

PROJECT MONITORING REPORT

1st October 2020 - 31st March 2021



FUNDED BY:



Lottery Coronavirus Community Support Fund **Application:** 20142555

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CONTENTS PAGE

- 1. INTRODUCTION
 - 1.1. Background to Empower Consultants CIC
 - 1.2. Who Are we?
- 2. TALK RONA PROJECT
 - 2.1. Aims and Objectives
- 3. PROJECT DELIVERY
 - 3.1. Initial Set-Up Stage- 1st October 2020 31st October 2021
 - 3.2. Launch and term of Project 1 Nov 20 31 Mar 21
 - 3.3. Partnership Working and Signposting
- 4. FINDINGS
- 5. EVALUATION
 - 5.1. WhatsApp Support calls
 - 5.2. One to One Support
 - 5.3. Feedback from Service Users
- 6. WHAT WE HAVE LEARNT
- 7. MOVING FORWARD
- 8. APPENDICES
 - Appendix 1. Literature Review
 - Appendix 2. Leaflet
 - Appendix 3. Organisation Contacts
 - Appendix 4. Case Studies

1. INTRODUCTION

1.1. Background to Empower Consultants CIC

Empower Consultants (CIC) was established by a qualified Social Worker as a result of an identified need for culturally sensitive social care services, by this we mean services that are responsive to the attitudes, feelings and circumstances of the individual that have a distinctive racial, national, religious, linguistic or cultural heritage. It also includes identifying people's needs on the grounds of equality characteristics such as: age, disability, ethnicity, nationality, religion, belief, sex, sexual orientation etc.

1.2. Who Are We?

Empower Consultants CIC is a BAME led social enterprise, offering information and advice to people with mental health problems. We work with vulnerable adults to help them understand, manage and improve their mental health and money issues. We have an active and informed advisory board with a broad range of skills, experience and knowledge gained from working with the South Asian and BME communities across Manchester for over 30 years.

This report is produced to evaluate the progress of our TALK Rona project funded by the Lottery Coronavirus Community Support Fund from October 2020 to March 2021.

2. TALK RONA PROJECT

TALK Rona is our COVID-19 related mental health advice line for South Asian communities delivered in a variety of South Asian languages Bengali, Urdu and Punjabi. The service is managed by a qualified Social worker and supported by a team of multilingual mental health practitioners, known as, COVID-19 Advisors. The service is available within Greater Manchester areas covering, Manchester, Trafford and Tameside.

2.1 Aims and Objectives:

- -A safe, confidential telephone helpline to meet the cultural and language needs of the South Asian community.
- -Support service users who are under pressure and experiencing emotional transference and stress through COVID-19.
- -Support service users in crisis due to COVID-19 related issues.
- -Provide regular updates on government guidelines in Urdu, Punjabi and Bengali.
- -Signpost service users to appropriate services to ensure their needs are being met.
- -Promote a better understanding of COVID-19, mental health and wellbeing and of other services available for the South Asian communities.

-Provide strength-based approaches to increase confidence and positivity.

(Please see Appendix 2 for promotional material)

3. PROJECT DELIVERY

TALK Rona is operational Mon to Fri between 9am and 9pm. The service is managed by a qualified Social worker and supported by a team of part time mental health practitioners, known as, COVID-19 Advisors x3. In addition, there was mentoring support provided from Greater Manchester BME Network who provided the team with training, attended some team meetings and supervision.

3.1. Initial Set up Stage: 1st October 2020 - 31st October 2021

We spent this time planning and creating an outreach strategy to outline our project aims and objectives which included:

- Devising COVID-19 Advisors role specifications and contracts of engagement.
- Sourcing IT equipment: Laptops and Phones
- Sourcing an 0300 number that is accessible from all handsets
- Emails and credentials set up for each advisor
- Creating a database on Google Drive to collate data
- Formation of Team TALK Rona WhatsApp Group
- Designing and digital marketing of promotional material
- Reaching out to organisations via phone and email to inform them or our launch on 1st November 2020
- Training for COVID-19 Advisors on systems and triaging calls
- Creating feedback forms
- Twice weekly team meetings
- Mentoring support

3.2. Launch and term of Project 1st November 2020 - 31st March 2021

Our launch was a key part in our delivery of service where we had successfully reached out to over 150 organisations amongst the three locality areas, Manchester, Trafford and Tameside. (Please see Appendix 3: collation of organisations).

