



# Keeping People Connected

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16 WEEK PROJECT REPORT

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## 1. Background

The **Keeping People Connected** project was developed in response to the Coronavirus emergency, Government 'lock down' and instructions, where people were required to stay at home with no social face to face opportunities outside of the household and limited support networks.

As such people were at significant risk of loneliness, uncertainty, risky behaviour (including personal management of coronavirus) and isolation. The project was co-designed from mid-March and went live across North Cumbria North East (NCNE) on 14 April 2020. We started with an initial 4 weeks of funding from the NCNE Clinical Commissioning Groups (CCG's).

This report covers the 16 weeks of the project from 14<sup>th</sup> April to 4<sup>th</sup> August 2020.

## 2. Recommendations from the learning of Keeping people connected for strategic decision makers, commissioners, and local service planners

Chief to this, and not surprisingly, is the focus on early intervention and prevention. Some ways of doing this are:

Invest in the discovery and understanding of the 'hidden' population of people, and their needs, to ensure they have access to universal support such as:

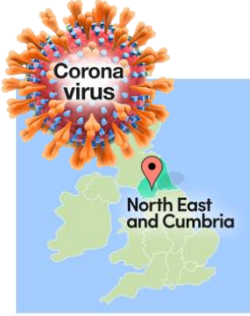




- Annual health checks
- Flu immunisation
- Cancer screening

To build community-based Voluntary Community Sector (VCS) relationships with the system and commit to working in partnership to deliver effective, quickly mobilised, community focused support to people when they need it.

Work out how we allow people to identify if they need support, not based on diagnosis or health classification, and give people the community support they need, when they identify need.

Work with people around the issues of loneliness, and distress well before they need a medical interaction from services, helping people build connections, and resilience.

### 3. Easy Read executive summary

 <p>Coronavirus virus</p> <p>North East and Cumbria</p>	<p>The <b>Keeping People Connected</b> project was co-designed and delivered by 12 local community organisations across Cumbria and the North East, in response to the Coronavirus situation.</p> <p>The North East &amp; Cumbria Learning Disability Network and Inclusion North helped to co-ordinate the project.</p>
	<p>It aimed to help people with a learning disability or autism during this difficult time to:</p> <ul style="list-style-type: none"> <li>• <b>Understand information from the Government</b></li> <li>• <b>Connect with others to avoid isolation</b></li> <li>• <b>Get the support needed for other things in their lives</b></li> </ul>
 <p>Wellbeing</p>	<p>During the <b>16 weeks</b> of the project, <b>1599 people</b> were supported. Some had a lot of support; others only needed a little. Much of this support was around:</p> <ul style="list-style-type: none"> <li>• <b>Anxiety</b></li> <li>• <b>Loneliness/isolation</b></li> <li>• <b>Mental Health concerns</b></li> </ul>
 <p>NHS</p>	<p>The average cost per person for this support, over the 16 weeks was <b>£180.74</b>. Funding came mainly from the <b>Clinical Commissioning Groups (CCG's)</b> in the area. They fund projects and services on behalf of the NHS.</p>
	<p>The project has identified the need for Health and Social care systems to:</p> <ul style="list-style-type: none"> <li>• <b>Better understand the needs of people on the edge of their services</b></li> <li>• <b>Work in partnership with more local community organisations</b></li> <li>• <b>Reduce barriers for people to access support</b></li> <li>• <b>Address issues of loneliness now, help to build networks and connections</b></li> </ul>

#### 4. Who created the project?

The project was developed through a collaboration of 12 community and voluntary sector organisations, designed around the population of people with learning disability/autism. The project was co-ordinated by Learning Disability Network & Inclusion North.

The organisations who collaborated and delivered the support were:

- Adapt (delivered the project in Northumberland)
- Autism In Mind (delivered the project in Sunderland)
- Border Links (delivered the project in Northumberland)
- Bridge Creative (delivered the project in Durham)
- Catalyst (delivered the project in Stockton)
- Darlington Action on Disability (delivered the project in Durham & Darlington)
- Include IN Autism (delivered the project in Durham) MAIN (delivered the project in Middlesbrough)
- People First Independent Advocacy (delivered project in Cumbria, Northumberland & Lancashire funded separately)
- Skills for People (delivered project in Newcastle, North Tyneside, Hartlepool & Redcar & Cleveland)
- Sunderland people First (delivered the project in Sunderland)
- Your Voice Counts (delivered the project in South Tyneside & Gateshead)

*People grateful for the contact from another person. Some individuals are asking for the calls to continue when things get back to normal as they are appreciating and enjoying having someone to talk to.*

*(week 1)*

*"If I get it (the virus) I won't be talking to you. I will probably die."*

*"I feel very poorly and scared I might die."*

*"I'm worried to go out in case I get into trouble."*

*"I'm not sleeping, I feel anxious"*

*(week 3)*

#### 5. Our evidence and assumptions creating the project

In 2018/19 at least 41% of people with a learning disability who died, died as a result of a respiratory condition (LeDeR annual report 2019, [www.bristol.ac.uk/sps/leder/resources/annual-reports/](http://www.bristol.ac.uk/sps/leder/resources/annual-reports/)). There is strong reason to suspect that people with a learning disability may be significantly impacted by the coronavirus pandemic.

The population of people with learning disability/autism who live alone with minimal or no support in the community is largely unknown by health or care services. This project was aimed at the 'missing 1000's' on the periphery of services & support. We believed their vulnerability was likely to be significantly increased.

*"I look forward to my weekly calls because they make me feel less lonely"*

*(week 3)*

People would need support to understand the messages of 'stay at home', struggle with isolation, loneliness & managing with day to day living e.g. food, medicine and housing.

Isolation of this vulnerable group may lead to a reduction in coping strategies and increased mental health breakdown.

Autistica research ([www.autistica.org.uk/our-research/our-research](http://www.autistica.org.uk/our-research/our-research)) highlight that autistic people are more likely to be at risk of social isolation, and there is a high proportion with mental health needs and suicidal thoughts, therefore require focused attention during this time

From understanding NCNE admissions, we know a high proportion of autistic people admitted to hospital with a mental health crisis were not known to services prior to admission.

## 6. Our Aim

We aimed to co-ordinate a NENC Integrated Care System (ICS) level response to supporting the population of people with learning disability/autism.

The project was aimed at people with learning disability/autism who live alone or with minimal/no support in the community and were largely unknown to health or care services.

To offer an open invitation to take up support with no referral process or gatekeeping.

For community voluntary sector (VCS) organisations to offer a range of support to people in their own homes including:

- Telephone calls, text messages and/or emails, offering advice and support on the virus/rules of lockdown, how to get local support and escalate concerns where needed
- Arranging delivery of medication and food parcels
- Creating and delivering activity packs
- Provided regular support, advice and a listening ear
- Online social networking groups/quiz nights/exercise classes/peer support

*One guy I have been supporting for 3 weeks via email, finally had the confidence to talk on the phone at the weekend. We spoke for over an hour, afterwards, he emailed saying 'looking forward to talking next Saturday' with a smiley face emoji. This was the first email out of about 50, where he didn't type a sad face.*

*(week 5)*

*"I used to have a really regular routine, but it's all changed. I went to bed at 7 this morning and only woke up when you rang. I've been self-isolating for 2 months now and it's having a huge effect on me. I feel that my moods are up and down and the medication that the GP prescribed is not working for me. They keep upping it but the way I'm feeling, it's not doing anything. He is going to contact the Crisis team for advice about what he can do to help me sleep and have medication that doesn't mess with my moods. When I'm not good, I struggle to deal with upsetting and emotional things like my Mums cancer. I had a bath just to feel normal again. I love baths. I try and watch something boring on Netflix to help me drop off to sleep. I dropped off watching Call the Midwife, so I'll try that again."*

*(week 4)*



## 7. How was the project monitored and assured?

The project was monitored and assured on behalf of CCGs and Local Authorities (LAs) by the Learning Disability Network and Inclusion North, through a weekly steering group, VCS whole project meeting, monitoring calls with each VCS organisation, CCG and LA update calls.

Weekly data was collected from each area and analysed before being shared with relevant partners including ICS Learning Disability/Autism Programme leaders.

The project enabled Clinical Commissioning Groups, Local Authorities and the Community & Voluntary Sector in working towards fulfil their responsibility to this population.

*"I am very grateful for you talking to me because I have depression and anxiety and you give me confidence. I can't communicate with a lot of people, but I feel happy when I talk to you. I want to talk to you all the time, you keep me calm. Thank you."*

*(week 6)*

## 8. Why and how we worked together

- To standardise resources, urgent contact methodology and collation of feedback for use by the community voluntary sector organisations. These resources were made available to 'local hubs' as they were being established for when they are contacting people with a learning disability.
- The project provided an urgent crisis response across the region. It provided a local low-level support/response to help prevent potential crisis, and/or ensure people at risk were able to access the right support at the right time.
- Established community voluntary sector organisations made urgent contact with current & past people known to them.
- Established robust links and joint working between LAs, NHS and community voluntary sector organisations to ensure appropriate response was given to issues that arose for people.
- Community voluntary sector organisations and LAs, CCGs, Community teams & GPs worked collaboratively to identify additional people not known to the community voluntary sector organisation, so support could be offered.
- Promoted the Keeping People Connected project via; GPs, Community Learning Disability Teams, adult social care teams, social media and VCS organisations.

*"Thank you again for your calls with T. She gets so excited when she knows you are calling and when I ring, she says "J you never guess who called the other day!". It is lovely to hear as they have had issues in the past trusting professionals, but it is clear she trusts you. They have struggled being a part of their community and this is exactly what they needed. I hope they continue to stay connected with People First and the services you offer. Thank you again for all the great work you are doing"*

*(week 5)*

- Publicised ‘the Keeping People Connected offer’ to enable people to self-refer via several routes)
- Appropriately resourced community voluntary sector organisations to deliver for 1 month initially. During the first month ‘proof of concept’ was achieved and CCGs agreed to continue funding Keeping People Connected until end of July 2020 (except for Newcastle and North Tyneside where commissioners were satisfied that similar services were already available within those localities).

*“Finally, some support. I feel like me and my son have been left high and dry and I'm grateful. We are struggling for food and my son is struggling with his mental health. We didn't know who to turn to, so you phoned at just the right time.”*

*(week 6)*

*“I'm worried about the long weekend –I'll hardly see anyone. It is like I don't exist.”*

*(week 6)*

*“I'm getting very worried about my anxiety as I keep shaking and if I go out, I might fall over in the street. I want to be able to go out but what happens if I fall?”*

*(week 6)*

*“I just don't know whether it's the right thing to do to send my daughter back to school. I know I shouldn't, but I can't home school her cause I can't read”*

*(week 6)*

*“it's boring, boring, boring”*

*(week 6)*

*“I miss my family and friends so much I just cry every day.”*

*(week 6)*

## 9. Keeping People Connected data and thematic analysis

As part of Keeping People Connected, weekly data was collected from the partner VCS organisations.

Data was collected for the 16 weeks of the project.

Results are shown per location with highlights from the whole project geography.

### Methods

#### Client contact sheet

A client contact sheet template was shared with all partners. Partners agreed to share information back to the project enabling local comparable picture and regional picture.

#### Local data collection

A location-based data collection template (Appendix 1) was shared and weekly collection agreed.

#### Weekly data analysis

Completed templates were returned to the nominated individual and collated information shared with VCS organisations and Local Authorities on a weekly basis.

#### Updated local data template

The data collection template was updated to include regularly identified themes at week 5. (Appendix 2)

#### Updated support levels

The data template was again updated week 10 to reflect the updated support levels. Appendix 3 includes description of support levels and updated template.

## 10. Data results

### 10.1 Results by locality

Thirteen localities took part in the project. Each locality was covered by 1 or more community voluntary sector organisation. Some organisations covered more than 1 area.

A selection of data is shared below. Localities are listed alphabetically.

## Cumbria

People First Independent Advocacy supported the project in Cumbria. They completed 16 weeks of the project. 3 full time equivalent staff worked on the project throughout. They also supported the project in Northumberland for the initial 10 weeks and have rolled out similar work in Lancashire.

Data collected shows that during the project in Cumbria 161 individuals were supported. Most people joined the project in weeks 1, 2 and 5.

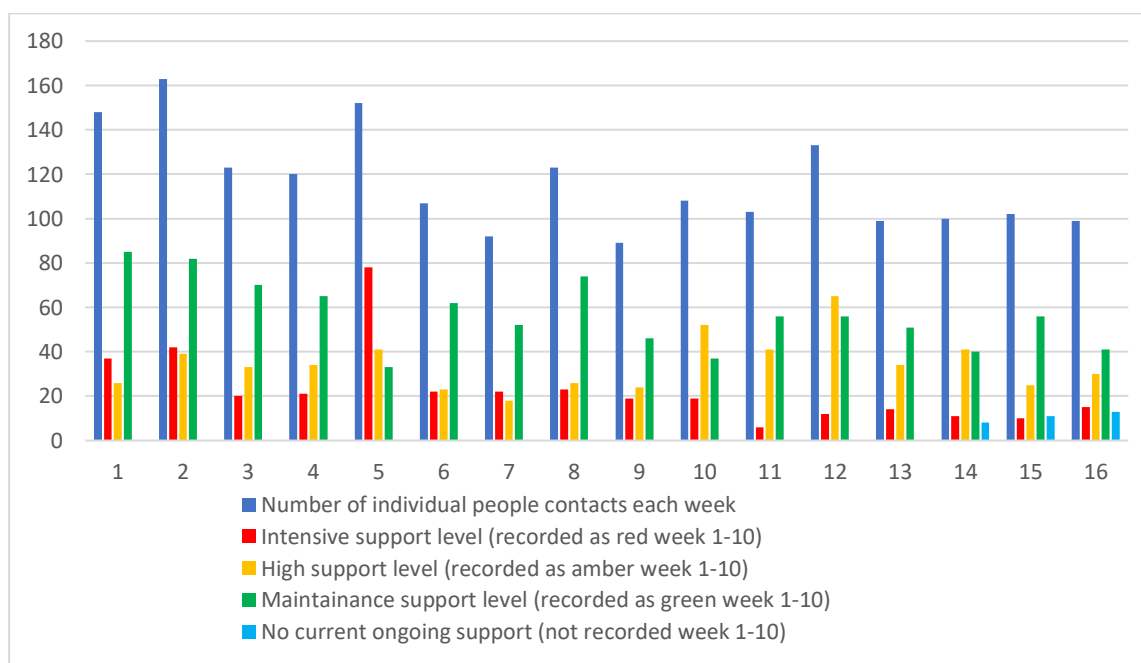
During the project individuals were contacted a total of 3935 times.

Table 1. Sixteen weeks, totals for data collected, Cumbria

<b>Total number of people who accessed the project</b>	161
<b>Total number of contacts</b>	3935
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	371
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	552
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	906
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	32

The majority of individuals contacted by the project were identified as requiring a weekly maintenance level of support to maintain their health and safety. Week 2 saw the highest number of individuals contacted (163). In week 5 there was a spike in individuals (78) needing an intensive support level.

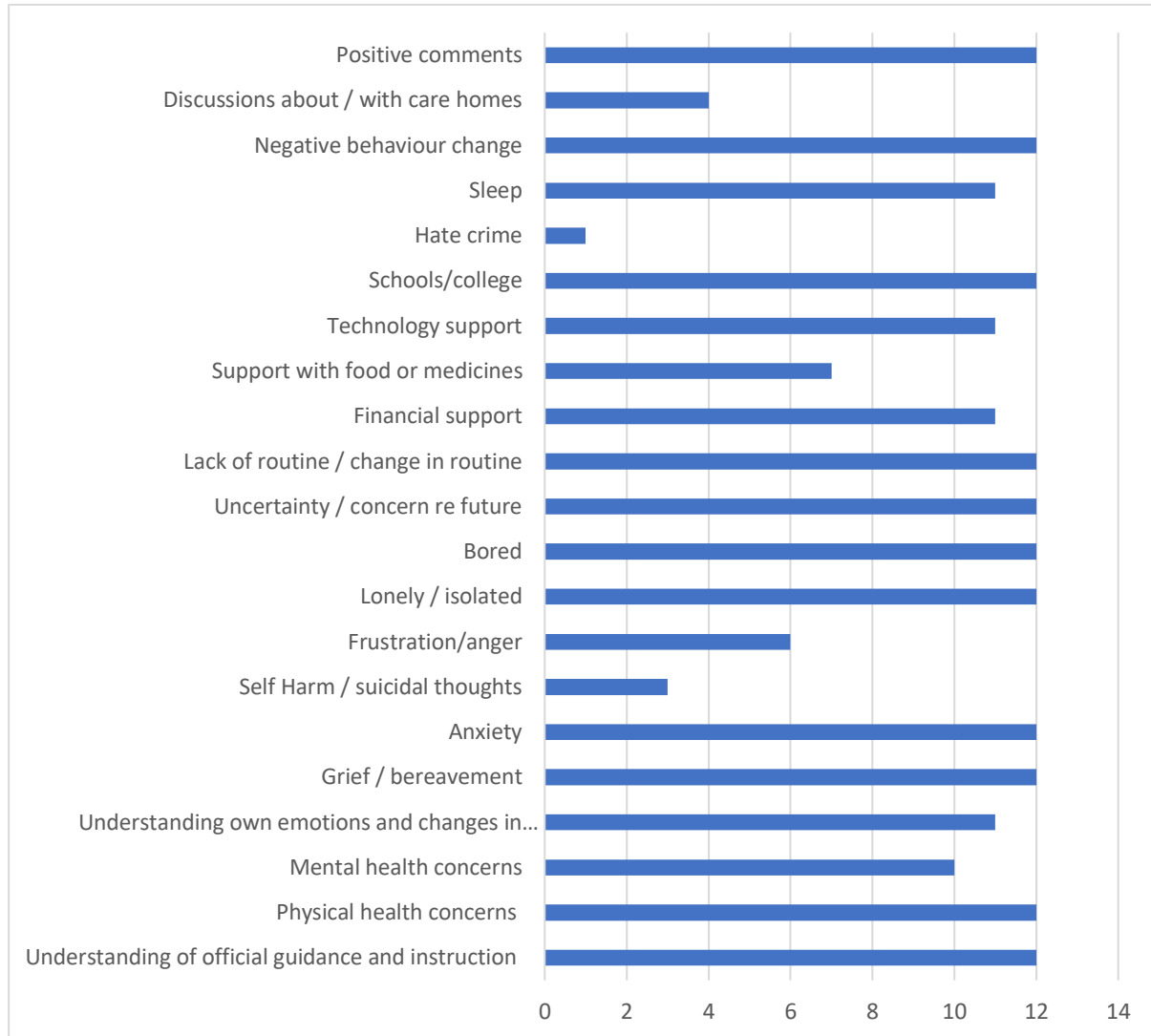
Graph 1. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. The results are shown below.

