TALKING ABOUT
CLARE

TOGETHER WE
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CLARE COMMUNITY CONSULTATION REPORT
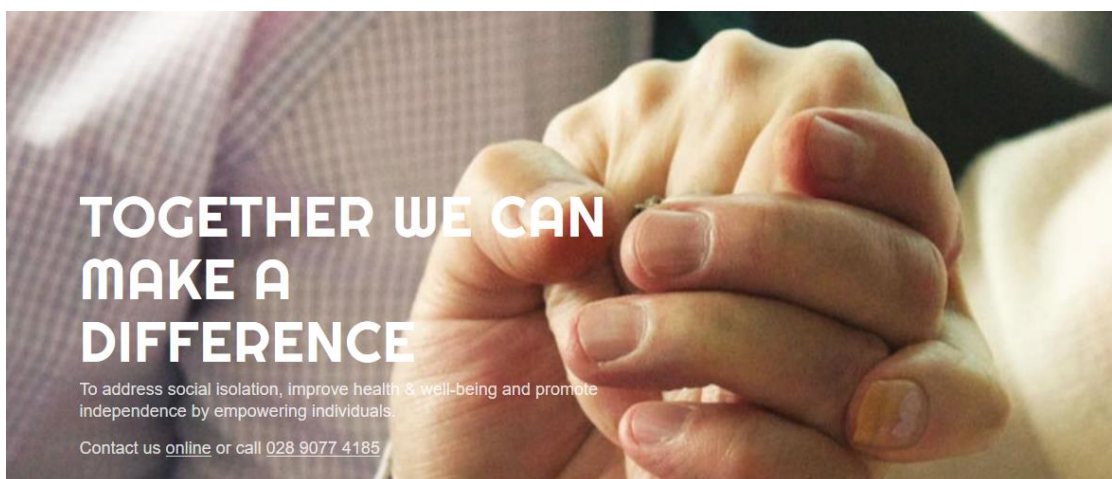Compiled by: **Paul Hutchinson (Imagined Spaces)**
May 2017

Creative **L**ocal **A**ction **R**esponses and **E**ngagement

Our vision is:-

_____

To create communities where all people feel supported and engaged, where people look out for each other and where everyone has the opportunity to reach their full potential.

_____

TOGETHER WE CAN MAKE A DIFFERENCE

To address social isolation, improve health & well-being and promote independence by empowering individuals.

Contact us online or call 028 9077 4185

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Section One

FOREWORD

CLARE would like to thank all the people from communities, community and voluntary organisations and Health and Social Services, Belfast Partnership Boards, EBDCA staff, CLARE Board members, CLARE staff and Community Champions, Service Users and carers who have helped us begin making the Community Conversations happen by attending the four citywide events in March 2017. We would also like to thank the Department for Communities for funding the events and Paul Hutchinson from Imagined Spaces for facilitating the consultations and producing this report.

It is an exciting time for CLARE as we work towards offering the model to other communities. We have had a 7 year period of community development and consultation and gathering outcomes of what we are achieving in North Belfast see **Section Three, Appendix II, 'Impact Card'** (pages 43 - 44) and we believe the time is right to offer the model across Belfast to enable a sustainable, assets based approach to grow in response to the shift in emphasis to co-produced, community lead solutions to health and social issues.

Feedback from people who use our services shows that the approach has made a real difference as they are encouraged to overcome isolation, make meaningful social contact and have support to take better care of their health and wellbeing. The CLARE model connects people to the wide and diverse range of community and voluntary supports that exist locally- we want to amplify the success of this approach and ensure that the assets of communities are valued, resourced and re-invested back into making real difference to everyone in the community. CLARE recognises the uniqueness of each community and that an asset based model cannot be imposed from above but needs to begin from individuals living in communities themselves, designing through imaginative and passionate discussions.

From this report you will see that there is real interest from other communities in Belfast to engage with CLARE and there are also lots of questions- some of which we have tried to answer; others will generate further dialogue and conversations to enable communities to design their own answers. This report is a beginning of a journey of

conversations between CLARE and other communities in Belfast not an end point.

Moving forward we will seek funding from the Big Lottery and other partners to continue to engage with communities in North, South, East and West Belfast to explore whether the CLARE model could assist in accelerating capacity building and offer a framework for an assets based response to early intervention social support unique to each locality.

Mandy Cowden   CLARE Project Manager

EXECUTIVE SUMMARY

1. CLARE – A Citywide Vision

As Chairperson of CLARE CIC I am delighted to commend this report and offer a summary of the consultation. I have been a member of CLARE CIC as a Board member and then Chair Person since 2013 providing support and guidance to the CLARE staff team and their Community Champions as CLARE has developed and grown. I have seen the model grow from the initial ideas generated by local people imagining what good support would look like to the point where we are responding to those ideas by designing together and offering meaningful support to older people through the CLARE model of co-produced early intervention. We want to offer the model to other communities, sharing the knowledge, experience, IT systems, staffing structures and using the community assets, strengths based approach to enable communities to shape their own CLARES. We have been encouraged by the positive responses we have received from the people who have taken part in the community consultations so far and we believe the evidence base is growing to enable a bid for funding the vision.

2. What we do and why we want to share the model

Creative Local Action Responses and Engagement- CLARE is a not for profit community interest company established over a seven year period of community consultation and engagement in North Belfast. CLARE works alongside isolated older people in communities to assist them to overcome isolation and improve physical and mental health, helping them make connections to suitable services, offering individualised volunteer roles and exploring opportunities to empower people to design their own support. CLARE has been operating successfully across North Belfast responding to around 125 referrals a year from Belfast Health and Social Care Trust staff to engage with socially isolated older people. Our Community Champion volunteers delivered over a thousand hours of support last year; 81% of people who used the service reported an increase in feeling positive and 94% felt more connected to support and community activity, see **Section Three, Appendix II**, '**Impact Card'** (pages 43 – 44).

Our belief, based on the outcomes and feedback from people engaging with CLARE in North Belfast is that the CLARE community development model helps people connect to existing resources and

enables those most isolated to begin to access the help they need; CLARE offers a system of working that enables early interventions and support to be organised, co-ordinated, outcomes based and personalised to match service user needs with community capacity. We value the resources that exist already in communities and the potential of people within their communities to help each other and improve lives. We seek to move from a needs based narrative to one of recognising the potential strengths of individuals and communities. We recognise that asset building takes time and must be owned locally but we also believe that by sharing the CLARE model we can act as a catalyst to enable and support dynamic community based collaboration.

3. The Community Conversations

The Community Consultation Report, '**Talking About CLARE**' was commissioned in order to begin engaging with other communities across Belfast about the experiences of older isolated people and whether the CLARE co-production model could help deliver a co-ordinated community based response . This report details a series of consultations held across Belfast- the desire to seek input from all people with potential to help shape and lead CLARE is central to the consultations; invites were sent out widely to local community and voluntary groups through the Local Area Partnership Boards, and to voluntary and statutory groups encouraging attendance from service users, families, carers and staff.