Our discussions with organisations touched on the confusion around lockdown restrictions and those people from South Asian communities not having access to correct information in a language they understand.

TALK Rona has supported households through two national lockdowns (5th November 2020 and 5th January2021) and the impact of our service is discussed further within our evaluation section.

Other achievements recorded:

 Team TALK Rona WhatsApp Group – Active communication platform for the team. Used for, government updates and alerts on COVID-19, notifications for team meetings and sharing ideas for team morale and development of service.

- Training on lockdown restrictions, tier systems and rules and responsibilities.
- Google Drive spreadsheets set up to collate client information consisting of names, addresses, ethnicity, language spoken, support provided and any signposting.
- TALK Rona WhatsApp set up for service users to contact as well as the 0300 number as an additional way for people to get in touch.
- Formation of social media platforms such as Facebook and Instagram
- COVID-19 Advisor rota system and triaging protocol.
- On call supervisory support
- Weekly Zoom team meetings for the first month and these were then fortnightly from December onwards.
- Fortnightly Supervision on Zoom to reflect on wellbeing and discuss cases as well as any additional training requirements.
- Two Advisory Board meetings throughout the term of the project.
- Feedback collated from service users and devising individual case studies
- Access to free training, seminars and discussions on Safeguarding Adults –
 (Tameside MBC), Food and nutrition (Voice of BME), building confidence
 (Voice of BME), MHA training and MCA training (Tameside MBC). Additional
 webinars were available from GMCVO.
- Recruitment of two bank COVID Advisors
- External support from a mentor

3.3. Partnership Working and Signposting

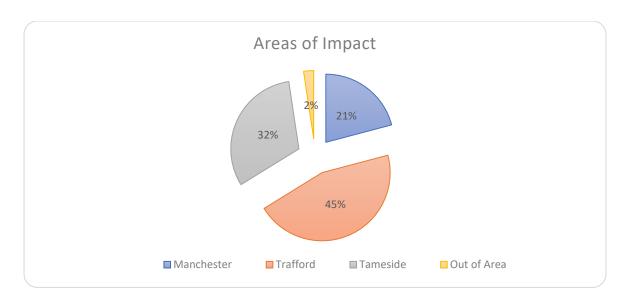
Our evaluation of TALK Rona shows 67 people were signposted to other services to address their fears and build their resilience for immediate and long-term challenges of COVID-19.

The informal and flexible approach that the TALK Rona Project takes with its service users and referral agencies has promoted seamless access to support with key VCSE umbrella organisations: such as GMCVO and The Greater Manchester BME Network.

TALK Rona has been recognised and supported by Social Services, Housing, Public Health teams, local GP's and Mental Health Trusts.

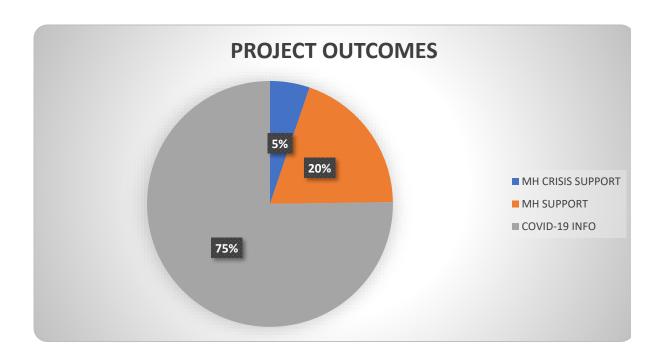
4. FINDINGS

Our TALK Rona service has received **537** contacts (details of individual households) since our launch in November 2020. However, we anticipate that up to 2000 people indirectly benefited as a result of the direct service users communicating our information to their families, friends and wider social network. The pie chart below shows the geographical areas TALK Rona has been most instrumental in changing lives.



The out of area calls we received were from the following locality areas; Wilmslow, Stockport, Bolton, Cheadle and Bury.

Below are the following project outcomes we met from the 537 household contacts.