During the high volume of calls a full range of themes were discussed each week. Each week there were consistent concerns regarding mental and physical health and positive comments thanking staff for their support.

**Graph 2. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Having a Coronavirus test and PPE (6 weeks). Being scammed (2 weeks). Importance of pets (4 weeks). Face masks/public transport (7 weeks). Relationship problems (2 weeks). Staying safe online (1 week). Local lock down and R rate (3 weeks). GP complaint (1 week).

**Case Studies**

These are included in Appendix 4.

## Darlington

Darlington Action on Disability (DAD) supported the project in Darlington. They completed 16 weeks of the project. 1.5 full time equivalent staff worked on the project throughout.

Data collected shows that during the project 129 individuals were supported. The majority of people (86) joined the project in week 1.

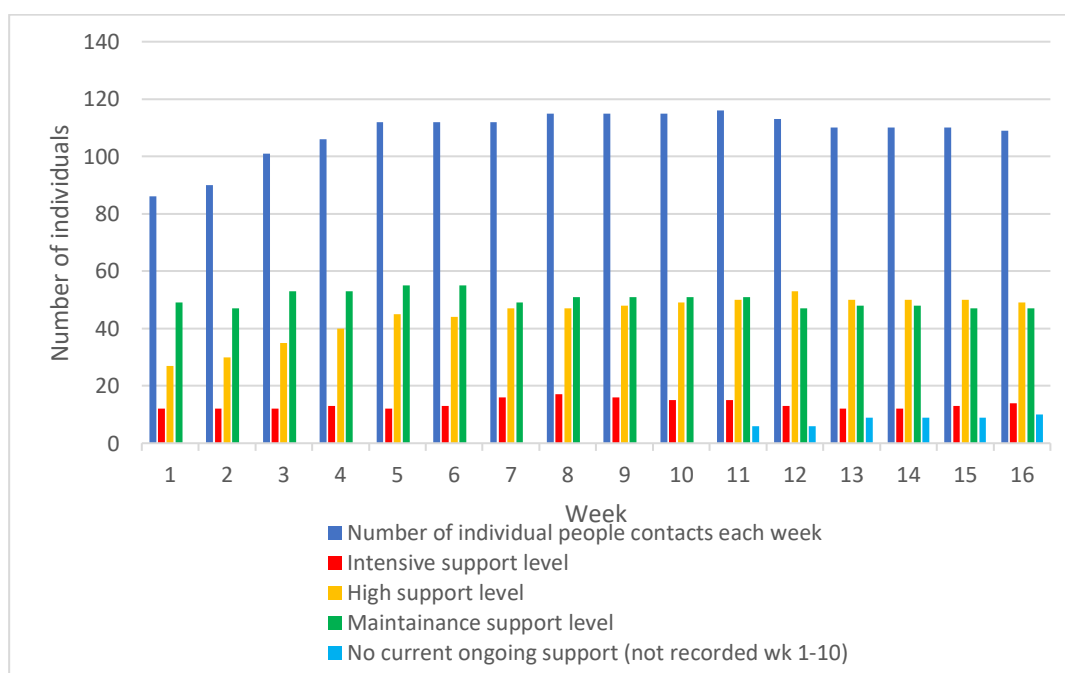
During the project individuals were contacted a total of 2325 times.

Table 2. Sixteen weeks, totals for data collected, Darlington

<b>Total number of people who accessed the project</b>	129
<b>Total number of contacts</b>	2325
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	217
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	714
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	802
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	49

The majority of individuals contacted by the project were identified weekly as requiring a maintenance level of support (802) to maintain their health and safety. There were also 714 contacts who required weekly a high support level. From week 7 onwards there were very similar numbers requiring maintenance and high support levels.

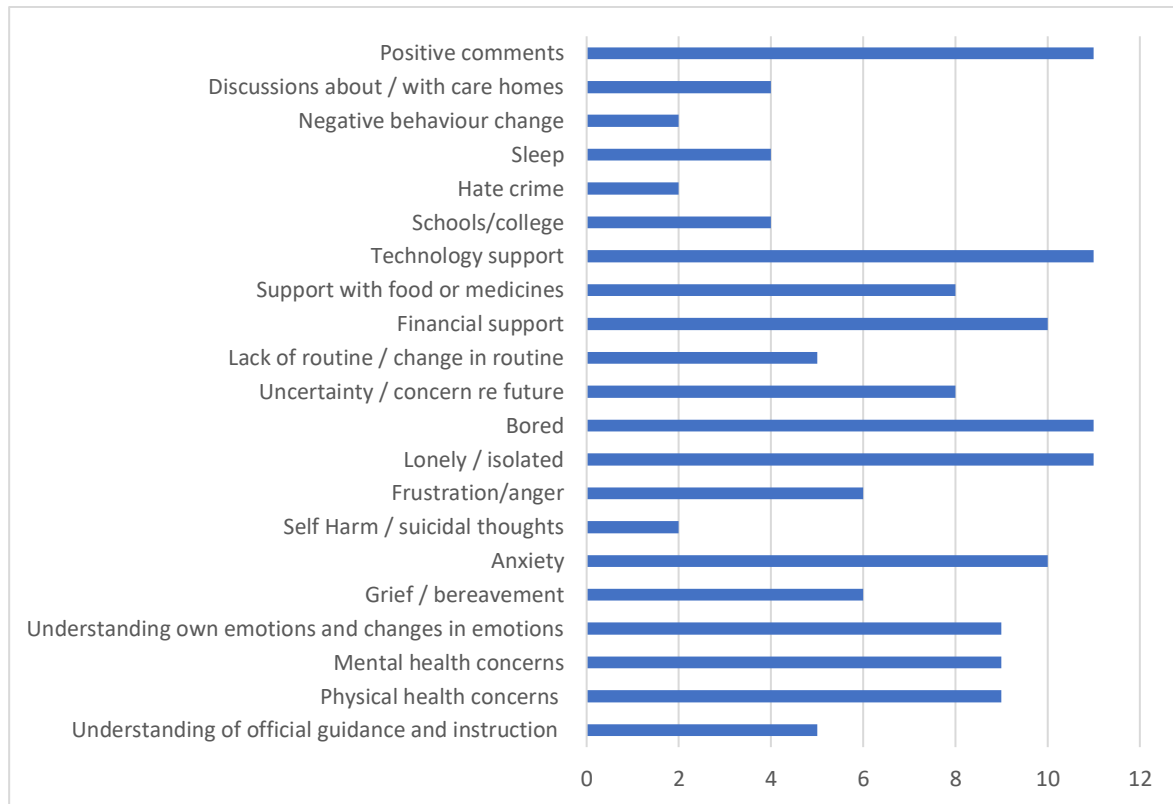
Graph 3. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. No thematic data was shared for week 15. The results are shown below.

Every week data was collected conversations were being had regarding, technology and support to use/access to, boredom and isolation. There was also positive comment from individuals thankful for the service and support.

**Graph 4. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Being scammed (2 weeks). Importance of pets (2 weeks). Face masks/public transport (3 weeks). Relationship problems (3 weeks).

**Case Studies**

These are included in Appendix 4.

## Durham

Three VCS organisations supported the work in Durham; Bridge Creative, Darlington Action on Disability and Include In Autism. They collaborated to complete 16 weeks; 3 full time equivalent staff worked on the project throughout.

Data collected shows that during the project 122 individuals were supported. The majority of people (30 - 25) joined the project in week 2 and 3.

During the project individuals were contacted a total of 1131 times.

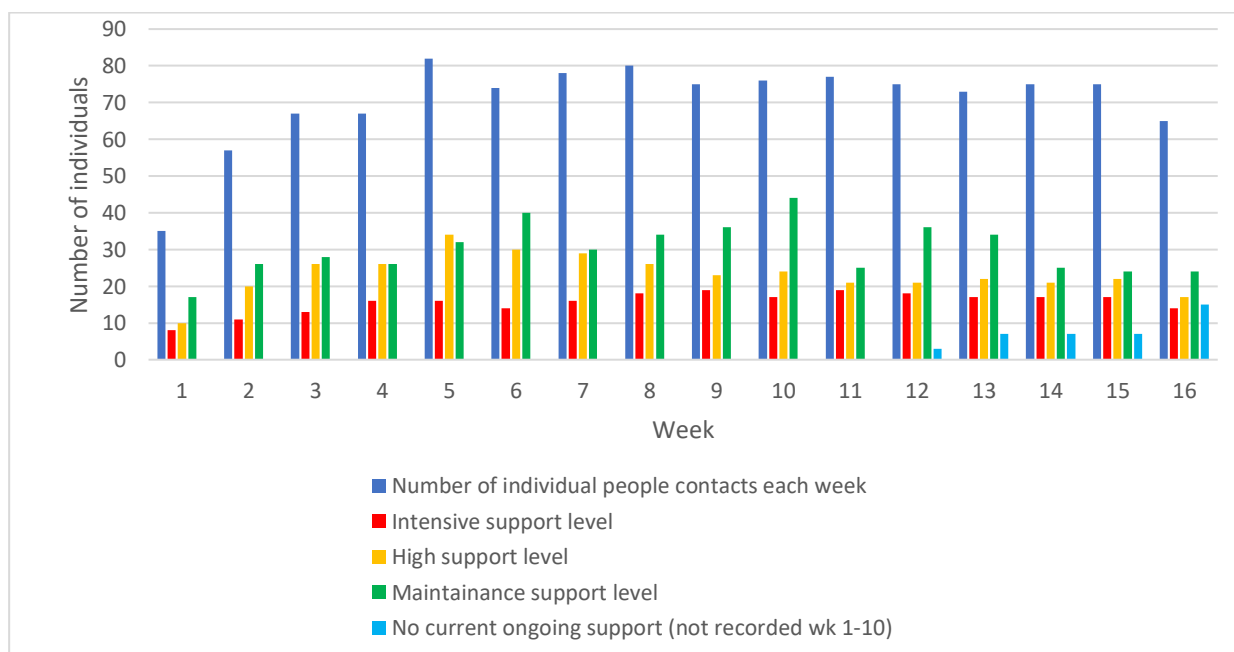
Table 3. Sixteen weeks, totals for data collected, Durham

<b>Total number of people who accessed the project</b>	122
<b>Total number of contacts</b>	1131
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	250
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	372
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	481
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	39

The majority of individuals contacted by the project were identified weekly as requiring a maintenance level of support (481) to maintain their health and safety. There were 372 contacts who required weekly a high support level. A high number, 250 contacts needed weekly intensive support, this was highest from week 8 - 12.

The highest number of people contacted in any week was week 5 with 82 contacts.

Graph 5. How many individual people were contacted by week and noted support level

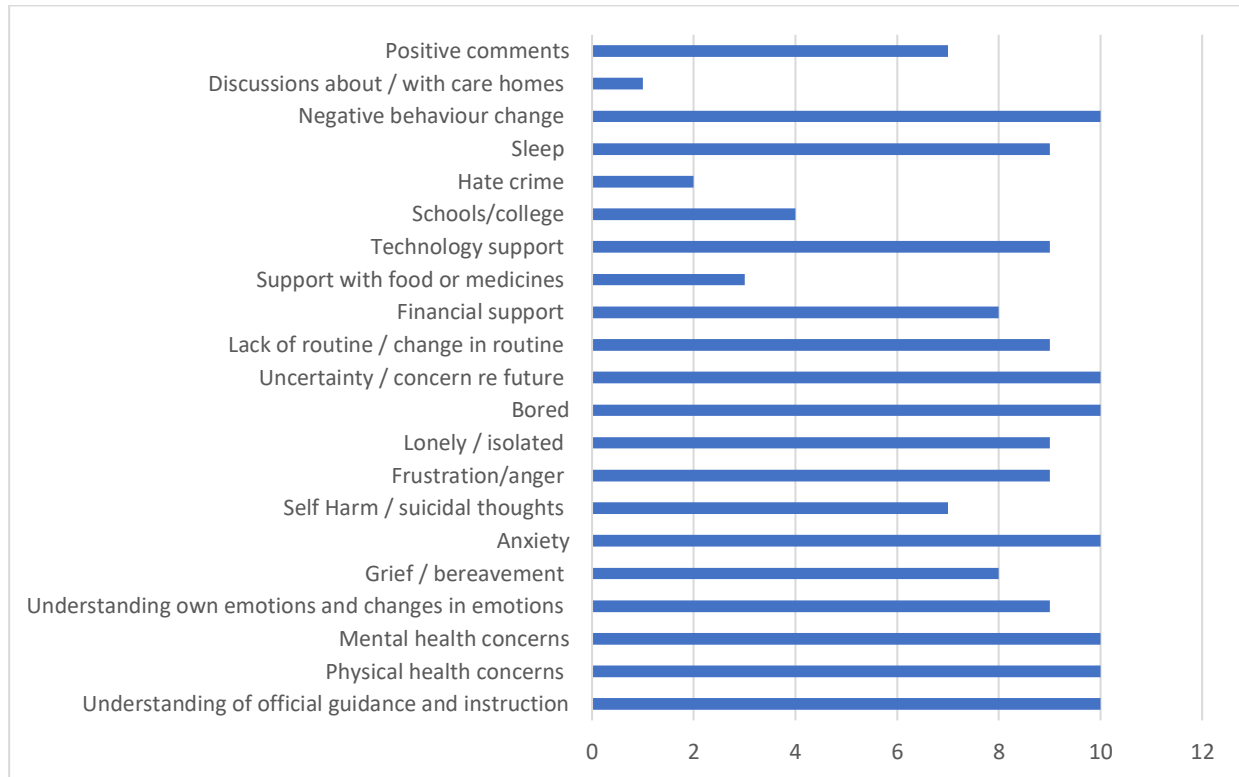




Themes were collected from week 5 onwards using a tick sheet. No thematic data was shared in week 9 and 10. The results are shown below.

A number of themes were highlighted every week data was shared, these covered topics of physical and mental health concerns, understanding official guidance, boredom and uncertainty about the future. In 7 of the 10 weeks data was collated suicidal thoughts and self-harm were discussed.

**Graph 6. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Potential abuse/neglect from carers (2 week). About Coronavirus test and PPE (2 week). Been scammed (1 week). Possible eviction (1 week). Importance of pets (2 week). Face masks/public transport (3 week). Relationship problems (2 week). Staying safe online (1 week). Local lock down and R rate (1 week)

**Case Studies**

These are included in Appendix 4.

## Gateshead

Your Voice Count supported the project in Gateshead. They completed 16 weeks of the project. 3 full time equivalent staff worked on the project throughout. Part way through the project they linked with Gateshead Council to use additional council based records and staff to contact individuals who may require support.

Data collected shows that during the project 292 individuals were supported. The majority of people (69) joined the project in week 1.

During the project individuals were contacted a total of 3683 times.

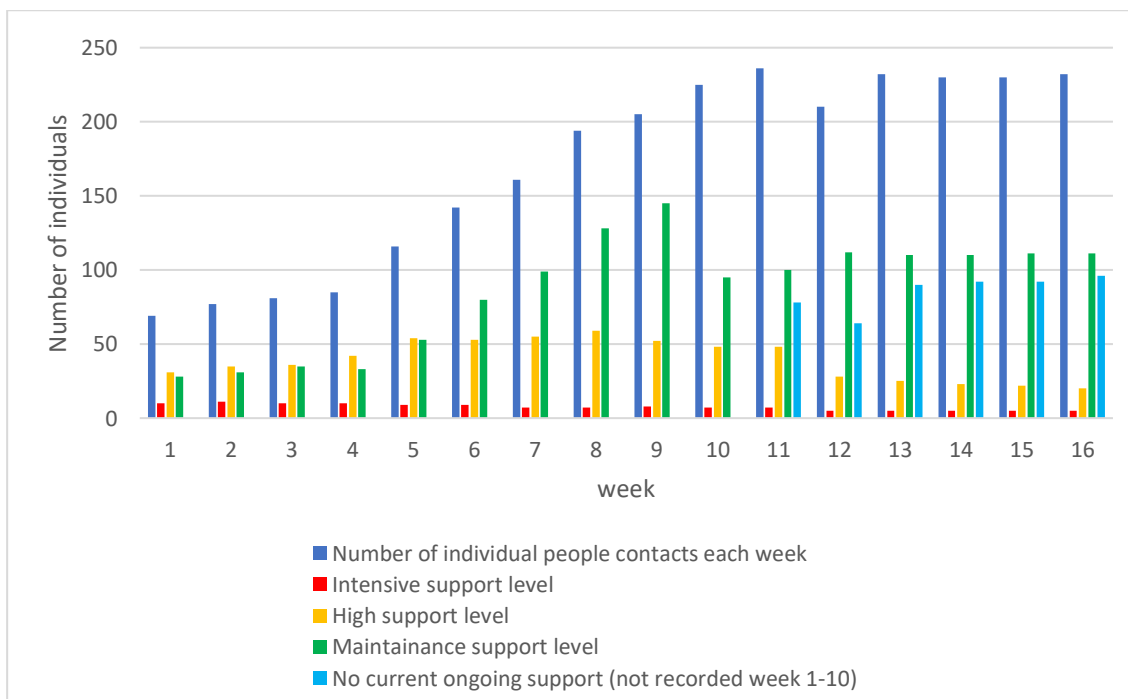
Table 4. Sixteen weeks, totals for data collected, Gateshead

<b>Total number of people who accessed the project</b>	292
<b>Total number of contacts</b>	3683
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	120
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	631
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	1381
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	512

The majority of individuals contacted by the project were identified weekly as requiring a maintenance level of support (1381) to maintain their health and safety. There were also 631 contacts who required weekly a high support level, this peaked in week 8 followed by a steady week on week decline. 120 contacts needed intensive support.

The highest number of people contacted in any week was week 11 with 236 contacts.

