

# The Irish Chaplaincy Seniors Project: A Review

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***“It is a lifeline for the large Irish community both in  
Camden and across Britain”***

(Keir Starmer MP, after his visit to the Irish Chaplaincy and Irish Seniors in December 2015)



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## THE IRISH CHAPLAINCY SENIORS PROJECT: A REVIEW

### EXECUTIVE SUMMARY

*The ICSP offer on-going, person centred befriending, support and advocacy for Irish elderly people, many of whom are isolated and unable to access day services. They respond to individual needs to support the complex interplay between emotional well-being, physical health, and, where relevant, to the spiritual needs of the individual. The feedback from stakeholders strongly supports the benefit from a long-term connection and relationship that the ICSP provides, even if only on an intermittent basis.*

*The review process has highlighted the continuing significant need within the Irish elderly community, a need that continues to increase for a variety of reasons. The review has also revealed a pronounced lack of provision in certain areas. It is clear that the ICSP does not have the resources to make the fullest contribution to meet these needs or meet the original brief of the Seniors Project as initiated in 2005. Whilst there are several changes that could be put in place without additional funds, the primary challenge is the imbalance between need and resources.*

*The work carried out by ICSP is often 'case management' and 'crisis prevention' and it is likely that this will continue to divert the service away from its befriending work to some extent. The evidence shows that befriending, as a means of reducing loneliness, can have very beneficial effects.*

*Although many stakeholders are only aware of the befriending role, the service has different levels of intervention. Whilst there is demonstrable value in befriending, and service user feedback regarding visits is very positive, this is a small part of the work carried out by the ICSP and it is noted in the review that the widely perceived focus on befriending does not accurately reflect the more intensive work of the Project Manager and the two, experienced office based volunteers. The ICSP needs to promote the holistic, person centred ongoing support that they are able to offer and which addresses people's needs in their totality, including their emotional wellbeing and connection with both their home and their faith.*

*The review contains recommendations for immediate / short-term action including reframing the actual interventions offered and publishing these across the sector. The service does not fully capture activity and does not measure impact and suggestions are made as to how this can be achieved.*

*It is recommended that future bids be made around specific areas of service delivery or in collaboration with other providers.*

*Inevitably the role of the ICSP will change over the next twenty years; the experiences of Irish people moving to the UK later in the twentieth century will differ and increasingly those accessing the services might well be second generation who want to maintain a connection with 'home'. There is however a pressing need, both in the present and the foreseeable future, for frail isolated elderly Irish people. The ICSP would be well placed to address these needs if additional resources were in place.*

## **1.0 INTRODUCTION**

### **1.1 This Review**

A review of the Irish Chaplaincy Seniors Project was initiated to consider the future for the organisation with a specific number of questions outlined within the project brief (Appendix 1). The conducting of this review and the production of this report has included stakeholder visits and interviews with service users, volunteers, Irish Chaplaincy staff, and other organisations in the charitable and voluntary sector. It has also included the analysis of relevant data and information from other sources.

The author would like particularly to thank Paul Raymond, Manager of the Senior Project, for the time and energy he has put into organising visits and calls, Declan Ganly for the provision of information, and advice, Eddie Gilmore CEO of the Irish Chaplaincy and all of the stakeholders interviewed, especially clients, staff and volunteers within the Irish Chaplaincy.

### **1.2 The History of the Irish Chaplaincy**

The Irish Chaplaincy (IC) in Britain was established in 1957, by the Bishops in Ireland with the aim of meeting the needs of the extensive Irish population living and working in Britain.

The work of the IC originally involved supporting the young immigrants who arrived in England in search of work and accommodation during the 1950s and 1960s. 80% of those leaving Ireland in the post war period went to Britain.

In 2005 the Irish Chaplaincy started its *Older and Vulnerable Persons Programme*, funded by the Bishops, to reach out to the original group of 1950's and 1960's emigrants, who were by now facing the generic difficulties of old age often compounded by difficult and traumatic experiences in their younger years and a feeling of distance from the land of their birth. The programme is today referred to as the Seniors Project. In its infancy, the programme was staffed by priests and nuns. In 2007 the south London office was set up and staffed by a full time caseworker. In 2009 when the current Project Manager started there were two Sisters covering the work, one receiving a Stipend who was based in West London and a volunteer, who covered north London. The two Sisters retired in 2011, and the ICSP were unable to replace them. The caseworker for South London left in October 2015 and could not be replaced, again due to lack of funds.

The Chaplaincy has developed other services in response to the presenting needs of Irish emigrants in Britain by setting up the Irish Commission For Prisoners Overseas (ICPO) and Traveller Equality Project (TEP).

## 2.0 CURRENT STATE ANALYSIS

*“Loneliness is as bad for one’s health as smoking fifteen cigarettes a day. It is actually worse for you than obesity because it increases the risk of heart disease, blood clots and dementia. Lonely people have poorer function in daily activities. They drink more. They are more likely to undergo admission to residential or nursing care”.*

Rt Hon Jeremy Hunt Secretary of State of health in a speech to NCAS conference 18<sup>th</sup> October 2013

### 2.1 The Client Group

Of the 177,903 people in London who identify as ‘Irish’, 41,996 people (23.6%) reported a long-term health problem or disability, which limits their day-to-day activities. For all Londoners the figure is 14%.

	All Ages	Age 0 - 15	Age 16 - 24	Age 25 - 49	Age 50 - 64	Age 65 - 74	Age 75+
London Population	8,173,941	1,624,768	1,008,032	3,460,576	1,175,816	473,058	431,691
No. Identifying as 'British'	3,691,371	602,651	411,805	1,403,673	669,836	292,187	311,219
No. identifying as 'Irish'	177,903	11,272	10,908	69,730	40,169	25,834	19,990
% of those identifying as 'Irish' of the total London population	2.2%	0.7%	1.1%	2.0%	3.4%	5%	4.6%
% across age groups of the total identifying 'Irish' population	100.0%	6.3%	6.1%	39.2%	22.6%	15%	11.2%

**Table 1 Percentages of people identifying as Irish across London (2011 Census)**

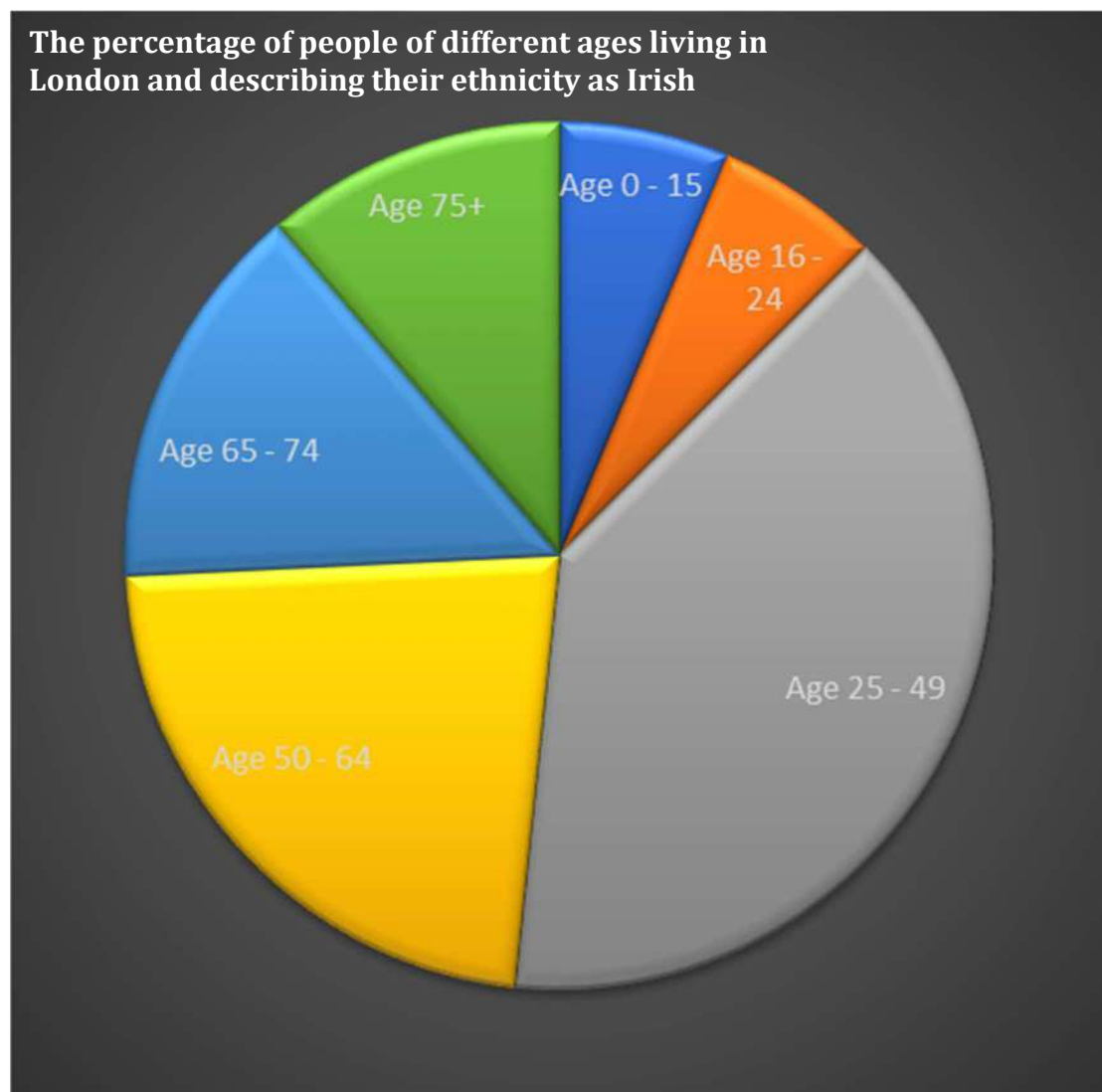
The 2011 census shows that a number of people who identify themselves as ‘Irish’ are living in communal establishments or in homes where all residents are over 65.

