



Part of Action East Devon



Axe Valley Visiting Scheme

Final Report

March 2018



“Understanding Why?! People living with dementia do or say the things that they have no control over. This is probably the greatest lesson that I have acquired as a volunteer”



“Something to look forward to, I like having company especially if they like animals like I do. My visitor comes with her little dog. I talk to her about everything, tell her my troubles and we have a bit of a laugh” Mrs J



We provided companionship for a gentleman who uses primary care services very frequently. We wanted to see if addressing his loneliness, might impact his attendance rate. While it is difficult to know what other factors were involved there were fewer requests for GP Visits or calls to out of hours over the latter weeks. Dr C



“I can't drive, I can't go anywhere on my own. It's isolating. My Visitor took me out Christmas Shopping; she encourages me to keep going and to speak up” Mr M

Introduction

Axe Valley Visiting Scheme March 2013 to March 2018

The aim of the Axe Valley Visiting Scheme (AVVS) was to provide a volunteer visiting scheme. It targeted socially isolated people in later life, who were residing on their own or in residential care homes. It was hoped that the project would lead to an increase in the quality of their life, reduced feelings of loneliness, support for carers and an improved sense of wellbeing.

Referrals were received from local Health and Social Care Professionals such as GP's and Community teams. They also came from community groups and residential care homes. This was a free service.

AVVS supported people by matching them with a volunteer visitor. Visitors were carefully selected, trained and had enhanced DBS checks. They were motivated, friendly people from the local area who got to know the person they were supporting and provided them with meaningful social contact through visiting. Visitors received support and supervision from the AVVS Co-ordinator. They also received travel expenses, ongoing training and were invited to attend an annual celebration event.

Clients who were referred to the service and their respective volunteer visitors would generally meet for about an hour, once a week. Visits would take place during office hours.

A friendly volunteer visitor could sit and chat, accompany clients out for a coffee or even a walk. They also helped them to build confidence by joining a local community activities and signpost to other useful services. Whilst giving carers a much needed break

Volunteers did not have permission to handle money or fill in paperwork. They did not perform any personal or medical care, move or handle people with reduced mobility or prepare meals.

The visiting relationship was regularly reviewed with the coordinator.

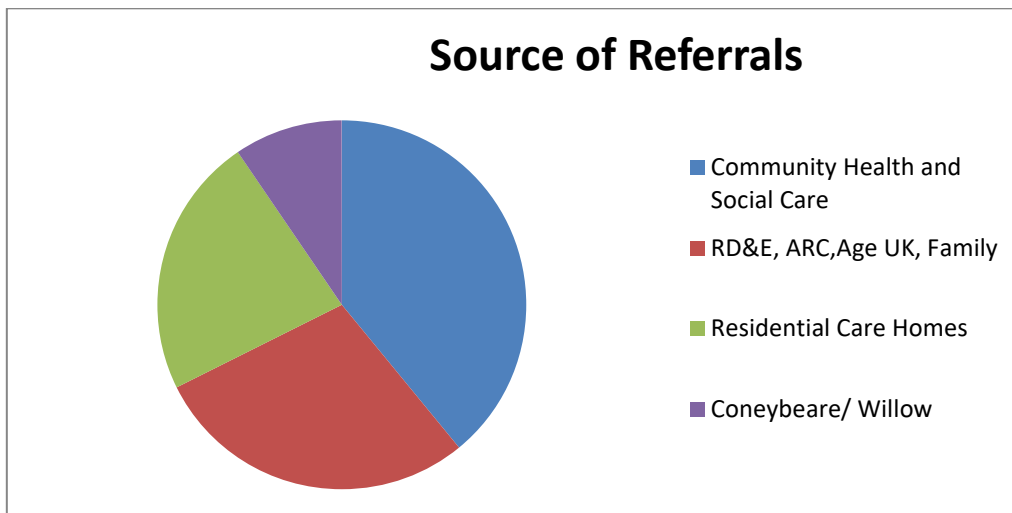
Funding

Axe Valley Visiting Scheme (AVVS) was founded in 2013 for Axminster and its surrounding parishes. Initial funding was secured from several sources including; Awards for All, Norman Family Trust Action East Devon, The David Gibbons Foundation and Axminster Hospital League of Friends.

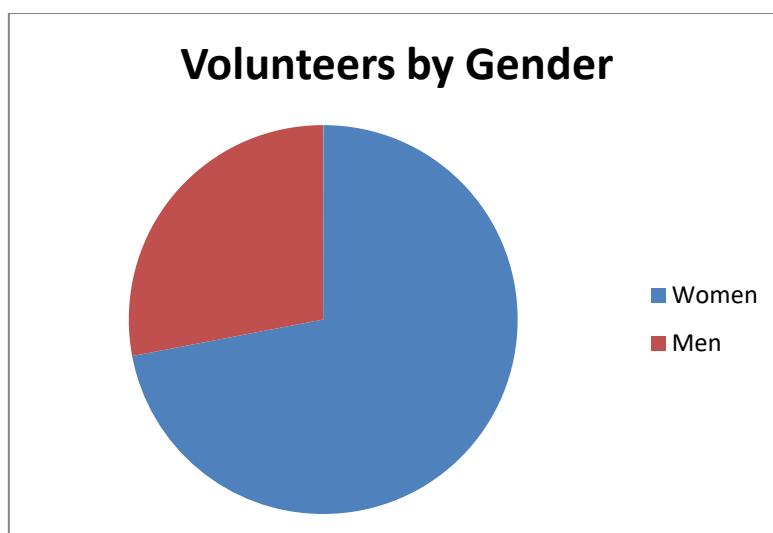
From 2014 until the project closed in March 2018 funding was received from Axminster Hospital League of Friends, Action East Devon, Axminster Co-Operative Community Fund, and individual donations. Thank you to all the people and organisations that have supported this valuable service.