3.1 About the Process

Four citywide dates and venues were agreed to hold the Community Consultations resourced through a Department For Communities small grant and facilitated by Paul Hutchinson from Image Spaces; Invites were sent out widely through the Area Partnership Boards and EDBCA contacts and to Belfast Trust Staff-a total of 56 people mainly representing voluntary and community organisations with a strong presence in the locality took part across the 4 venues in events held in March 2017. Participants were asked to think about and discuss a range of issues after a film and presentation about CLARE;

   i.   Are there similar models in your area?
  ii.   How could CLARE compliment with your existing work?
 iii.   Can you see a need for CLARE in your area?

iv.   What obstacles/ objections might there be to offering CLARE in other communities?

Participants were also given the opportunity to ask any other questions they felt were important: Written feedback of group discussions were recorded together with individual personal feedback about how the person or their organisation might engage with CLARE either by referring people to CLARE or accepting referrals from CLARE for connecting to community supports. There was also some exploration of possible locations for CLARE in local communities, see **Section Two, 'Introduction'** (pages 10 – 12).

3.2 Summary of Findings - Questions Arising

Are there similar/existing models in your area? How might CLARE compliment with your work? Can you see a need for CLARE in your area? Possible obstacles/ objections to CLARE in your area?

The groups across Belfast generated meaningful discussion and positive engagement and indicated a universal concern for the needs of isolated people in communities whilst also having queries reflective of their own local area, see **Section Two**, '**Summary Findings'** (pages 13 – 19) and see **Section Three**, **Appendix I**, '**Findings'** (pages 28 – 42)**.** Some participants felt they needed more detailed information including a desire to know more about;

- How CLARE originated?
- The structure of the model
- The staff and volunteer roles
- Support for carers
- What are CLARE's unique selling points?
- What are the referral criteria?
- Outcome measures
- Partnership working with existing services
- The role of the statutory sector
- Resourcing the model long-term
- Would CLARE duplicate or replace existing groups?

3.3 Summary of Findings - Design input from Participants

People representing organisations discussed ways they could see that CLARE could co-exist, enhance and support their work through

partnership working and the co-ordination of services., see **Section Three, Appendix I: 'Findings'** (pages 28 - 42). All four areas were positive about what CLARE could bring to the sector however there were a number of recommendations to consider moving forward;

-learn from previous experiences of services that did not attract sustainable funding.

- CLARE needs to be designed around and in partnership with each locality, the people who are isolated and their carers in order to reflect and address the particular needs of each area and have local ownership.

-more detail would be needed to clearly define how the model would operate and fit with existing services.

-answer the questions arising from the discussions relating to CLARE.

Across the 4 Consultation Events responses to co- producing with CLARE were extremely positive; 93% of respondents in North, 83% in East, 100% in West and 69% in South said they would be keen to make referrals to CLARE. There was also a positive response to accepting referrals from CLARE to connect to their resource-87% in North, 89% in East, 100% in West and 77% in South.

It was agreed that the Community Consultations Report would be made available to everyone who took part and be widely available to any interested parties. Feedback would include answering some of the questions frequently asked; to this end we have included in **Section Two** in the '**CLARE Response to Questions Asked'**- (pages 20 - 26) and also in **Section Three, Appendix III, 'Proposed Structure'** (page 45) a diagram of a proposed citywide structure and how local Community Implementation Groups could be constituted.

4. Conclusions/ Next Steps

Feedback from the community consultations has been extremely positive but there is recognition that to build on the momentum CLARE needs to continue to keep service users at the heart of our designing. Our next steps;

Design locally/work collaboratively -We will continue to work in partnership with people and their communities and collaborate with existing service providers, Belfast Trust and community and voluntary groups to explore the vision of a citywide model. The responses generated from the Community Consultations forms part of a wide ranging consultation process, as we seek to gather invaluable

information about personal and community assets, encourage innovative ideas and bring communities together to explore what an asset based model might look like.

Engage in more community conversations- The majority of people who attended our first Conversation events were representatives of community and voluntary groups who offered excellent insights. In order to reach out to older people living in communities to engage them in talking about CLARE we are taking opportunities to meet with more individuals, groups, carers and service users on a one to one basis and in groups to help shape how we can work together to deliver a co-produced model of support.

Explore and learn from examples of previous interventions that were not sustained. What is the emotional impact this creates in communities?

Promote the CLARE model within communities and with key stake holders as a tested and effective framework to facilitate an asset based community response to engaging with isolated older people. Explain how the model works and explore how it could be utilised within unique communities to offer better connections to social and health supports.

Seek funding to further engage in conversations with communities; CLARE will submit a Big Lottery bid for significant funding; we recognise that an asset based model of support can only happen when people are engaged and fully involved. The asset based approach requires commitment from funders to invest in community development conversations and allow time to enable the model to develop and grow from the ground up.

This document will be updated and added to as we explore with people in communities how we can build successful, effective 'asset based places' that unlock the potential of people to collaborate together.

If you would like more information or an opportunity to join in with our conversations you can contact Mandy Cowden, CLARE Project Manager.

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Barney McCaughey Chairperson CLARE CIC

Section Two

CLARE COMMUNITY CONSULTATION REPORT

Introduction
In February 2017, CLARE began a process of community consultation into the possibility of developing its model of early intervention social care into other areas of Belfast.
CLARE grew out of and is currently based in Mount Vernon, and takes referrals from across North Belfast.

About CLARE
C.L.A.R.E. stands for **C**reative **L**ocal **A**ction **R**esponses and **E**ngagement. It has been developed by the community for the community and is a not-for-profit Community Interest Company.

Their vision is:
To create communities where all people feel supported and engaged, where people look out for each other and where everyone has the opportunity to reach their full potential.

CLARE is a model of working that recognises the value of volunteer support in communities and the potential of people within their own communities to help each other and improve lives.

CLARE seeks to work with vulnerable people preventatively and in partnership to help combat isolation, encourage good physical and mental health and make real connections to suitable services.

The CLARE model has been developed over a 7 year period of community consultation and practice learning. The model consists of a Community Volunteer Facilitator, a Community Social Worker and a Project Manager. In addition a large number of volunteers – called Community Champions – provide a wide range of inputs to isolated and vulnerable people. The model is enhanced by the use of a bespoke computer system that enables CLARE staff to both plan day to day volunteer and staff activity and capture statistical information.

CLARE currently accepts referrals from Belfast Trust Teams and some GP surgeries ensuring that a wide range of vulnerable people are reached.

About the Process

In discussion with the CLARE Board and the Belfast Area Health Partnership staff and key Community workers, a series of four half day events were conceived, to achieve the following three tasks:

- Present the CLARE model
- To listen and gather feedback from the four areas of Belfast
- To explore future plans (including a possible Big Lottery Application Bid)

An independent consultant (Paul Hutchinson) was contracted to design a process, facilitate each meeting, and collate/write a report on the findings.