Day-to-day activities limited a lot by long term health problem or disability for people identifying as Irish.	22,228
Day-to-day activities limited a little by long term health problem or disability for people identifying as Irish.	19,768

**Table 2. Numbers of people identifying as Irish for whom day to day activities are limited by health and/or disability (2011 Census)**

Those who access the services of the IC and those in other services who work across London to meet the needs of elderly Irish people, report that in the past old age care has been through the extended family. As can be seen from Table 3, today many live alone and a high number of IC clients do not have family members nearby. People aged over 65 years who are living alone are more likely to say that they are lonely (Bolton 2012).

Many service users express sadness or resentment that the younger generation do not have the time or are not willing to fulfil this role. Mental illness, low morale, poor rehabilitation and admission to residential care have all been found to be correlated with either social isolation, loneliness or both (Wenger et al., 1996). The evidence also confirms that health status has an impact on loneliness, for example disability, sensory impairment and cognitive impairment. These conditions decrease the chance of an individual being actively able to seek social contact and increase the chance of them being house bound. National Studies also demonstrate that there is a strong association between reported feelings of loneliness and reported limitations in performing daily activities. (Beaumont 2013). These factors help us understand the needs of the ICSP client group.





	Communal living: Medical and care establishment	Communal Living: Hostel or temporary shelter for the homeless	One person household: Aged 65 and over	One family household: All aged 65 and over
Barking and Dagenham	15	1	232	111
Barnet	145	0	786	346
Bexley	12	0	355	167
Brent	89	8	1,202	460
Bromley	34	0	415	214
Camden	49	38	959	143
Croydon	52	3	586	256
Ealing	99	8	1,081	402
Enfield	66	0	511	302
Greenwich	24	0	412	148
Hackney	34	8	485	78
Hammersmith and Fulham	68	6	806	172
Haringey	70	1	639	166
Harrow	54	0	605	322
Havering	26	1	310	242
Hillingdon	73	5	542	309
Hounslow	30	0	484	172
Islington	70	11	848	180
Kensington and Chelsea	26	1	460	105
Kingston upon Thames	33	0	252	113
Lambeth	93	13	636	163
Lewisham	37	6	517	131
Merton	30	7	398	178
Newham	12	1	237	72
Redbridge	31	0	385	189
Richmond upon Thames	23	0	336	131
Southwark	49	18	616	119
Sutton	24	0	321	198
Tower Hamlets	7	7	284	46
Waltham Forest	30	0	323	123
Wandsworth	59	4	646	199
Westminster, City of London	53	24	783	138

**Table 3 Numbers of people identifying as Irish in household types by London Borough**

All agencies report that the change in socioeconomic conditions and reduction in statutory services have increased the need for the voluntary sector to advocate for clients to access statutory benefits and services. This was correspondingly articulated throughout stakeholder interviews, not just those with the ICSP.

Some charities previously funded by local authorities and the NHS are facing reduced funding (for example projects operated by Voluntary Action Camden) and all voluntary providers interviewed stated that it is increasingly difficult to attract new funds, particularly from the statutory sector.

Changes in the benefit system also have a direct impact on the work of the ICSP. Services supporting individuals in the accessing of benefits are over-subscribed for applications and in supporting appeals, and report being more stretched than ever. In terms of the challenges facing clients of the ICSP, life is getting harder; access to benefits can be challenging and the redesign of payments causes anxiety distress and sometimes leads to severe poverty. This climate has created a need for more support from the ICSP, both in their listening/emotional support role and their involvement in advocacy and the referring-on of client to benefit and welfare agencies.

There is an acknowledgement that accessing social care services is becoming increasingly difficult and that fewer services are being delivered by the statutory sector. The access point for the receipt of services has been significantly raised and many of the services offered have been reduced. One stakeholder referred to social care services as 'ticking boxes but having no real understanding of people's psychological needs.' The work of crisis *prevention* tends now to fall to charities and the voluntary sector. When a situation is sufficiently serious to warrant social care involvement, the statutory sector is often keen to partner charities such as the ICSP as they do not have the resources for on-going support.

Similarly, in instances where clients are reluctant to accept statutory social care or mistrust the statutory sector generally, social care staff appear to view the ICSP as a bridge to these people who are often in desperate need, enabling other services to eventually engage with the hard to reach.

## 2.2 Current Service Delivery

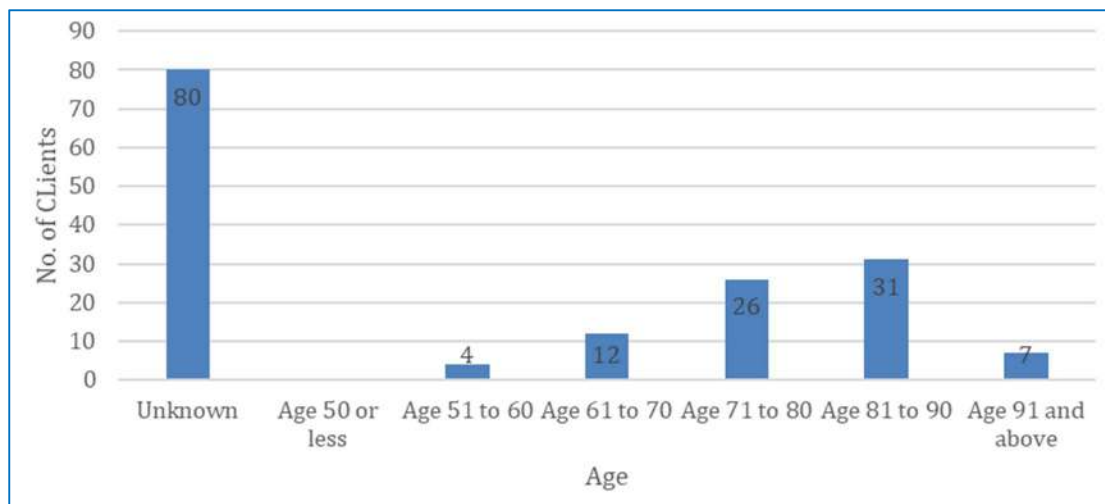
The ICSP have 160 clients open to them across London. - 110 are 'active' clients with 50 on the mailing list- receiving the newsletter and seasonal cards. This number fluctuates with client's needs and circumstances. Referrals can be made by anyone on the basis of needs described on the referral form.



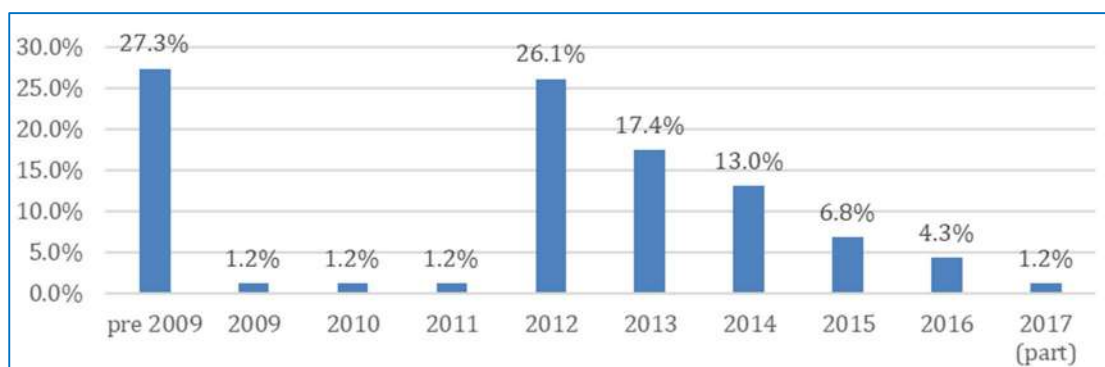
Name	TOTAL	Irish	% Irish	No. of Chaplaincy Cases	% of Chaplaincy contacts
City of London	7,375	183	0.1%		
Barking and Dagenham	185,911	1,750	1.0%		
Barnet	356,386	8,790	4.9%	4	2.5%
Bexley	231,997	2,610	1.5%		
Brent	311,215	12,402	7.0%	6	3.8%
Bromley	309,392	4,493	2.5%	1	0.6%
Camden	220,338	7,132	4.0%	18	11.3%
Croydon	363,378	5,462	3.1%	6	3.8%
Ealing	338,449	10,517	5.9%	4	2.5%
Enfield	312,466	6,997	3.9%		
Greenwich	254,557	4,338	2.4%	4	2.5%
Hackney	246,270	5,295	3.0%	6	3.8%
Hammersmith and Fulham	182,493	6,383	3.6%	3	1.9%
Haringey	254,926	7,084	4.0%	7	4.4%
Harrow	239,056	7,383	4.2%		
Havering	237,232	3,020	1.7%		
Hillingdon	273,936	6,002	3.4%		
Hounslow	253,957	4,843	2.7%		
Islington	206,125	8,203	4.6%	14	8.8%
Kensington and Chelsea	158,649	3,773	2.1%	3	1.9%
Kingston upon Thames	160,060	2,759	1.6%		
Lambeth	303,086	7,542	4.2%	14	8.8%
Lewisham	275,885	5,289	3.0%	4	2.5%
Merton	199,693	4,454	2.5%		
Newham	307,984	2,202	1.2%	2	1.3%
Redbridge	278,970	3,943	2.2%	1	0.6%
Richmond upon Thames	186,990	4,808	2.7%		
Southwark	288,283	6,318	3.6%	28	17.6%
Sutton	190,146	3,237	1.8%		
Tower Hamlets	254,096	3,904	2.2%	1	0.6%
Waltham Forest	258,249	4,047	2.3%	3	1.9%
Wandsworth	306,995	7,735	4.3%	2	1.3%
Westminster	219,396	5,005	2.8%	14	8.8%
OTHER	0	0	0%	14	8.8%
<b>TOTAL</b>	<b>8,173,941</b>	<b>177,903</b>	<b>100%</b>	<b>159</b>	<b>100%</b>

**Table 4 Chaplaincy cases across the London Boroughs (sources Chaplaincy data supplied 12/5/17, plus Census 2011)**

The following tables show higher referral rates in previous years and many long-standing clients. This reflects open cases not referrals, as some of those referred over these years will no longer be open. It is likely that a trend of decreasing referrals is accurate to some degree, possibly because of reduced staffing and capacity.



