



Reshaping Care for Older People Community Capacity Building / Coproduction Case Study

Aberdeenshire Signposting Project (ASP)

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In 2012/13 the existing Aberdeenshire Signposting Project (ASP, established in 2004) received £52,000 from the Reshaping Care for Older People Change Fund in Aberdeenshire to support its activity. A further £39,000 has now been secured for an expansion of ASP to include a new 'out and about' project.

ASP has six part time staff across these two projects, including administrative support, all but two of whom are home based. ASP staff undertake some signposting activity themselves and also train volunteer sign-posters. ASP is currently working with 48 older people which has involved around 200 contacts with them (i.e. two each on average but some require many more visits). Referrals to the project can be made by anyone but tend to come from third sector organisations, social work and primary care providers, which includes occupational therapists and practice nurses and especially GPs with whom ASP has excellent links across Aberdeenshire. ASP has a specific focus on improving quality of life and promoting positive mental health, with a spin-off aim being to prevent the poor health and wellbeing that can otherwise result. People over 55 years are one of its key target groups. The Reshaping Care for Older People partners in Aberdeenshire are very supportive of ASP's approach as preventing the poor health outcomes referred to above was and remains a key part of local Change Plans.

ASP has some extremely interesting features. Aberdeenshire is a very large, primarily rural area with a dispersed population. Many services to support older people exist, especially in the third sector, but they sometimes struggle to widely publicise themselves to those older people whom they could help. Even if they become aware of a service by name, older people may not know whether it covers their part of Aberdeenshire or can meet their specific needs.

ASP keeps a database of all such services and has plugged itself directly into the public services that older people most commonly access in an effort to ensure coverage across Aberdeenshire and stop people 'falling through the gaps'. ASP can also point people to locally available resources that are not 'public services' but may still have a part to play in reducing isolation. A simple example might be a local cafe that has access for disabled people. After an older person has been 'connected up' ASP makes follow up contact with him or her to see if everything is working out or whether different or further support is needed.

ASP's job therefore is not quite to provide services directly but rather to link people with those who can. It is however much more than a simple 'directory'. The way it engages with people is deliberately supportive and sensitive and is designed to enable them to identify their needs in situations where they may either be reluctant to admit they have a need for support or have not ever been helped to think about what support they might need or like. In that sense it takes a 'co-productive' approach to the shape of its service.

ASP's model is essentially an enabling one which adds considerable value to the existing investment in other services and projects. By maximising the use of these services and projects (around 80 were involved in 2012/13) it improves their efficiency as well as stimulating demand for them, which can support their sustainability.

When one considers the small sums involved in the operation of ASP compared to even the lowest estimates of the medical and social care costs that can arise as a result of the deterioration of physical and mental health because of isolation, the project would appear to represent significant value for money.

The service has used the Warwick-Edinburgh mental wellbeing scale (WEMWBS) to gauge the ultimate effect of its interventions on those who use its services and some startling results have emerged. Service users reported improved mental wellbeing with significant drops in GP visits and use and/or strength of prescription drugs. This shows the project supports the achievement of personal outcomes for people as reported by those people and also system/service outcomes, that is changes in the pattern of individuals use of other services. The 2008 report is available [here](#). A second report is in preparation and should be available later in 2013.

The expansion of ASP to include the 'out and about' project is a good example of one form of community capacity building. ASP was seeing clients time and time again whose problem was essentially one of loneliness and isolation but who wanted simple companionship rather than anything more complex. Instead of trying to link them up with a service ASP realised that there would be considerable value in linking these people up with one another. This has been done in an initial number of cases to great effect and the new funding will increase this activity. This approach has a considerable measure of sustainability built in as the mutual support that results requires no further direct service intervention (other than that which either person may come to require in future).

Margaret Hall was given an ASP leaflet and, as she describes it, 'plucked up the courage to call'. Margaret was assisted by Jude Knox, a staff member and sign-poster.



Margaret and Jude

'I didn't have enough to do and I have real mobility problems having broken my back in an accident a number of years ago. It makes travelling very difficult. To be honest I felt trapped in the house, very isolated, and I didn't have the confidence to try new things. Jude came to see me and was so encouraging. We went through all sorts of things that I might get involved in and since that day I've never looked back.'

Margaret now participates in various groups at a local church, including bible studies and knitting; has accessed a befriender through the charity WRVS; makes use of the mobile library service and is being supported by 'Houseability', a third sector disabled persons housing service in Aberdeenshire, in her efforts to secure adaptations to her home.

Key to accessing local groups and services has been Margaret's increased knowledge of what supports are on offer and consequent ability to get to places on her own if she chooses using a variety of transport; such as the local community transport (CT) service, which has a minibus that is able to accommodate Margaret's wheelchair. Furthermore, on good days when she is not using the chair but is using her walking sticks Margaret, who has very limited mobility, can still manage to access the CT service whereas accessing public transport would be extremely difficult to do. She has also accessed taxi cards to reduce outgoings when using local taxis. Through some of the activities she has been involved with she has made new friends who also provide her with transport locally to go shopping or access other groups.

'It's like night and day, I have more confidence, I'm talking to folk, I'm laughing! The pain clinic has especially helped me and I use relaxation techniques to manage my pain. What a

difference it has all made. The main improvement is to my mental health. All these things have helped give me purpose again.'

Commenting on the service, Deeside-based Occupational Therapist Shona Campbell said

"The ASP supports our patients to find and access activities in the local community. One of the most challenging and time consuming aspects of community rehabilitation is finding opportunities that are appropriate to the patient's current abilities and stage in the rehabilitation process. Working in partnership with the ASP to identify such opportunities has been invaluable. The service's timely input has contributed greatly to their progress and to the success of our treatment plans."

General Practitioner Dr. David B Hood of the Inverurie Medical Group is similarly enthusiastic:

"As a GP for some 30 years I have found it very difficult to keep track of the changing local services. The model provided by the ASP is extremely helpful in enabling patients to access information about current services. I have been referring patients to the ASP since it started providing services to our patients in 2004. I have found it particularly helpful for enabling patients who are new to the area to link in to appropriate community resources. This can significantly reduce the stress associated with moving into a new area and I believe is likely to reduce consultations, need for antidepressant medication etc. I think the utility for patients who are longer term residents is determined by the availability of resources to which they can be signposted. I certainly hope the project will continue to be funded."