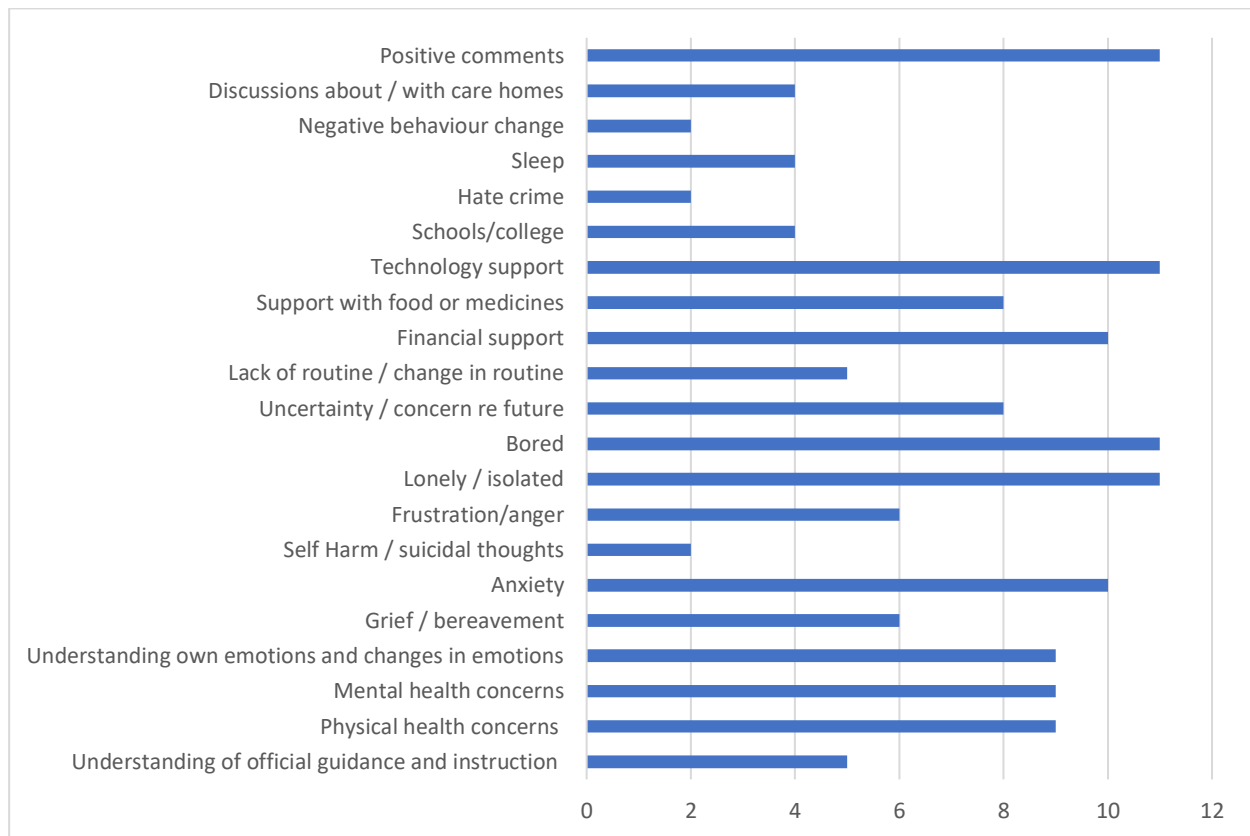
Graph 7. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. No thematic data was shared in week 15. The results are shown below.

The most frequently highlighted themes were boredom and lonely/isolation along with technology support where people were not able to use or did not have technology to enable them to access alternative support such as group calls. Every week there were also positive comments received regarding the project and staff.

**Graph 8. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Face masks/public transport (2 weeks). Concerns of being scammed (2 week). Importance of pets (2 weeks). Relationship problems (3 weeks).

### Case Studies

These are included in Appendix 4.

## Hartlepool

Skills for people supported the project in Hartlepool. They completed 16 weeks of the project. 0.5 full time equivalent staff worked on the project throughout. They also supported the project in Redcar and Cleveland, Newcastle and North Tyneside.

Data collected shows that during the project 22 individuals were supported. The majority of people joined the project in week 3.

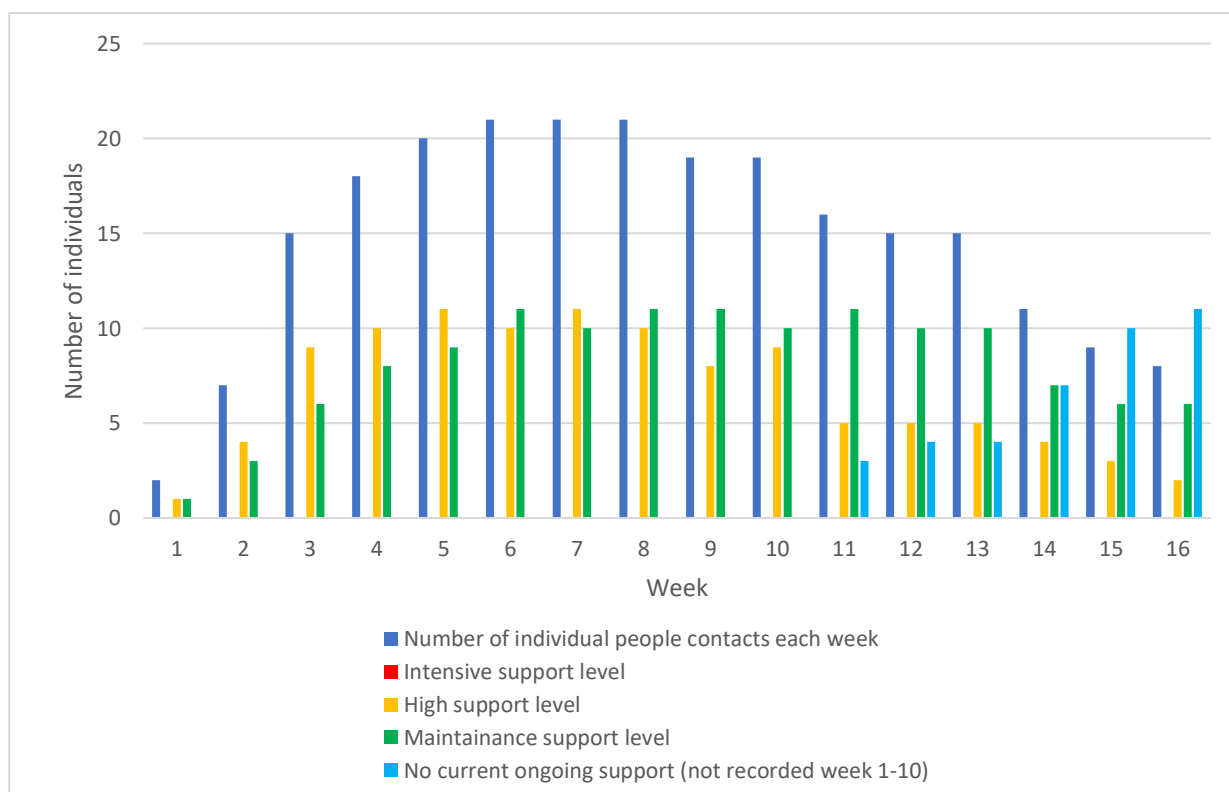
During the project individuals were contacted a total of 332 times.

Table 5. Sixteen weeks, totals for data collected, Hartlepool

<b>Total number of people who accessed the project</b>	22
<b>Total number of contacts</b>	332
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	0
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	107
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	130
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	0

The majority of individuals contacted by the project were identified as requiring a weekly maintenance level of support to maintain their health and safety (130). With 107 high support level contacts. No individuals were highlighted as needing intensive support.

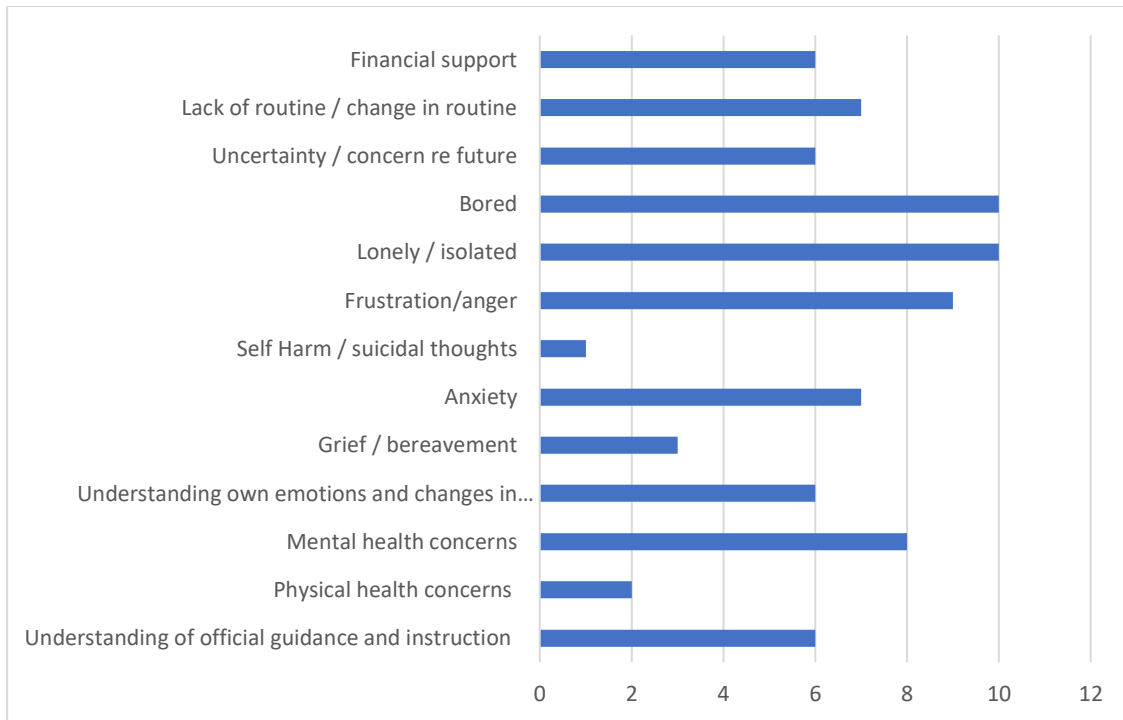
Graph 9. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. The results are shown below.

During the contacts loneliness/isolation and boredom were highlighted on 10 weeks followed by frustration and anger, 9 weeks.

**Graph 10. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Face masks/public transport (2 weeks). Relationship problems (2 weeks). Staying safe online (1 week).

### Case Studies

These are included in Appendix 4.

## Middlesbrough

MAIN supported the project in Middlesbrough. They completed 16 weeks of the project. 3 full time equivalent staff worked on the project throughout.

Data collected shows that during the project 226 individuals were supported. The majority of people joined the project in week 4 (49) and 5(41).

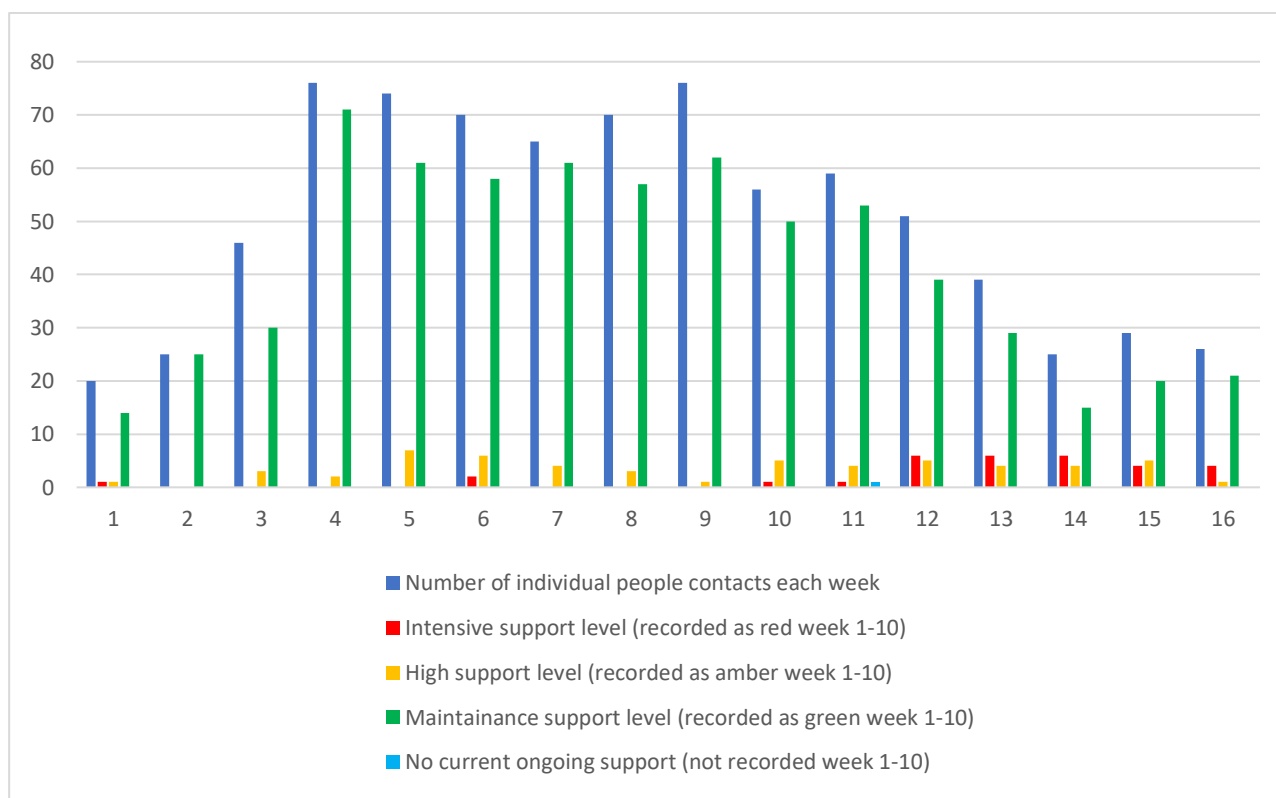
During the project individuals were contacted a total of 999 times.

Table 6. Sixteen weeks, totals for data collected, Middlesbrough

<b>Total number of people who accessed the project</b>	226
<b>Total number of contacts</b>	999
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	31
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	55
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	666
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	1

The majority of individuals contacted by the project were identified as requiring a weekly maintenance level of support to maintain their health and safety (666). With 55 high support level contacts and 31 intensive support contacts required, the majority of these occurred from week 12 to 16.

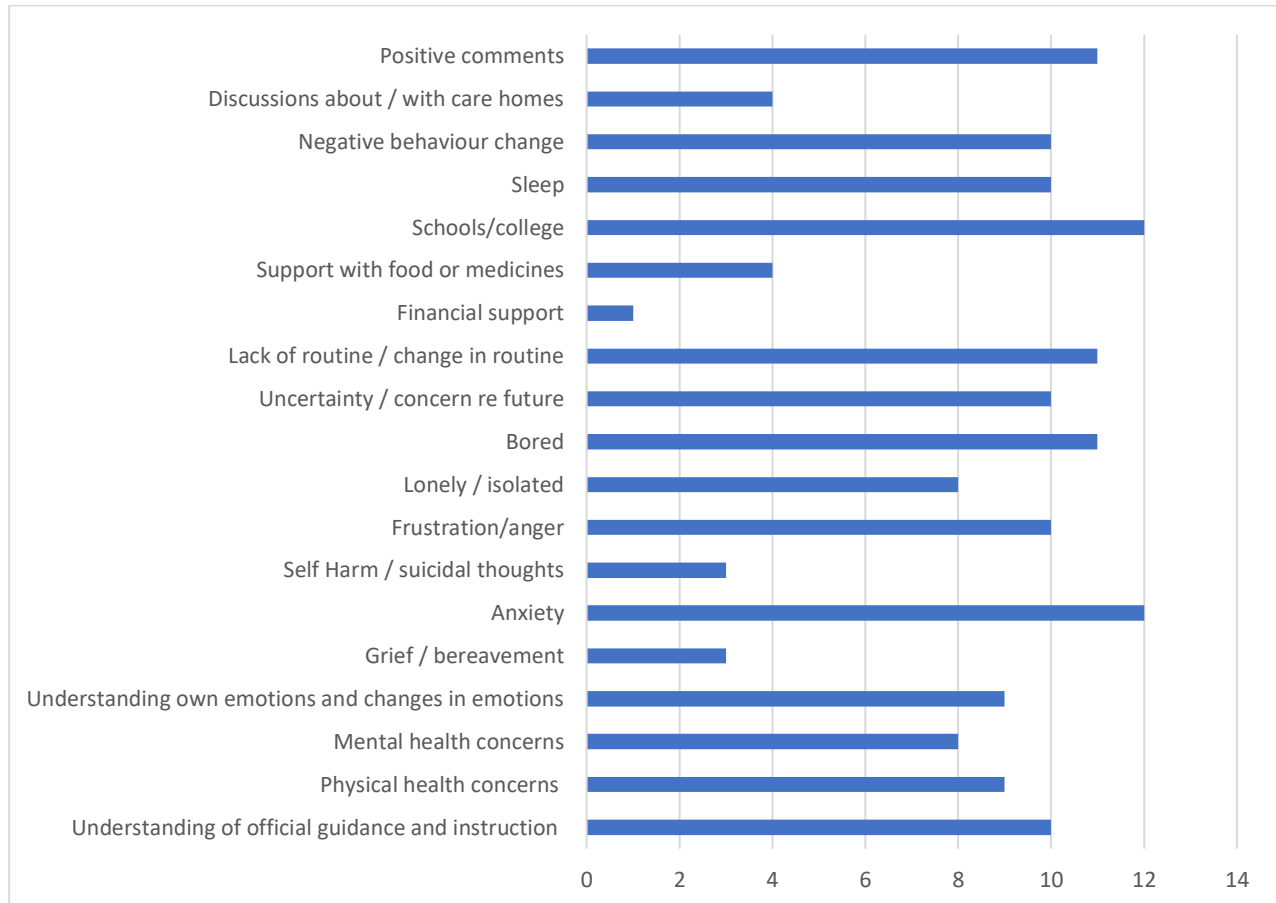
Graph 11. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. The results are shown below.

During the weekly contacts anxiety and concerns regarding school/college were highlighted on all weeks. Lack of routine and uncertainty about the future were also frequently discussed, along with positive comments about the project and staff (11 weeks).

**Graph 12. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Coronavirus test and PPE (1 week). Importance of pets (1 week). Face masks and public transport (4 weeks). Staying safe online (1 week).

### Case Studies

These are included in Appendix 4.

## Newcastle

Skills for People supported the project in Newcastle. They received funding for the initial 6 weeks of the project. Three full time equivalent staff worked on the project.

Data collected shows that during the 6 weeks of the project 130 individuals were supported. The majority of people joined the project in weeks 1, 2 and 3.