The **dates and venues** for each area were:-

North and Shankill Area
Friday 3rd March 10.00am-1.00pm
Houben Centre 432 Crumlin Road Belfast, BT14 7GE

East Area
Thursday 9th March 10.00am-1.00pm
East Belfast Network Centre
55 Templemore Avenue Belfast,

West Area
Friday 10th March 10.00am-1.00pm
West Belfast Partnership Board
218-226 Falls Road Belfast, BT12 6AH

South Area
Tuesday 14th March 1.30pm-4.00pm
The Crescent Arts Centre
2-4 University Road, BT7 1NH

A total of fifty-six people participated in the consultation across the city (excluding CLARE Staff, volunteers and Board members). Participants came from the Statutory, Community and Voluntary Sectors.

Each of the four sessions took the following **structure**:

After a showing of the CLARE promo film and a presentation/Q&A with the CLARE Project Manager, participants were split into small groups and asked the following questions-

- *Are there any similar/existing models like this in your area?*
- *How might CLARE model compliment with your work?*
- *Can you see a need for CLARE in your area?*
- *Possible obstacles/objections to CLARE in your area?*
- *Other questions rising up for you?*

Individuals were then asked to complete a personal feedback sheet, based on the following questions:

If the CLARE Model came to your area, would you be interested in

One
Making Referrals to CLARE? (Currently this is limited to Trust Staff.)

Two
Accepting referrals from CLARE to connect people to your resources?   (Say how you would see this happening)

Three
Hosting the CLARE model in your area? (see criteria for this, but would include infrastructure, premises, admin support)

Four
Are there unanswered questions you still have about the CLARE model?

2. SUMMARY FINDINGS

2.1   Small Group (Big Sheet) Summary Findings

People initially wanted to know about:

- Origins of Model
- Staffing Structure/catchment area/capacity/service provision
- Volunteer process/criteria
- Uniqueness of CLARE Model
- Referral process/criteria
- Partnerships with existing services
- Role of Statutory Services
- Benefits for existing groups/fear of duplication
- Funding and Sustainability
- Outcome measurement

Are there any similar/existing models like this in your area?

Yes and No
- There are services, but not connected or have limitations
- No co-ordination of services

How might CLARE model compliment with your work?

- People gave a significant list of ways they could see that CLARE could co-exist, enhance, and support their work. The sense was that CLARE could assist with partnership working.

- There was some confusion about how much and what type of service provider CLARE was-
  Is it a befriending service?
  Is it a volunteer service?
  Is it a day-care activity service?
  Is it a transport service?
  Is it a sign-posting service?

Can you see a need for CLARE in your area?

All of the four areas were positive about what CLARE could bring to their sector.

- However, there was a strong recommendation to learn from previous and existing services.

- There was a strong recommendation that a CLARE Model needed to address the particular needs of each area.

- Some groups felt they needed to know more detail about the Model and how it might fit with existing work/services

- Many people responded positively to the Community Development approach

Possible obstacles/objections to CLARE in your area?

Capacity
- Would there be enough volunteers recruited and retained?
- Who would host/lead out locally?

Funding and sustainability
- Lack of clarity and detail about this aspect of the model

Existing Services
- Some organisations may feel threatened/jobs/take-over bids
- Cross community barriers?
- Perception of duplication
- The need for Community buy-in/ownership/accountability
- The need for Statutory buy-in

Other questions rising up for you?

- What is on offer for Carers?
- Is CLARE going to be managed/run by a central organisation – ie Is there going to be Four CLARE orgs in Belfast?
- Will the Management Board be representative in all four areas?
- How to refer for volunteers?

2.2 Individual Feedback (Small Sheet) Summary Findings

If the CLARE Model came to your area, would you be interested in

Making Referrals to CLARE? (Currently this is limited to Trust Staff.)

There was an extremely positive response to this question:

- North – 93% said YES
- East -83% said YES
- West- 100% said YES
- South – 69% said YES

If the CLARE Model came to your area, would you be interested in **Accepting referrals from CLARE** to connect people to your resources?

Again, there was an extremely positive response to this question:

- North- 87% said YES
- East- 89% said YES
- West- 100% said YES
- South- 77% said YES

If the CLARE Model came to your area, would you be interested in **Hosting the CLARE model in your area?** (See criteria for this, but would include infrastructure, premises, admin support)

<u>North</u>
There was some confusion about this question. Some participants equated 'hosting' with CLARE coming along to their service and talking about the work.
As CLARE is currently located in this area, it is not unexpected that the response rate to hosting was low.
For the majority of participants this question was not applicable.
For those that were cautious, this response was based on not having enough detail on the CLARE model, and having to consult with their own organisation.

- 66% said NOT APPLICABLE
- 27% said they REQUIRED MORE INFORMATION and/or would need to DISCUSS WITH ORGANISATION.
- 7% said YES

EAST
This area had quite a high positive response rate to this question.

- 61% said YES or POSSIBLY
- 5% said NO
- 28% people said N/A
- 6% gave NO REPLY

WEST
This area 70% of participants responding significantly to this question with a YES.

- 10% said N/A
- 20% gave NO REPLY

SOUTH
In this area 46% said YES in response to hosting

- 8% said NO
- 46% said N/A

Are there unanswered questions you still have about the CLARE model?

Key unanswered questions were around the following:
- Service provision
- Referral criteria
- Funding and Sustainability
- Role of volunteering
- Duplication of Existing Services
- Structure in each area – management, hosting, community ownership etc
- Endorsement and support from Statutory Services
- How to evaluate the service
- How might it link to Connected Community Hubs and their Community Co-ordinators?

Any further Community Consultation and Funding Bids would need to have strong answers on each of these questions.

2.3 'Host' Summary Feedback

West-   Dermot Glackin West Belfast Partnership Board
South- Kerry McIvor-South Belfast Health Partnership
         Board
East-   Linda Armitage EDBCA
North -Justine Brown and Dympna Johnston North Belfast
         Health Partnership Board

General impressions of the consultation:
- Strong partnership in the planning and engagement.
- Effective facilitation.
- The need to be aware of and learn from previous initiatives that have either not been funded or run out of funding.
- Some gaps in attendance, eg senior Trust staff.
- Some fears about duplication/competition and sustainability

Do you think there was sufficient signs of interest to pursue the CLARE model in your area?

Yes, but with some further consultation and engagement, and contextualising of the model with other services.

Do you think there needs to be further consultation?

At the very least, each area should get a copy of the Report, perhaps bringing them all together to discuss its contents.
There was a variation of responses from each area host:

West
Yes in the following areas
- **A city wide statutory workers stand-alone session** to include Director and SMT from Trust older persons team
- **A session for those in later years**- to hear the citizen view point possibly city wide, as a strong age sector infrastructure exists
- **A citywide session to report back to all those who attended** the workshop on how their contributions shaped the bid; examining areas of convergence and issue specific to particular groups or geographic areas; quarters of the city
- I would be keen to work with the stakeholders from the west workshop to **host a wider session with community providers** in the west. However I think that this is best placed post

(successful) Lottery application and as part of the role out of the project.

North
I'm not sure at this stage if further consultation would be useful. You could argue that it would add richness. On the other hand going out further and wider might cause it to lose its focus and raise unrealistic expectations among some groups.

East
- There was interest in **receiving the follow up report** of the city events and then a next steps meeting for the local area.