**Table 5. The number of open clients (inc. mailing list only) by age** Chaplaincy Data from 12/5/17

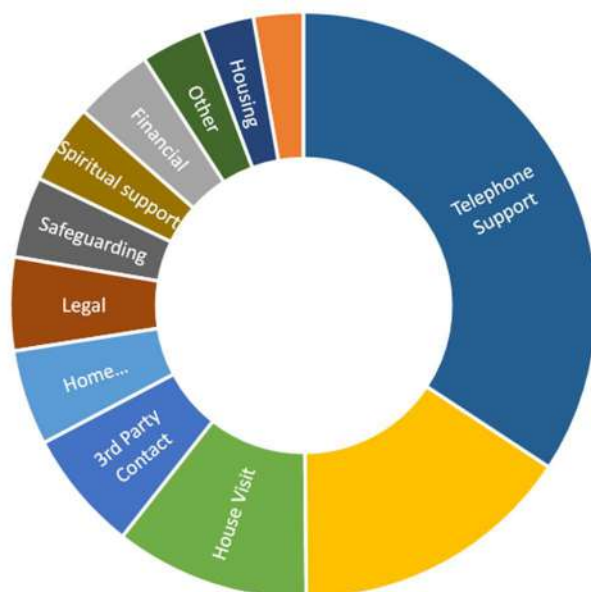


**Table 6. Percentage of current clients open from first year of contact** Chaplaincy Data from 12/5/17

A wide range of needs is addressed by ICSP; many people naturally present with more than one need at any given time. Referrals might be received regarding a specific problem or, arising from a crisis situation and requiring significant on-going support.

Once an individual has been referred, they remain open to the ICSP unless they ask to be closed or pass away. Intervention and support might be offered through befriending, casework and ongoing support through phone or house visits (usually the former at present due to capacity) or referral to Immigrant Counselling and Psychotherapy (ICAP).

Table 7 demonstrates the range of activities and the relatively high number of contacts regarding safeguarding, and legal support. The range of input is also shown in table 8.

**Table 7. Nature of average yearly contacts for ICSP, 2014 to 2016**

The IC Seniors Project also occasionally work with elderly Irish who have adult children in prison. There is the potential for more work with elderly prisoners or with those affected by prison terms although this is limited by the organisation's current capacity (please refer to the Findings and Recommendations sections of this report).

Issue Type	2012	2013	2014	2015	2016	2017 (to May 17)	TOTALS	Year Average (2014 to 2016)
3rd Party Contact	65	95	147	74	72	12	465	97.67
Family Contact	10	13	80	20	21	5	149	40.33
Financial	5	-	17	52	122	55	251	63.67
Health / Hospital Visit	16	75	82	243	359	113	888	228.00
Home improvements / DIY	11	84	124	80	27	10	336	77.00
House Visit	36	101	228	168	75	13	621	157.00
Housing	16	26	12	67	49	-	170	42.67
Legal	9	25	20	129	77	18	278	75.33
Safeguarding	-	3	7	41	148	41	240	65.33
Spiritual support	15	9	47	70	76	28	245	64.33
Telephone Support	155	315	580	530	395	147	2,122	501.67
Other (includes Appointment, Help with shopping, Move to Ireland, Transport, Action Plan, Accompaniment)	23	12	36	66	50	31	218	50.67
<b>TOTALS</b>	<b>361</b>	<b>758</b>	<b>1,380</b>	<b>1,540</b>	<b>1,471</b>	<b>473</b>	<b>5,983</b>	<b>1,463.67</b>

**Table 8. Needs addressed by ICSP since 2012** (source ICSP database accessed May 2017)

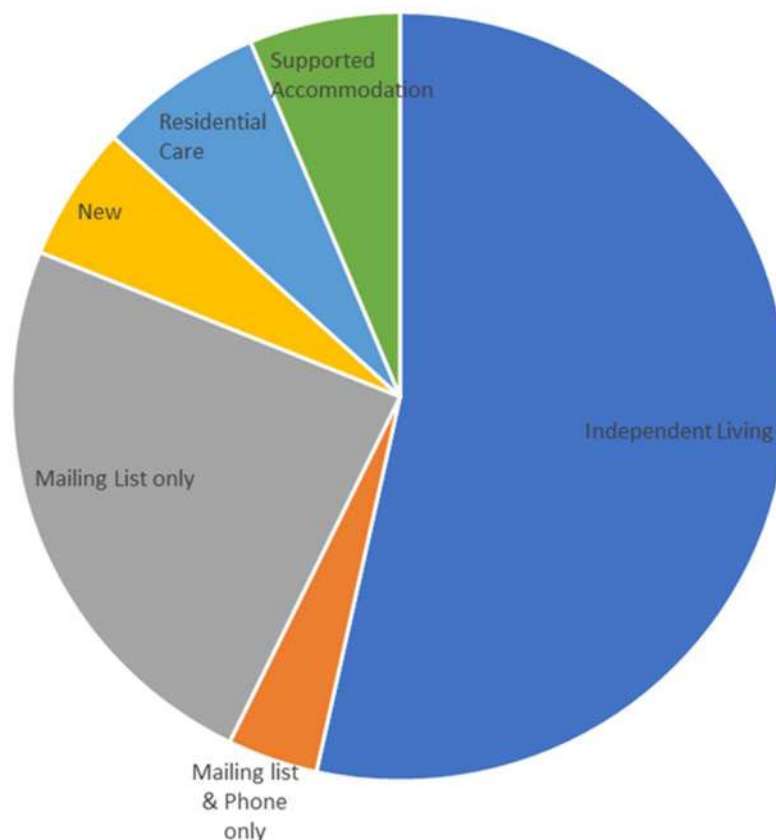
There are a number of tiers of service delivery offered by the ICSP although in practice these roles often overlap. This is discussed further within the *Findings* and *Recommendations* sections of this review.

### 2.3 The Organisation of the Seniors Project

The current pressures on the service have made it necessary for the Project Manager to generally withdraw from face-to-face contacts and to concentrate on phone calls to clients or to other agencies. Whilst a few visits are still taking place, carried out by the Project Manager and some of the volunteers, these are reduced in scope and no new referrals are accepted.

The day-to-day work of the Project Manager is predominantly:

- Advocacy regarding access to services,
- Safeguarding reporting of concern and chasing statutory response,
- Mental health support requiring crisis prevention,
- Support around hospital discharge,
- Support, visits and collaboration for very vulnerable people who are reluctant to engage with statutory services,
- Arrangement of practical support, which might be provided by befrienders e.g. transport to the airport for a trip home to Ireland,
- End of life care to include support around existential issues for people, as well as guidance on making wills, funeral planning, repatriation back to Ireland and liaising with family and friends in Ireland,
- Responding to and dealing with urgent needs identified by volunteers.



**Table 9. ICSP active cases by contact (Chaplaincy data accessed May 2017 )**

The work of the office is organised by the Project Manager and two office based volunteers who have a list of weekly calls, which they progressively work through. These calls can require a great deal of patient listening, dealing with individuals who are often struggling with well-being and mental health issues such as severe anxiety, depression, agoraphobia, post-traumatic stress, or sometimes more acute and severe mental health needs. The on-going emotional support offered by the Project Manager and the two volunteers can range from simple listening to arranging for new dogs! For some, whose faith remains a strong part of their lives and a current need, the project manager can pray with them, send them a Mass Card, and, in collaboration with a Catholic church, bring communion to those who want it.

The service also identifies safeguarding issues around family members/relationships and articulates and advocates for assessments from social care services, who are not always responsive. This work is intensive and can involve a high number of contacts for some of the clients. The service is unable to state with any certainty that others on their contact list do not need a similar level of support. They are, however, very aware that they would not be able to meet such additional needs with their current resources, should they be identified.

The ICSP also works with clients who, for numerous complex reasons, do not engage with statutory services. The ICSP are in many ways the 'bridge' to other services for this 'hard to reach' group of elderly Irish; the ICSP are able to build trust as they do not discharge, they are flexible, and they are able to develop a long-term relationship with the client. Clients also report a mutual understanding given the cultural and spiritual connection, which is highly valued by those that gain support from ICSP. The service receives referrals from statutory services including social services and mental health teams, often the ICSP are the only support in place when people transition home from hospital and play an important role in 'end-of-life' support.

Some very experienced volunteers have been asked to run training on mental health to support Irish Commission For Prisoners Overseas and Traveller Equality Project

## 2.4 The Volunteers

There are 10 - 12 volunteers, who visit 1 or two people (two experienced volunteers do the telephone based work for the most complex clients). Most volunteers stated a desire to maintain connections to Ireland, particularly when they are unable to easily visit their own relatives there. Only a few volunteers stated that they were comfortable in discussing spirituality and faith.

