

AGE BETTER
IN SHEFFIELD

Learning Digest

The Ripple Effect Supporting older people
through bereavement - Year one



Context

The Ripple Effect is a result of coproduction within an existing ABiS project, Well Being Practitioners at Sheffield Mind, which demonstrated the need for a project specifically focused on the needs of people aged 50 or above who had been bereaved.

The project started delivery in February 2019 and is led by Sheffield Mind.

The Ripple Effect is based at the Terminus Initiative at Lowedges and works with older bereaved people in the communities of Greenhill, Beauchief and the surrounding areas. There is a strong sense of community at the Terminus which has been running for 18 years and has a genuine desire to improve the quality of life for local people. Being situated in a well-established and respected community hub where trusted and known people could vouch for the new project has certainly been instrumental in getting the project off the ground very quickly. Also having the trusted “brand” of Sheffield Mind has made it easier for Ripple Effect to gain acceptance as a new project. The Ripple Effect works alongside the community and has evolved organically to meet local needs.

Who do they work with?

Most of the beneficiaries are in the 50 to 70 years age group as this is the age group most likely to suffer bereavement. Older “older people” who were bereaved some time ago may need help through the project with “reconnecting”. Social isolation can, in some cases, be linked to or exacerbated by economic deprivation in the area. The north and the south of the ward are very different, and the most economically disadvantaged part is the south which is where the Ripple Effect is more active.

How do they work?

The Project offers one to one support, generally over 12 sessions which can be weekly, bi- weekly or as required with the early sessions almost exclusively happening at home but with the intention to move sessions out into the community where appropriate. The project offers both emotional support which allows people to process their grief and adapt to new circumstances and practical support which can in turn lead to people opening up, talking and accepting emotional support. The original delivery model which stated that each intervention would last 12 weeks quickly proved to be unrealistic since the impact of bereavement goes on for an indefinite period of time, with times of “crisis” such as anniversaries, birthdays and Christmas when people experience their loneliness to an even greater extent.

The Ripple Effect employs a project manager and a key worker. They act as “professional friends” supporting clients on a one to one. The project manager described this as “holding the center ground” or being a “Good Neighbour”. This approach needs to have clear boundaries while building trust and friendship. It should be understood at the start that the project is a short- term intervention which aims to bring people to a point where they have other social contacts. However, it must also be

acknowledged that for the housebound and those who have severe mental health issues it might be very hard to get them out the door. Some of the most isolated older people may have come to that point of social isolation due to an undiagnosed mental health condition e.g. autism. The approach is also holistic: if the bereaved person needs support to get off addictive substances or someone needs to see a debt counsellor, the Ripple Effect will ensure that their client receives face to face introductions to the relevant support service. They call this “going in the door together” and it is an important principle which they adhere to. Ripple Effect themselves may “go in the door” for the first time on the back of the Carers’ Group.

The client may have very low expectations at the start of the intervention as the person can rarely imagine that anything can make them feel better, but the project has found that there can be some early wins such as helping with letters, phone calls, shopping, gardening etc. The Ripple Effect believes in celebrating the small victories. They acknowledge that they “can’t fix the problem”; the loved one is still dead, but they can make life a little bit better which might be just enough to keep the bereaved person going. The 5 Ways to Well Being is an essential part of the project and is integral to the delivery e.g. the mindfulness sessions.

Support needs

65 to 70% of people seen have severe pre-existing mental health issues. For those with the most complex needs, the deceased person is frequently the only person they had contact with. The bereaved may feel unable to leave the house and some can be suicidal.

The project has recently experienced a client take their own life. The woman had been a care giver for her husband up until his death. She had been referred to the Ripple Effect through the Carers’ Centre who also meet at the Terminus and both had worked closely with her.

Clients presenting with “complex grief” might be trying to make sense of why they had spent so much of their life with a person who they didn’t like very much while at the same time coming to terms with the bereavement. Ripple Effect could not have anticipated at the start that so many of the clients would be extremely vulnerable. Clearly this can have an impact on project workers and a certain resilience is needed to do this kind of work. Sheffield Mind provides supervision for the Project Manager.