- The **city leads in each area should meet with CLARE board** perhaps to discuss the future plans and thoughts from the engagement process.

South
I think further conversations would be needed and with a bit more on contextualizing the CLARE model

Any other comments?

West
The commitment of the CLARE board and staff to ensure that the various quarters of the city held the brief for localizing a version of the CLARE project was made real. This was reinforced by Paul's first class workshop facilitation approach. **Many projects in a similar position would not have invested the time and the hard work into genuine citywide engagement.**

North
I don't think there is any doubt in the fact that **there is widespread interest in having access to CLARE on a greater scale.**

East
Necessary to keep momentum going and not let time pass by too much before next steps. A lot of work for CLARE board to ensure they know what they want to lead and shape, potential new structures for governance etc if go city wide.

Great engagement effort and an example for others to learn from.

<u>South</u>

I think it was a good starting conversation with certainly structured (perhaps sector based) conversation here on in.

3. CLARE RESPONSE TO QUESTIONS ASKED

Frequently Asked Questions about CLARE

3. 1 Origins of the Project?
C.L.A.R.E. stands for **C**reative **L**ocal **A**ction **R**esponses and **E**ngagement. It has been developed by the community for the community and is a not-for-profit Community Interest Company.

The initial impetus for CLARE came from the Mount Vernon Community asking questions about how health and social care was being delivered and why better outcomes were not being seen. The CLARE model has been developed and refined over a 7 year period of community consultation and practice learning. The ideas for building community capacity and engaging people in meaningful support continue to evolve. From being a North Belfast based project CLARE seeks to share the learning and model of community intervention with other areas of Belfast.

Their vision is:-
To create communities where all people feel supported and engaged, where people look out for each other and where everyone has the opportunity to reach their full potential.
CLARE is a model of working that recognises the value of volunteer support in communities and the potential of people within their own communities to help each other and improve lives.

CLARE seeks to work with vulnerable people preventatively to help combat isolation, encourage good physical and mental health and make real connections to suitable services.

CLARE accepts referrals from Belfast Trust Teams and some GP surgeries ensuring that we reach a wide range of vulnerable people.

3. 2 Staffing (and Roles)
Currently CLARE staff consists of a full-time Programme Manager, a Community Volunteer Facilitator, a Community Social Worker, and part-time Administrator. CLARE also has an active team of Community Champion volunteers.

The Programme manager is responsible for the day to day management of staff and for the strategic direction of the project and development.

The Community Volunteer Facilitator meets with all new volunteers to induct them to CLARE and offers ongoing support and training of the volunteers as they take up their roles. The Community Volunteer Facilitator also links with community groups.

The Community Social Worker visits all new service users referred to CLARE, completing a detailed, person-centred assessment of what support the service user wants to engage with and what unique circumstances shape and affect their lives. The social worker will then link with the Volunteer facilitator and existing community and voluntary groups to help make the connections and necessary supports happen. Support can include regular visits from the CLARE social worker and practical help delivered from the Community Champions to get to upcoming medical appointments, banks and social activity. The Community Social Worker will also make referrals to specialist supports for housing and financial issues, connections to explore self-directed support options and offer support to carers.

Community Champions are recruited and vetted and offered essential training and support to help deliver a wide range of activities and tasks. Community Champions help fill the gaps in volunteer support that exist due to either waiting lists for particular services or uniqueness of the task. All roles are risk assessed.

The CLARE Administrator provides clerical and admin support.

3.3 What are the CLARE Services?

What services and support CLARE offers depends entirely on each individual's unique needs**.**

Initial support comes through a holistic assessment, helping the service user talk through what areas in their life they are struggling with and how they can be empowered to make positive change.

Broadly CLARE support falls into the following categories

i. *Connect to health via medical and professionals allied to medicine support*-eg practical help to get to a GP, a memory clinic, an out-patient appointment, checking ambulance booked if required, referral for OT assessment. Reminders to attend appointments and help if needed by having a Community Champion attend an appointment with the service user. Referrals accepted from BHSCT staff.

ii. *Connect to social support statutory sector*-eg referring for assessment or re-assessment if social care needs are a concern, linking with BHSCT to provide early intervention and information and accept referrals. Exploring all social support options with service users-statutory day care and Self Directed Support option. CLARE staff actively engage with services users and practically support connections to happen by a flexible, person-centred response and ongoing review.

iii. *Connect to volunteer and community support*- The CLARE model seeks to utilise the diverse community and voluntary supports already in existence and help make better connections with isolated, hard to reach people to these supports by referring to existing community and voluntary activities. CLARE Community Champions help with a range of supports where we identify gaps in provision eg- accompanying someone to hospital or assisting with going out to the bank or shopping.

iv *Support to Carers*-CLARE promotes the range of carer supports available from Belfast Trust and works with carers to provide information about social care options as well as helping through such practical action as assisting with appointments to allow carers to have a break. Often carers have their own health issues and we will work holistically with service users and their carers to provide flexible, practical help when it is needed.

3.4 Referral Criteria/Process?
Adults over fifty years of age from North Belfast area (currently).

Anyone from BHSCT (currently) can make a referral under categories of:

- Early intervention to delay the need for Adult Social Care (and to keep people as well as we can);

- Enhanced Support – client known to Social Services, but with the recognition that additional help is needed to maximise independence and improve health;

- Crisis intervention – practical response;

- Assist discharge process from Hospital.

- Self Directed Support financial management pilot.

3.5   Role of Volunteers?
CLARE Community Champions are matched to a wide range of roles; each role is risk assessed to each service user's situation and request. CLARE will work creatively to achieve the goals identified by service users; these have included; accompanying to GP and hospital appointments, visiting service users when they are in hospital or temporary nursing homes when they have limited or no family support; helping someone care for a pet, helping someone walk to a friend's house, teaching someone to use a mobile phone. This reflects our belief that support needs to be meaningful and flexible and is not therefore easy to prescribe.

3.6   Existing partners in CLARE and Link to Statutory Services?
CLARE works in co-production with the service user to help identify who can best provide support so we will 'partner' with community, voluntary and statutory services to achieve the best outcomes. Last year CLARE made 93 referrals to other organisations and we will continue to grow multiple onward referrals as part of the community based model.
At this stage we take referrals from Belfast Trust and we will link with referrers on a regular basis to provide updates and review needs. We have a strong working relationship with BHSCT and a clearly defined set of referral criteria and understanding of the role of CLARE as community based and early intervention support.

3.7 Current and future funding?

CLARE is currently funded from three sources: the Public Health Agency, NIHE and a loan from DERiC – Developing and Empowering Resources in Communities (Big Society Capital). Funding is sought on a yearly basis and like all community based projects is not guaranteed. However in order to be innovative and make real change to our health and social care system communities have to seek funding.

CLARE was one of the first organisations to receive a loan from DERiC, using funds that originated from Big Society Capital - repayment is necessary through a series of regular payments. CLARE believes that the model of early intervention and support through community and voluntary responses brings about savings to the Health and Social care system by avoiding missed appointments, helping people get the medical help they need sooner and assisting people to remain at home longer and with better support. This is also the view of policy makers but there is a requirement to change the way funding is provided to resource community prevention models.

