

# Solva Care: not the only model, but our model



## Part 2

### What We Do

In this second part of our introduction, we will summarise, with the help of a diagram, the purpose of Solva Care: what we do, and how we do it. Diagrams can give an impression of an organisation that leads, controls and does things to, or for, others. This is not the case here as, in effect, Solva Care and the community are one and the same entity. It was set up *by* the community, *for* the community, to meet the expressed needs *of* the community. Instead of being an 'organisation', we like to think of Solva Care and our ways of working as one of *being organised* to achieve the best outcomes for our people. With this inclusive and integrated approach, we want to build and maintain the resilience and sustainability of our community.



## *Our People*

Solva Care's model is constantly changing and evolving in terms of our activities, but the fundamental core principles remain the same. The starting points for everything we do are the people in our community and, in particular, those adults who – due to age or illness, or both – need companionship, support and help. Solva Care's priority is older adults, but its reach and impact are community-wide. Older adults are the recipients of support, but also make up the majority of those who provide it. As our strapline states, Solva Care is all about making connections: '*connecting our community*'. We think of ourselves as an extension of neighbourliness in the village, making sure that no one falls through the net.

### *What are we setting out to achieve?*

We value our older people and want them to feel valued. We want them to be an integral part of the community, taking part in decisions that affect them and the wider community as a whole. Respectfulness is an important part of this approach, as is the avoidance of unhelpful, stereotyping language – for example, references to 'suffering with dementia', a 'frail person' or a 'bed blocker'. Neither do we label people by their conditions, or call those who are supported 'stakeholders', 'service users' or 'customers'. We simply call them by their names.

In Solva, we also want our older people to feel safe and well, or as well as they can be: safe from cold callers and scammers, anti-social behaviour, and accidents and falls in the home and the wider environment. 'Wellness' is a broad term encompassing social, mental and physical dimensions. It is now well documented that older people can be helped to feel well by being provided with tailored support and opportunities in order to participate in social activities involving art, music and physical activity. This is something else that we try to do for them.

We also want our older people to be independent, but by this we do not mean that they should always be free of the need for services. Instead, we see independence as meaning that people have choices and exercise those choices in order to maintain control over their lives. All the above factors feed into people fulfilling their potential: making the very best of their lives, living in their own homes and being a part of the community – in our case, beautiful Solva.



### *Influences on health and wellbeing*

Many influences determine the health and wellbeing of individuals, families and communities. Assessing the resources available in the community provides a useful starting point when embarking on a new project. We are fortunate in that Solva is located in an area of natural beauty. We have a well-used village hall, four pubs, a thriving shop and post office, and a playground and playing fields. Our health centre and primary school are much valued, and we are fighting to retain them both. Volunteers run a monthly community cinema, and there are many clubs for children, young people and adults. The village newsletter keeps everyone informed about what is going on. Our Community Council is proactive, fully engaged and excellent at coordinating community development. On the negative side, transport links are poor, and the nearest hospital is 14 miles away.

Not shown in the diagram above is the wider socio-economic environment, which can help or hinder wellbeing. All the people and services shown in the

outer ring of the diagram can contribute to wellness. Solva Care strives to work with all to achieve our aims.

### *What does Solva Care actually do?*

Trained and DBS-checked volunteers provide early help in order to prevent an escalation of problems that may, for instance, require an older person to be admitted to hospital. Many types of support are provided: transport locally, shopping, pop-in visits, dog walking, etc. Our volunteers provide companionship and are on hand to enable patients to be discharged from hospital in a timely way. The wellbeing of carers is also attended to by providing respite. Social activities centring on music, movement and art are run in the village hall, and group outings organised to enable people to enjoy a change in environment. Information is shared in order to enable people to seek support and help from other organisations. It is also disseminated to spread knowledge on prevention, and to optimise wellbeing. More examples on what we do will follow in later sections.

### *How do we do it?*

We run a support 'service' with volunteers, coordinated by our part-time paid coordinator. We have a Board of Trustees and working subgroups – one of which has responsibility for making sure that we have funding secured to sustain Solva Care. Another subgroup concentrates on research, monitoring and evaluation in order to enable us to gauge how well we are doing and adapt accordingly, and to meet the requirements of our funding bodies.

Solva Care communicates through the village newsletter, leaflets, a website and social media. We also cooperate with the media – newspapers, radio and TV – to spread the word about what we are doing. Working with organisations can take place on a practical level by supporting individuals, or in matters related to the community as a whole. We also seek to engage with organisations on a policy and strategic level as an equal voice in planning, but we have a long way to go to reach a truly co-produced approach. Finally, we are advocates for change in the care of older people, for much improvement is needed at the time of preparing this toolkit. We will explore all these areas of our work in later sections.