The importance of offering practical support

There is no real separation between the emotional and the practical support delivered by the project, but the offer of practical support often provides the “foot in the door” with clients who would find it more difficult to reach out for emotional support. It is vital to offer practical support to clients whose distress means that are not able to manage day to day administrative tasks or those who have lost the person who always did the practical tasks and really don’t have a clue where to start with laundry, cooking a meal, paying bills or going food shopping. The project is careful not to set up a dynamic of giver and recipient and instead encourages the approach of doing the practical tasks together or of involving the bereaved person as much as possible so that they can also eventually learn new skills.

“It is a visceral way of making people feel cared about – having someone prepare food with you, take you shopping, help you manage your home, making sure the bills are paid makes a person feel like their comfort and difficulties matter to someone.”

Janet Browse Project Manager

Group support and encouragement to socialise outside the home

As previously stated, most of the early interventions with the bereaved person happen in the home. Initial delivery plans envisaged a monthly bereavement coffee morning, to be facilitated in the first place by Ripple effect staff but with the idea that volunteers would be trained and then the group would become, in time, self-sustaining. Due to the complex needs of many of the clients, this has not happened to date, but it has not been ruled out as something that may work further into the project delivery.

The current group of clients have shown very little enthusiasm for meeting up with other bereaved people for a coffee and chat. However, a Walk and Talk event which was held during the summer months in a local park was met with more interest and most of the clients attended. It should be noted that holding an event like this can be very heavy on resources, with people needing transportation from home to the location as well as support with mobility and mental health issues during the event. No requests were made for further opportunities for the group to get together.

What works?

- Taking clients to familiar places with familiar people helps them reconnect e.g. a community lunch
- Re- establishing link with family members who may not have met up for a long time
- A facilitated trip to a tearoom for 2 widows who had both lost their husband recently and didn't feel they fitted in at the community lunch. They both agreed to attend future social events together and now go regularly to a lunch club and a social group.
- Providing structured, purposeful sessions works better than the coffee and chat for most people e.g. the mindfulness sessions have had regular attendees
- Help to access online support for bereavement where someone feels unable to leave the house
- Intergenerational support can help people establish a relationship they may feel more comfortable with e.g. Mother/Daughter

Top Tip

If you are trying to get someone to join a social group, you need to take them by the hand the first time and then try to link with micro volunteers/ enablers/ friends who will provide ongoing support

The Ripple Effect – the ripples

As well as directly supporting bereaved older people the purpose of the project is to allow people to start conversations about bereavement. They have provided training for volunteers at the Bereavement Drop so they can feel better prepared to start those conversations with bereaved clients. The project manager has contact with all the older people's groups in the area and has pulled together a set of resources to help people start conversations with bereaved people. Training has been provided where requested for those working with bereaved individuals.

Case study - Monthly Bereavement drop in at Dore and Totley United Reform Church

After speaking to all local church ministers, it was only Zaidie Orr from URC who understood and engaged with Ripple Effect. She had an ageing congregation which had suffered a significant number of recent bereavements and requested teaming up the current offering of volunteer support and activities with the Ripple Effect to attempt to support her congregation. The Ripple Effect first visited the Tuesday Lunch Club in July 2019 with two members of the Ripple client group so that members of the congregation could hear from participants of the project as well as staff. Both clients who attended have joined the lunch on a permanent basis and we were able to talk to people who attended for lunch and the committed volunteers who provide lunch.

Subsequently, Ripple was invited back both to volunteer planning meetings for activities and to the Wednesday coffee morning to see if the service could provide further support. The Project manager attended in September, November and December and the URC advertised that she would be there for people to talk to about bereavement. By simply being present and starting conversations around what Ripple Effect can offer momentum was built with more attendees turning up each time to chat about the subject. The offer of informal information, advice and an opportunity for people to chat about how they are feeling often then leads to people talking amongst themselves.

The volunteers have requested, and been given, notes and tips on the best way to start these conversations as they initially felt awkward about asking how people were managing when they had been bereaved. They have all said they feel more confident about starting these conversations and are doing so when the opportunity allows. They are also signposting people to the bereavement drop-in sessions successfully and numbers have gone from 7 at the initial session, to 14 at the most recent. The sessions are now planned once a month until Easter and are advertised on the church notice boards and in the church magazine which is quite widely distributed.

While the church is off the edge of the target ward, its congregation/parish overlaps with the ward, and several people Janet speaks to live in the target ward.

The group does not wish to formally sign up for anything and they have not as yet requested the additional one-to-one support even though it is offered. However, if this model of talking more openly and naturally about bereavement could be replicated throughout the area, this would be a brilliant legacy from the Ripple Effect.

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