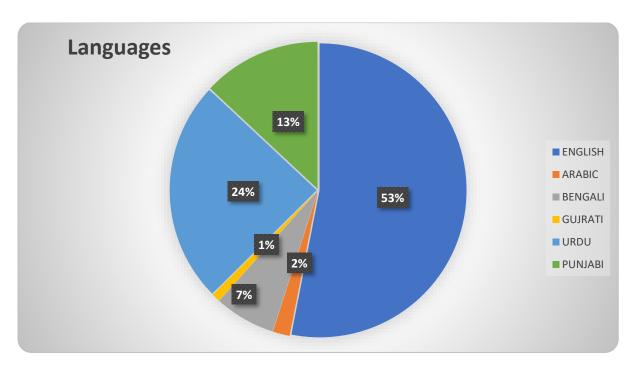
The above project outcomes can be further broken down within the following categories;

MH Crisis Support – Anxieties caused by marriage breakdown, burden of caring responsibilities, debt, housing and employment issues etc.

MH Support – De-escalation strategies offered, referrals to appropriate services, Liaison with relevant professionals, MH self-care and understanding of triggers and patterns of behaviour.

COVID-19 Information – Lockdown rules, fines, social distancing measures, tier restrictions, access to services, appropriate PPE guidance, support to access equipment and food banks.

In providing our TALK Rona project, we delivered our service covering the above needs in the following languages:



"People from South Asian backgrounds were 20% more likely to die than white people from COVID-19. Other minority ethnic groups did not have a higher death rate" (BBC News, June 2020).

5. EVALUATION

TALK Rona has been the goal post in identifying the ongoing needs of the South Asian community. Our language and culturally appropriate service has enabled us to work with the most vulnerable individuals and develop a better understanding of their needs. Our evaluation of the service has evidenced the need for further one to one Advocacy and mental health support in the following areas:

- Emotional transference As individuals do not want to burden their family members with their concerns.
- Complexities in accessing health and social care provision
- Lack of understanding around culturally appropriate services by statutory providers.
- Lack of understanding around the COVID-19 vaccine programme for service users and their families.

5.1. WhatsApp Support calls: The virtual medium of Zoom and WhatsApp team chats have helped us to identify people struggling with their situation and offer peer support. This case reflection process has appropriately enabled our COVID Advisors to provide one to one support to those individuals which required more 'tailored and person centered' wellbeing support, whilst maintaining their confidentiality.

5.2. One to One Support

TALK Rona has provided formal support to assist people with health and social care needs, to understand their rights, and the type of support available; to help negotiate the care and welfare services; and to give a voice to vulnerable people on a variety of different issues.

Many of the service users we have worked with have little confidence, feelings of low self-esteem, and are anxious and afraid to leave their homes. We worked with these people and signposted to appropriate agencies by connecting them with relevant mainstream services where necessary. (Please see Appendix 4 - Case Studies)

5.3. Feedback from Service Users

In our initial proposal we suggested collating automated feedback following each call and each email correspondence. In theory this was the most accurate and consistent way of collating feedback. However, we approached two 0300 number providers in the set up stage, who both told us their systems were not advanced to collate such a response. Therefore, we settled with the most cost effective service and tailored our feedback strategy.

We found most people accessing our service as a one off for COVID related information were hesitant to stay on the phone for longer than expected. Some of the service users we spoke with did not have an email address. Discussions within our team meetings agreed a feedback proforma where we devised case studies for our complex cases and additional feedback was collated by our COVID-19 Advisors who selected 10 percent of the service users who engaged with TALK Rona. These are the results of the 55 people contacted;

- 90% found the service useful and discussed with their family and friends.
- 70% of the people contacted told us they are more confident in accessing mainstream services.
- 86% of people feel reassured and able to deal with their mental health and wellbeing following support from TALK Rona.
- 80% felt the information given regarding COVID-19 was appropriate.
- 100% of people told us they would willingly use the TALK Rona service again.

6. WHAT WE HAVE LEARNT

- Service users need the assurance to have a safe environment to share their life experiences.
- Having local representatives bring communities together and help them to build trust and confidence in services.