3.8 Uniqueness of CLARE Model?

This model brings together a combination of social work practice and assessment, community development principles and an assets based approach to engaging with communities.

The CLARE model values the experience and development of service users, community champions and the wider community and seeks to address social, health and economic inequalities through a co-production approach.

It seeks to explore how communities engage with each other, with Statutory bodies and with the voluntary sector to deliver a truly co-produced community model of early intervention and prevention.

3.9 Statistical Evidence to support CLARE Model

BENEFIT TO HEALTH AND SOCIAL CARE:

Based on Statistics for 2016/17 and using a financial algorithm on the CLARE Statistics for 2016/17, it is estimated that at least £50,000 has been saved to other parts of the Health Service. These estimates are based on:

- Supporting attendance to GP appointments (which are £44 per missed appointment)
- Supporting attendance to Out-patient appointments (which are £196 per missed appointment)
- Assisting clients to stay in the community (with Nursing Home costs at £648 per week)

IMPACT FINDINGS FOR 2016/17

Total number of services provided	1054
Total number of people supported	192
Total number of New Referrals	125
Total Number of Connections to other Organisations	93

RANGE OF INTERVENTIONS:

Activity	Number
Collection of prescriptions/medications	72
Help getting to the Bank	15
Accompany to Out-Patient Appointment	36
Assistance with Personal Shopping	37
Activity Reminders	23
Visiting Service Users while in Hospital	26

Staff Contacts with Service Users: **2747**

REASON FOR REFERRAL:- see **Section Three, Appendix II, 'Impact Card'** (pages 43 – 44)

SERVICE USER HEALTH PROFILE:- see **Section Three, Appendix II, 'Impact Card'** (pages 43 – 44)

SERVICE USER OUTCOMES:- see **Section Three, Appendix II, 'Impact Card'** (pages 43 – 44)

COMMUNITY CHAMPIONS (Volunteers)

Number of Active Volunteers	46
Number of new volunteers in 2016/17	23

Volunteer Support

Activity	Number
Health Care Appointments	68
Hospital/Residential & Nursing Home Visits	105

Visits to shop/bank/social opportunities	164
Support Visits at Home	418
Total number of volunteer hours	1016
Total number of training/personal development courses for volunteers	51
Total number of volunteers who gained employment	06

4.0 CONCLUSIONS/NEXT STEPS

Conclusion

Feedback from the community consultation has been extremely positive. Some areas would be keen to roll out CLARE into their area immediately. Other areas still have a few unanswered questions:

- How CLARE might link to existing services
- Community buy-in
- Opportunities for Communities to make referrals to CLARE
- Sustainability

All of the areas were appreciative that CLARE had engaged them in this consultation process, and cited the lack of listening and engagement in other previous programmes.

A key theme in all areas was the critical role of the BHSCT in terms of endorsement, support and partnership working

Next Steps

The CLARE Board have agreed the following actions:-

1. Send out the Report to all participants in the Consultation process and keep in open communication with them.

2. Set up a CLARE Board Sub-Group to design and create a clear cost and draft structure for expanding the CLARE Model utilising an assets based approach to developing across Belfast

3. Keep Big Lottery informed of progress and Report Findings.

4. Engage with key stakeholders and communities to discuss progress and explore partnership and funding opportunities.

Section Three

Appendices

Appendix I: Findings

1.1
Small Group (Big Sheet) Summary Findings

Initial Questions

EAST
- Is it only for women?
- Who are the partners?
- What is the referral criteria?
- Sustainability/funding?
- Age/gender/time-bound?
- Volunteers – dependency/training/expenses
- Hard to reach areas?
- Relationship to Social Work professionals?
- Befriending/community champions?
- Social isolation- does it address this?
- Link to Day Centres?
- Is it holistic?
- Is it all a bit 'crafty' and patronizing?
- Outcome measurement?
- Is it a bespoke service?

NORTH
- Sense of warmth (comment)
- Volunteer impact – how many? How to sustain? Recruitment?
- How to refer – Criteria?
- How might CLARE benefit an existing group?
- Craftwork sessions – criteria and cost?
- Funding source?
- Partnerships?
- Capacity of CLARE ie how many referrals can you take?
- Catchment area?
- List of Services?
- How do you reach the most vulnerable/isolated?

SOUTH
- Origins of project?
- Volunteers – vetting; matching; benefits; training; how many/gender; source; expenses; sustainability
- Referral process
- Timebound?
- Age-group?
- Outcome measurement (eg use of other services)
- How does it fit with Chronic Disease Hub?
- Services?
- Links/communication with other Agencies
- Funding?
- Staff Structure?
- Risk Management?

WEST
- How unique is this service?
- Is this an overarching model?
- Links/connections to other agencies?
- Duplication?
- Role of Belfast Trust?

1. **<u>Are there any similar/existing models like this in your area?</u>**

EAST
- No, but…
- There are services, but not connected or have limitations
- No co-ordination of services and need for CLARE to help
- Good Morning
- Befriending Service
- Are the Stat services selling their services to us or hiding?
- Yes,
- Some churches
- RNIB
- Hope Project
- Bits and pieces of CLARE model
- May work well in a small neighbourhood
- Would this work well all over Belfast?
- Community Access and physical health disability team

- Dementia Navigator
- Oasis
- EBCDA Health Team
- Hubs – family support; mental health; chronic illness
- Bryson House
- Imago
- BCC Safety (Home) Scheme
- British Red Cross- befriending
- EWA
- Crossroads/Extra Care

NORTH
- Good Morning North Belfast
- Seniors Groups
- Volunteer Now
- BCM
- Community Access – BUSCT
- Faith Groups
- NI generic befriending
- Good Morning
- Praxis Befriending
- Alzheimer's Society (Befriending/Dementia)
- Church

SOUTH
- Volunteer Now –Buddy Scheme, Befriending
- Belfast Trust (?)
- Engage with Age
- Chinese Welfare Association
- Community Care – Chronic Disease Hub(Navigator)
- Age NI – First Connect Project
- H.O.P.E Project
- Abbey Field/AGAPE (Time-bound)
- Red Cross (Time-bound)
- Dementia Navigators

WEST
No time to answer this question

2. How might CLARE model compliment with your work?

EAST
- Good Morning East – CLARE could help with some client requests who are referral SW and Trust
- Lots of referrals, but need more provision of support
- Early Dementia – can be delayed diagnosis for dementia and so in the meantime could use CLARE to connect and help someone before crisis ie families to get help
- Supported Housing people living with Dementia – this model can tap into this work
- Support coming out of hospital/practical support
- Engage with Age – excellent potential to work together if both Lottery Applications are successful
- Connect to East Integrated Care Partnership as a social prescribing model
- CLARE works from the bottom up
- Meeting unmet need
- Help to fill gaps with partnership working
- Need one organisation to drive it/co-ordinate it
- By drawing together all organisations in community – this helps us work together better
- Another tool in tool-kit
- Compliments Programme for Government (Transform Your Care)
- Pick up more socially isolated people
- Additional support systems
- One to one support for those in need
- Volunteer opportunities/career development
- Additional resources

NORTH
- Partnership – volunteer opportunities
- Placements
- Referrals to other organisations from CLARE
- CLARE can help to identify local services and signpost Share information ideas
- Work in partnership
- Escorting vulnerable people to appointments
- Help to identify more vulnerable

SOUTH
- Linking into Day Centre (specifically with transport)
- Introducing the individual to Day Centre Setting
- GP liaison – CLARE would help in dealing with isolation/taking meds/transport
- If not a group-joiner, then work-based activities
- Act as a connector
- Volunteers will fill gaps (eg transport)

WEST
- Communication- with/to other organizations
- Partnerships – connecting between vol and stat services
- Networking
- A place to get 'good' happening in the West
- Non-stigmatizing support
- Connecting with a CLARE citywide growth
- Model good practice
- Clear agreed outcomes
- Co-production
- Bigger advocacy voice

3. **Can you see a need for CLARE in your area?**
   (and what might that look like?)