*"It takes 6 months to get many people on side"*

Volunteer interview, 2017



The various roles of the volunteers include the following:

- Social contact at home, hospital or care home,
- Compiling a food diary for a nursing home,
- Shopping,
- Arranging for a new dog,
- Encouraging walks outside,
- Taking out to cafes and shops,
- Accompanying to hospital visits,
- Taking to and picking up from the airport for a visit home to Ireland,
- Company and social contact,
- Keep up a level of independence for those that are able for example a walk with them to Tesco,
- Be present when other professionals visit at clients' request. – E.g. when the doctor home visits,
- Supporting the use of technology to decrease social isolation,
- Contacting local churches to request for delivery of the Eucharist.

One volunteer described the support needed for a woman with significant mental and physical health needs. The client had a care coordinator with in mental health services but they discharged her when ICSP became involved. The woman is housebound and struggles to get to hospital appointments and requires mental health service support. The ICSP are coordinating her care including advocating to get services involved.

*"There's an amazing level of commitment and kindness"*

Stakeholder interview, 2017

When new volunteers start the ICSP Manager inducts them, takes them on initial visits after matching them to a client and provides ongoing support. This process is beyond the capacity of the manger at present so no new volunteers are being recruited. At present, many volunteers arrange their visits independently. Some volunteers advise the ICSP when they are carrying out visits and the nature of the visit. Some volunteers are able to email this information to the Project Manager but much is done by telephone. Many of the contacts are not regularly communicated and therefore not recorded.

*" ... A call is a life line - but they need more ... "*

Volunteer interview, 2017

Two volunteers offer intensive phone based support to clients, many of whom have significant mental health needs and require a lot of support. Both volunteers were unaware of this aspect of the work when they volunteered for befriending but happen to have relevant experience, which is utilised within their voluntary work although it is not what they anticipated.



## **2.5 Funding of The Seniors Project**

The IC Seniors Project has been funded by an international organisation that supports charitable projects that promote human dignity and social justice, providing £40,000, which covers the cost of the Project Manager who is the only employed member of the project. He is also the sole caseworker, administrator and volunteer coordinator. Funding from the Irish Episcopal Council for Emigrants was withdrawn last year, but has now been reinstated.

## **2.6 Other Service Providers in the Sector**

There are several other organisations that have been established to meet the needs of elderly and vulnerable Irish people in London and across the UK. A handful of these receive statutory funding, usually from local authorities and occasionally from NHS Clinical Commissioning Groups.

Most organisations offering welfare support have advice workers to manage benefits applications and appeals, applications for re-housing, advice regarding re-patriation and advocacy regarding specific issues. Some centres, including Irish Community Services and Southwark Irish Pensioners Project, have workers who are able to offer emotional support. Irish Community Services would contact a client's local Church for faith-based support. Haringey have a Centre, which is also open to those outside of the borough (as are their outreach services). Southwark have a service working preventatively through local pubs that are known to be frequented by Irish people. In this programme, the staff in the participating pubs can act as referrers when they have concerns.

There are parts of London supported by the two services operating at the London Irish Centre in Camden (the London Irish Centre and Irish Elderly Advice Network) including Brent, Islington, Hammersmith and Fulham and Hackney. Primarily the services offered are welfare advice, practical support and befriending.

There are areas of inner and outer London, which have little service offer and where services have been cut due to the reductions in social services funding. Similarly, there are areas, such as Wimbledon, Croydon and Wandsworth, which appear to have little or no culturally sensitive on-going welfare advice or outreach support.

### **2.7.0 Current Collaborations**

#### **2.7.1 Immigrant Counselling And Psychotherapy (ICAP)**

THE ICSP partner ICAP in the specifically funded work with vulnerable Irish elders. The Hearth Project was established with specific funding for ICAP from Episcopal Council (there is no additional funding for the ICSP as part of this work). The ICSP Project Manager and volunteers do receive supervision from ICAP staff. The role of ICSP is to identify those who could benefit from specialist mental health and wellbeing support and facilitate the referral and acceptance of individuals for home based counselling, including a joint initial visit. The lack of capacity within the ICSP can create a bottle neck for referrals. This project has been described by stakeholders as *'innovative and hugely valuable'*.

### 2.7.2 Caritas Social Action Network (CSAN)

Caritas Social Action Network was established by the Catholic Bishops' Conference of England and Wales, in order to develop the Church's social action in these parts of the United Kingdom. The ICSP Project Manager and Chief Executive Officer of the Irish Chaplaincy attend CSAN meetings.

### 2.7.3 Voluntary Action Camden (VAC)

Voluntary Action Camden have in the past been successful in attracting funds to work supporting Irish Elders in Camden, but much of the funding has been cut. The project for the next few years includes a number of other ethnic minority groups. ICSP were not involved in the bidding or allocated funds from previous or current projects.

## 2.8 Stakeholder feedback and Case Studies

*"We've had more success since he (ICSP) got involved. The social worker has come and gone but Paul got her to IC for a Saint Patricks day meal, found her a cross of her favourite saint, now she's willing to have ICAP when she wouldn't talk to anyone else."*

Stakeholder interview, 2017

People accessing the service value being visited by an Irish person or someone with connections to Ireland, this was described by a fellow service provider as 'a mutual unconscious understanding'.

Those that co-work with the chaplaincy and refer-in clearly value their service highly; they understand the advocacy element of their work and the on-going emotional and mental health support offered, and cannot speak highly enough about the impact they have.

*"When you adopt an office mentality that's when you fail. That's what the chaplaincy offer, it's more than just a job to them"*

Stakeholder interview, 2017

*"(ICSP) ...connect with Irish elders in a way we (other provider) might not and certainly in ways the social workers don't."*

Stakeholder interview, 2017

The comment from a stakeholder that 'there is a degree of anonymity in today's Irish communities', has been borne out by observations and interviews conducted as part of this review. Many older Irish people moved to Britain and socialised largely within Irish communities; often cultural centres, pubs and even workplaces which were predominantly staffed initially by Irish emigrants. These people face an old age not bearing any resemblance to the old age they might have observed as children growing up in Ireland. The population is acknowledged to be often hard to engage and hard to keep engaged.

There are organisations in a couple of London Boroughs offering comprehensive provision to Irish Elders (often part funded by statutory sector) who do not see the need for the Chaplaincy in their geographical area, preferring to work with local priests and church volunteers. These are in the minority.

*“They don’t worship like the modern congregations in London, they are private and quiet. So even if they can get to Church, many don’t feel at home. The Chaplaincy understand their past experiences and their future needs.”*

Stakeholder interview, 2017

*“My parents are first generation Irish, I would like to think that if they were isolated and alone someone from home would visit them. That’s why I volunteer for the Chaplaincy.”*

Volunteer interview, 2017

Stakeholders and those that access ICSP, report a need for befriending to reduce isolation. Most refer to those living in desperate, impoverished circumstances in the fullest sense, battling unsafe family relationships, past emotional traumas and abuse, facing these

issues alone at the end of their lives. Some are struggling with their faith and concern about an afterlife. Many report looking back on troubled years, having come to an inhospitable capital city, which fell far short of their expectations. Many wish they had returned to Ireland. These people describe the ICSP as ‘a lifeline’.

*“We (other organisation) have turned to ICSP Project manager for support when we’ve been unsure about safe-guarding”*

Stakeholder interview, 2017

## CASE STUDY ONE

### **Eileen Williamson, 86, North London (Referred by local church)**

*“I would have gone downhill without the Chaplaincy. Now I’m enjoying life again and getting out.”*

Eileen has been known to the Chaplaincy for around twelve years. The ICSP initially visited Eileen and her husband John, for befriending visits then supported them when John developed dementia and went into residential care. When John died in 2010 the ICSP arranged the funeral with Eileen and supported her throughout. The ICSP increased our visits to her at this time and encouraged her to link back into her community.

Eileen is now very settled and attends a day centre four days a week ; the ICSP have contact with her about every 6-8 weeks. She is lonely at weekends and when resources have allowed, she has been provided with a befriender. Each year the ICSP book a visit for her to Ireland to visit her sisters, both in their 90s, and they accompany her to the airport and ensure she has the support she needs when travelling. Without the Chaplaincy’s support she would be unable to travel to Ireland and meet her sisters. The ICSP are the point of contact for Eileen when she has concerns and have facilitated her access to social and family contact after the death of her husband.

*“It is so lovely for us to know she is supported by the Chaplaincy. You are her family over there. Thank you so much”*

## CASE STUDY TWO

**Thomas, 83, North London (Referred by Welfare Dept., London Irish Centre.)**

*"I'm happy now. There was a tear in my eye when you said you had found my family"*

Thomas was referred for befriending three years ago. The ICSP visited every 6-8 weeks, or met him in the London Irish Centre, where he liked to go every so often for a Guinness! He was quite frail and suffered from a range of health issues. He wanted to make contact again with his family in Ireland, after some 25 years, and wanted to be buried back in his home village in Ireland. We found his family for him and reconnected them, facilitated Thomas making his will and ensuring his final wishes were known to his family and the relevant agencies.

At times Thomas's mental health was very poor. On two occasions his mood was such that he told us he would take an overdose. This led the ICSP to raising safeguarding concerns and liaising with his GP and mental health services, leading to assessment and support. In recent months the ICSP facilitated counselling for Thomas at home, to help him come to terms with his life experiences and issues around the end of life. When Thomas went into hospital with his final illness he told nurses that the Chaplaincy "were his mates".