During the 6 weeks of the project individuals were contacted a total of 704 times

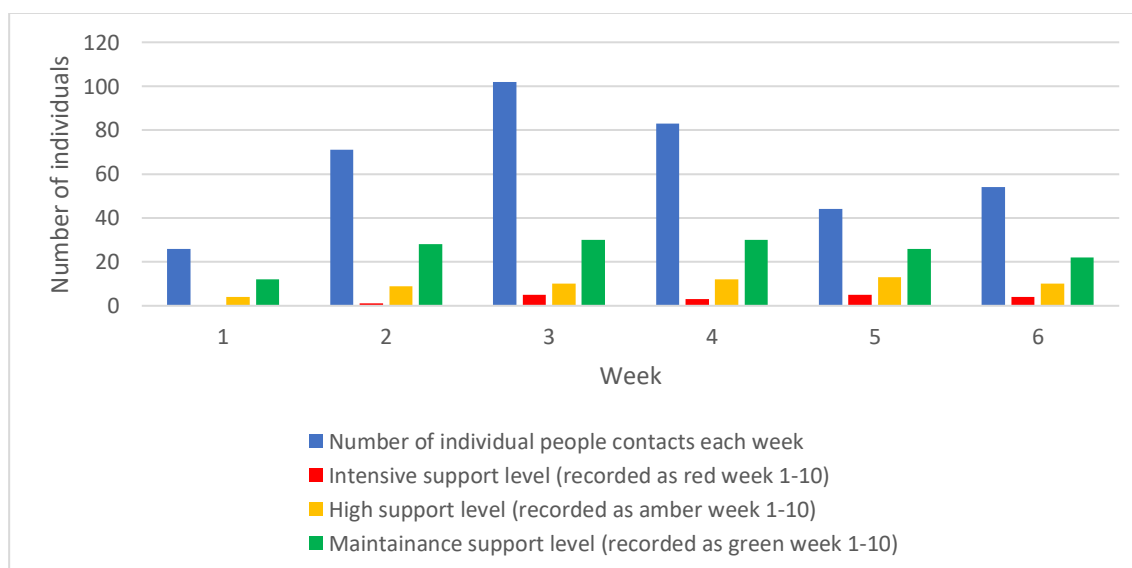
In weeks 5 and 6 individuals were able to access video group calls, 29 individuals accessed 13 group sessions.

Table 7. Six-week totals for data collected, Newcastle

<b>Total number of people who accessed the project</b>	130
<b>Total number of contacts</b>	704
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	18
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	58
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	148

The majority of individuals contacted by the project were identified as requiring a maintenance level of support to maintain their health and safety over the 6 weeks. There were 18 contacts over the 6 weeks who required an intensive level of support and 58 who required high level support. Support level definitions are in appendix 3

Graph 13. How many individual people were contacted by week and noted support level



Newcastle collected data on the themes individuals were reporting in week 5. These were: anxiety, lonely/isolated, frustration/anger and a lack of routine.



## North Tyneside

Skills for People supported the project in North Tyneside. They received funding for the initial 6 weeks of the project. 2.8 full time equivalent staff worked on the project.

Data collected shows that during the 6 weeks of the project 100 individuals were supported. The majority of people joined the project in weeks 1, 2 and 3.

During the 6 weeks of the project individuals were contacted a total of 496 times

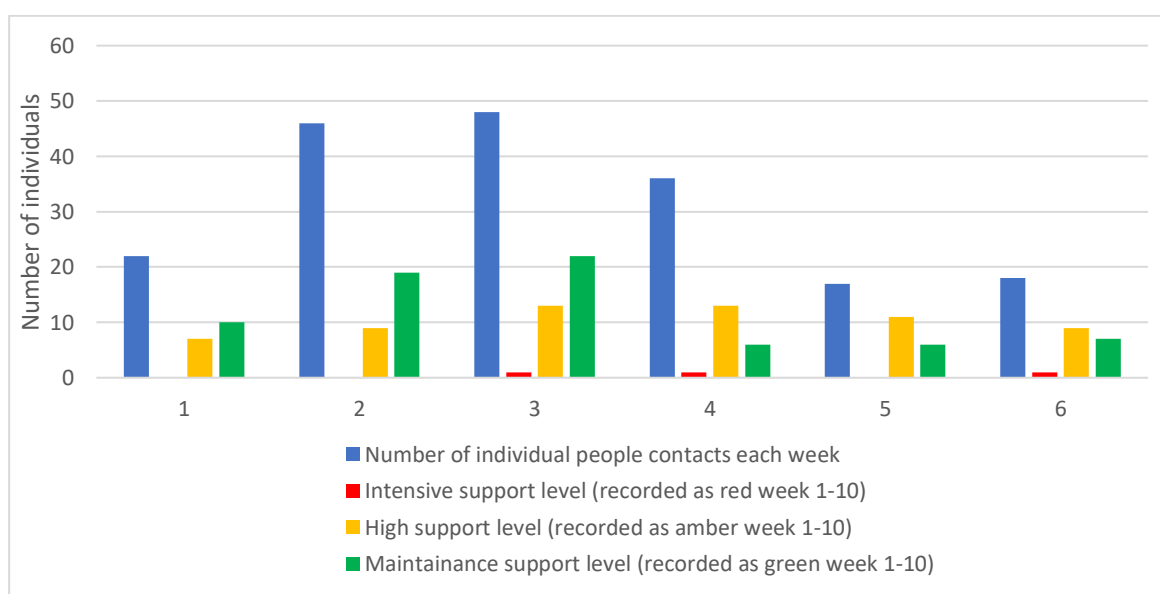
Throughout the project individuals were able to access video group calls, 70 individuals accessed 31 group sessions.

Table 8. Six-week totals for data collected, North Tyneside

<b>Total number of people who accessed the project</b>	100
<b>Total number of contacts</b>	496
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	3
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	62
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	70

The majority of individuals contacted by the project were identified as requiring a maintenance level of support to maintain their health and safety over the 6 weeks. There was a large number who were classed as requiring a high level of support, while only 3 requires an intensive level of support. Support level definitions are in appendix 3

Graph 14. How many individual people were contacted by week and noted support level



North Tyneside collected data on the themes individuals were reporting in week 5. These were: anxiety, lonely/isolated and frustration/anger.

## Northumberland

The work in Northumberland was delivered by Border Links. For weeks 1 to 8 they were supported by People First Independent Advocacy, Cumbria. From week 8 they were supported by Adapt. 3 full time equivalent staff worked on the project throughout.

Data collected shows that during the project 274 individuals were supported. The majority of people joined between week 3 and week 8.

During the project individuals were contacted a total of 1774 times.

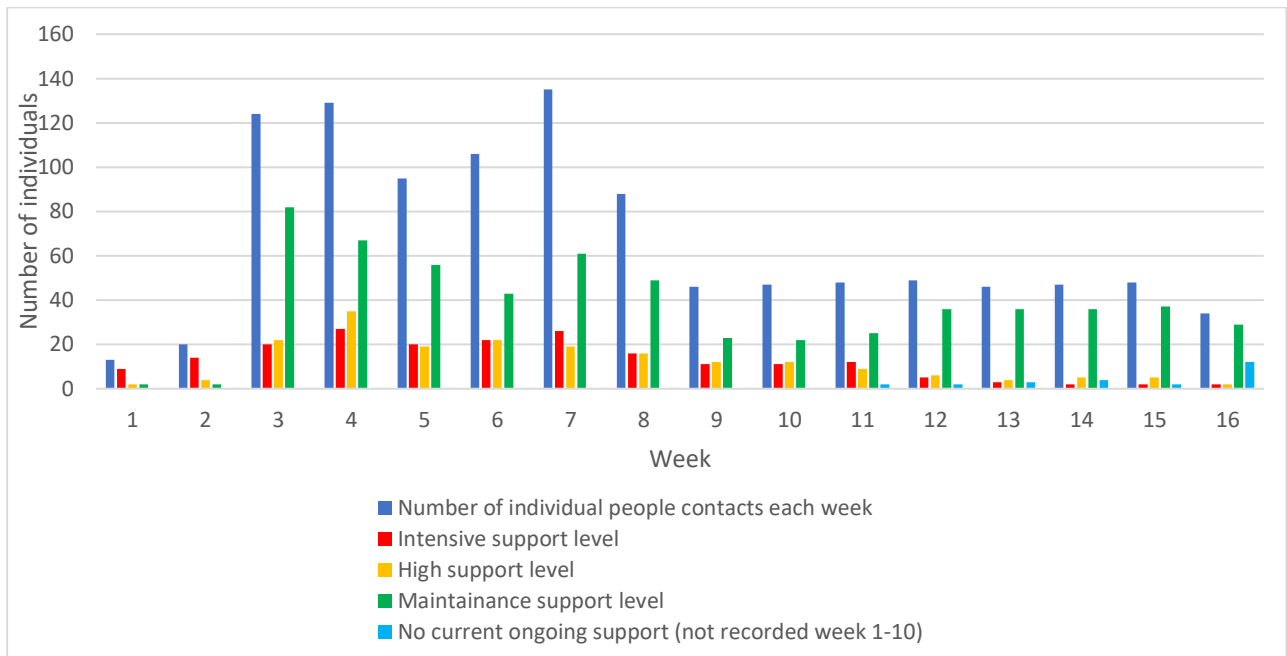
Table 9. Sixteen weeks, totals for data collected, Northumberland

<b>Total number of people who accessed the project</b>	274
<b>Total number of contacts</b>	1774
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	202
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	194
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	606
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	25

The majority of individuals contacted by the project were identified as requiring a weekly maintenance level of support to maintain their health and safety (606 contacts). 202 contacts requiring intensive support this peaked in week 4 with 27 individuals.

Numbers of individuals engaged in the project dropped in week 8 as individuals supported by People First Independent Advocacy were passed to Adapt. The contacts through Border Links remained constant throughout the 16 weeks.

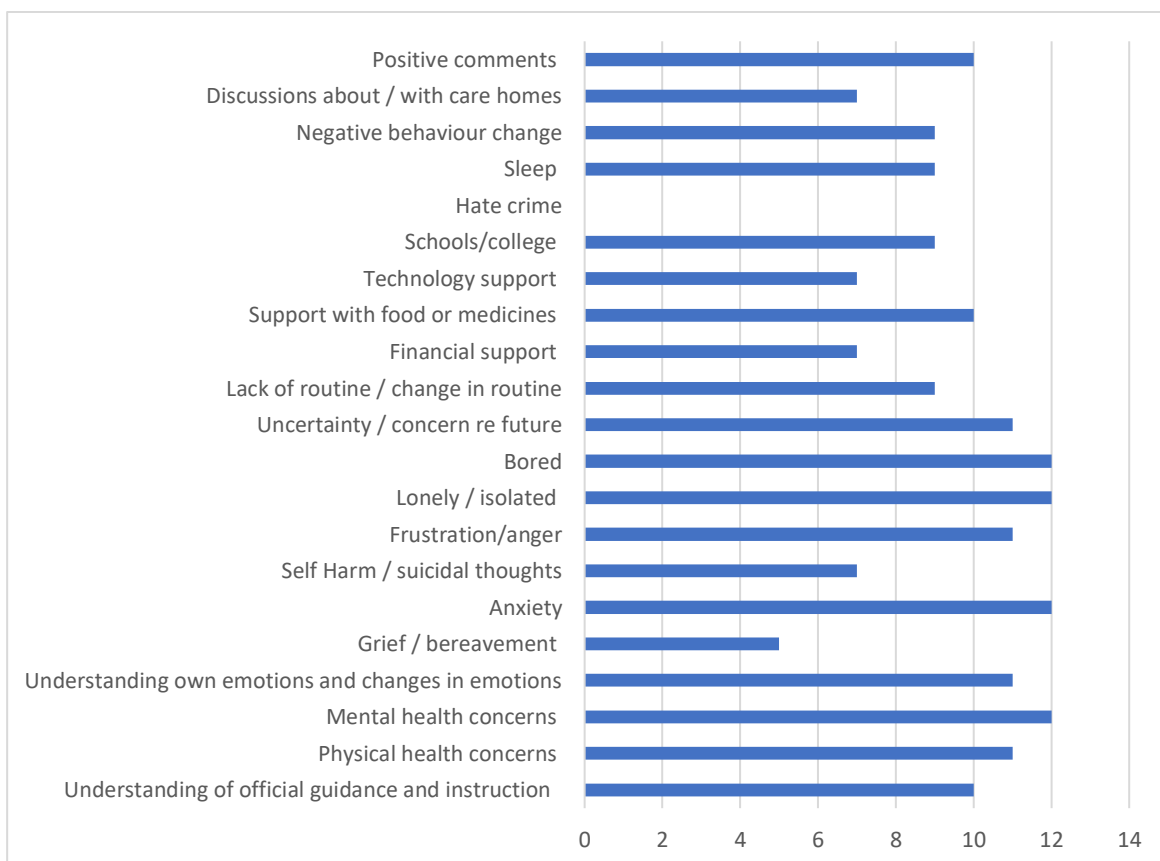
Graph 15. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. The results are shown below.

During the calls a full range of themes were discussed each week. Each week there were consistent concerns regarding mental and physical health, boredom, anger, isolation and anxiety. They also had suicide and self-harm conversations on 7 weeks.

**Graph 16. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: About Coronavirus test and PPE (3 weeks). Been scammed (2 weeks). Possible eviction (2 weeks). Importance of pets (6 weeks). Face masks/public transport (5 weeks). Relationship problems (4 weeks). Staying safe online (3 weeks). Local lock down and R rate (1 week).

### Case Studies

These are included in Appendix 4.

## Redcar and Cleveland

Skills for People supported the project in Redcar and Cleveland. They completed 16 weeks of the project. 1.4 full time equivalent staff worked on the project throughout. They also supported the project in Hartlepool, Newcastle and North Tyneside.

Data collected shows that during the project 65 individuals were supported. The majority of people joined the project in weeks 1 and 2.

During the project individuals were contacted a total of 1160 times.

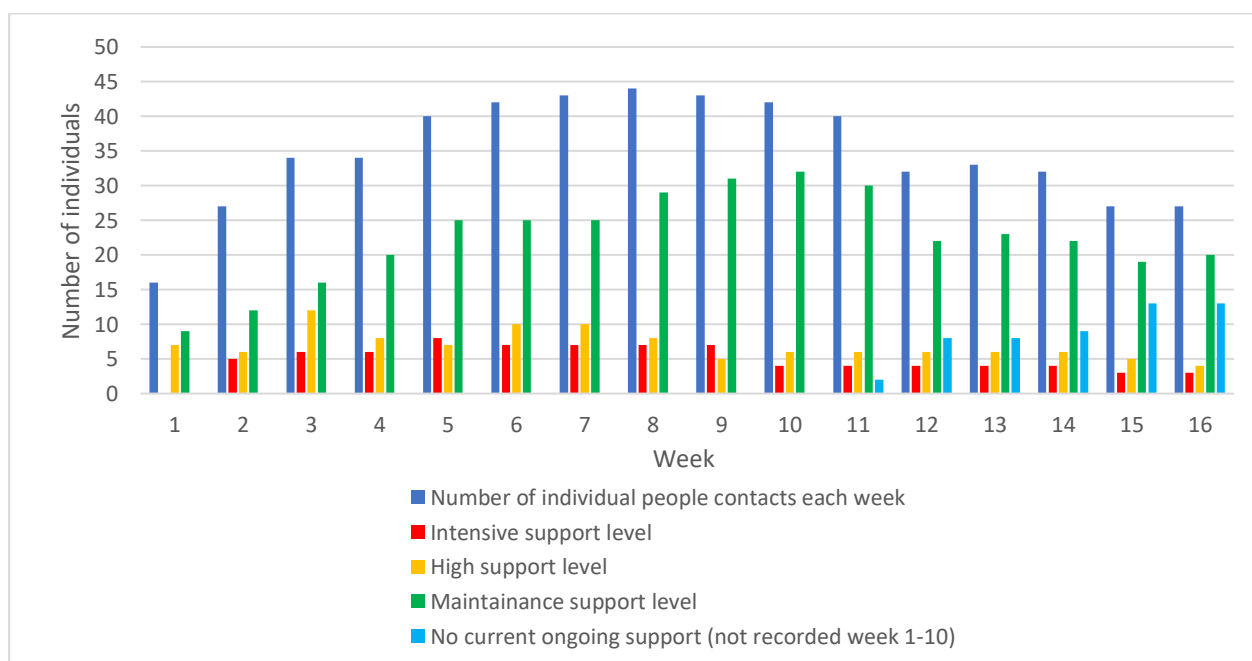
Table 10. Sixteen weeks, totals for data collected, Redcar and Cleveland

<b>Total number of people who accessed the project</b>	65
<b>Total number of contacts</b>	1160
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	79
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	112
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	360
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	53

The majority of individuals contacted by the project were identified as requiring a weekly maintenance level of support to maintain their health and safety (360 contacts). With 112 contacts for high level support. Except week 1 there were individuals requiring intensive support every week, this averaged at 5.3 contacts a week with a peak of 8 individuals requiring intensive support in week 5.

The peak in activity was between week 5 and 11 with 40 -44 weekly contacts.

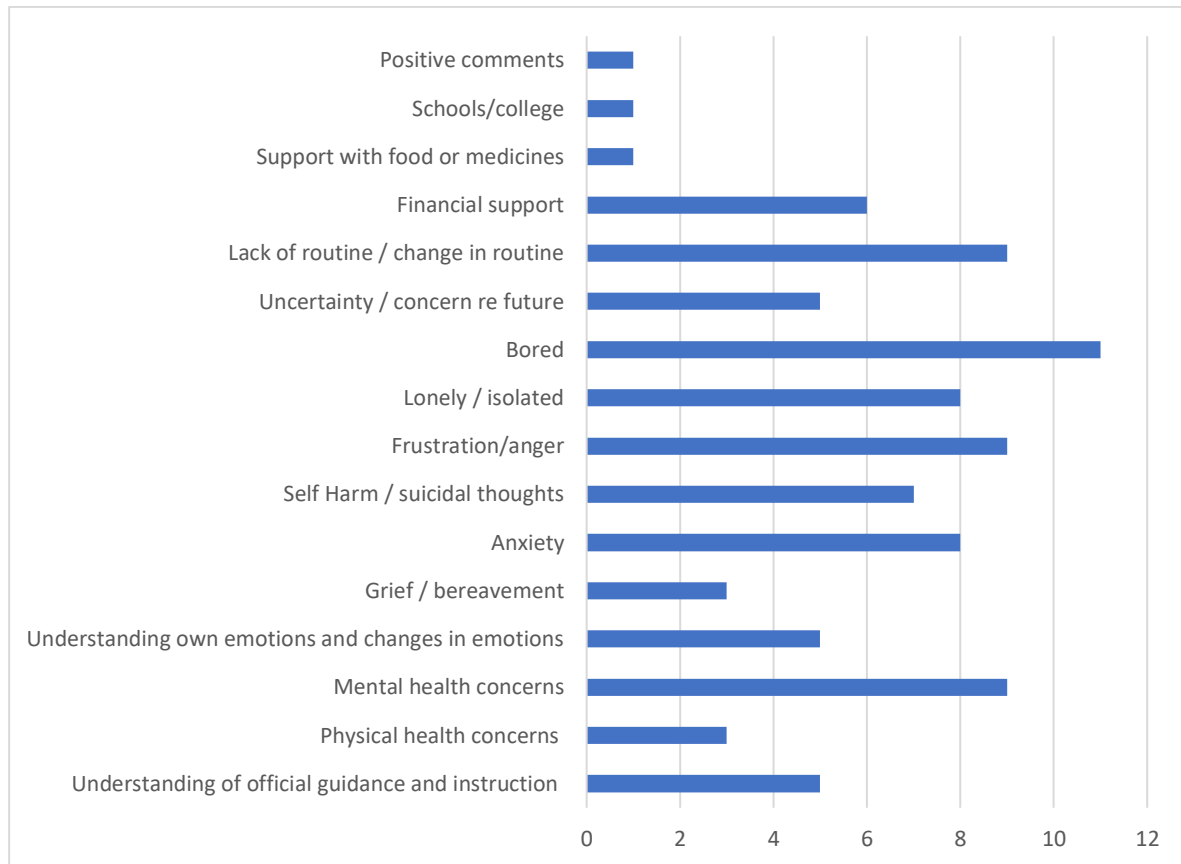
Graph 17. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. The results are shown below.