Statistics

May 2013 – February 2018



- 105 referrals were received
- 84 one to one matches were made.
- 21 referrals were not matched with a volunteer.
- The most common reasons included: Clients moved out of area/or into hospital, they did not want to participate, or they sadly passed away.



- 25 Volunteer visitors participated.
- 15 of those volunteers were retired and 10 people were working or looking for work.

- All volunteers underwent enhanced DBS screening
- They also received an induction and training.

Topics covered in the training were:

- Boundaries, Confidentiality
- Staying safe, Safeguarding
- Support available
- Dementia awareness and
- Action East Devon Policies and Procedures such as Expenses, Equal Opportunities

Case Studies

There are many positive outcomes from the Visiting Scheme; the following case studies illustrate just some of ways AVVS made a difference.

Case Study Mr B

Mr B was referred by a Community Nurse at Axminster hospital. He was a 98 year old man living in an isolated location. He had been alone since the recent death of his wife. Estranged from his daughter, he managed his own self-care with the help of a neighbour who would take him into the shops, 4 miles away, once a week.

Mr B was a hard working person; he had renovated his own house and had kept a productive garden. Fiercely independent with a ribald sense of humour, he missed his wife terribly and kept a hanky in his pocket to dry his frequent tears.

Mr B was matched with Volunteer H, she was chosen for Mr B due to her interest in gardening and her own robust sense of humour! They got along very well from the start and enjoyed weekly contact, until Mr B passed away two years later.

During their match Volunteer H helped Mr B to access the local Lunch Club; she went along with him and encouraged him to give it a try.

She encouraged him to seek medical advice when he became ill, took him to his medical appointments and collected prescriptions.

She suggested that he write a letter to his daughter and this resulted in some softening to their once estranged relationship. When Mr B approached his 100th birthday we made sure that he had a birthday card from The Queen and cake to share at the Lunch Club.

Towards the end of his life Mr B needed a stay in hospital, followed by a short stay in residential care where he passed away. H was able to assist him by collecting clothes and provided continuity throughout those stressful times. She visited him shortly before he died and sang him a favourite song.

The Visiting Scheme provided Mr B much needed human contact and practical support. Volunteer H said "The person I visit makes me smile".

Case Study Mrs J

Mrs J was referred by a Community Nurse at Axminster hospital. The nurse asked if we could find a visitor who owned a dog and was able to bring the dog along to visits. The 93 year old had worked for many years in a kennel and has a deep affinity for animals, especially dogs

Mrs J has carers visit four times a day; she is registered blind and unable to move around safely in her home.

Volunteer F, has a young Yorkshire terrier. Mrs J was delighted to meet him and his human!

She was able to share her experience and wisdom about dog training and development with F and enjoyed having the dog sit on her lap.

F was useful in practical ways, for example, we referred Mrs J to the Silverline group chat. This is a weekly telephone befriending service. We also contacted the charity 'Pets as Therapy' who have a local doggie visitor. She now visits with her Labrador and Mrs J's social circle has increased substantially!

Volunteer F is a retired pharmacist assistant. She noticed that Mrs J was being given out of date medication, she alerted the carers and safely disposed of a large amount of old and potentially dangerous medication.

Case Study Mr P

Mr P was referred by The Occupational Therapist at Coneybeare. He has a dementia diagnosis but is otherwise very fit and active. He lives with his wife who has her own physical health conditions.

We were asked to find a walking companion for Mr P, to provide mental and physical stimulation in a safe way; Mr P is unable to find his way unaided. This gave his wife some much needed respite from her caring role.

Volunteer R visits weekly, weather permitting. The two men set off in R's car and enjoy walking in the local countryside. R says that when Mr P is relaxed he is able to communicate more easily and he enjoys hearing about his worldwide travels. They also have a shared love of France.

The therapist reported that the service had successfully met all expectations of; providing an appropriate 'friend', reducing carer strain and enhancing freedom and independence.

Case Study Mrs M

Mrs M lives with a dementia diagnosis. We were asked to provide companionship and an extra pair of eyes to check that she was safe and well, as at this time she did not have daily care. Mrs M had lived all her life in Axminster and was an authority in its history. She loved to share her interest with others and had favourite stories which she loved to repeat.

Volunteer B had great experience as a retired community nurse. She patiently spent time listening, reassuring and encouraging Mrs B to maintain routines.

As Mrs M's dementia journey progressed B was able to alert community nurses and helped to settle her into residential care when the time came.

Going Forward

In recent years, the issue of loneliness and isolation and its costly impact, (Social Finance 2015: 'Investing to tackle loneliness a discussion paper'), on health and social care, has moved up the agenda.

Loneliness can affect anyone, but many of the identified triggers are more pronounced for people in later life. East Devon has above the average amount of people who are aged 65+. Source: Campaign to End Loneliness/ English Longitudinal Study of Ageing.

What Works?

There is no single magic bullet. A holistic approach focussing on individual circumstances is advised.

Peer support groups, group activities, support for mental health, information sharing and signposting, *all* play a part in tackling the growing number of people in later life, who are suffering from isolation and loneliness

There are new initiatives currently taking place, such as Wellbeing Exeter, but there is a need for robust evaluation.

For more information on this subject, the 'Social Care Institute for Excellence' are due to publish an updated review in 2018 on their website. Please see the link below.

www.scie.org.uk/prevention/connecting/loneliness-social-isolation