On his death the ICSP liaised -at the request of his family in Ireland- with the hospital, registration services, undertakers, Thomas's housing provider and other services to ensure Thomas's final wishes were met. In mid-June Thomas was laid to rest in the family churchyard . in Ireland.

The ICSP provided visiting support, advocacy, raised safeguarding concerns, on occasions provided items of clothing and footwear, arranged counselling support,. Not only did the ICSP find Thomas's family, they ensured that he could record his final wishes and that these were met when he passed away

*"Many thanks for all your fantastic work with Thomas"*

## CASE STUDY THREE

**Theresa 57, Islington, (Referred by local church)**

*I wouldn't have carried on without the Church and the Chaplaincy.*

Theresa was referred by her local church, who felt that she needed cultural sensitivity and spiritual awareness to work with her over her many issues. Her immediate need for new housing came about as a result of her family growing up and moving out and Theresa falling behind with her rent, because of the "bedroom tax". As time went on ICSP discovered a range of very complex issues, related to her and her family's life experiences.

Theresa has disclosed a history of family and relationship violence and trauma, a number of bereavements, physical health issues and severe mental health issues within her family (particularly her daughter for whom she provides significant emotional support) . All this has impacted on Theresa's sleep, motivation, appetite, self-care, and ability/motivation to engage with others. Theresa is also illiterate, which exacerbates her difficulty in navigating services and increases her reliance on others. Other service have found it impossible to engage Theresa.

This is one of ICSP's most complex cases, with several agencies involved at any one time, and the wide range of complex needs. As well as trying to encourage Theresa to engage with the services, ICSP have provided her with spiritual and emotional support, and advocated widely with services, including **seven** statutory health and social care teams, her local church, her Housing Association, Age UK, local elected officials and Islington Council.) The work has included raising several safeguarding alerts, arranging a sheltered housing assessment, funding a rare social outing for her and arranging for part of her garden to be cleared so she could sit outside, which her GP said would help her anxiety.

A significant amount of time has been spent trying to get services to liaise with each other and meet Theresa's needs effectively. ICSP is also widely acknowledged as a bridge to engagement with Theresa.

Praise from the referrer: *"It is staggering the progress that has been made with the case, since the Chaplaincy have been involved. I could cry"*

## 3.0 FINDINGS

### 3.1.0 Overview of Findings

The key findings have been considered in the light of the original project brief. These are followed by specific recommendations for short and medium term actions with options for the longer term should there be no, or only limited, funds available.

### 3.2.0 Q: What are the challenges and barriers in providing the service?

#### 3.2.1 Staffing

The primary challenge in providing the service is the lack of staff both in terms of hours and job roles. The shortfall in capacity impacts on direct service provision, and also hampers the measurement of services, collaboration, recruitment, training and supporting of volunteers, networking, service promotion and fundraising.

#### 3.2.2 Context and changing demands

*“Once they (social services) hear of you they refer on and you don’t hear from them again.”*

Volunteer interview, 2017

The reports and examples of the lack of capacity in housing, social care and health services were widely reported across the charitable and statutory organisations interviewed. This presents additional challenges to the ICSP; not only are they compensating for gaps in statutory

services, but when statutory input is required (for example where there are issues of safeguarding or significant mental health needs) the ICSP Service Manager often has to actively pursue services in order to advocate for support for the individuals the ICSP works with.

#### 3.2.3 On-going support

As described, the ICSP keeps contact with people and operates an ‘open door’ approach; once people are in the service they are only ‘closed’ if they ask to be or if they pass away. The ICSP rarely refer on to other voluntary agencies.

*“Things don’t happen without the ICSP calling, pushing, advocating.”*

Stakeholder interview, 2017

#### 3.2.4 The lack of integration of provision of support to Irish Elders

There are a number of organisations providing support to Irish Elders across London, but on the whole they do not work collaboratively to meet identified needs. Some Irish Social Welfare organisations do refer to ICSP, but generally there appears to be little integration / operational or strategic collaboration.



### 3.2.5 Geography

Operating as a pan-London service means that ICSP potentially have to link in with 33 Local Authorities, health providers and numerous local and pan London voluntary services. It is a challenge to collaborate at a local level across London Boroughs and harder to convince local commissioners that the ICSP are sufficiently active in a particular Borough to attract funding from them. Often there is too much travel involved for one member of staff to make such an offer deliverable.

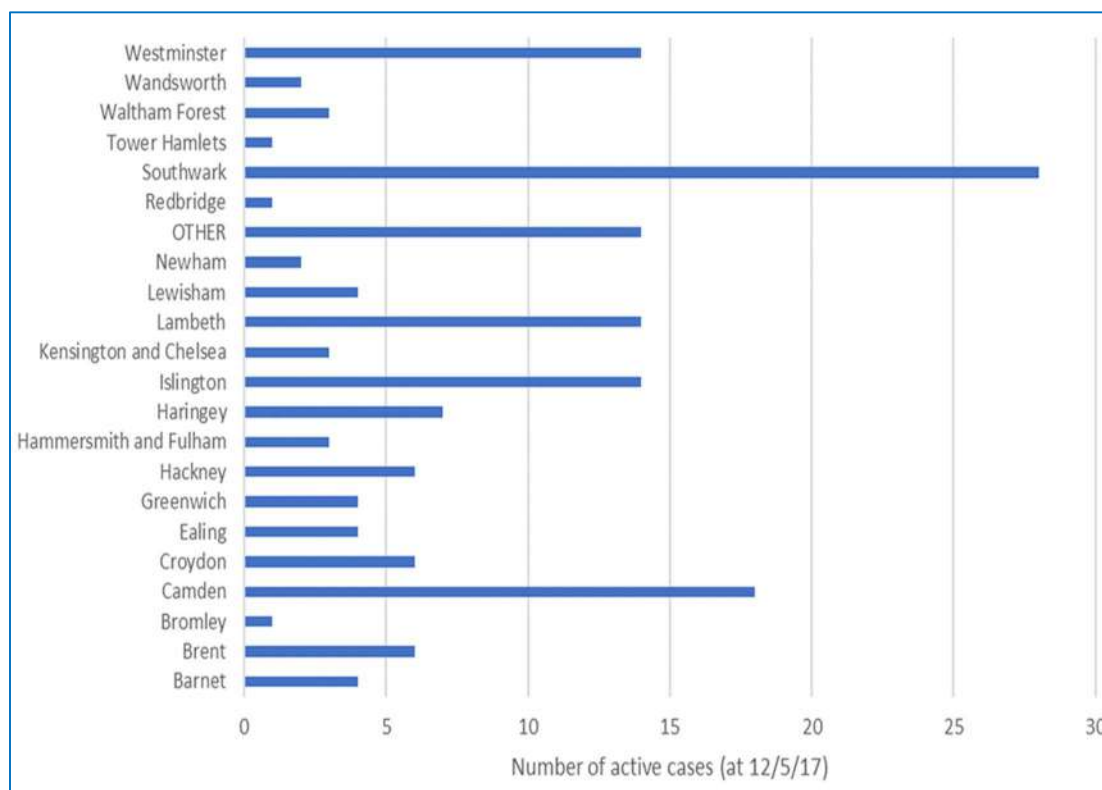
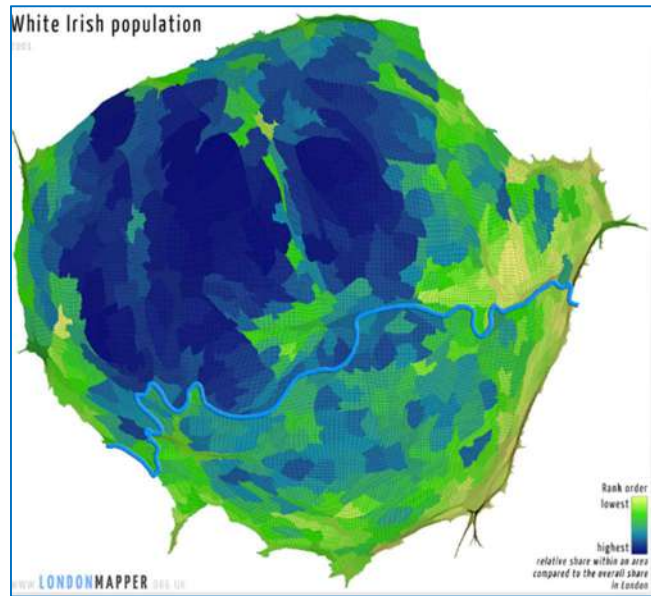


Table 10. ICSP active cases by London Borough

### 3.2.6 The increasing severity of client need

The client need has been articulated throughout this report. In summary it is clear that given an aging population, the service is faced with increasingly complex needs of those referred. It is also evident that the significant numbers of Irish



people who emigrated in the 50s and 60s are now elderly, they are much less likely to be able to access centre-based services such as day centres, and have fewer surviving friends and family to support them and provide social contact.

### 3.2.7 The value of the service

The ICSP is well regarded across statutory and charitable services in the areas in which it currently operates and the skills and contribution of the Service Manager are in demand. The Project Manager is often approached regarding collaborative projects, sometimes resulting in specific project work, but with no additional funding. The risk of turning down any opportunities is to decrease both impact and profile, but the ICSP does have to decide what their priorities are and where their greatest impact lies, they must also be realistic about their ambitions in line with levels of staffing.

*"I wish everyone could have a chaplaincy caseworker – they manage to get services in place for their clients like no one I have ever worked with."*

Stakeholder interview, 2017

### 3.2.8 The de-prioritisation of Irish Elders within the demographics

As demographics change in London, statutory funding and the focus of broad based voluntary groups is shifting to other ethnic groups. However, as the data illustrates, there are still thousands of Irish Elders in Greater London, many of whom live alone. This shift in priorities makes the work of those who do provide services to meet the needs of Irish elderly people even more vital, but this shift in focus potentially makes attracting funds more difficult.