During the calls a full range of themes were discussed each week. Each week there were consistent concerns regarding mental health, boredom, anger and the lack of routine or change in routine. They also had suicide and self-harm conversations on 7 weeks.

**Graph 18. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Coronavirus test and PPE (1 week). Importance of pets (3 weeks). Face masks/public transport (3 weeks). Relationship problems (1 week). Staying safe online (3 weeks)

### Case Studies

These are included in Appendix 4.

## South Tyneside

Your Voice Counts supported the project in South Tyneside. They completed 16 weeks of the project. 3 full time equivalent staff worked on the project.

Data collected shows that during the project 65 individuals were supported. The majority of people joined the project in week 1.

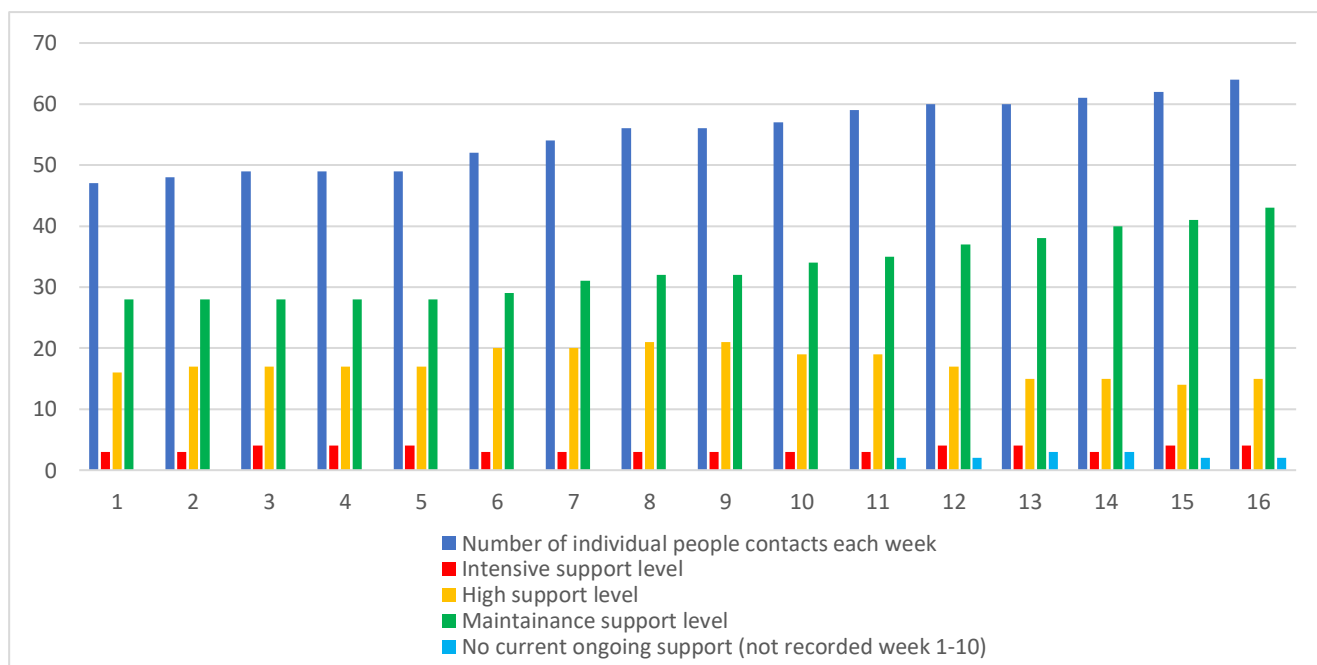
During the project individuals were contacted a total of 3553 times. 3 to 4 people each week were highlighted as needing intensive support. From week 9 onwards there was a weekly drop in the number of people requiring a high level of support and increase in the number of people needing maintenance support.

Table 11. Sixteen weeks totals for data collected, South Tyneside

<b>Total number of people who accessed the project</b>	65
<b>Total number of contacts</b>	3553
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	55
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	280
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	532
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	14

The majority of individuals contacted by the project were identified as requiring a maintenance level of support to maintain their health and safety. From week 6 onwards there was a trend in increasing maintenance level and decrease in high level support as people's needs changed. The intensive support numbers stayed stable throughout.

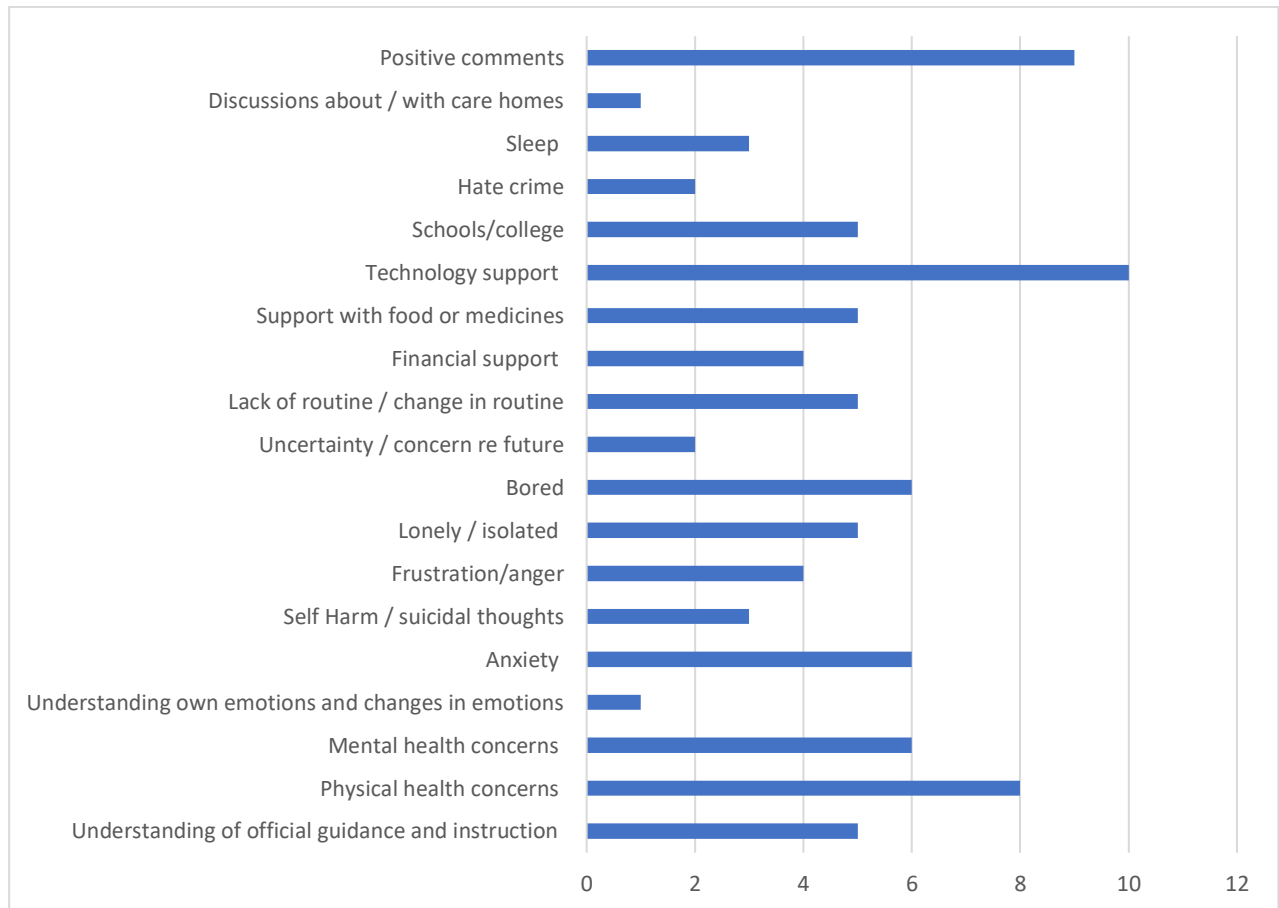
Graph 19. How many individual people were contacted by week and noted support level



Themes were collected from week 5 onwards using a tick sheet. No thematic data was shared in week 12 or 13. The results are shown below.

The most commonly discussed theme was technology support including a lack of technology or knowledge to get online. Positive comments regarding the project and staff were received on 9 weeks and physical health concerns on 8 weeks.

**Graph 20. Number of weeks each theme was identified as a concern during discussions**



In addition to the themes we collated each week a number of additional themes were highlighted through the data collection these included: Possible eviction (1week). Face masks/public transport (2weeks). Relationship problems (1 week)

### Case Studies

These are included in Appendix 4.



## Stockton

Catalyst supported the project in Stockton. They completed 15 weeks of the project. 1 full time equivalent staff worked on the project up to week 4, from week 5 onwards they had 0.3 full time equivalent.

Data collected shows that during the project 13 individuals were supported. The majority of people joined the project in weeks 1 and 2.

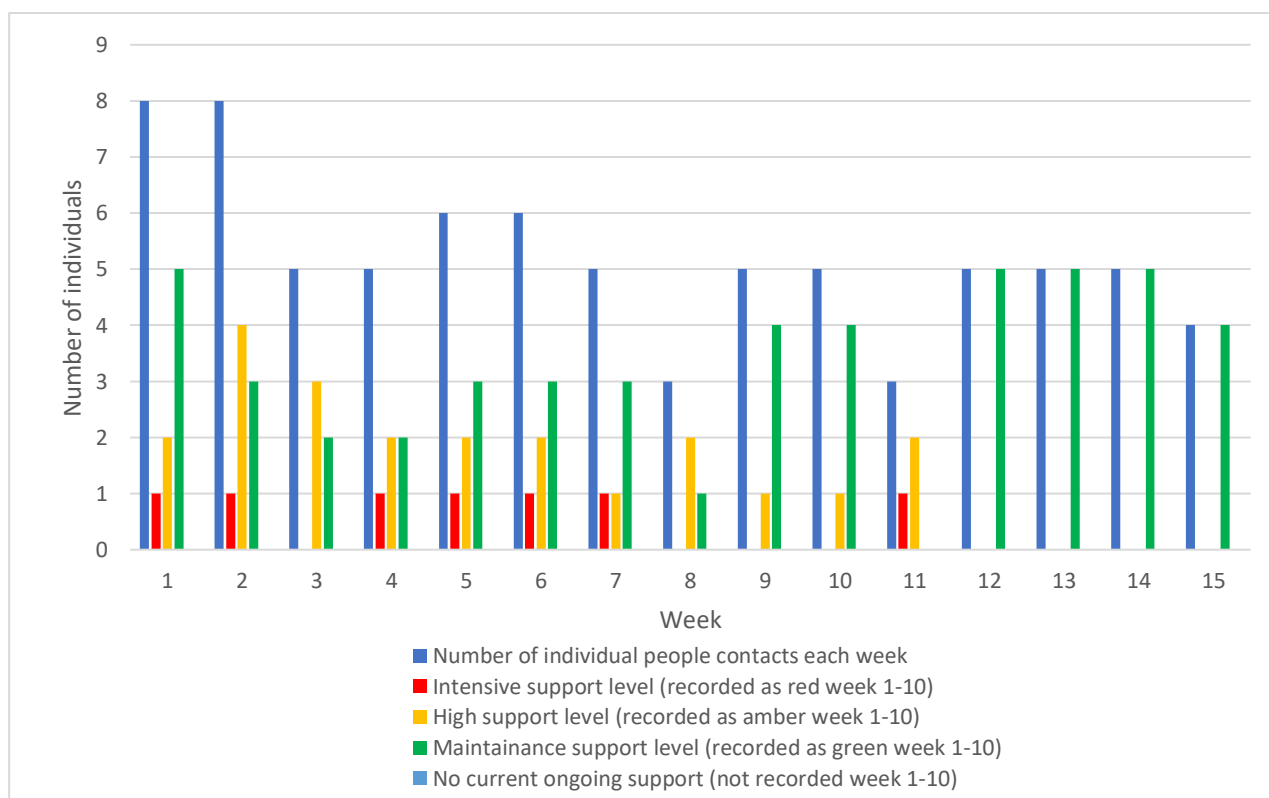
During the project individuals were contacted a total of 190 times

Table 12. Fifteen weeks totals for data collected, Stockton

<b>Total number of people who accessed the project</b>	13
<b>Total number of contacts</b>	190
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	7
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	22
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	49
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	0

The majority of individuals contacted by the project were identified as requiring a maintenance level of support to maintain their health and safety. From week 12 to 15 all individuals were classed as maintenance.

Graph 21. How many individual people were contacted by week and noted support level



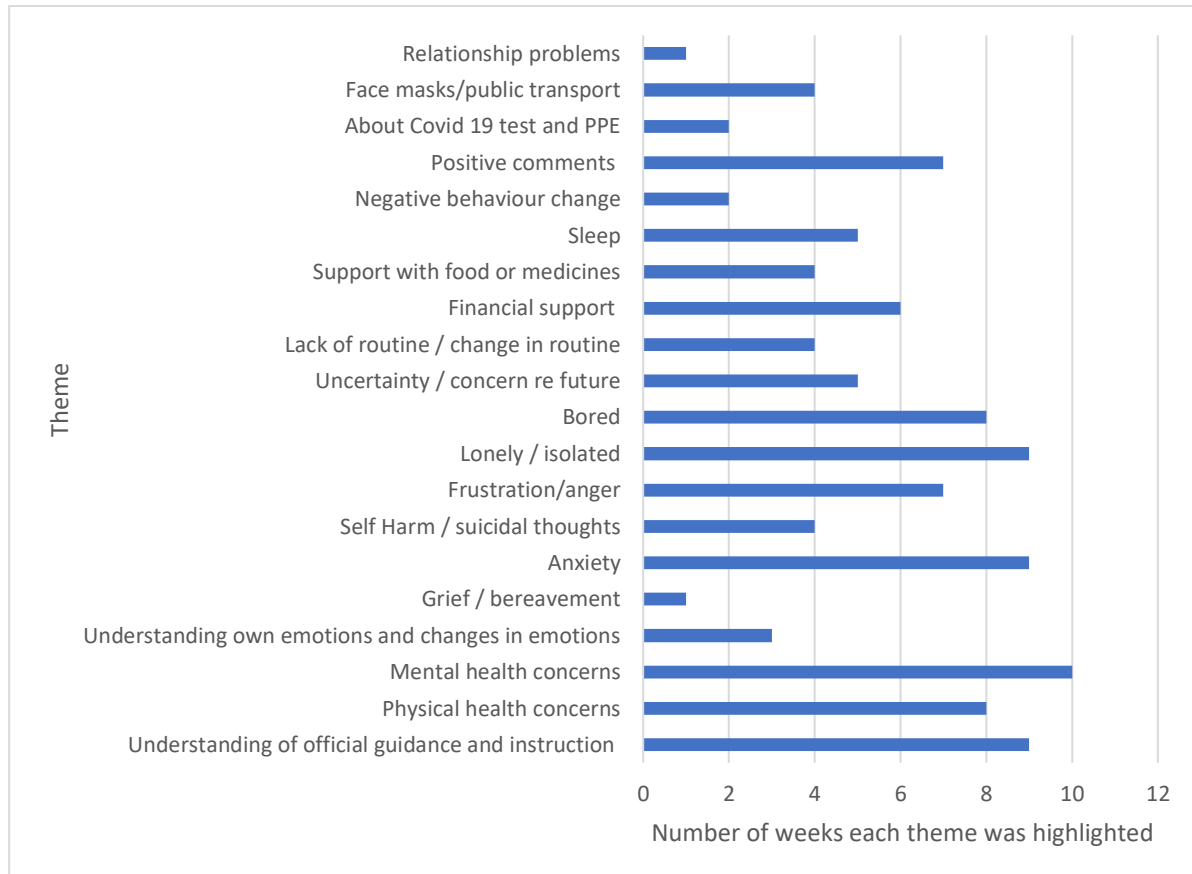
Themes were collected from week 5 onwards using a tick sheet.

The results from the data collected are shown below. The most commonly highlighted theme was mental health concerns with was highlighted every week (10) data was collected.

On 9 out of the 10 weeks thematic data was collected the understanding of official guidance and instruction, anxiety and isolation/loneliness were highlighted.

On 8 out of the 10 weeks physical health concerns and boredom were highlighted.

**Graph 22. Number of weeks each theme was identified as a concern during discussions**



### Case Studies

Three case studies were collected by Catalyst. These are included in Appendix 4.

## Sunderland

Sunderland People First, Autism in Mind, Sunderland CCG and the community learning disability health promotion team. They completed 12 weeks of the project, providing data for 11 weeks. The data collection method and project management differed from other localities. This means direct data comparison is not advised. Sunderland's data is not included in the regional data collection and combined data.

