# Reset

Resilience • Relationships • Resources

# Planning and Delivering Resilience-Affirming Community Support for Older People

## Participatory Action Research Report

September 2024

## Executive Summary

Cyrenians

Queen Margaret University EDINBURGH

Edinburgh Health and Social Care Partnership

*"All these things, they've all snowballed from [the Community Resilience Worker] coming here to fill in a form.... It's made a big difference with a lot of things. I've got the electricity on, that's a big massive worry off my mind now. I'm getting to the shops, I'm actually starting to get a life back, which I didn't have."*

(Older Person, Reset)

*"I think what helps to be resilient is when you accept, 'It is what it is.' ... As you get older, you have to do a bit of accepting about people [helping]."*

(Older Person, Community)

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Reset – Edinburgh Community Resilience Programme, is an intersectoral partnership between Edinburgh Health and Social Care Partnership (EHSCP), Queen Margaret University (QMU), and Cyrenians.

The aim of the programme was to learn how to plan and deliver efficient, effective community services through Participatory Action Research. Reset is a unique, innovative project of system change in action, working to improve the resilience of older people.

This executive summary outlines key learning from Reset. It reflects the views of older people living in Edinburgh and the project and community partners we collaborated with, who have valuable experience and expertise of working with older people. It provides evidence-based information about actions that should be considered when planning and delivering resilience-affirming, community-based support for older adults to enable them to have more good days.

The full findings are presented in the Reset report. Here, we outline six key learning points and related recommendations, informed by our research.

## 1. Services should understand the complex and contextual nature of resilience needs

**This means:**

- Meeting the person and assessing their needs at the place that reflects their current circumstances. This may be in their own home or while they are still in hospital.
- Dedicating time to listen to people to identify their individual resilience needs.
- Exploring resilience needs through relational conversations with the person in a way that facilitates comprehensive consideration of a broad range of personal and environmental factors, including a range of relevant demographic and health characteristics.
- Recognising that a person may have a range of resilience needs, which may change over time, and working with them to set person-centred goals that are regularly reviewed and monitored to meet evolving needs.
- Recognising that complex needs may require complex support, involving partnership working between multiple agencies, including intersectoral approaches.



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## 2. Organisations should develop a work culture that supports the resilience of community support staff and populations served

**This means:**

- Adequate funding and resourcing of community health and social care services that is reflective of complex casework and capable of supporting heavy workloads and issues with staff retention.
- Highlighting and promoting the value of community health and social care within communities and broader society.
- Promoting a culture of ongoing learning. It should involve commitment to consistently and accurately record and monitor a range of relevant data, to better understand resilience needs within the communities served and to enable more targeted service development. This should be supported by intentional, continuous reflective practice, by individual staff as well as broader teams and organisations.
- Promoting a style of line management that prioritises staff well-being, is person-centred and can foster a culture of mutual respect and motivation.
- Supporting emotional wellbeing of all staff, and particularly those experiencing high levels of bereavement at work. This should be based on individual needs and include options such as time to process the experience or access to peer or more formal support if needed.
- Routine partnership work between statutory and non-statutory sectors characterised by:
  - Enhanced communication between services, facilitated by shared access to digital case management platforms.
  - Recognition, across sectors, that complex needs of older people and other populations served should be addressed through complex support delivered through partnership, intersectoral, interdisciplinary work.
  - Clear and transparent governance to enable, monitor and ensure service-specific and partnership-level areas of responsibility.
  - Recognition of equal value of statutory and non-statutory services and personnel across sector in terms of contributions to health and wellbeing of populations served.

## 3. Services should adopt a person-centred, comprehensive approach to assessing resilience needs

**This means:**

- Developing trusting, secure relationships to form the basis of the assessment process.
- Adopting a comprehensive format of exploring resilience needs, that reflects the relational conversations with the person and allows consideration of a broad range of personal and environmental factors that may affect resilience, while facilitating a needs-led, person-centred approach. This should incorporate recording and monitoring of relevant demographic and health characteristics, recognised through previous research as directly associated with resilience.
- Implementing conversational, rather than 'checklist', style of assessment to identify protective and resilience factors, to inform and guide the care and support offered.
- Supporting Community Resilience Workers to use their professional judgement, based on their observations, skills, expertise and knowledge of the person they are working with, to form the basis of assessment, while ensuring that workers are aware of the wider social and environmental factors which impede or promote resilience.