### 3.2.9 The perception of the services offered

Some stakeholders within the sector view the ICSP as having a befriending role *linked* to spirituality and prayer. Given that there appears to be a move within the sector toward services offered regardless of religion and beliefs, this could be a barrier to partnership working and funding for some other organisations. This view however, does not accurately reflect the work carried out by either the befrienders or staff at ICSP; the scope of the work of the organisation is being underestimated. It is also important to promote the fact that the ICSP support Irish people irrespective of their religion.

## 3.3 Q: Are the resources in place to ensure the service is able to meet needs of older Irish people effectively?

### 3.3.1 Overview of resources

*"There should be someone to call all of the time"*

Volunteer interview, 2017

There are, without question, insufficient resources in place at the ICSP to deliver the necessary support to those open to the ICSP and others in need in the community, as described by other providers. It is not practical for a single paid member of staff to carry out all roles within the service. There is insufficient caseworker time and a lack of the roles required to develop and administer the service. The ICSP is unable to offer visits or on-going support to

clients living in South London following the decommissioning of the caseworker post as a result of funding cuts.

The service is increasingly reacting to crisis rather than proactively offering befriending, support and intervention. This situation has arisen due to a simple lack of resources.

*“All of them are emergencies “*

Volunteer interview, 2017

The appointment of the new Irish Chaplaincy Chief Executive Officer (CEO) has been enthusiastically welcomed and the potential for greater input to offer support and knowledge will be of benefit. However the CEO post also includes the Irish Chaplaincy Prisoners Project and direct management of the Travellers Project.

### 3.3.2 Other Specific Concerns

- Befriending within the ICSP is a 1:1, lone-working activity. Despite the fact that volunteers are offered training (which many do not take up), police-checked and supported by the service manager, befriending is still considered 'high risk' by the insurance industry – not because of the number of claims made (reportedly very low or none) but because of the high potential for something to happen that might warrant a claim to be made. There are only a handful of insurance brokers who will provide cover for befriending but it is recommended that this be investigated and processes put in place to reduce risk.
- The ICSP do not have the resources to fulfil their duty of care to their volunteers in terms of responding to concerns raised on visits, establishing lone worker systems and ensuring a point of contact when the sole ICP employed member of staff is not at work. There is a lack of policy and procedures to support any systems.
- Practical tools such as work mobile phones are not funded.
- There is unmet need in the community but the service cannot expand if the sole employee has not time to promote the service and raise funds.
- There is the risk of staff 'burnout' given the constant need to balance numerous competing demands with too many roles placed on one person.

### 3.3.3 Areas of unmet need

- Geographically there are large parts of London with no culturally specific support services for Irish Elderly people. This affects thousands of people.
- There are specific cohorts of unmet need, either not routinely referred to ICSP or which they do accept but have insufficient time to offer a comprehensive collaborative service.
- The ICSP aims to work *preventatively* to halt decline of mental health due to isolation, but not able to do this as they are generally fire fighting in response to emergency situations.

### **3.4.0 Q: What is the role of faith and spirituality in the services offered by Irish Chaplaincy?**

For some of those accessing the services of the ICSP the acknowledgment and attention to their faith and the role it plays (and has played) in their lives is a valued and unique part of the service. One volunteer reported that people regularly want to talk about their faith and their beliefs. Some individuals take comfort from the spiritual connection and want to be treated with their faith as part of their totality.

*Many elderly Irish people are distressed about death, worried about an afterlife and are reflecting back on their life. It's a deeply disturbing time for many."*

Stakeholder interview, 2017

*"People want to be treated holistically, in their totality and this includes their mental health and spiritual needs."*

Stakeholder interview, 2017

It does feel as if the ICSP is at a cross roads in terms of the emphasis of spirituality in the representation of the role of ICSP. The risk for the ICSP is that they are 'pigeon holed' into this being their primary offer, when it appears to be, at most, an important element of their work, which is only offered in response to a client's priorities. It is this opportunity and choice, which sets the ICSP apart; the opportunity to reflect on and share spirituality as part of a person's many needs.

### **3.5.0 Q: Are the right skills in place to provide the service?**

The service has been lucky to recruit a manager with the personal skills and experience to offer a highly developed service in terms of face-to-face contact, advocacy and emotional support for those able to access the service. A couple of the volunteers also have experience and skills in working with those with mental health problems.

*"Understanding their spirituality including their fears and needs is what the ICSP manager does; it is beyond the volunteer role"*

Stakeholder interview, 2017

Specific skill gaps include:

- Fundraising, a specialist skill and very time consuming work,
- Administration,
- Capacity for other caseworkers including those with mental health support experience.

**3.6.0 Q: What is the USP of the Irish Chaplaincy, particularly in relation to other organisations established to meet the needs of Older Irish People? How can the organisation articulate this to a secular, as well as Christian, audience?**

*“They do fantastic work and (are) very unique”*

Stakeholder interview, 2017

Most other organisations offer periods of support aiming to solve practical/ welfare/ housing issues and then close the case or move to traditional befriending. 'Mind Your Self' offer support aimed at improving mental health and well-being but, primarily they offer group

work, signposting and supporting referral onwards, not on going support. Irish Community Services in Greenwich actively engage with local churches to provide the spiritual support and have case workers offering on-going emotional support. The ICSP do not 'close' cases and aim to provide on-going, needs led support and befriending. This is unusual within the sector.

The impact of the ICSP interventions, including reducing social isolation, advocating for increased support from statutory services, helping people find emotional and spiritual peace as they approach the end of their lives are far beyond the perceptions of some (not all) fellow providers and stakeholders. Whilst most volunteers offer support and traditional befriending at a non-complex level, the majority of active cases receive intensive support regarding their ability to manage and negotiate their emotional needs, mental and physical health and well-being. For some, this links with the spiritual need for support and conversation as they head towards the end of their life, and reflect on their relationships with the Church and their faith. For many it is more simply around isolation, poverty, and a lack of anyone else to advocate for them.

At present the organisations and individuals who have an accurate sense of what the case work and higher level volunteers contribute, are those who directly benefit from that service level and the statutory and other staff working directly with those cases. Many organisations and individuals do not have an awareness of this level of work, describing the befriending and spiritual aspects of the project as if that was the extent of the service. Even those working on committees with ICSP Manager are not aware. This may be because there is a lack of clarity regarding the extent of the role officially, given the move away from the primarily pastoral support of the past.

The inclusion of the faith based element of their work is part of the ICSP's unique offer and is very important to their clients. For their USP to be communicated to a secular audience, the ICSP can be clear that they are not for 'the advancement of religion', and that faith is part of who some people are; the direction of all support and interventions are person-centred and needs-led.

### **3.7.0 Q: How can the Irish Chaplaincy best demonstrate their impact, value and outcomes, including quality and reach?**

#### **3.7.1 Impact overview**

There is a growing emphasis on the capturing of impact in the voluntary and charitable sector - the social return on investment. However impact measurement is also vital for internal decision-making and prioritisation of resources as well as for use with external stakeholders and potential funders. *Measurement is different to demonstration; demonstration can be achieved through case studies and stories of clients but does not technically measure.*

***“Words cannot describe how much I'm indebted to you because of your support and help in every way. I don't feel as if I'm alone in fighting this battle. Your support is worth more than you will ever know”***

Client interview, 2017

#### **3.7.2 Current impact**

Although impact is not measured it can be demonstrated. Client and stakeholder feedback and case examination provides examples of the current impact of the ICSP:

- Ensuring individual get access to the community services they require in order to safely stay in their own homes,
- Coordinating numerous statutory services involved with individuals with complex needs, when those services are failing to communicate with each other to the detriment of clients. (This is effectively case management,
- Engaging with vulnerable hard to reach people, offering on-going and long term culturally sensitive emotional support, providing a bridge where other providers have been unable to engage,
- Offering emotional support around issues of past abuse and trauma, referring on and facilitating the move to specialist support,
- Highlighting needs and facilitating the move towards supported living where required,
- Facilitating support at home after hospital discharge reducing the likelihood of readmission,
- Supporting carers of those with disability and dementia,
- Increasing the wellbeing of those facing the end of life offering emotional and spiritual support where requested,
- Offering practical support when needed,
- Reducing social isolation and loneliness,
- Demonstrating the importance of a person-centered, holistic and long-term approach in improving mental health, in collaboration with ICAP and Mind Yourself,
- Providing contact with Ireland via arranged visits to family, finding lost family members, arranging for repatriation after death,
- Helping churches and other communities to be more inclusive and welcoming of

people with dementia.

### 3.7.3 Quality & Reach

Whilst the reach of the service may be limited compared some other services for example those including day centres and groups, the needs of the frail housebound who cannot attend day centres and those who are emotionally or mentally not able to manage in such a setting cannot be overlooked.

*“For frail or housebound older people, group participation is not an option. In addition, some people prefer individual rather than group interactions. Various studies have shown that one-to-one interventions can be very effective in reducing loneliness and the associated negative health and well-being effects.”*

Age UK 2014

### 3.7.4 Current practice

#### - Database

The ICPO administrator has developed an effective and accessible database, which is also used by ICSP. Some of the current categorisation could be refined to increase clarity of the data - it is not possible to accurately compare and measure activity as numbers of contacts are not recorded, (recording combines the location and type of the support). Not all volunteers report on their contacts, which severely reduces the measured outputs of the ICSP. Collating appropriate data is vital and there are specific changes, which are recommended to maximise the usefulness of the existing database.