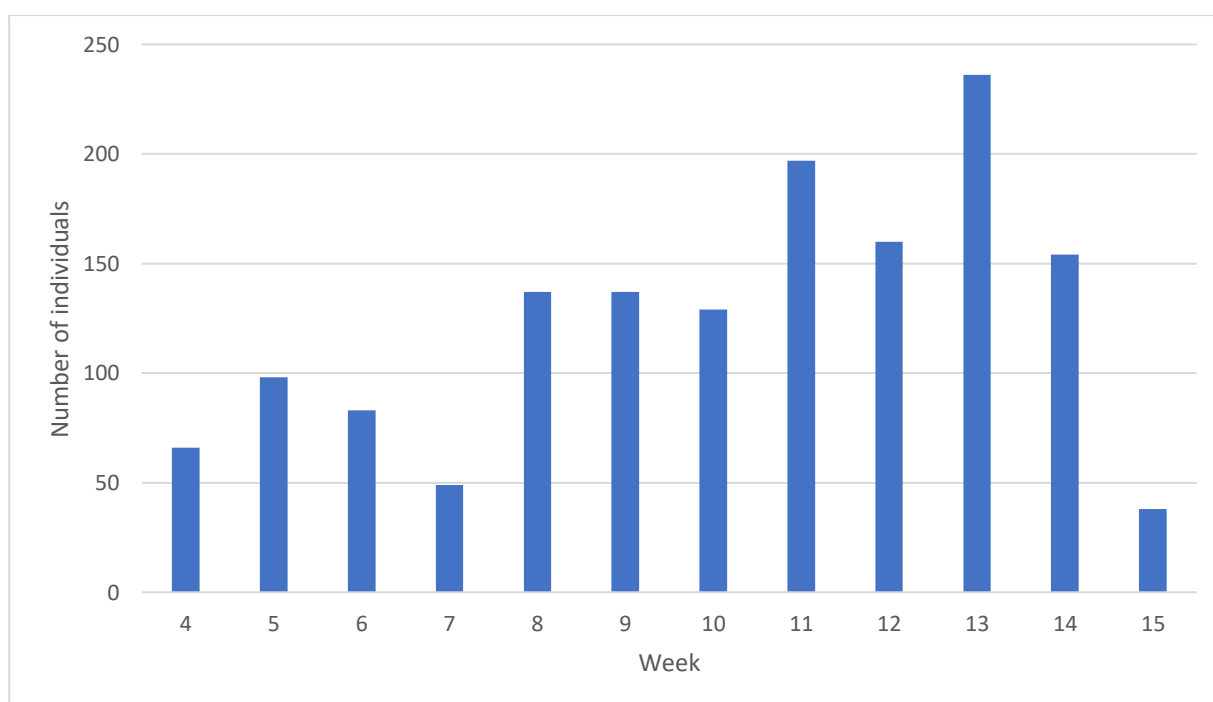
In Sunderland individuals were identified through CCG and LA records. From their records individuals were ranked before been allocated to an organisation to make contact and offer support through referral to a VCS or other organisation as required. 29 individuals were referred for additional support.

The majority of people were contacted in week 13 (236), in total 1484 individuals were contacted as part of their work.

Table 12. Eleven weeks totals for data collected, Sunderland

<b>Total number of people who accessed the project</b>	1484
<b>Total number of contacts</b>	1661
<b>Total number of individuals recorded weekly as requiring intensive support level (recorded as red week 1-10)</b>	0
<b>Total number of individuals recorded weekly as requiring high support level (recorded as amber week 1-10)</b>	54
<b>Total number of individuals recorded weekly as requiring maintenance support level (recorded as green week 1-10)</b>	565
<b>Total number of individuals recorded as requiring no current ongoing support (not recorded week 1-10)</b>	0

Graph 23. How many individual people were contacted week 4-15



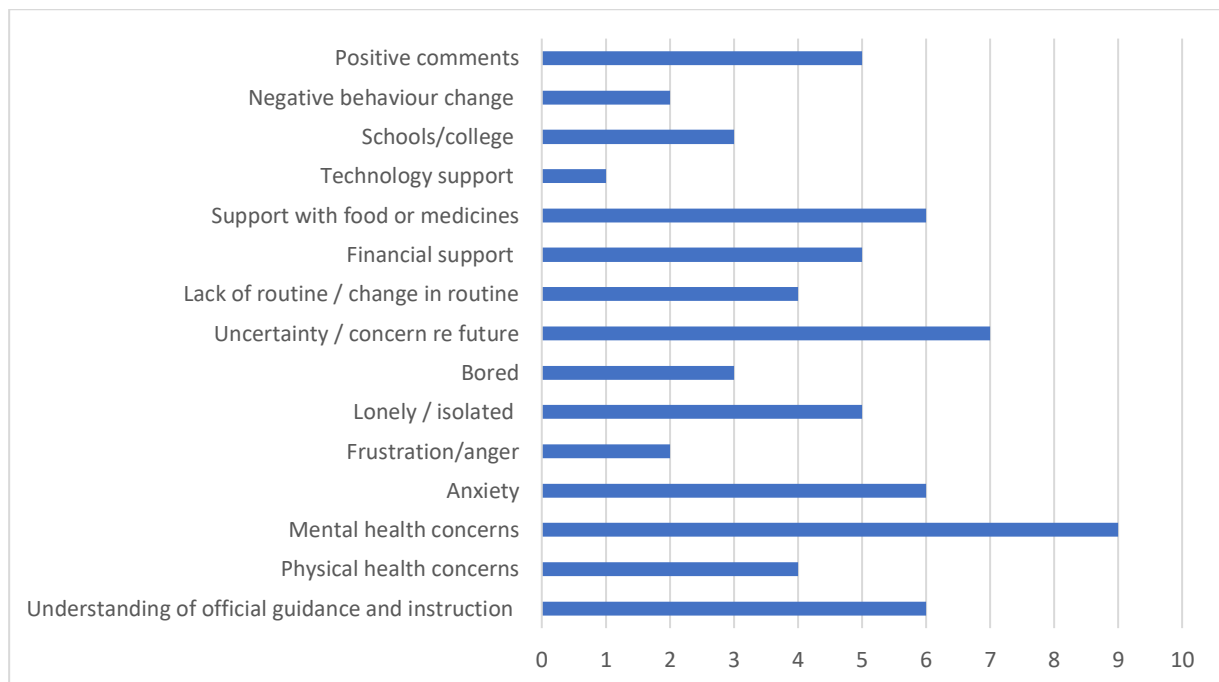
Themes were collected from week 5 onwards. Sunderland shared information on themes using a free text model. This data was then transferred into the themes being used across the region.

The results from the data collected are shown below. The most commonly highlighted theme was mental health concerns which was highlighted 9/10 weeks data was collected.

Uncertainty or concern about the future was highlighted on 7/10 weeks.

There were no themes of suicide or self-harm throughout the project. This may have been because individuals were ranked prior to being contacted.

**Graph 24. Number of weeks each theme was identified as a concern during discussions**



## 10.2 Combined data

To understand the regional data, analysis has been compiled in table 13. These do not include Sunderland due to the differences in project set up and data collection.

In total 1599 individuals engaged with the project, individuals were contacted a total of 22,213 times, the number of contacts an individual needed over any week period was not limited but set through the need of the individual.

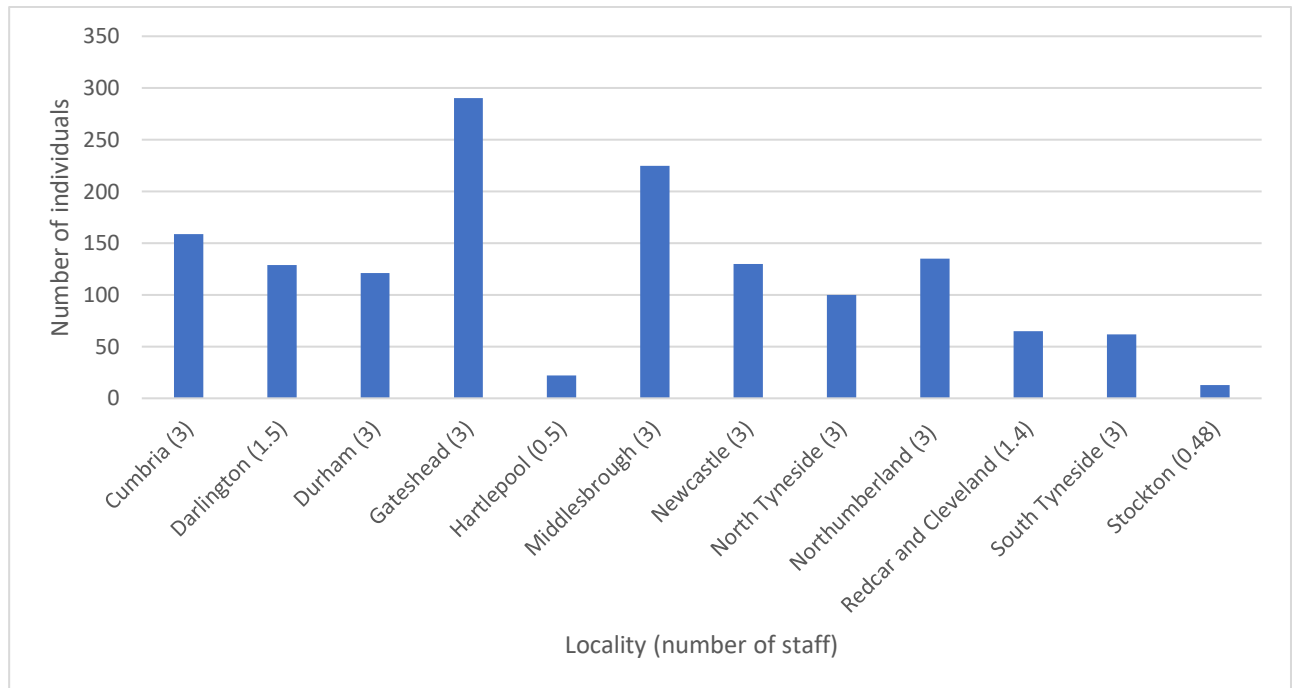
The total cost of the project was £289,000 this was calculated by an hourly rate for each staff member making contact with individuals. The development, steering group, staff management /support and evaluation were not included in this cost.

Total number of individuals engaged during the project	1599
Total number of contacts made	22,213
Intensive support level (recorded as red week 1-10)	1353
High support level (recorded as amber week 1-10)	3159
Maintenance support level (recorded as green week 1-10)	6131
No current ongoing support (not recorded week 1-10)	15
Combined number of weeks project completed within 12 locations	171
Regional number of staff working on project	29.9
Total cost	£289,000
Total cost per interaction (total cost/number of contacts)	£13.01
Total cost per person who received support during the 16 weeks	£180.74

Graph 25 shows the total number of individuals who accessed Keeping People Connected by locality. To understand the difference in capacity to contact individuals the number of staff working in each locality is added. Gateshead increased the staff capacity

through a partnership with the LA from week 5 increasing their contacts. Sunderland's data is not shown on the graph, over the length of the project they made 1446 contacts.

**Graph 25. Total number of individuals who accessed KPC, week 1-16 by area. Including number of staff supporting each locality. Total contacted 1451 (excluding Sunderland)**



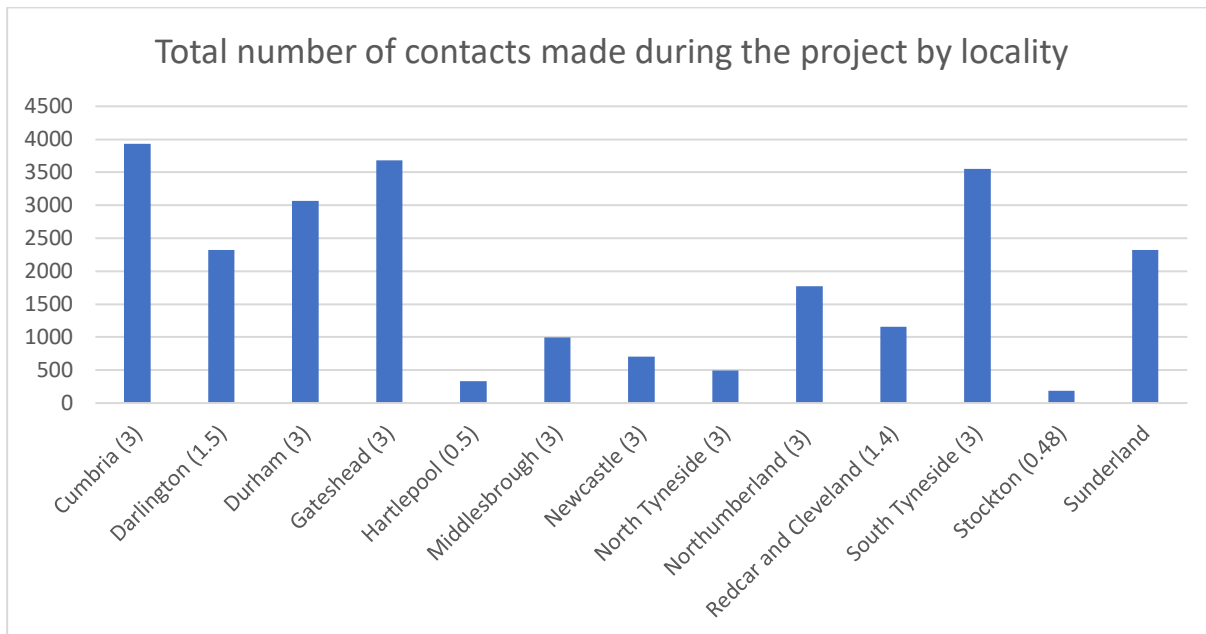
Newcastle and North Tyneside numbers are lower in both graph 23 and 24 as they stopped delivery in week 6 as funding stopped.

Graph 25 shows the number of contacts made by locality over the life of the project. Each individual may have been contacted multiple times depending on their need.

In total during the life of the project there were 24,533 contacts made with individuals by phone, text, email or video call.

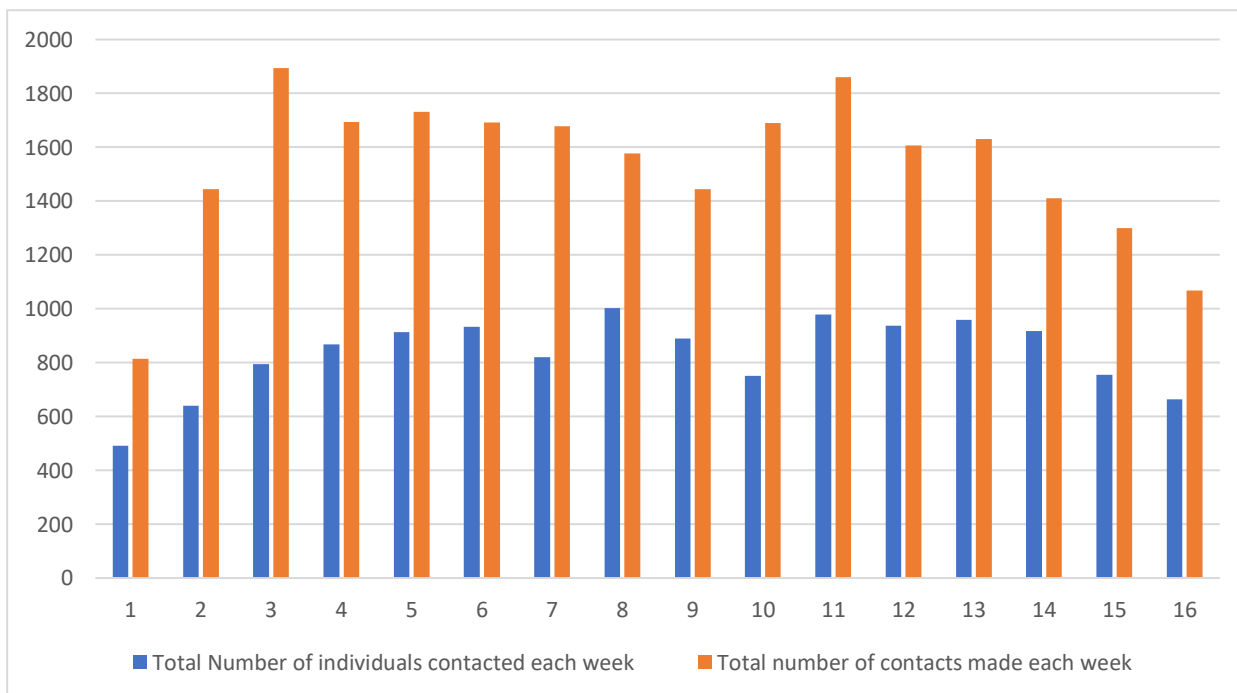
The average number of contacts per individual over the life of the project was 15.3 contacts (excluding Sunderland).

**Graph 26. Total number of contacts made over the 16 weeks of the project.**



Graph 26 looks at the total number of individuals and the total number of contacts made over the 16 weeks (including Sunderland). The highest number of contacts made was on week 3 (1894) closely followed by week 11 (1861), these were not the weeks with the highest number of individuals contacted. The highest number of individuals were contacted on week 8 (1003).

**Graph 27. Total number of individuals contacted each week and total number of contacts made by week.**

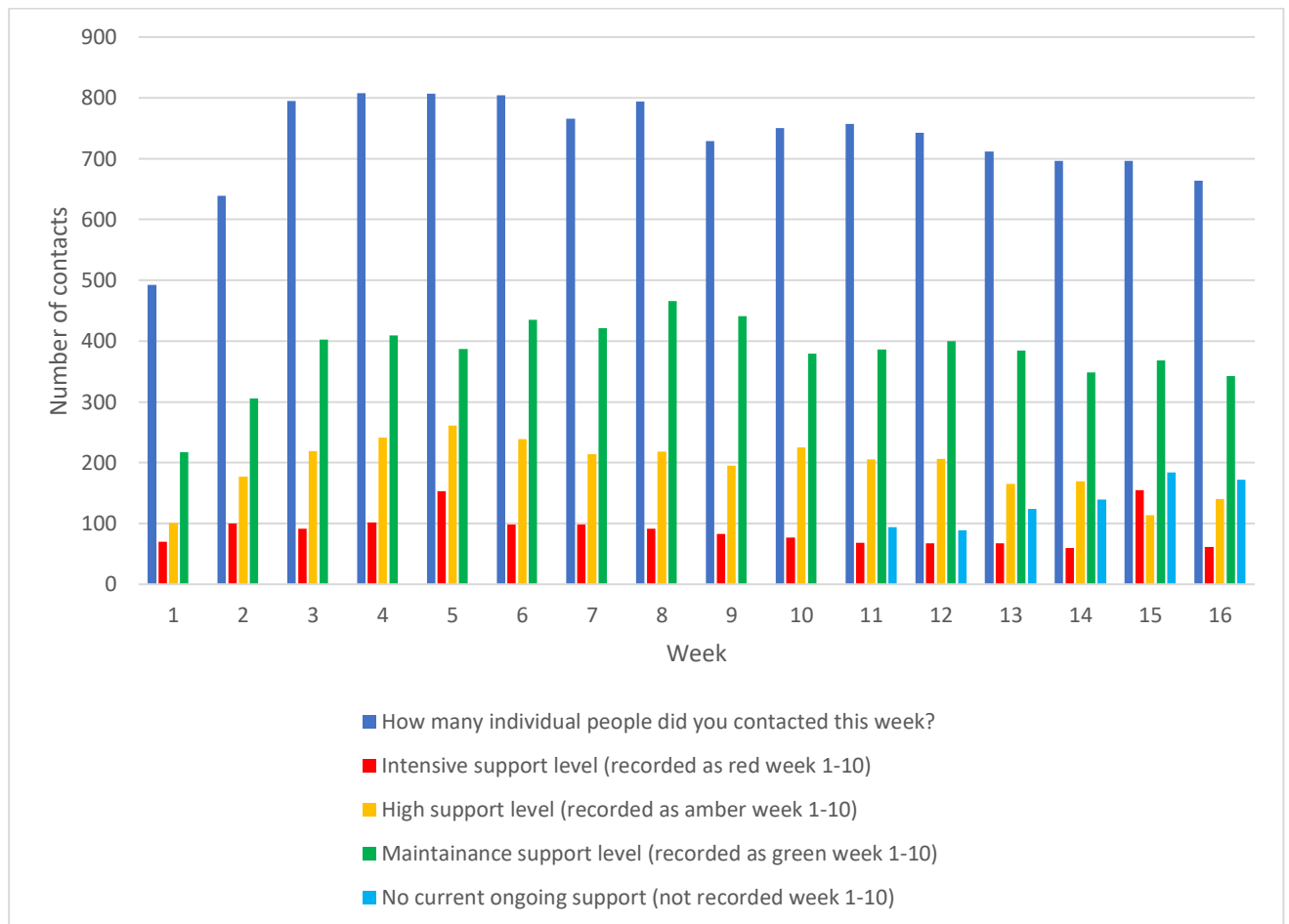


Graph 27 shows the total number of individuals contacted each week and the support level they were allocated. Week 1 – 10 there were 3 support levels as shown in appendix

1. From week 10 onwards we changed to a 4 support levels (appendix 3) this was to better reflect individuals who “chosen to leave the project as they feel they no longer need the support offered, are happy and have the information to re-join if their situation changes in the future. Or person chose not to access support offered but has information and contact detail in case required in future.”

