

## Healthwatch B&NES Community Pot Final project report 2019-20

If you have any questions about this report, please contact Vanessa Scott,  
Portfolio Manager Healthwatch B&NES  
T: 07754780487 or E: [vanessascott@thecareforum.org.uk](mailto:vanessascott@thecareforum.org.uk)

**The deadline for report submissions is 12.00 (midday) on Friday 29 January 2021**

*NOTE: The text boxes will expand as you type.*

### SECTION A: YOUR ORGANISATION

1. Name of Organisation	SWALLOW
2. Full Address of Organisation (for correspondence)	The Old Engine House Old Pit Road Midsomer Norton

#### 3. Contact details

Main Contact for reporting	
Name	Justin Ricards
Position	Courses and <b>Community Engagement manager</b>
Telephone	01761 414034
Mobile	
Email	<a href="mailto:JustinRicards@swallowcharity.org">JustinRicards@swallowcharity.org</a>

### SECTION B: THE PROJECT

#### 4. Focus of project

- Please state clearly what issue(s) your project looked at.
- Were these the issues that you had planned to focus on?
- If not, please explain what the project focused on and how and why the focus changed.

We spoke to members individually, either face to face (with PPE) or over the phone or on zoom to work out what support they required to engage more with the community.

Some of the people we support were able to clearly explain what support they required but for other it took more time for them to communicate this and sometimes we spoke with parents and carers.

After lockdown some people's needs increased dramatically – in some cases this has been to do with being isolated and for others it has been the uncertainty that they face and find hard to understand.

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We engaged with 84 individuals to understand their changing needs and assess their requirements and what support would need to be involved.

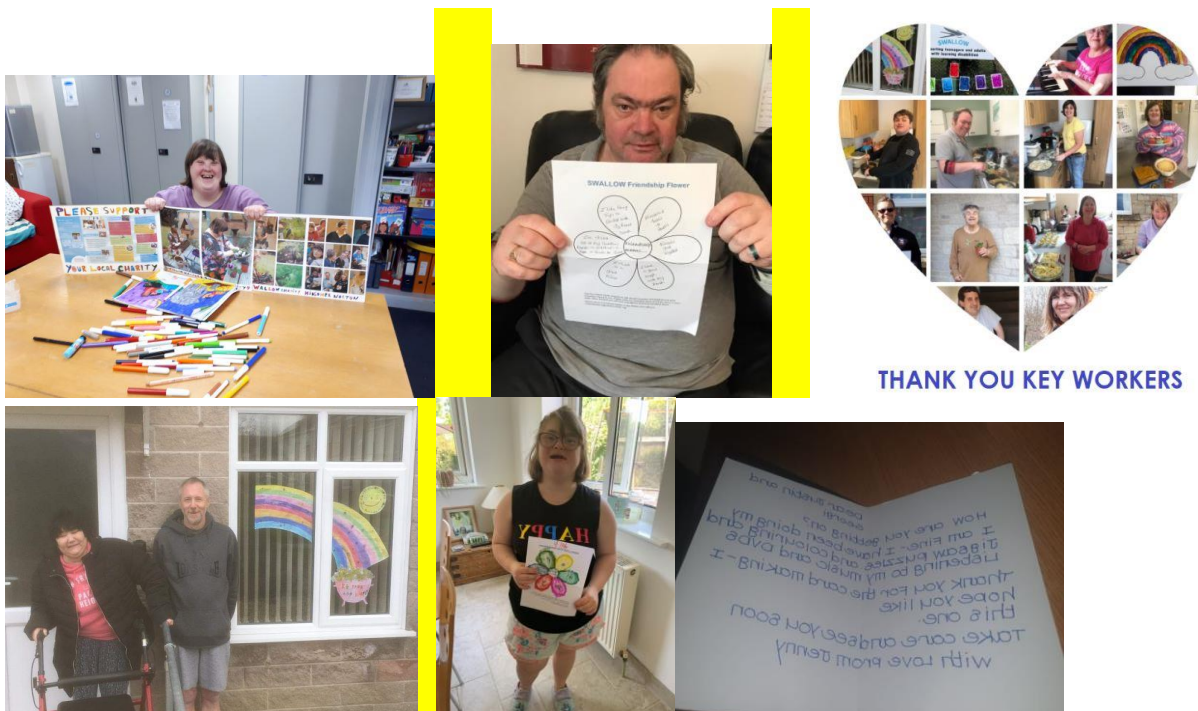
During the lockdowns some people wanted to simply stay safe but they wanted to send heartfelt messages to one and other. To facilitate this, we created cards for people to write or draw messages on so that they could let people know that they were thinking of them.

When we knew what people wanted to engage in, we developed virtual groups such as:

- support groups
- art groups
- exercise classes
- quiz nights
- bingo
- choir

Between 8 -15 members attending each online activity

Many people have become experts at keeping in contact virtually whilst other are digitally excluded. For these excluded people we arranged for 1-1 support to help them to access the internet or once lockdown eased we brought people together for support / activities and used Perspex screens to keep people as safe as possible.



### 5. What did you do?

- Using your Memorandum of Understanding for reference, please tell us what progress was made against each of the activities that were due to be delivered through this project - including numerical data for outputs where agreed.
- Please include details of any factors that contributed to or impeded the achievement of the agreed outputs.

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- If the agreed outputs were not achieved, please explain the reasons why and any actions that were taken to try to address this.