EAST
- YES!!!
- NINIS Stats – use them to back the need
- Lost RECALL project – use this learning to improve
- CLARE needs to connect to the Befriending Scheme from Vol Sector eg Alzheimer's Befriending
- Use Research on Scoping
- Smaller organisations cant cover everything
- Adds to partnership working
- Yes- similar model but based on needs of the East
- Wonderful project, needs to tackle social isolation esp men who get stuck in a rut and don't want to leave the house
- Yes – the more resources the better
- Social Work element around assessment defines the needs
- One to one is excellent idea!

NORTH
- Big YES from all (and a smiley face!)
- Yes if it can replicate what is happening in Mount Vernon
- Need a better understanding of what CLARE does
- Needed in Shankill area
- Yes – this is a different model to the existing befriending ie AGE NI

SOUTH
- Community Development approach
- Yes – but in a wider way (referrals made by family/friends)
- Yes – Belvoir/Milltown
- Body of Students in South Belfast area could be tapped into
- Use people (volunteers) as they develop themselves
- Would work if it was hand-in-glove with South Belfast Partnerships

WEST
- Yes, if its resourced
- Self-directed support
- Information and support mechanisms
- Collaboration
- Yes- referral from Pharmacy
- Connector
- Use of CLARE tracking model
- Ageing population, so Yes
- Training for Volunteers
- Social Capital

4. **Possible obstacles/objections to CLARE in your area?**

EAST
- Will there be enough volunteers?
- What is the structure, who will be the lead locally?
- Where will it be based?
- Sustainability and funding??
- Learn from Recall
- Some neighbourhoods may not want it
- Some organisations may feel threatened/jobs/take-over bids
- Need to look at what has gone before and what is currently here

- Lots of orgs lost funding recently – might they be resentful?
- Only social work referrals – might this limit the process?
- Age-range may limit use
- Cross community barriers?

NORTH
- Referral process/limited to Belfast Trust
- Perception of duplication
- Need to share 'bespoke' element of CLARE model to breakdown barriers/obstacles
- Highlight preventative element (is this a recommendation?)
- Lack of knowledge (information)
- Limited referral pathways
- Inability to self-refer

SOUTH
- How 'connected communities' would work together
- Funding Issues –ie loss of funding from other agencies
- Finding volunteers
- Finding a base
- Community buy-in ; sustainability
- Services there in the first place?

WEST
- Sustainability
- Credibility
- Fear of raising expectations too much
- Needs meaningful relationships with Community
- Needs a clear action plan
- Lobbying/advocacy required
- How to take the next steps?
- Neighbourhood renewal/effective working
- Communication/boundaries established
- Structured teams
- Possible duplication
- Not enough providers
- Too many navigators?
- No current overarching strategy
- Good concept but needs local ownership
- Local accountability
- Build on trust

5. Other questions rising up for you?

EAST
- What is on offer for Carers?
- Are volunteer expenses built into the project?
- Sustainability/paying back loan?
- Will it involve using direct payments?
- Is CLARE going to be managed/run by a central organisation – ie is there going to be Four CLARE orgs in Belfast?
- Who would Host it in the East?
- How do you get local ownership, so that existing orgs do not block the project?
- Insurance for volunteers eg driving etc
- Will the Management Board be representative in all four areas?
- Will CLARE have to borrow more money to continue?

NORTH
- NONE or ran out of time…

SOUTH
- Time process for referrals
- Way of opening up referrals (family/friends etc)
- How to refer volunteers?
- Has there been any scoping of services already in South Belfast?
- Stats work alongside community and voluntary sector

WEST
- Is there any link to CLARE and self-directed support?

1.2
Individual Feedback (Small Sheet) Summary Findings

Question One
Individual Feedback Forms (Collated)

If the CLARE Model came to your area, would you be interested in

Making Referrals to CLARE? (Currently this is limited to Trust Staff.)

NORTH
94% said YES

6% – no reply

On referral sources, two people said this:

As a Trust Staff Member this is fine, but I feel if there was an open referral system it could open it up to those who didn't avail of Trust Services

I feel this is a barrier for many people who are vulnerable and isolated – if they are not engaged with a Trust service they can't be referred – I think this should be extended so GP"S can refer to this project

EAST
85% said YES

- 5% said NO and gave no reason
- 5% gave NO REPLY
- 5% said N/A

WEST
100% said YES

SOUTH
71% said YES
One of those was a qualified response:
I would want to be clear/convinced about volunteer training and risk management
- 7% said NO
- 15% said N/A
- 7% gave NO REPLY

Question Two
Individual Feedback Forms (Collated)

Accepting referrals from CLARE to connect people to your resources?   (Say how you would see this happening)

NORTH
87% said YES

EAST
90% said YES

- 5% gave NO REPLY
- 5% said N/A

WEST
100% said YES

One person had a qualification: – *as long as there was joint working and sharing of resources*

SOUTH
78% said YES
One made a qualified response:
I would want more info first

- 15% said N/A
- 7% gave NO REPLY

Question Three
Individual Feedback Forms (Collated)

Hosting the CLARE model in your area? (see criteria for this, but would include infrastructure, premises, admin support)

NORTH
67% said NOT APPLICABLE

27% said they REQUIRED MORE INFORMATION and/or would need to DISCUSS WITH ORGANISATION

6% said YES

EAST
61% said YES or POSSIBLY

WEST
70% said YES

- 10% said N/A
- 20% gave NO REPLY

SOUTH
46% said YES

- 7% said NO
- 47% said N/A

Question Four
Individual Feedback Forms (Collated)

Are there unanswered questions you still have about the CLARE model?

NORTH
Service Provision/Referral Criteria
- Is there a charge for any particular service?
- Criteria for Referral
- Why can't the NIFRS refer to CLARE?
- If referrals are made we would need logistical and financial support
- How can I refer a volunteer into the service?

Sustainability
- As the service grows, is it sustainable regarding finances, service provided and volunteer levels?
- How are they paying back loan?
- How sustainable after initial funding?