The highest number of people needing intensive support was in week 15 (155) closely followed by week 5 (153), all other weeks the number needing intensive support was 100 or below.

**Graph 28. How many individual people were contacted by week and noted support level for region (including Sunderland)**





## 11. Thematic analysis

From week 5 onwards we asked localities to highlight each week if they had discussed any of a list of themes with individual contacts. In total each theme could have been commented on 135 times, through the data collected.

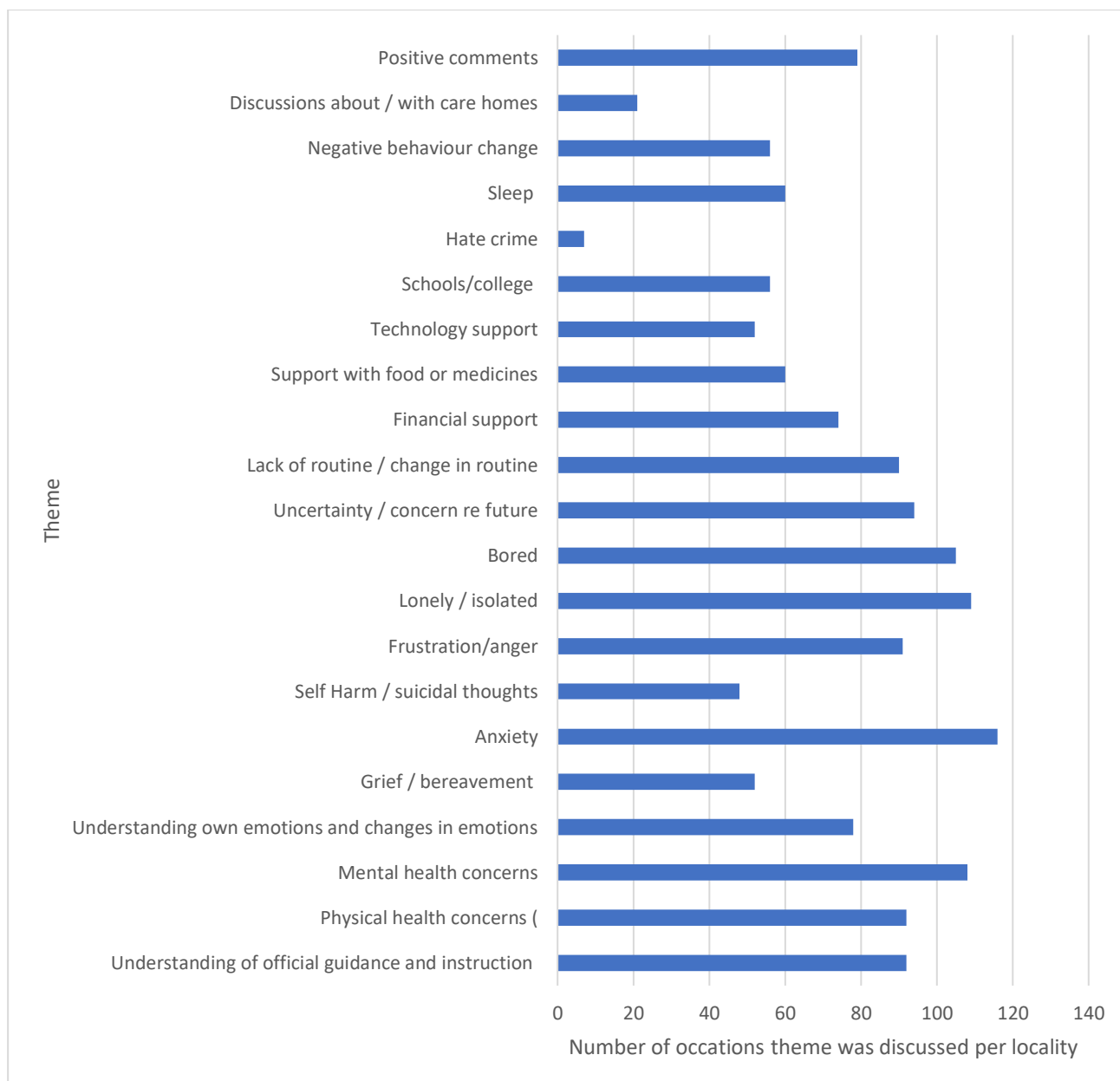
The themes discussed on most occasions were anxiety (116), followed by loneliness and isolation (109) and mental health concerns (108).

“I want some nice friends”

“I would like someone to sit in the garden and talk to me. People are horrible out there and laugh at me. It’s not very nice”

(week 8)

Graph 29. Number of weeks a locality identified each theme as a concern



Alongside the tally of themes, comments from individuals were collected on a weekly basis. A selection of these comments has been included in this report within the green

boxes. They give a flavour of the discussions and emotions of the individuals who engaged with Keeping People Connected.

There were both very positive comments and acknowledgements of the support the project and individual staff had given, as well as some very honest descriptions of how people were struggling with their mental health, physical health or general wellbeing.

*"It's lovely talking to you. It's like we have adopted you!"*

*(week 7)*

There was an acknowledgement of how lonely people felt and for many how the Keeping People Connected contact was a lifeline to the outside world.

*Hi xxx*

*Just a quick thank you to all at MAIN for their help and support.*

*Due to the support I receive I am now able to live an independent, manageable and sustainable life for the first time.*

*Kind regards*

*Xxx*

*(week 10)*

*"Why does everything have to be online? That's one of the problems with this. If you can't read and write it's hard enough but then everything uses technology and you can't use that either. I like just to have you tell me what's going on. I don't understand what's on the telly in the news either".*

*(week 7)*

## 12. Case studies

Alongside collecting thematic data and comments the project also collected case studies in weeks 15 and 16 to help reflect some of the individual's experiences and journeys. All the case studies received are shared in appendix 4.

*"I will hopefully be able to see you after all this. I'm hoping to get back to People First"*

*(week 11)*

## Appendix 1 – initial data collection sheet

Keeping People Connected - Highlight report	
Local Authority	
Name of Lead person	
How many individual people did you contacted this week?	Total number of individual people contacted this week. This includes any new contacts (who may not yet have been RAG rated) and any contacts who you have spoken to in previous weeks and have spoken to this week
Number of individuals RAG rate RED	
Number of individuals RAG rated AMBER	
Number of individuals RAG rated GREEN	
Total number of calls/ texts/ emails made - including follow up calls	This is the total number of phone calls, texts and emails made by call handlers over the week. This includes if an individual received multiple contacts. (E.g. Jo was phoned and then received 2 follow up text and an email Total contacts 4)
Total number of new individuals contacted this week (by calls, text, email)	Total number of new individuals who have been contacted this week by calls/texts/emails counted once. <b>Added together this tells us the total number of individuals contacted over the life of the project</b>
Number of individual people accessed through group contacts this week, including whats app, zoom Facebook etc.	This is total number of individual people who accessed groups. If an individual uses 2 group sessions, you count them twice. (E.g. Jo joined the chat group on Facebook and a group Whatsapp call, that equals 2 counts)
Number of group contact sessions held this week	
Are you receiving referrals from local services	
Please note services referring	

## Appendix 2 – Thematic analysis sheet

Are any themes to calls emerging	Please add number 1 to indicate yes to any of the themes below
<b>Understanding of official guidance and instruction</b>	
<b>Physical health concerns</b> (incl. concerns over GP appointments, weight gain, specific health conditions).	
<b>Mental health concerns</b> (other than specifics listed below e.g. general poor mental health)	
<b>Understanding own emotions and changes in emotions</b>	
<b>Grief / bereavement</b> (this may be due to a specific personal loss or general feeling of grief/bereavement due to situation)	
<b>Anxiety</b> (including expressions individuals are worried/worrying)	
<b>Self-Harm / suicidal thoughts</b>	
<b>Frustration/anger</b>	
<b>Lonely / isolated</b> (include comment such as I miss my family/friends)	
<b>Bored</b>	
<b>Uncertainty / concern re future</b>	
<b>Lack of routine / change in routine</b>	
<b>Financial support</b> (incl. financial issues such as banking, benefits, loss of income)	
<b>Support with food or medicines</b>	
<b>Technology support</b> (Incl. lack of tech, lack of internet, want to be able to join groups but no devise, internet etc.)	
<b>Schools/college</b> (incl. concerns over schools and support for children/ young adults)	
<b>Hate crime</b>	
<b>Sleep</b> (include issues with sleep, changes in sleep patterns)	
<b>Negative behaviour change</b> (e.g. I don't exercise any more, negative changes in behaviours that challenge, I am drinking/eating more)	
<b>Discussions about / with care homes</b>	
<b>Positive comments</b> (positive comments received about the project and towards specific staff)	
<b>Other - please list</b>	
Potential abuse/neglect from carers	new theme
About Coronavirus test and PPE	new theme
Been scammed	new theme

## Appendix 3 – Support levels

### Keeping people connected – support levels/needs

This is a guide to support the individual being contacted through Keeping People Connected. It is aimed to be a fluid document that enables people to move between levels and feel supported through intervention/s at whatever level/need they have at that particular time.

Support level/need	Descriptor	Intervention	“I” statements
Intensive Level Support	<p>Person is regularly distressed and/or not understanding/following guidelines. Isolated or existing support networks not effective in reducing their distress. Person may use several of the following or similar words to describe their feelings, mood or situation:</p> <ul style="list-style-type: none"> <li>-Angry</li> <li>-Suicidal / self-harm</li> <li>-Depressed</li> <li>-Not coping</li> <li>- Hopelessness / no hope</li> </ul>	<p>Offer of: Multiple weekly contacts or interventions and need to liaise with other agencies to address needs or support the person to access themselves.</p>	<p>“I don’t think I can cope.”</p> <p>“I don’t have anyone to help me.”</p> <p>“I don’t know what to do about housing/money.”</p> <p>“I need help.”</p>
High Level Support	<p>Without support person would be isolated and their distress or anxiety would increase. Support network/s maybe in place but is fragile or inconsistent. Person may use several of the following or similar words to describe their feelings, mood or situation:</p> <ul style="list-style-type: none"> <li>-Anxious</li> <li>-Confused</li> <li>-Worried</li> <li>-Panic</li> <li>-Bored</li> <li>-Trapped</li> <li>-Lonely</li> </ul>	<p>Offer of: Multiple weekly contacts or interventions.</p>	<p>“I feel so much better after I have spoken to you, I feel less anxious.”</p> <p>“I don’t know what I would do if a couldn’t talk to you.”</p> <p>“I just want some friends I feel so sad and lonely.”</p>
Maintenance Level Support	<p>Person is not isolated or no longer isolated and they can describe other effective support networks they are accessing. The ongoing support provides a safety net for the person should there be a difficulty and contributes to maintaining their well-being. Person may use several of the following or similar words to describe their feelings, mood or situation:</p> <ul style="list-style-type: none"> <li>-Worried</li> <li>-Concerned</li> <li>-Bored</li> <li>-Missing friends</li> </ul>	<p>Offer of: Person accesses group support or require low level of support E.g. single call a week May be buddied and supported to make/maintain friendships.</p>	<p>“I don’t understand the guidance on the news.”</p> <p>“I like being able to talk to you, it makes me feel calm.”</p> <p>“I get bored when I don’t speak to anyone.”</p> <p>“I have missed not going to groups/visit family.”</p>
No current ongoing support	<p>Person has chosen to leave the project as they feel they no longer need the support offered, they are happy and have the information to re-join if their situation changes in the future. Or person chose not to access support offered but has information and contact detail in case required in future</p>	<p>No current ongoing support offer. Person may be linked to buddies/friendship groups formed as part of project. Person has contact details and understands how to get in touch in future if needed.</p>	<p>“I have chosen to not be a part of this project.”</p> <p>“I am aware of how to contact you if I need support in the future.”</p> <p>“I am happy and supported.”</p>

## Keeping People Connected data collection sheet updated 25/06/20

	NOTES
How many individual people did you contacted this week?	Total number of individual people contacted this week. This includes any new contacts (who may not yet have been RAG rated) and any contacts who you have spoken to in previous weeks and have spoken to this week
Intensive support level (red week 1-10)	Previous RED - see description sheet
High support level (amber week 1-10)	Previous AMBER - see description sheet
Maintenance support level (green week 1-10)	Previous GREEN - see description sheet
No current ongoing support (not recorded week 1-10)	New category - see description sheet
Total number of calls/text/emails made - including follow up calls	This is the total number of phone calls, texts and emails made by call handlers over the week. This includes if an individual received multiple contacts. (E.g. Jo was phoned and then received 2 follow up text and an email Total contacts 4)
Total number of new calls/texts/emails made	Total number of new individuals who have been contacted this week by calls/texts/emails counted once. Added together this tells us the total number of individuals contacted over the life of the project
No. of individual people accessed through group contacts this week, incl. Whats app, zoom, Facebook	This is total number of individual people who accessed groups. If an individual uses 2 group sessions, you count them twice. (E.g. Jo joined the chat group on Facebook and a group WhatsApp call, that equals 2 counts)
No. of group contact sessions held this week	
Are you receiving referrals from local services	
Please note services referring	
Number of safeguarding concerns (week 6 onwards)	Additional data from week 6
Number of individuals referred to other services (week 6 onwards)	Additional data from week 7
Services referring to (week 6 onwards)	Additional data from week 8
Themes	Highlight if this theme is discussed as a part of the calls made this week.
Understanding of official guidance and instruction	
Physical health concerns (incl. concerns over GP appointments, weight gain, specific health conditions.)	
Mental health concerns (other than specifics listed below e.g. general poor mental health)	
Understanding own emotions and changes in emotions	
Grief / bereavement (this may be due to a specific personal loss or general feeling of grief/bereavement due to situation)	
Anxiety (including expressions individuals are worried/worrying)	

Self-harm / suicidal thoughts		
Frustration/anger		
Lonely / isolated (include comment such as I miss my family/friends)		
Bored		
Uncertainty / concern re future		
Lack of routine / change in routine		
Financial support (incl. financial issues such as banking, benefits, loss of income)		
Support with food or medicines		
Technology support (Incl. lack of tech, lack of internet, want to be able to join groups but no device, internet etc.)		
Schools/college (incl. concerns over schools and support for children/ young adults)		
Hate crime		
Sleep (include issues with sleep, changes in sleep patterns)		
Negative behaviour change (e.g. I don't exercise any more, negative changes in behaviours that challenge, I am drinking/eating more)		
Discussions about / with care homes		
Positive comments (positive comments received about the project and towards specific staff)		
Other - please list		
Potential abuse/neglect from carers		
About Coronavirus test and PPE		
Been scammed		
Possible eviction		
Importance of pets		
Face masks/public transport		
Relationship problems		
Staying safe online		
Comments - add comments below or on separate sheet		

## **Appendix 4 – Case studies**

### **Case study 1**

Peter has been part of the shielding group. His neighbour was doing his shopping for him, but he had no other contact with people as he lives alone. Initially he was quite down and bored because he had nothing to do each day. He doesn't have a diagnosis, but he does have autistic traits which meant he was very focussed on what was said each day at the Government briefings and keen to get clarification on the rules about what he could and couldn't do. This formed the basis of our weekly chats, but I have also talked with Peter about his interests in History, Castles and Family History. I contacted some of the local Castles asking for some information that I could print out and send to Peter. Raby, Bamburgh and Alnwick Castles all generously sent a free pack of information and visitor booklets to me to pass on to Peter. These really help to lift his mood. Peter is now able to go out to do his shopping, get his daily papers and do the crosswords which are all important parts of his daily routine. He continues to check the rules with me and discuss things like wearing masks or travelling by bus. He also contacted his GP as a direct result of a conversation we had about his concerns that the GP surgery was shut and has since contacted them again himself without prompting.

I asked Peter how the weekly phone call had helped him:

“It's useful, it gives me a potential support system and you are there as a back-up if I need it”

### **Case study 2**

Julie was already being supported by Skills for People for a few months prior to lockdown, helping her to be more confident and travel independently. She is also supported by Charlie from the Transformation Challenge Team at the Council who we are in close contact with. Julie has found lockdown to be difficult. She has had problems with some of her neighbours so spending all of her time at home has increased her anxieties and mental health problems. KPC enabled us to increase contact with Julie each week by phone. Some calls have been difficult as Julie has been upset, crying uncontrollably and getting agitated about her past problems. On these occasions I have tried to help Julie to calm down and focus on positive things, and to pass on concerns to Charlie. Charlie and his team have been able to support Julie with home visits when her mental health has deteriorated. On other occasions I have had some great chats with Julie. Julie is really house proud, loves cooking and enjoys doing jigsaws. I have been able to help Julie keep busy by talking about all the jobs she could do around her house, so she has been cleaning regularly and has even defrosted her fridge. I was able to get some jigsaws from the Circle of Life charity shop and sent these up to Julie, which she has loved doing. Julie doesn't have access to the internet so hasn't been able to join our weekly online cooking group, but we have sent her the recipes each week and she has tried most of these.