- The 0300 number was not applicable to all clients; hence the WhatsApp number was well managed with a live chat system.
- Service users were reluctant to seek medical help during this pandemic time and we encouraged them to consider seeking medical help when needed.
- Service users felt a lack of belonging within mainstream services due to their culture and beliefs not being understood.
- Services must provide a culturally competent provision to support symptom recognition, early diagnosis and early presentation.
- A culturally competent, empathetic listening service addresses intense stress.
- Mental health crisis support can prevent further hospital admissions.

7. MOVING FORWARD

We have established that there is a need for a specific culturally competent South Asian mental health service. Moving forward our data analysis shows some key recommendations to ensure that the Project is able to continue to build on the work of the last six months by engaging positively and assertively with vulnerable service users in the community, and offering suggestions that will build support and rapport with providers.

The Project evaluation relies heavily on testimonies, case studies, and confidential interviews. Powerful as this is, the project seeks new avenues for growth and funding that aligns with the priorities of the local public sector organisations including the recently established Community Champions Programme

https://www.gov.uk/government/news/community-champions-to-give-covid-19-vaccine-advice-and-boost-take-up.

Actions for moving forward:

- To increase the reach of the project and deliver TALK Rona to all 10 Greater Manchester localities.
- To reach more people who can use the service including younger adults and adults with serious health problems.
- Increase the service provision to align with government priorities in addressing mental health inequalities and expand our service to deliver culturally competent Advocacy and one to one support to the most vulnerable and isolated service users.
- Increase our staffing capacity
- Create learning and employment opportunities for our South Asian service users with lived experiences.

Appendix 1 – Literature Review

We know from research that BAME communities have been disproportionately recognised and over-represented within secondary mental health care provision (Independent Review of the Mental Health Act 1983: supporting documents (publishing.service.gov.uk) Feb 2019, including White Paper Reforming the Mental Health Act (publishing.service.gov.uk) 13 Jan2021.

Research into 'Race and Ethnic Disparities March 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach_ment_data/file/974507/20210331_- CRED_Report_- FINAL_- Web_Accessible.pdf, and 'Advancing mental health equalities strategy' Sept 2020, https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy have focussed on cultural and linguistic practices to provide better access, experience and outcomes for people experiencing mental health problems.

All these publications have supported us in delivering TALK Rona and working within the realms of the law and needs of the South Asian community.

"Coronavirus: South Asian people most likely to die in hospital", June 2020 https://www.bbc.co.uk/news/health-53097676

NHS Mental Health Implementation Plan 2019/20–2023/24. NHS Long Term Plan » NHS Mental Health Implementation Plan 2019/20 – 2023/24

NHS England. Older people's mental health <u>NHS England » Older people's mental</u> health

NHS England. Mental Health Taskforce NHS England » Mental Health Taskforce

NHS England. Reducing health inequalities resources NHS England » Reducing health inequalities resources

Coronavirus daily updates Daily summary | Coronavirus in the UK (data.gov.uk)

Coronavirus symptoms and support <u>Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk)</u>

NICE.COVID-19 Advice and Guidance COVID-19 | Topic | NICE

Appendix 2 – Leaflet



Front



Back

Appendix 3 – Organisation Contacts

Contained within Empower Consultants database.

Appendix 4 – Case Studies



Case Study 1

Service user-X

Ethnicity - Pakistani

Details of scenario:

X was deemed to lack capacity to understand his whereabouts which is a direct result of his diagnosis 'Dementia'. X is also profoundly deaf and lives with his family in a 3-bedroom semi-detached property.

X had an issue with wandering and often became violent with family if they were preventing X from leaving the home.

Family rang for some support around keeping X and themselves safe from harm and also to follow government advise around Coronavirus and to limit outgoing journeys. Family were only accessing support from their GP in highlighting current behaviour and they had tried several medications that did not help.

Advice given: Trigger an assessment with social services as X is a vulnerable adult. Have additional alarms and alerts fitted in the home to notify you when the front door is opened.

Register X with the Police radar for wanderers.

Dementia passport- organised with social services and referral to Age Uk for X and carers to access carer support.