EAST
Volunteering
- Do Volunteers need extra insurance for driving?
- Sustainability of volunteers

Duplication/Existing Services
- Fear of duplicating existing services that would suffer or close
- CLARE and Social Prescribing Model?

Structure
- Will there be numerous 'Clare' organisations/hubs across Belfast or just one?
- Will different Organisations take the lead in a particular area?
- Could CLARE be a Connector Hub for OP and isolation project?
- Co-ordination and management is still unclear
- What would this look like in the EAST?
- Community Empowerment is the key

Sustainability
- Will there ever be payment by clients at point of delivery of service?
- Sustainability and finance x 2

How can you refer outside social services?

Time-scales?

WEST
Structures
- Who will own this in the West?
- How would West Belfast Community have access into Strategic Direction?
- Who are the Board?
- How does each area have representation?
- More clarity around roles
- Self-directed payment?
- Need more info on Statutory buy-in
- Needs to have more meaningful consultation with the community

Start-up costs?

Sustainability x 3
Possible duplication with existing services

Outcome measurement

<u>SOUTH</u>
Volunteers
- Can service users be referred as volunteers?
- Recruitment of volunteers – are there enough people out there?

Comparable Models
- Do such models exist in GB?

Structure/partnership
- How might it link to Connected Community Hubs and their Community Co-ordinators?

Financial sustainability in the long-term?

When are you coming to my area?

1.3
'Host' Feedback Findings

Question One
General impressions of the consultation?

- Strong partnership in the planning and engagement.
- Effective facilitation.
- The need to be aware of and learn from previous initiatives that have either not been funded or run out of funding.
- Some gaps in attendance, eg senior Trust staff.
- Some fears about duplication/competition and sustainability

Question Two
Do you think there was sufficient signs of interest to pursue the CLARE model in your area?

Yes, but with some further consultation and engagement, and contextualising of the model with other services.

Question Three
Do you think there needs to be further consultation?

West
Yes in the following areas
- A city wide statutory workers standalone session to include Director and SMT from Trust older persons team (not sure if this needs to happen before or after Lottery bid is submitted - need to think this out)
- A session for those in later years to hear the citizen view point possibly city wide, as a strong age sector infrastructure exists
- A citywide session to report back to all those who attended the workshop on how their contributions shaped the bid; examining areas of convergence and issue specific to particular groups or geographic areas; This might also be an excellent opportunity to build the city wide bond between groups. As the projects take hold in each quarter of the city there will clearly be an ask in terms of filling gaps and perhaps some specialist work for certain agencies such as Good Morning schemes and a chance to grow their work in an agreed fashion into other quarters of the city. Might also be a good chance to invite the Lottery folks along?
- I would be keen to work with the stakeholders from the west workshop to host a wider session with community providers in the west however I think that this is best placed post (successful) Lottery application and as part of the role out of the project.

North
I'm not sure at this stage if further consultation would be useful. You could argue that it would add richness. On the other hand going out further and wider might cause it to lose its focus and raise unrealistic expectations among some groups. This may be one for when we re-group.

East
There was interest in receiving the follow up report of the city events and then a next steps meeting for the local area.

The city leads in each area should meet with CLARE board perhaps to discuss the future plans and thoughts from the engagement process.

South
I think further conversations would be needed and with a bit more on the contextualizing the CLARE model, so difficult to say if there would be

sufficient signs of interest to pursue.

Question Four
Any other comments?

<u>West</u>
The commitment of the CLARE board and staff to ensure that the various quarters of the city held the brief for localizing a version of the CLARE project was made real. This was reinforced by Paul's first class workshop facilitation approach. Many projects in a similar position would not have invested the time and the hard work into genuine citywide engagement.

<u>North</u>
I don't think there is any doubt in the fact that there is widespread interest in having access to CLARE on a greater scale. CLARE pays unique attention to detail and quality but this will present challenges with regard to upscale and roll out from a funding point of view...I'm thinking targets etc. The integrity of the project is paramount.

<u>East</u>
Necessary to keep momentum going and not let time pass by too much before next steps. A lot of work for CLARE board to ensure they know what they want to lead and shape, potential new structures for governance etc if go city wide.
Great engagement effort and an example for other to learn from.

<u>South</u>
I think it was a good starting conversation with certainly structured (perhaps sector based) conversation here on in.
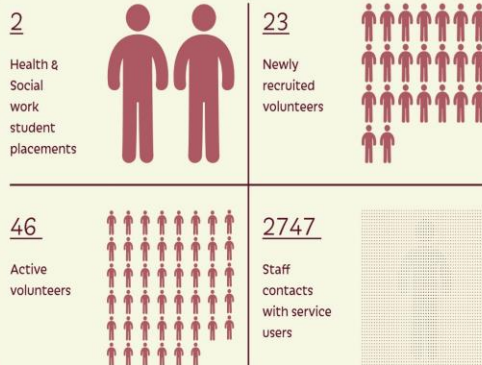
<u>Appendix II</u>: Impact Card, (2016 – 2017)
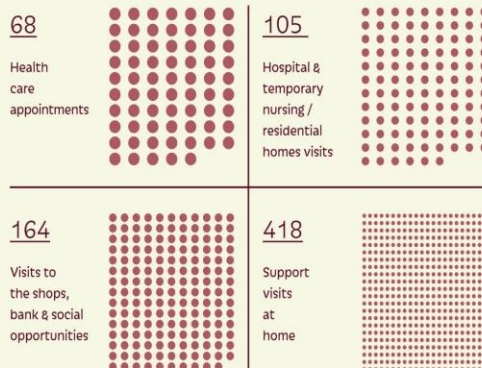
CLARE APRIL 2016 – MARCH 2017
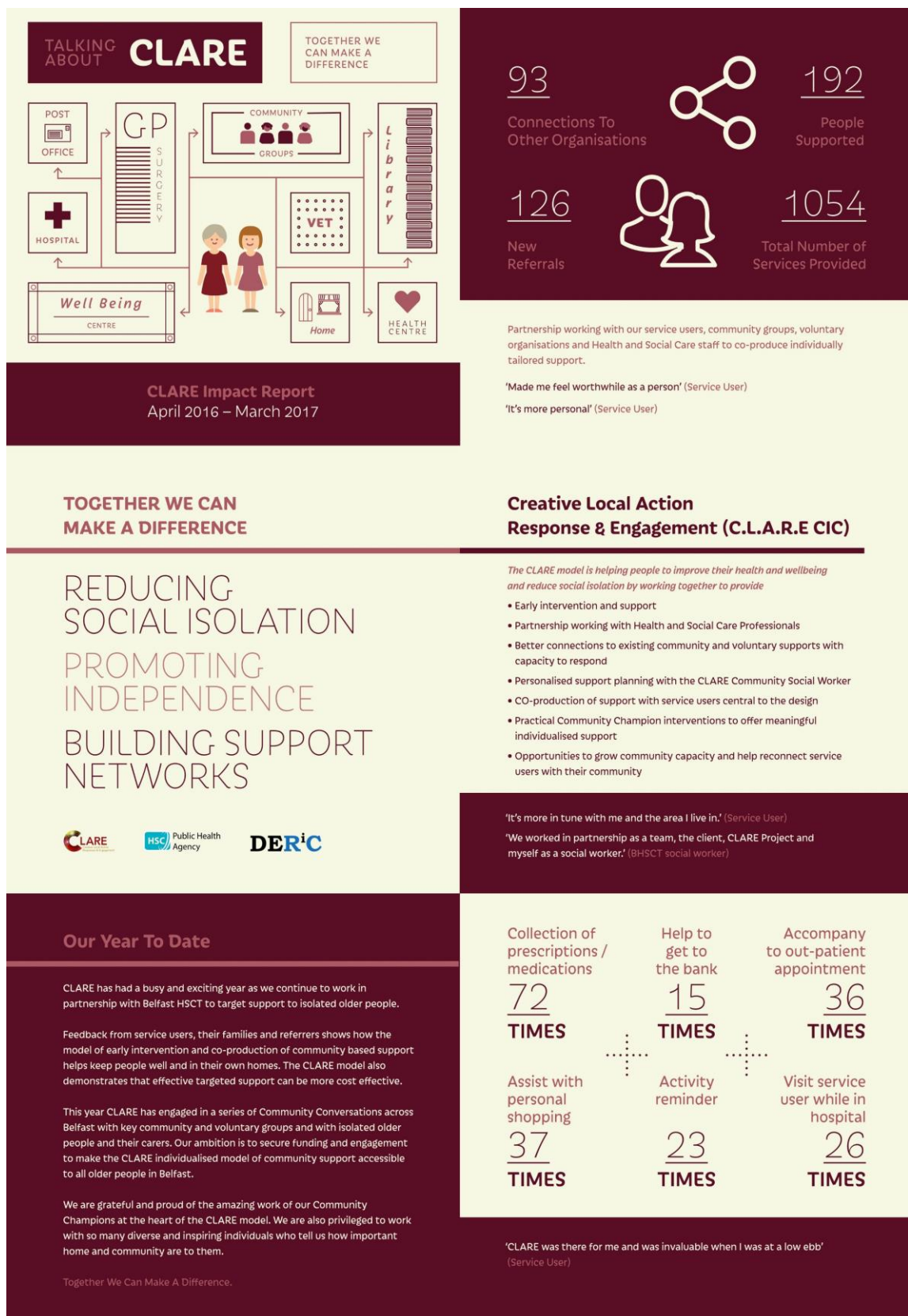
46 Active Community Champions

