

For Learning, Development and Research



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Pilot project: 'Living, not Existing: Social Groups for Older People'.

The project was facilitated by the Early Supported Discharge (ESD) Team at Salisbury District Hospital, working in collaboration with: Age UK, a local community transport company and a Social Prescriber from a GP surgery. The participants were older people who had recently had a hospital admission and had been subsequently supported back to independence in their own homes. The aim of the project was two-fold: to provide longer-term therapy goals for people to remain motivated to engage with occupations; and to facilitate an integrated approach between community and acute teams.

A key aspect that had been noted with interactions between ESD therapy team members and patients were the barriers that prevent older people engaging with social groups, and also the feelings of loneliness that can be experienced when living alone or in isolation. Therefore, it was hoped that the social groups may address and minimise some of these barriers by: offering accessible transport options, facilitating engagement with meaningful occupations, and providing the opportunity to meet new people. Addressing occupational barriers may in turn enable occupational participation and alleviate feelings of loneliness.

The project included a focus group, six social group sessions and an evaluation session. The focus group enabled the groups to be co-created with the participants, giving them ownership over the themes of each group. The six female participants chose the themes of: flower arranging, plant potting, reminiscence and movement to music. To evaluate the outcomes of the project, qualitative feedback was collated from each participant. Furthermore, the Model of Human Occupation Screening Tool (MOHOST) was used throughout the project to monitor occupational participation, alongside the Warwick Edinburgh Mental Well Being Scale (WEMWBS7) and the De Jong Gierveld Loneliness Scale to measure any effect of well-being and loneliness, respectively.

The findings of the project demonstrated that having weekly social groups added structure and purpose to the older people's weekly routines. All the participants reported that they had experienced positive effects from attendance at the groups, including: trying something new, meeting new people and having something to look forward to. The outcome measures generally showed that well-being and loneliness had either remained the same or improved. As measured by the MOHOST, occupational participation appeared dependent upon environmental factors but equally improved throughout. On follow-up, all participants had made use of the information provided by Age UK and the social prescriber and had continued to attend existing social groups within the community.

Overall, the project demonstrated that there were positive effects of social group attendance on the loneliness, well-being and occupational participation of the participants. Collaborating with Age UK and a social prescriber has given future scope for a more joined-up approach between acute and community services. This project further reinforces the benefits of focussing on a collaborative and preventative approach to care for older people.