## 4. Services should apply a flexible, holistic, person-centred and relationship-based approach to community support

**This means:**

- Whenever possible, providing support at the place people call home.
- Developing and maintaining trusted relationships so the person can feel safe and valued.
- Encouraging individuals to recognise their own strengths and ability to adapt to challenges with the right type of support.
- Promoting independence through flexible, skilled key-work which supports complex resilience needs in a person-centred manner.
- Identifying, accessing and utilising available community resources and relevant existing services to do so.
- Where required, applying inter-disciplinary, inter-agency or intersectoral working, and advocating on behalf of older people.



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## 5. Organisations should nurture a skilful workforce

**This means:**

- Developing recruitment strategies that incorporate relevant skills, knowledge and experience as additional role requirements. These include professional skills for assessment, goal setting, and complex case management as well as competences required to develop and maintain respectful, trusted relationships.
- Providing staff with ongoing supervision and training opportunities to identify and address gaps in their skill set.
- Encouraging and supporting staff to engage in formal and informal peer support.
- Providing staff with opportunities and structures to facilitate regular reflective practice, both individually and as part of a team.
- Building a network of community partnerships to facilitate access to the most appropriate and effective support and resources.

## 6. Service providers and commissioners should work towards change within existing systems of community support

**This means:**

- Considering the diversity of older people and varying needs and interests when developing opportunities for engagement in meaningful activities.
- A requirement for local authorities and city planners to provide transport options and infrastructure that enhances accessibility and supports different levels of mobility e.g., reduced distances between bus stops or, where this is not possible, providing sheltered places to rest between stops; more frequent and diverse bus routes.
- An obligation by statutory and non-statutory services, including business and industry, to design services that are accessible to people lacking the skills and confidence to engage with and use digital and / or automated services. This should include an option for accessing services through direct, face-to-face contact.

Reset was established with the primary aim to **enhance** the health and wellbeing of older people through promoting **resilience.** By developing trusted **relationships** and **resources** that are important to individuals, we have learned what should be considered when planning and providing this kind of support.

Between May 2022 and August 2024, we engaged in Participatory Action Research with older people and project and community partners. This enabled us to explore older people's resilience needs, as well as the barriers faced and opportunities relative to community support. We learned about qualities in the workforce which are important to older people. We reflected upon and synthetised this new knowledge to develop and optimise the evidence-based, resilience-affirming approach to community support.

We define **resilience** as the **process of adapting to adversity experienced across the lifespan, shaped by complex interplay and fit between multiple personal and environmental factors**. We recognise its **contextual** nature.

Our research showed that self-efficacy, mental and physical health, experience of loneliness and a sense of social connection, are the key personal factors that influence the ability of older people to adapt to adversity. We also identified environmental factors such as access to and quality of social networks, safety, information about and access to relevant services and resources, meaningful activity, material resources and assets. All of these play a crucial role in supporting resilient coping. The full report explores each of these factors, and the relationships between them, to demonstrate how we can support resilience by addressing relevant needs.

We also document the Reset approach to a comprehensive assessment of resilience needs through conversation and focus on person-centred care and relationship-based key work.

Finally, this report details our learning on developing a resilient workforce and resilience-affirming work culture, within the health and social care sector and broader society.

Although learning in this project was informed by the views of older people and community partners with experience and expertise working within this field, our findings can be transferable to different groups and services.

By considering changes to practice as identified by the participants of this research, we can expect better health and well-being outcomes and more good days for older people living within our communities. In addition, we anticipate more satisfied, healthier and more resilient community support staff, and more sustainable use of available services and resources.



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