Application to CLARE
↓
Person centred conversation
↓
Induction training
↓
Matching to a volunteer role
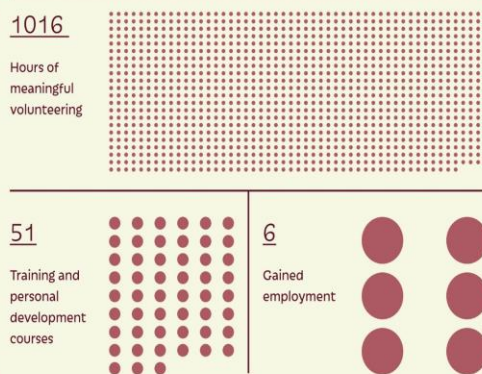↓
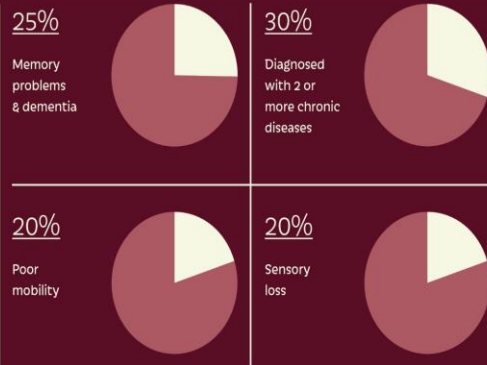Supervision support and training opportunities

Over the Last Year

2

Health &
Social
work
student
placements

23

Newly
recruited
volunteers

46

Active
volunteers

2747

Staff
contacts
with service
users

Community Champions Supported

68

Health
care
appointments

105

Hospital &
temporary
nursing /
residential
homes visits

164

Visits to
the shops,
bank & social
opportunities

418

Support
visits
at
home

Our Community Champions Have Engaged In

1016

Hours of
meaningful
volunteering

51

Training and
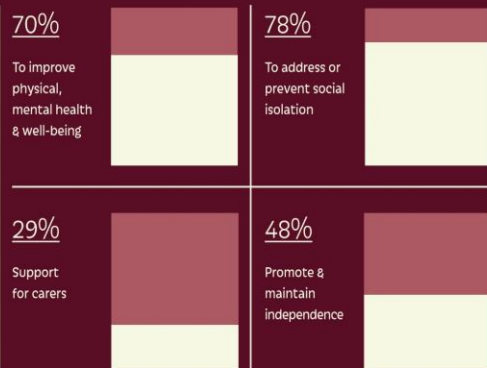personal
development
courses

6

Gained
employment

126 Service Users Supported

Referral to CLARE
↓
Person centred conversation with CLARE social worker
↓
Personalised support planning
↓
Connecting to support
↓
Reviewing outcomes

Service User Health Profile

25%

Memory
problems
& dementia

30%

Diagnosed
with 2 or
more chronic
diseases

20%

Poor
mobility

20%

Sensory
loss

Reason for Referral

70%

To improve
physical,
mental health
& well-being

78%

To address or
prevent social
isolation

29%

Support
for carers

48%

Promote &
maintain
independence

Service User Outcomes

94%

Increase in
feeling
connected

56%

Increase
in staying
well

81%

Increase in
positivity

44%

Increase in
feeling safe
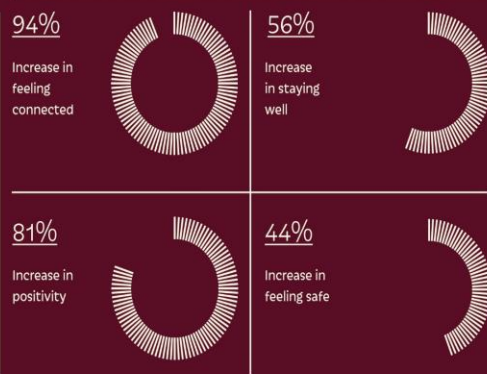
TOGETHER WE CAN MAKE A DIFFERENCE

Appendix III: <u>Proposed Structure</u>
(Early Implementation)

Organisational chart showing the proposed structure. At the top: CLARE CIC CENTRAL BOARD. Below and connected: * NORTH COMMUNITY IMPLEMENTATION GROUP, * WEST COMMUNITY IMPLEMENTATION GROUP, * SOUTH COMMUNITY IMPLEMENTATION GROUP, * EAST COMMUNITY IMPLEMENTATION GROUP, and PROJECT CO-ORDINATOR. Below: COMMUNITY FACILITATOR (×4). Below: LIFE PLANNER (×2). At the bottom: PROJECT ADMINISTRATOR.

* Community Implementation group membership locally constituted to include representation from service users, carers, voluntary and community groups and CLARE staff