Julie lives alone with her dog, 2 cats and tortoise. Her pets are really important to her and even though she doesn't have much money she looks after them all really well. In the early stages of lockdown one of Julies cats stopped eating. This was a real worry for her so I was able to help her by talking about different strategies that had helped my cat



when he stopped eating. This worked for a while, but Julie became increasingly worried about her cat. She spent her last available money on a check-up at her local vets and some medication to help him. The vet said that cat had 2 rotten teeth which were causing him to stop eating and this wouldn't change unless he had his teeth taken out. This would cost at least £300, money which Julie didn't have. As cat continued to not eat and started getting thinner Julies mental health deteriorated. I was able to make contact with Teesside Cats Protection who kindly offered to pay for the cat to have his operation, and I was able to transport cat to and from the vets for Julie as she doesn't drive and with her current anxieties, wouldn't have been able to take him on the bus. Cat has made a full recovery after his operation and Julie is really grateful for the support, we were able to get for him. This is one less thing for Julie to worry about now. When lockdown ends Julie wants to raise some money for the Cats Protection and would like to get back to working on her confidence so she can travel to visit their charity shop in Middlesbrough. This would be a big challenge for Julie, but it is encouraging to hear her talking about positive changes she wants to make in her life.

### **Case study 3**

Karl self-referred to KPC as he was struggling to cope with changes to his routine because of lockdown. Karl requested help via email as he felt this was the easiest way for him to communicate.

"Keeping People Connected has helped me throughout the lockdown as I was struggling due to the uncertainty and the strict curbs imposed on my daily living. Just having someone professional like Carolyn to communicate with really helped me and as a result I'm now feeling more upbeat alongside the lockdown being eased so I am able to return to the things that I like doing too. The service also got me interested in other services and clubs that Skills For People will run such as the All Autistics Accepted and the men's group which I look forward to joining when the venues are Covid-secure and back up and running. Many thanks again to Carolyn and the team."

### **Case study 4**

KB was referred by SBC's Learning Disability Team. He lives with his partner and has regular contact with his social worker. He receives benefit support and was receiving daily food vouchers throughout the pandemic. KB and his partner have been social isolating since the beginning of the pandemic and following guidance closely.

There were a few initial phone calls in which I was slightly concerned as there was issues with receiving benefits and KB was unable to contact his social worker during this time. I actioned this by getting in contact with his social worker and clarifying the issue. I was assured by the social worker that he was contacting KB weekly and was given a contact number which I passed on to KB. I also contacted Stockton District Advice and Information Service to receive advice on benefit payments during the pandemic. I was advised to ask KB to contact the helpline himself, so I gave him the helpline number and explained the process. The following week, I was told the issue regarding benefits had been resolved and the general mood of this client was improved as he was more at ease.

The first few weeks KB was feeling down due to being confined to the house and unable to socialise with family and friends in person, but as the weeks progressed his mental health improved as lockdown guidance became less restrictive. After guidance had changes, KB felt comfortable visiting family in a safe manor and was thankful for this experience.

He opened up about his previous residence and expressed how happy he was to live in his current place with his partner with all the support they need.

A week before the project was due to end, I contacted this client and let him know that the following week would be my final phone call and asked if he felt he needed any additional support or referrals into any services. He told me that as he was in contact with his social worker regularly, he didn't feel he needed any further support. This client's social worker was also notified that the project had ended and given any last details of clients.

In my final phone call with this client he expressed his gratitude and thanks for the calls as they had really helped him and given him something to look forward to every week. His partner insisted on speaking to me and told me she was very thankful for the project, that the calls had given KB weekly social interaction and a means of expression when he was most isolated, and it had made a huge difference to his general mental health & wellbeing during the pandemic.

## **Case Study 5**

WE was referred to our Keeping People Connected service by the Learning Disability Team in Stockton Borough Council. She was referred as there were concerns over her mood due to the lockdown.

I called WE on 6/5/20 and she admitted she was having suicidal thoughts as they were really suffering with loneliness and isolation. I explained a bit about what our project offers, and she was keen to be involved, she said that her niece makes sure she has food delivered every Tuesday and she has carers coming 4 times a day, so she has no problem with getting her medication. However, she said that the carers coming in and out made the feelings of loneliness worse as when they leave it makes it more obvious to her, she is alone. She said that she wanted to start getting out more, I made sure she understood the current guidelines meant this wasn't possible and she then said she was Shielded.

Following this conversation, I phoned the social care team, they said they had worked with WE in the past but at the moment she didn't have a named social worker. I explained what had been said in our phone call and they expressed concern and started to reassess her file and have now got her a named social worker. They have referred her to the Community Nursing Team so they can have regular catchups with her to assess her mental health.

I spoke to WE again the following day and she asked if these calls could continue after lockdown and she was pleased to have someone to speak to. I explained that even if we couldn't we would refer to an organisation that could and would make sure that she

wasn't 'abandoned'. She was still feeling suicidal, so I asked for permission to refer her to Impact on Teesside, who offer psychological services in Stockton. She agreed to this as she wanted help. I put the referral through that day, but we don't hear back from there and WE has some memory/confusion problems so can't remember if she's spoken to them.

WE was still in a low mood the following week and wanted to go out and see people. I explained that this wasn't possible, especially as she had received the Shielding Letter. She started to speak about what would happen after lockdown and how she would like some support to start attending groups. I put her in touch with the Stockton Service Navigation Project who offer this support. During lockdown they are offering telephone support, alongside ourselves, and will support her to visit groups once it is safe to do so.

We've found that WE's memory problems can be problematic as we sometimes have to end the calls fairly quickly as she becomes agitated as she is unsure of answers to questions. We have reported this to the social care team, and they are looking into it and taking this forward. We've carried on with the calls, where she is able, as have SSNP, who she enjoys talking to about what she can do in the future and making plans with them for the groups and classes she can join.

WE's memory problem became worse and she kept forgetting who we were when we called and she was becoming quite distressed, eventually she stopped answering the phone. I spoke to her social worker to express my concerns and she said she'd been having the same issues contacting WE. She'd been in touch with the Community Nurses and they confirmed that WE was alright, she just wasn't answering the phone if she didn't know who was calling. The social worker requested that I try one more time to get through to her and see if she wanted referring to Middlesbrough & Stockton Mind, as I'd previously suggested. I managed to speak to WE the next week and she was keen to be referred into Mind's befriending service. I referred her into the service, but they have since come back and said they are unable to get hold of her and she is saying her name is not 'W'. I've passed along these concerns to the social workers and linked her up with Mind so that WE can be referred in at a later date. The social worker thanked me for the support I'd given WE as it had saved her a job.

We've taken a step back from contacting WE as we are unable to support her once this project ends as this isn't part of Catalyst's role. We feel that the organisations we have referred her to are able to support her longer term, I have confirmed that WE is still in contact with SSNP and her social worker is still making contact weekly.

## **Case Study 6**

PE was referred to us by his GP Surgery as he was struggling with anxiety and depression during lockdown. I first spoke to PE on the 23/04/20 where he said he just wanted to take a lot of tablets as he was struggling with lockdown, but said he was unlikely to do so. The following day I spoke to PE again and brought in my manager, as she is a trained counsellor and was able to speak to PE about his suicidal thoughts. I also referred him to Impact on Teesside, which offer psychological services and they placed him with Alliance who offer counselling services and can support him through his depression and anxiety.

After dealing with this issue, as it took priority, we became aware that we hadn't been told if he had a learning disability or autism. I had a conversation with PE and he disclosed that he was under Stockton Borough Council's Learning Disability Team, so we were able to keep him in the project.

PE struggles with getting support and often becomes agitated if he doesn't like the way it is going, e.g. if they ask him questions, he is unable to answer or if they ask him about his past. He has a prior conviction that means he is unable to be in the presence of women without a chaperone, however as he believes this conviction has been spent, he becomes agitated if people act upon this still. This has meant that Alliance have struggled to support him, but his support worker has spoken to them, so they maintain contact.

Since lockdown has started to be eased PE's mood has improved as he's being able to get out more, he's enjoying travelling to Whitby a couple of times a week and having some overnight stays. I've made sure that he aware of the laws that surround this, but he has an exemption from wearing the mask due to asthma.

I have referred PE on to Middlesbrough & Stockton Mind's befriending service as he wants to carry on receiving phone calls as he enjoys having a chat with someone after the project ends.

## **Case study 7**

When our initial contact was made with an autistic lady through the Keeping People Connected Project, she happy to talk to us and pleased that we had called. One of the Keeping People Connected questions is about support and if the person is receiving any support from any services or agencies. The lady said she was not receiving any support but did need additional support because of her increased levels of anxiety. The lady stated that she was in a constant state of anxiety and was overthinking everything. She said that her anxiety and overthinking was having a huge impact on their ability to function day to day and was making her feel ill. At that point, the lady was not able to verbalise the reason for her increased levels of anxiety and overthinking. She simply wanted to talk about her anxiety and how it was impacting on her. The lady wanted to connect with Autism in Mind and was given a link to the social media group specifically set up to support autistic adults during lockdown.

The lady joined the group and made a couple of posts. The posts were again wrapped around her heightened anxiety. A few days after joining the group the lady rang Autism in Mind and said that she really needed to talk about what was troubling her. The reason for her heightened anxiety was actually nothing to do with the pandemic, it was due to a medical health issue which she was having trouble living with and understanding. She was hyper focusing on the problem and was experiencing severe health anxiety. We reassured the lady that we would speak to someone and access someone who could support her to understand her medical health issue.

We spoke to Ashley and with the permission of the lady her GP practice was contacted and liaised with. We were able to speak to the GP practice ourselves and the people involved in her care. The lady was being well supported but her increased levels of anxiety was preventing effective two-way communication from taking place. The lady did

not fully understand the information she had been given but was not able to express that and that was increasing her levels of anxiety.

After speaking to the practice and the professionals who are supporting the lady, we discussed the best way to proceed to ensure that the lady understood her medical health condition and the information that she was being given. We agreed that the lady needed a lot of reassurance with her health issue and felt that the best way forward was to support the lady together. The lady is happy with the outcome. She feels supported and is now confident to approach her practice aware that if she needs any additional support it is there for her.

### **Case study 8**

On 10th June 2020 I contacted a gentleman with a learning disability who was living in the Penshaw area of Sunderland as part of Sunderland People First Keeping People Connected calls. During our conversation, he informed me that he had been without his blood pressure medication for two weeks as his GP practice was closed, and he had been unable to “get through on the phone”. This situation was clearly causing a great deal of anxiety for this person as he was worried about his health and informed me that he was living independently and had no family or support staff to provide information and advice. Before lockdown this individual used to visit his practice to re-order his medication and was unable to order medication online or using Patient access app.

This individual agreed for me to contact the practice and attempt to organise a medication delivery. I contacted the GP practice and was able to request medication but had to phone back as a pharmacy was not listed on the practice system. I liaised with the patient and contacted the pharmacist that this person used. I phoned back the practice and requested that the pharmacy information be added to this person’s details.

The length of time spent on the phone in a queuing system and the inability of some patients to order medication online was fed back to the practice and escalated as a theme to our Senior Commissioning Manager (Mental Health, Learning Disabilities & Autism), Linda Reiling. Linda Reiling sent an email to all practice managers regarding ordering repeat medication and the difficulties that individual practice system changes may have on individuals.

The pharmacy was able to arrange delivery of medication the same day and the individual was reassured by this intervention.

We also hope that the learning gained by this individual call and the way that information was shared with other practices may encourage individual practices to consider and adapt their approach to re-ordering medication given that people with a learning disability and or autism may struggle with online access or call queues to re-order medication.

### **Case study 9**

We have a person who was known to us already receiving some low-level support through self-advocacy and peer support groups. They were under difficult circumstances prior to lockdown due to housing and financial problems which had impacted on their mental health.

The person has existing health conditions but struggled to understand if they were part of the shielding group. We supported them to access WhatsApp and then they forwarded the letter they had received about their status. With their consent we clarified with their G.P. they were part of shielding group and provided easy read guidance on coronavirus and shielding. Therefore, lockdown was going to be a long and potentially lonely experience for them as they live alone and only has one family member in contact. Using WhatsApp allowed them to have free video calls with the family member and we were able to support them to use zoom too. The person has accessed our weekly zoom meetings fairly regularly and this has been an opportunity to re-iterate/clarify government guidance for them and to give a social outlet. The person said about the zoom meetings and the regular calls 'I am glad to speak to someone to the other end of the phone. At first it (lockdown) was so boring. It's nice to have more people now than just my family member. It's nice to see other people at the (zoom) meetings.

We have delivered food, DVDs, jigsaw and word activities and for this person to help pass the time and because of low income and ability to go shopping themselves.

The person's mental health has fluctuated during covid and we have raised our concerns on occasion with the necessary people and supported his family member with the impact of their deteriorating mental health. At the moment the person is doing well and part of the support we have provided is to remind them of all they have achieved and managed during this time. We are there as another sounding board for things that are worrying them, and this takes the pressure off their loved one a little bit and helps them maintain a good relationship which is very important to them.

### **Case Study 10**

This person has a lot of negative experiences in their past and this has affected their mental and physical health and ongoing family relationships.

This person does not use the internet. They have had some maths activities sent to them and information on government guidelines.

At the beginning of covid the person was really struggling and very distressed, often crying during the daily phone calls. The person was self-harming, there were difficulties in them obtaining and taking medication. The person's sleep, eating and lifestyle were unhealthy and they were suffering the consequences. Our call handler supported them in a non-judgemental way through this period and supported them during their self-harm including calling an ambulance on two occasions due to overdosing.

During this time the person's mental health crisis team worker changed and they were reluctant to continue to engage with the new person, preferring our support. Our call handler was careful to support the relationship between the person and the crisis team and support them to understand the potential benefits of having more than D.A.D. supporting them and the different roles other professionals can take.

This person has had a lot of challenges from their family too and has discussed it with us. They have said they feel our support has helped them grow in confidence and strength which has helped them 'stand up for themselves' and deal with the situation with the family. This person has now taken more control with their medication and seeking medical advice themselves, is eating more regularly and getting some sleep. Overall,

they feel in a good place and are looking forward to getting back to their old activities as lockdown is easing. The calls are 4 times a week now and shorter and the person is not crying or distressed. They know they may go backwards sometimes but even if they do, they can talk about it and can start making small steps back to where they want to be.

### **Case study 11**

Self-referral from a brother and sister. Both are agoraphobic and have not accessed any support and have lived together since their mother died. The sister has massive sensory issues and this impacts heavily on her on a daily basis, she also has a diagnosis of ASD and SPD and has since been told that she has catatonic episodes.

Brother has a diagnosis of ASD, Anorexia Nervosa. Brother has severe weight issues and is regularly visited by the community nurse has regular blood checks.

Both do not like telephone conversations due to their inability to converse effectively and due to heightened anxiety, email has always been used as this is their preferred method of communication. I email on a weekly or fortnightly whatever they prefer.

The emails sent have made a difference to their lives as they now feel supported. The emails have been a challenge as I have not spoken to them personally, but it has helped me develop more communication skills through written conversations. Both brother and sister now feel more confident in informing me if they have any issues and are now not afraid to raise any concerns. Both have become more confident in their own feelings and understanding of their emotional well be. Case study ends with both brother and sister still being supported even after the project has ended due to the relationship building between us. Volunteers will keep up with the emails on a weekly/fortnightly basis.

### **Case study 12**

Self-referral, single young woman with a diagnosis of ASD. This lady has been socially isolated for some time during the lock down, lady was very anxious at the start of the support, some 500-600 texts weekly at the beginning of the project. Lady had disconnected from her family due to control and them dictating her life. Young lady was very disconnected at the beginning of the project and cried on lots of occasions.

The texts have enabled the young lady to join in online sessions and has been able to attend online church sessions. The young lady has since joined a dating site and a new friendship has flourished, she now texts less and keeps me updated with how things are going. I have advised of online safety and ask her questions on this, so I am assured that she has understood what I have been talking about. She requires less support and is confident that she will be able to move on once the project has ended.

### **Case Study 13**

In response to the covid-19 global crisis, we have been delivering our Keeping People Connected project supporting adults with learning disabilities and autism across County Durham to keep safe, well and connected during the crisis.

One person in particular who we have been supporting really highlights how life-saving the service has been. Referred to as Bob to remain anonymous, Bob was known to our service before Keeping People Connected and when we got in touch with him to let him know about the project, he was over the moon to hear from someone on the phone.

He said, 'I haven't seen or heard from anyone in over 4 weeks, I don't have a mobile phone so none of my friends can contact me, I'm really down in the dumps'. Immediately it became apparent that Bob needed intensive support due to a number of concerns around his health and wellbeing. We phoned Bob daily and trust developed between him and members of our team. It was due to this trust that Bob felt comfortable disclosing further information about his living situation.

Bob was in the care of a relative and staff were concerned about his diet among other things and that his care needs weren't being met so we submitted a safeguarding referral. Bob was tearful during phone calls and severely depressed, having little sleep and felt isolated from his family and friends.

We were able to provide Bob with the loan of a smart phone free of charge so that he could take part in daily group video calls with his friends and we delivered some snacks with this so that he didn't go hungry. Bob has since made new friends safely online and now communicates with them without our support, outside of the daily video calls.

A couple of weeks later, Bob disclosed some extremely concerning information that he was being sexually and emotionally abused by his primary carer. A second safeguarding referral was made and the next day police and social services visited Bob at home to attempt to resolve the situation. Bob said that his life was being controlled and he felt suffocated and felt scared to ask his carer for basic essentials such as food.

One day during this period Bob said to me "it is happening when nobody is around, I get called names like daft and idiot, I have been hiding this for a while and do not want to put anyone in a bad situation, they don't want me to have any friends, they don't want Bridge Creative to speak to me and don't want me to see people, they just like me to be in the house".

Thankfully, the situation improved as our team managed to effectively gather information thanks to the trust we had built with Bob. We supported Bob throughout this difficult time in his life, he has now cut all ties with his carer, he has moved to a new home where he has a domiciliary care package and has a close friend managing his finances.

Bob added after the first night in his new place "I would have been dead or living on the streets without your support, I've had the best night's sleep in years and I can finally see a light at the end of the tunnel". Bob also said that after speaking with us his confidence and independence had returned and we continue to provide him with daily support regularly checking up with him to see how he is getting on. He particularly enjoys the 1:1 video calls where he feels more open to discuss any worries or concerns, he may have.