#### - Survey

At present a client postal survey is currently being carried out. A development would be to design this with volunteers and with service users themselves shaping the questions. Surveys can be helpful in checking that client's priorities align with service direction and could feed into consideration of the options for long-term consideration. There are no other impact measurement tools in place at present.

#### -Case studies

Descriptions of client need, interventions and positive outcomes are hugely influential for written publications and marketing and fundraising. For greater impact, scaling these up to demonstrate the numbers seen and numbers with positive outcomes will add additional impact value.

*“You work miracles. Without you I don't know where I'd be. I would be on the streets in tears”*

Client interview, 2017



## **-Developments in impact measurement**

There are a number of organisations focusing on impact of social support and charity work; with tools being developed (many of which are technology enabled) in order that social value that can be considered. Outputs are important but not able to measure impact; they do not show quality of the support or any social change brought about as result of the intervention. Some of the tools used within the sector are described below:

### **‘IMPACT ‘**

The London Irish Centre has successfully bid for funds with IMPACT and the IC as a whole could undertake similar pieces of work.

[\(http://accessimpact.org/news/announcing-the-first-grantees-of-our-impact-for-growth-strand/](http://accessimpact.org/news/announcing-the-first-grantees-of-our-impact-for-growth-strand/)

This is not open for bids at present but it is a lengthy process and charity leads are expected to attending training *before* they apply. This is well supported project which designates funds to supporting impact measurement.

### **National Council for Voluntary organisations**

<https://www.ncvo.org.uk/practical-support/information/impact>

The NCVO on -ine training videos and information are for members only. They help to translate the terminology and offer practical tips. around impact measurement . They have also comparatively costed the value of charitable staff and volunteers as NCVO economic value per hour (Staff £14 per hour, volunteers £10 per hour).

### **Outcome Stars**

These are web-based tools which map change in specific categories of need including mental health and older people, with specific areas of potential need/ impact. Mind Yourself are using Outcome Stars at present and have mixed feedback regarding their effectiveness

### **Loneliness scales**

There are lengthy self reported loneliness questionnaires, including ‘UCLA’ (20 questions). More pertinently, there is a three-question scale suitable for phone interview (Hughes et al, 2008). Both of these scales recognise that it is the perception of loneliness that is important to consider, counting the number of contacts or visits and assuming an impact does not acknowledge the very personal and individual nature of loneliness.

### **The National Philanthropy Capital**

The NPC’s four-pillar approach puts impact measurement in a series of framed decisions, seeing the measurement tool as only part of the process. This is recommended as a piece of work for the ICSP (see appendix).

### **3.8.0 Q: How can ICSP achieve long-term financial sustainability?**

There are limited options for service development within the current financial envelope, though there is scope for some specific changes, which are recommended in section 4.

In terms of long-term financial sustainability other sources of funding need to be identified. It is not prudent to have all funding for the project coming from one source. The Irish Government has great respect for the work of the ICSP, but is not in a position to offer more money through the Emigrant Support Programme to the current service and is clear that the ICSP need to look to other sources of funding.

Fundraising is an increasingly competitive environment and it is recommended that any bids need to show innovative practice, demonstrate reaching the hardest to reach or clearly address gaps in current provision. One Trust even outlined that they do not consider 'bottom-less pits' or 'unfocused causes' on their website.

It is also recommended that bids are collaborative where possible.

### **3.9.0 Q: Opportunities for additional funding: What are the risks and opportunities in seeking additional funding from those organisations?**

#### **3.9.1 Additional funding overview**

It is clear that in the current climate most funding bodies expect to see funding bids made in collaboration with partner organisation(s) and / or around specific areas of need.

The opportunity for statutory funding is thought to be limited for two main reasons – firstly the reduction in Local Authority budgets and National Health Service financial pressures already referred to resulting in cuts to existing projects and services. Secondly the Irish Chaplaincy is seen as niche, serving the needs of a minority within a minority i.e. those who require spiritual support in the Irish Elderly community. As described above this is not the reality of the services offered. Potentially there is some work to do to alter the perception within this sector before any bids are considered.

Any statutory funding is likely to be a small aspect of a larger project (for example a local piece of work has different BME groups providing special support in different years of the contract.) The ICSP would need better data capturing in order to meet statutory requirements and would need to demonstrate that they were better placed to meet this need than other Irish elderly support organisations.

It is self-evident that there is an organisational risk if ICSP remains dependent on a single funding source.

### 3.9.2 Potential partners in provision

*“This a good time to locate partners and to build services”*

Stakeholder interview, 2017

It is acknowledged across sectors that funding is scarce and demand high and the way to increase impact and to attract the attention of potential funders is to collaborate

operationally and strategically. There are a number of potential avenues for collaboration and some specific project ideas have been outlined below. However this requires additional capacity internally. The willingness and desire to collaborate strategically is evident, but it is felt that this cannot be undertaken without reducing other aspects of casework and given the ‘fire fighting’, reactive nature of the service it is hard to see how this could happen.

As part of this review, other providers services to Irish elders and some providers in the wider voluntary sector have been interviewed. While the majority of voluntary provider organisations interviewed would be interested in discussing joint bids, and only a small minority felt that ICSP would not be needed in their locality due to the comprehensive service offer already in place. There is also the potential for greater collaboration within the Irish Chaplaincy, which is only prevented by the lack of capacity. Below is a range of potential partners/areas for service development:

#### •Collaborating operationally with organisations providing welfare and practical support

It could be beneficial to partner welfare organisations where cases are closed after advice is provided, which could be passed to ICSP for on going advocacy and support. Clients could also be passed back if support becomes more practical in need. Co-working should not be a problem as long as roles are defined to avoid gaps and duplications. The London Irish Centre has a welfare support service, a volunteer coordinator and befriending coordinator. They have been very successful at attracting volunteers for visiting and other roles. Operationally, there is some liaison with ICSP but scope remains for much more.

*“It’s like a bit of home every week. I see other people but none of them are Irish; they don’t understand”*

Client interview, 2017

### •Collaborate and partner with other ethnic minority organisations

There are a range of ethnic minority groups that address the needs of elderly people within their ethnicity which could partner ICSP for future project work and bids, including those specific to dementia.

*“People from other minority ethnic communities are equally marginalised and disenfranchised. The Seniors Project could work with these other groups.*

IC Trustee

### •Dementia care

The National Service Framework for Older People (DOH 2001) and guidance by NICE/SCIE (2006) recognise that helping to maintain a link or reconnect with a person’s religion as part of their provision of care, has the potential to increase their sense of well-being. Both documents stress the necessity of providing *person-centered* care that responds to the individual’s needs including those relating to spirituality and religion, as do research studies examining the role of spirituality in dementia (Katsuno 2003).

The Dementia tool kit designed by 'Welcome Me As I Am' seems a natural fit with ICSP work, combining spirituality and dementia in early stages. The author is keen to consider what a joint project might look like with training (possibly an information session potentially supported by visits from ICSP workers. It is recommended that this be developed with support from Mary Tilki (IC Trustee) who has a great deal of experience in this area.

Within bids for dementia support, culturally sensitive carer support could be considered, which might operate as a group or visits. There is good evidence from Age UK studies that peer support works and has had on-going value (Age UK 2014).

### •Elderly Prisoners

The prison population has dramatically increased in the last twenty years. The review has not identified any other organisations offering culturally specific prison support to Irish adults with active engagement around resettlement. The ICPO offers support in prison; there is scope for support by the ICSP to support older prisoners once released and those still in custodial sentence.

Many individuals are at risk of losing their homes while serving a custodial sentence and support to keep their home or find a new home once released is vital to the care for that person and could reduce the likelihood of reoffending. There is a need for greater support for elderly prisoners and those elderly people affected by prison terms for example where adult wage earners are in prison. The aims of such a project would be to reduce re-offending rates, prevent homelessness post prison release, support vulnerable families with family members in prisons, to visit elderly prisoners in prison offering emotional and spiritual support where needed and requested.

For some older people seen by the ICPO there has been a lifetime of substance misuse and unemployment. For others they suffer from psychological and medical conditions which cause anti-social behaviour rather than the committing of criminal offence but the repeat of these behaviours is leading to prison sentences rather than rehabilitation or medical support. These people find it hard to progress from prison as their mental health needs lead to erratic behaviour, which does not support release. There is a great need within this population and a collaborative project between the two IC teams could address part of this need directly.

#### •End of Life Care

Culturally sensitive intensive support at the end of life was identified by many as a gap in the service provision for Irish Elders. The frequency of visits required and emotional intensity makes this work inappropriate for most volunteer befrienders. There is a need for end of life care to include support around existential issues for people, as well as guidance on making wills, funeral planning, repatriation back to Ireland and liaising with family and friends in Ireland.

#### •Hospital discharge

There is a need for a service for those older Irish living alone when being discharged home from hospital including liaison with hospital discharge teams and social care. Support for a successful hospital discharge is politically pertinent given the pressure within health and social care.

#### •Geographical Areas with no support

There are gaps in the provision of culturally sensitive support in certain geographical areas where there is welfare advice but no on-going emotional support and where there is not even welfare support. For examples there are areas with cultural centres with no access to support (for example Wimbledon) and areas with no support at all (for example Croydon). This could form a collaborative bid with another provider in the sector.

#### •Technology

This would aim to support isolated elderly Irish people to connect to the outside world via technology. Large technology firms in Ireland might be willing to partner and support this work in terms of funding and developing ideas also on the use of technology to decrease isolation. Technology access has already been put in place by one volunteer to date.