***NB** - Please include any photos, video links, examples of surveys, media and communications used etc to illustrate what you did in the box below or attach them as an appendix.*

We learnt that the people we support, teenagers and adults with a learning disability, are far more affected by the fear of the coronavirus and the uncertainty of lockdown than we could have envisaged.

We have therefore, as a part of this role, also had to signpost people to expert professional support for additional support such as

- behavioural specialists
- self-harm support
- crime prevention specialists
- psychologists
- phobia specialists

Whilst some referrals are ongoing, we have received positive feedback that our signposting and advice has been extremely beneficial.

**do we need a few feedback forms?**

### 6. What did you find out?

- Please outline the key findings from your project, considering:
  - key themes from the feedback that you received
  - themes related to any particular health and social care services that participants said that they used
  - what participants said worked well (with regards to health and social care)
  - where participants felt things could be improved (with regards to health and social care)
  - any conclusions or recommendations that your organisation would like to make based upon the feedback that you have received (please try to make these SMART - if you would like to discuss these further please do not hesitate to get in touch with us)

***NB** - Please include any relevant survey data, tables/ graphs, case studies etc to illustrate what you learnt in the box below or attach them as an appendix.*

We have engaged with people with a learning disability from across Bath and North East Somerset - aged 13 plus

### 7. Demographic information

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- Using your Memorandum of Understanding for reference, please report who you engaged with through this project, including any agreed questions such as:
  - postcode
  - age range
  - disability
  - carer etc
- Did you identify any differences or themes in the experiences of different demographic or protected characteristics groups (i.e. that might suggest barriers to and/or potential inequalities in access to health and social care services)

We noted that without our support many people with a learning disability are digitally excluded. Many people do not have the technology they needed and others do not have the skills to use the technology.

### 8. Outcomes - please tell us how this project has impacted those people who took part?

***NB** - If you have any testimonials or quotes that you would like to share to demonstrate the outcomes that your project achieved, please include them in the box below or attach them as an appendix.*

At the start of lockdown W decided that she would like to stay at home with her elderly mother. Through the community engagement role, we made regular telephone contact and offered the family the use of an electronic tablet so that they could keep in contact. Unfortunately however, despite having a nephew also living with them, they were unable to use the tablet. The telephone calls became increasingly difficult & we were frequently informed that W was unavailable to talk. We started home visits / country walks with W, as soon as lockdown eased. W said that she found these walks really enjoyable but stated that she was extremely nervous as she hadn't been to the shops or in a car for months. W would cry as soon as she was left alone, look at the clock constantly and not give eye contact. We supported W to join an art group and knitting group however, this was not an easy step for W as she now required constant reassurance and even support to use the toilet. The engagement officer made a referral for W to have counselling around her anxiety. Gradually Ws confidence is returning. For the second lockdown W stated that she did not want to go home to her elderly mother and additional support has been provided for W in her own home. W has not wanted to call her mother and her mother has not made contact with her - W has stated that they have fallen out. The community engagement role is helping us to work with the counsellor and W and will help W to build a relationship with her mother again if this is what she wants to do.

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L seemed settled and unaffected by the virus but gradually became antisocial which resulted in complaints being made by her neighbours, jeopardising her tenancy. She also began to take things that did not belong to her and then return them - hoping to be thanked for discovering the lost item. Through engagement with L and referrals to the complex health needs team we have learnt that L wants to feel needed and useful. We have supported L to take part in community projects (with high support to prevent theft) where she has been giving food to the vulnerable. We are still helping L to access specialist professional services but there has been a reduction in her anti-social behaviour and her tenancy is no longer at risk.

### 9. Considerations

Did you have to take any steps when designing and conducting the project to ensure the safety and wellbeing of your participants? If yes, please explain what these steps were and how you overcame them. Example areas include: Data Protection, Ethical considerations, safeguarding etc.

yes, we had to consider DBS checks, PPE, travel (avoiding public transport)

### 10. Next steps...

What action do you think needs to be taken now to share the feedback/ conclusions/ recommendations from your project and help to improve people's experiences of health and social care services in B&NES?

- Please refer to your Memorandum of Understanding for any actions that had been agreed between your organisation and Healthwatch B&NES.
- Please let us know if your organisation is planning to carry out further work in this area.
- Please let us know if there is anything further that could be done in partnership with Healthwatch B&NES. We are very happy to work with you to escalate feedback, best practice and concerns where required. If it would be useful to talk about this in more detail please do get in touch

E: [vanessascott@thecareforum.org.uk](mailto:vanessascott@thecareforum.org.uk) or T: 07754780487

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### 11. Working with Healthwatch B&NES

This is the second time that we have run a small grant scheme for VCSE organisations. We very much hope to be able to continue this funding stream and build relationships with partners across B&NES. We would therefore be very grateful for your thoughts on which elements of this process have worked well and if there was anything that you think we could improve on or do differently next time.

## SECTION C: WHAT NEXT?

Please ensure that you have completed **all** sections of this report. Once complete, please submit this report electronically along with any accompanying documents) to Vanessa Scott  
E: [vanessascott@thecareforum.org.uk](mailto:vanessascott@thecareforum.org.uk)

**The deadline for report submissions is 4pm (midday) on Friday 29 January 2021**

We aim to hold an event for all grant recipients to discuss the findings of their projects with one another and the Healthwatch B&NES Executive Board. Details of this event will be shared in due course.

**NB** - The financial report is a separate document. This also needs to be submitted by 12.00 (midday) on Friday 29 January 2021.