. It was attended by over 60 people representing 38 different organisations (15 Government, 11 Voluntary Services, 7 Health or Social Services, 3 Care Organizations, 1 Academia, 1 Other). Many inter-connections were made during the day between these different organizations.

The main outcomes were appreciation of the high levels of enthusiasm and general consensus of opinion on the subject; the need for joined-up working and flexibility in doing things differently and obtaining a good positive action/risk balance, and finally recognition of the importance of local working and personal relationships in the care sector.

Impact and Value

In one year we have set up an operational co-ordinated volunteer service that underpins the work of statutory health and social care services in our area.

Outcomes of what we do:

- improvement in health and wellbeing of many people in the village
- higher attendance at village activities such as coffee morning and luncheon club
- reduction of stress for carers and elderly people
- a quicker solution to problems such as transport, picking up prescriptions, assist with pets.

What we do for our residents may seem to be small and trivial matters but is vital to the well-being, peace of mind and general health of those who are unable for any reason to keep control of everything in their lives.

The enterprise has two phases. Phase 1 (2015-2017) relies heavily on volunteers. The service is therefore relatively low cost.

Phase 2 (post- 2017) is development of a domiciliary care service to run alongside the volunteer service. This is much more difficult to set up because of the requirements of registration, qualifications and funding. Welsh Government has provided a grant of £33,000 to support this development.

We are conducting research to measure the impact and outcome of the service.

Solva Care is one of the first projects of its kind in the UK. Hywel Dda Health Board has funded Swansea University to look at whether it is possible to measure how well it is working. The initial findings of the study showed that there are many widespread benefits of the voluntary service and that it will be possible to measure wellbeing – the improvement of which is a major aim of the Project.

We have conducted two community surveys to see what people want out of Solva Care and to collect views on whether the project is working and making a difference. The high response rate to both surveys shows the immense interest and support there is for the Project. It is clear that the great majority of households value Solva Care and think that it is making a difference to the well-being of the community.

Case Studies - Solva Care Pilot Phase

1. Mrs A is living with dementia and her son is her permanent carer. She loves to walk but her son is worried that, if she goes by herself, she may get into difficulties or not find her way home. He cannot accompany her as often as he or she would like. The Solva care co-ordinator has been able to set up a rota of volunteers who take her walking on a regular basis. She loves to sing so often they sing as they go round the village. She returns home in a happier frame of mind and her son has some respite time to use as he likes.

2. In Solva there is a regular luncheon club once a week. This is held in the Memorial Hall which is in the upper village. Although this is only about a mile from the lower village, it is uphill and beyond walking distance for residents who do not walk well and can no longer drive. A rota of volunteers regularly bring residents up to luncheon club from the lower village and take them home again. Take-away lunches are also delivered to those unable to leave the house. This ensures a well-prepared meal at least once a week and enhances the numbers making use of the Luncheon Club.

3. Where there is a sudden change of circumstances, for example, where a full-time family carer is taken ill, Solva Care is able to quickly supply some support and back-up while alternative arrangements are made.

Endorsements from residents we have helped:

"This scheme is a lifeline for me. I am able to get out of the house and do essential tasks and get respite from caring for my mother."

"I strongly believe this service to be invaluable to my mother and me. Life would certainly be more difficult without it! The walks she is taken on help to alleviate her boredom as well as furnishing her with some much needed and very beneficial exercise."

"For Mum the contact with someone who would sit and read or chat with her was invaluable especially in the last few months when she was bed bound. For me, it gave me time to take myself away for a few hours and to relax in the knowledge that Mum was safe and looked after."

"Thank you for this amazing service that you provide to the elderly in Solva.more of this sort of thing is what's needed all over the country."



Volunteers

Phase 1 includes 30 local volunteers, who have all been DBS checked, signed a confidentiality agreement, are insured and all had induction training. Most volunteers are retired people who are still active in the community but have got some time to spare to assist their fellow villagers.