Links to Alzheimer's society - Advice to prevent Wandering given:

- Carry out daily activities. Having a routine can provide structure. Learn about creating a daily plan.
- Identify the most likely times of day that wandering may occur. Plan activities at that time. Activities and exercise can reduce anxiety, agitation and restlessness.

- Reassure the person if he or she feels lost, abandoned or disoriented. If the person with dementia wants to leave to "go home" or "go to work," use communication focused on exploration and validation. Refrain from correcting the person. For example, "We are staying here tonight. We are safe and I'll be with you. We can go home in the morning after a good night's rest."
- **Ensure all basic needs are met.** Has the person gone to the bathroom? Is he or she thirsty or hungry?
- Avoid busy places that are confusing and can cause disorientation. This could be a shopping malls, grocery stores or other busy venues.
- Place locks out of the line of sight. Install either high or low on exterior doors, and consider placing slide bolts at the top or bottom.
- Use devices that signal when a door or window is opened. This can be as simple as a bell placed above a door or as sophisticated as an electronic home alarm.
- Provide supervision. Do not leave someone with dementia unsupervised in new or changed surroundings. Never lock a person in at home or leave him or her in a car alone.
- **Keep car keys out of sight.** If the person is no longer driving, remove access to car keys a person with dementia may not just wander by foot. The person may forget that he or she can no longer drive. If the person is still able to drive, consider using a GPS device to help if they get lost.

Type of Interaction (What you did): Mental Health Advice and Support

- -Understanding the lockdown restrictions and Government Guidelines
- -Identifying support available and advice given about accessing support services with Age UK, Social Services, Police and GP.
- -Communication with several members of professionals on families' behalf

What Difference has your interaction made?

- -Raised awareness of restrictions and government guidelines
- -Raised awareness of available services in the area
- -Support and guidance with liaison between professionals
- -Increased confidence in accessing services for X and family
- -Increased awareness of our service and partnership working

Service user / Carer Perspective

"We are really thankful for the support and grateful for the advice. We thought our father would have to be placed in a care home but this is not the case".

"I am pleased that we have workers who understand our fears and can help us"



Case Study 2

Mr Z called the Talk Rona line as he received the leaflet from a family friend. He explained that he was feeling stressed due to lockdown. Mr Z was requesting advice around coping strategies during lockdown and also wanted to know about the rules as he said they are changing quite a lot.

Mr Z also talked about his current situation; he is living in private rented accommodation with his wife and children and is having financial difficulties due to having to close his business. Mr Z also said that his children were no longer attending school due to the closure and this was having an impact on the family as a whole as everyone was spending all day in the house together. He explained that his wife is becoming increasingly stressed and unable to cope with the children. Mr Z explained that they have not visited any other family members due to the lockdown rules and they are missing seeing family and friends.

During the first phone call it was established that Mr Z needed someone to listen to all of his concerns. It appeared that Mr Z just wanted to get a lot of his chest about all of the recent changes. Mr Z spent an hour on the advice line. He explained that he felt much better just by getting some things off his chest and having some who listened to him without judgement. He explained that he can't really speak to his wife as they were having relationship issues. At this point Mr Z felt listened to and advised that he would call in again.

Mr Z called the talk line a week later and talked about the type of week he had. He explained that the children were still off school and his business was still closed. Mr Z also said he was worried as he is in rent arrears. Mr Z was seeking advice about what financial support was available. Advice was given around his financial situation and he was also signposted to the benefits advice line. Advice was also given around coping strategies during lockdown such as going for a walk outdoors to relieve stress or staying in touch with friends or family via phone or video calls. Mr Z was advised that he could contact the line again if he wanted to discuss his issues. He was advised that we could offer support in relation to Immunisations and screening, social distancing, lockdown rules, debt management and coping strategies.

Mr Z was happy with the advice given and felt confident in contacting the team again if required. He also referred his wife and we made contact with his wife. Mr Z and

his wife use the advice line over several months each time there was a change with the lockdown rules and also whenever they felt like they needed a listening ear.

Acknowledgements

We would like to thank The National Lottery Community Fund for giving us the opportunity to support a marginalised community during COVID-19 and the staff at Empower Consultants for their time commitment and endurance.

A special thanks to all those who used TALK Rona and spoke honestly of their feelings and experience, without whose contributions this project would not have been possible.