*"I would love to see someone.... but the phone call is a lifeline."*

Client interview, 2017

### •Phone service

*“They always call every week, then they chase up others who have forgotten me. I can’t keep calling social services; it makes me ill.”*

Client interview, 2017

There is evidence to support the effectiveness of phone calls as part of a befriending service (Cattam et al., 2013) and certainly those who are called by the ICSP at present highly value this contact. A manned service 7/7 or at least 5/7, could offer a significant increase in reach and also

provide some capacity for volunteer support. This could also offer a choice should the current phone-based volunteers wish to take on a more traditional befriending role.

### •Increasing proactive collaboration with the statutory sector

There is the potential to increase impact through working with statutory services including housing/ linking in with wardens where there are a high number of Irish residents. This could include phone advice for staff, and culturally sensitive training and packages of information.

### •Preventative work

Given the need for preventative work, with additional staff it would be beneficial to consider a project to keep people more socially active and maintaining a level of independence even if this is with some support (for example going out, preparing their own food).

### •Case management and advocacy

Some stakeholders suggested that ‘promoting the case management and advocacy role’ (CSAN interview as part of this project) would be a potential avenue for funding given the current pressures on social care. This role is already in place for some clients but is not widely promoted in these terms.



## 4.0 RECOMMENDATIONS

### 4.1 Recommendations overview

Consideration has been given to short, medium and long-term options.

### 4.2 Immediate/Short Term Recommendations (Assuming no immediate additional funding)

1. Liaise with the Irish Episcopal fund regarding additional funding possibilities
2. The safety of volunteers visiting alone without notification to the Chaplaincy is a potential risk and should be addressed through a Lone Working Policy and on-going training. Insurance should also be investigated if not in place.
3. Consider specific skills which would be of benefit across the IC and could be a shared post if any funds are forthcoming, including the consultant fundraising post already being considered.
4. Contact clients to see if they want referral to locality based Irish welfare in absence of Chaplaincy support. Look at database to ascertain clients in areas where provision by other services is robust and ensure those clients are known to those services.
5. Design volunteers' data collection template for them to complete monthly to capture inputs and outcomes
6. Put in place database refinements to capture inputs separately from location and capture referrers.
7. There could be coordination and support from Projects across the Chaplaincy for example attendance at meetings/ fund raising events representing all three services.
8. Liaise with LIC regarding recruiting administrative time and fundraising support.
9. Training to increase skills of befrienders needs to be accessible remotely and available on line.
10. Discuss Linking in with LIC around individual clients so the responsibility can be shared.
11. Liaise with Irish in Britain and CSAN regarding other organisations and regarding workforce policies and procedures that could be shared.
12. The service effectively operates in tiers as illustrated below. (In appendix 5. Formalising and publicising this offer more explicitly may help with funding applications and help delineate work being undertaken in terms of the database and for potential volunteers.
13. Ask IC Trustees and those who work with ICSP and highly value the service to be 'ambassadors'.

### 4.3 Medium Term Recommendations

1. Formalise service offer, being clear about service objectives and realistic service capacity in line with funding.
2. Re-writing publicity materials to reflect true contribution to the lives of Irish Seniors.
3. Prioritise areas for funding applications – for example in collaboration with 'Welcome me as I am' .
4. Adopt impact tools after liaison with NCVO and other relevant organisations.
5. Consider and design services in order to meet the Approved Provider Standard (APS) for befrienders and mentors <http://www.mandbf.org/quality-standard> in order to reassure current and potentially volunteers and potential funders. Raises profile through on-line Mentoring and Befriending directory.
6. Build service user involvement into the work of the ICSP – for example user group forum with volunteers and clients. (It might not be easy for some to attend ICSP but it could be possible to engage some clients. 'If schemes to target loneliness in older people are to be effective, they must involve older people at every stage, including planning, development, delivery and assessment' (Age UK).
7. It is recommended that time is allocated by ICSP to increasing the profile and social media presence articulating the actual work carried out. This could be through:
  - Encouraging volunteers to interact with the organisation on social media,
  - Coordinating awareness with national awareness weeks e.g. dementia week, mental health of older people through twitter campaigns for example, and,
  - Linking in with national bodies,
  - Redesigning website (underway) and leaflets to reflect the need and the breadth of the work carried out,
  - Work across the IC to increase the profile at events and seminars (this is already changing since the appointment of the New CEO).

#### 4.4 Long Term Option Appraisal

The long-term question is, how could the service survive with no additional funding? There are a number of options:

*“There is a real need to increase their visibility.”*

Stakeholder interview, 2017

- **Option A**

Develop a collaborative model - working with a welfare organisations in the areas of London in which they offer a service, complementing their work. For example, St Vincent de Paul Society or London Irish Centre,

- **Option B**

Restrict the service geographically, by level of need, by age,

- **Option C**

Remain a telephone only service,

- **Option D**

Increase indirect working through training and mentoring other providers.

#### 4.6 Recommendations if finances become available and the service grows in line with aspirations and potential:

- Develop best practice models for interventions around specific needs e.g. dementia, elderly prisoners, end of life care,
- Respond to areas of unmet geographical need,
- Respond to national guidance and the research regarding provision of support to elderly people from e.g. NICE, Age UK,
- Contribute to the research around the role of spirituality and end of life support,
- Become a beacon of good practice and education in the fields of holistic support, dementia care, and end of life care,
- In collaboration with Irish in Britain, run an APPG in 2018 on 'dementia, spirituality and mental health'.

## 5.0 SUMMARY

The ICSP offer on-going, person centred befriending, support and advocacy for Irish elderly people, many of who are isolated and unable to access day services. They respond to individual needs to support the complex interplay between emotional well-being, physical health, and where relevant, to the spiritual needs of the individual. The feedback from stakeholders strongly supports the benefit from a long-term connection and relationship that the ICSP provides, even if only on an intermittent basis.

The review process has highlighted the continuing significant need within the Irish elderly community; a need that has increased for a number of reasons, and it has also shown a lack of provision in certain areas. It is clear the ICSP does not have the resources to make the fullest contribution to meet these needs or meet the original brief of the Seniors Project, as initiated in 2005. There are a number of changes that could be put in place without additional funds but the primary challenge is the imbalance between need and resources.

The service has different levels of intervention but that many stakeholders are only aware of the befriending role and this does not reflect the more intensive work of the Project Manager and the two experienced, office based volunteers.

The review contains recommendations for immediate / short-term action including reframing the actual interventions offered and publishing these widely across the sector. The service does not capture activity or impact and suggestions are made as to how this can be achieved.

It is recommended that future bids be made around specific areas of service delivery or in collaboration with other providers.

Inevitably the role of the ICSP will change over the next twenty years; the experiences of Irish people moving to the UK later in the twentieth century will differ and increasingly those accessing the services might well be second generation who want to maintain a connection with 'home'. However, there is a need now, and for the foreseeable future, amongst frail isolated elderly Irish people. The ICSP would be well placed to address these needs if additional resources were in place.

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## **Appendix 1 - Project Brief**

### ***Analysis of current state***

What are the challenges and barriers in providing the service?

Are the resources in place to ensure the service is able to meet needs of older Irish people effectively?

What is the role of faith and spirituality in the services offered by Irish Chaplaincy?

Are the right skills in place to provide the service?

### ***Needs Analysis***

Outline of the demand for Irish Chaplaincy services, in terms of current referrals and a reflection on population needs.

### ***Evaluation of the Irish Chaplaincy's unique selling point (USP)***

What is the USP of the Irish Chaplaincy, particularly in relation to other organisations established to meet the needs of Older Irish People?

How can the organisation articulate this to a secular, as well as Christian, audience?

### ***How can the Irish Chaplaincy best demonstrate value and outcomes?***

How could the quality, reach and impact of the organisation be demonstrated?

### ***How can the organisation expand and develop, ensuring long-term financial sustainability?***

This will include consideration of:

Options for service change within the current financial envelope

Opportunities for additional funding

The risks and opportunities in seeking additional funding from those organisations

Potential partners in provision

Consideration of short, medium and long-term options where relevant, depending on findings



## **Appendix 2**

### **Outcomes measurement framework – NPCs four-pillared approach**

#### **Step one: Map your theory of change**

Many charities struggle to know where to begin with impact measurement. Starting with your goals and developing a theory of change provides clarity, revealing the causal links between what you do and what you are trying to achieve. It gives you a coherent framework to underpin your measurement efforts so that you can move away from ad hoc, opportunist data collection.

#### **Step two: Prioritise what you measure**

Collecting the right amount of quality data is key, and getting there might require some trial and error. Prioritise the most important outcomes in your theory of change and focus on measuring those. Your impact is likely to be diffuse, affecting different people in different ways over different time frames, but trying to capture all these changes is complicated and may not be the best use of limited resources. Do not be tempted to collect data that is convenient—just because something is easy to measure, does not mean it is important. Remember to consider data on the possible negative unintended consequences of your work too; this will help you to improve your work.

#### **Step three: Choose your level of evidence**

Choose an appropriate level of rigor for evidence of your impact that suits the needs of your stakeholders. There is no one size fits all: it will depend on your own needs, resources and capabilities, and those of your audience. Funders may want a certain level of rigor for a project they have funded; academics or government research departments may want to see a counterfactual.

#### **Step four: Select your sources and tools**

Decide what data you need and select or develop measurement tools or data sources to capture it. You may find an existing tool or data source, or you may need to develop one. Do not feel the need to reinvent the wheel: consider what tools are already available, and think about existing evidence for the causal links in your theory of change. It is important to use measurement tools that are fit-for-purpose, and that capture the change you want to bring about.

**Appendix 3**

The tiers could be used to describe the service offer but also to capture the outputs of the service. This could also be used as a framework for managing caseloads and staff activity. The tiers are potentially fluid in that in some instances clients may benefit from more than one tier at a time.