A number of volunteers have attended a variety of training courses, apart from Induction Training, including Safeguarding of vulnerable adults provided by Volunteering Matters. Other training has been provided by The Alzheimer's Society, SCWDP and the Reach project among other organisations (see Appendix 3).

There are bi-annual get together events for the volunteers (one where they can bring their partners). At the 9 June 2016 event, the volunteers were asked to answer a few questions anonymously. Here are some of the comments:

"I feel good about volunteering; the first time I have ever done this. It gives me a feeling of putting something back into the community".

"Very rewarding. I get a lot of satisfaction from doing what may seem like a very small service to some. I feel as if I make a difference".

"Feel fantastic about being involved in such a ground-breaking initiative. The team spirit is good and we have achieved a lot."

"Has been wonderful and brought me out of myself".

"Being part of a group that is so appreciated in the village".



Long term Strategies

We now plan to build on the Pilot and begin the full Solva Care Project. We want to work with those delivering hands-on domiciliary care in Solva, so that between us, we can deliver seamless, user focussed continuity of care. We also want to trial extending and expanding our services, to take a more preventative approach so that we can help and support people in our community to delay, if not prevent, the slow slide into dependency and isolation. We want to build up our local services register, so that service users can quickly find reliable local trades people – gardeners, cleaners, maintenance workers etc. and to involve our young people in the Project – above all, we want to concentrate on responding to individual need, to stay local and focus on keeping our community viable and sustainable.

Appendix 1: Who can use the service and how we can help

The people we help are:

- those in ill health living alone and without family close by
- those with mobility problems and without their own transport
- elderly and frail residents
- those living with dementia and their families
- unpaid carers or helpers and their families
- anyone else requesting help

What we do:

- Shopping, collecting prescriptions
- Dog walking
- Transport to surgery, shops, restaurants, leisure activities
- Accompanying to village events: coffee mornings, luncheon club and village cinema
- Pop-in home visits for chatting or reading
- Phone calls
- Help with forms or correspondence
- Short periods of respite care
- Small one-off household or garden tasks
- Help with finding reliable trades people, cleaners, gardeners (Co-ordinator)
- Sign posting to other available services and charities (Co-ordinator)

What we don't (can't) do:

- Domiciliary care which needs trained staff and regulation
- Medical treatment including small tasks such as supervising tablets, eye drops,
- Tasks that would take work away from trades people
- Heavy or dangerous work (house removal & clearance, furniture moving, tree cutting)

Solva Care would be happy to help with such things if ways were found for it to be possible or if we could be paid to organise tasks.

Appendix 2: Organisations we have worked with or learned from

The Alzheimer's Society

Paul Sartori

Shalom

Crossroads

Good Neighbour Scheme

The Debenham Project (Somerset Catalyst Scheme)

PIVOT

Solva Surgery (makes a room available to Solva Care once a week)

St Davids Surgery

District nurses

Withybush Hospital

Social Services

The Reach Project (Pembrokeshire College)

Appendix 3: Training Courses attended

The Co-ordinator has attended the following training courses:

PANDAS Dementia Risk Awareness Programme
Social Services & Wellbeing Act Awareness Workshop for Independent Care Providers
Aged Cymru Level 2 Award in Emergency First Aid at Work (QCF)
Protection of Vulnerable Adults
Meeting Centre Support Programme Workshop
Introduction to Volunteer Management (PAVS)
Conflict Management and Lone Working
Palliative & End of Life Care Course (4 half-days at Withybush Hospital)
Welfare Reforms and Universal Credits
IT training (by Digital Communities Wales)
Advance Care Planning (3 day course with Paul Sartori)

Training Courses attended by the Volunteers

All volunteers have had Induction Training including POVA (Protection of Vulnerable Adults) delivered by Volunteering Matters.
The majority have attended a Dementia Friends session by the Alzheimer's Society.
Some have had First Aid Training (Level 2) provided by the Reach Project at Pembrokeshire College), Safeguarding, Palliative Care and IT Training on the safe use of internet (by Digital Communities Wales).