

COMMUNITY MENTORING MANUAL

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Community Mentoring is a service being developed by Devon County Council as part of a re-designed local service system.

This new service is for people who are, or are at risk of social isolation and loss of independence, or who are experiencing a downturn in their lives.

Mentoring tackles isolation and loss of independence by:

- encouraging and enabling 'healthy living' and social re-engagement;
- assessing individual psychology, needs, interests and capacities; and
- fostering improved self-esteem to prevent further ill health and hospital admissions.

Mentoring also supports isolated older people to improve their quality of life by helping their communities to include them.

Community mentoring, in its initial stage, was originated by Upstream, in Mid Devon, with support from the Big Lottery Fund and first evaluated by the Peninsula Medical School. It has been further trialled by Age Concern Exeter. The Devon Association of Councils for Voluntary Services, Age Concern Devon and Westbank League of Friends have subsequently contributed to a consensus description of community mentoring.

This Manual, first developed by Upstream, has seven main sections but you can move easily between the sections by following the links.

The service at present is a large-scale trial designed to establish whether mentoring offers a better approach for some people than traditional services which may not focus on isolation and loneliness.

If you want to contact the Mentor service in your area, the simplest way is to phone 'My Devon' on 0845 1551 007 where a trained advisor will help you.

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WHAT IS COMMUNITY MENTORING?

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What is it?

Community Mentoring is a personally tailored, goal oriented service (in this case for people aged 50¹ and over), aimed at tackling the social isolation, and consequent exclusion which frequently follow on common events in later life, such as bereavement, illness or disability.

Social isolation is defined as:

- (i) A state of mind, characterised by feelings of loneliness, depressed mood and low self-esteem, as well as dissatisfaction with the social situation and a perceived lack of friendship and meaningful interactions with others. This is often associated with a lack of confidence about engaging in new social activities or interacting socially, which is a common and strong barrier to re-engagement.
- (ii) A set of behaviours characterised by low levels of social interaction. This may be to a greater or lesser degree caused by physical (e.g. disability, illness) psychological (e.g. low self-esteem) or environmental constraints (e.g. housing, access to activities, fear of crime).
- (iii) Low levels of social support in terms of material support (e.g. money transport), informational support and emotional support.

Many people have health and well-being needs in this area that are difficult to identify and not readily met by traditional interventions. The aim of mentoring is to prevent people from falling into critical need, to enable them to take greater care of their own health and to maintain their long-term health in the community.

Some people who experience these things find it difficult to find the right kind of help, and can turn inappropriately to familiar sources of other support, for example their GP's or other local NHS staff for reassurance.

Mentors work in a range of ways to enable older people to improve their independence and enjoyment of life by:

- Enabling them to make use of ordinary community facilities and networks to meet their needs
And/or
- Building small interest or friendship groups which become self sustaining or require only minimal encouragement
And/or
- When these approaches are insufficient, enabling them to design their own service responses, in groups or alone, to tackle their needs in ways which suit them.

¹ It is believed that mentoring may have applications for other isolated and excluded adults; the focus of this paper is isolated and excluded adults aged over 50.

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Mentoring:

- is a powerful tool in modernising public services because it puts older people in the driving seat of shaping their services;
- it also assists access to information and services by people who do not usually use the ordinary routes to these, perhaps because of a lack of confidence or knowledge;
- by drawing on community facilities and creating self sustaining friendship networks mentoring encourages independence in supportive communities.

The objectives of community mentoring

- To re-engage people in personally meaningful social activities (i.e. activities which are personally meaningful and enjoyable to the individual). If social interactions are not personally meaningful, they are unlikely to address the psychological impact of social isolation
- To help users of the service to develop the tools, knowledge and experience which will allow them to confidently engage in and self-determine their own chosen social activities in the future.

The intended outcomes of community mentoring

I. Improved mental and physical well being

Indicators:

- reduced depression,
- improved physical activity,
- improved feelings of self worth, confidence, self esteem,
- *also satisfactory home conditions to support health – e.g warmth*

II. Improved quality of life

Indicators:

- increase in social contacts,
- improved uptake of ordinary community facilities
- reduced burden of care to informal (unpaid) carers

III. Making a positive contribution

Indicators:

- positive sense of social identity
- sense of contribution to groups
- feeling valued and belonging

IV. Choice and Control

Indicators:

- sense of control of life
- choice and control of activities
- facilitated input to local consultations, particularly in relation to health and social care, in a conversational style integrated with the service as a whole.

V. Freedom from discrimination

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Equal access to the service and facilitation of equal access to goods and services:

- for people from minority communities,
- for men and women,
- people of all ages over 50,

VI. Economic well-being

Indicator:

- improved financial security, especially benefit take up [in association with other services]

VII. Personal dignity

Indicators:

- increased coping skills
- increased feelings of competence
- increased independence
- reduction in inappropriate usage of public services [e.g. emergency hospital admission, GP over-use] and increase in appropriate usage of community facilities and public services

Desirable outcomes

(from inter-generational work)

- Increased sense of community safety
- Reduction in fears for safety, including in relation to young people

WHO IS MENTORING FOR?

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Who will benefit?

People who may benefit from Community Mentoring are:

- people whose lifestyles have been affected by loss and isolation, whose habits have changed and who are therefore suffering or are at risk of suffering ill health as a result – in particular suffering from or at risk of depression;
- people with mild depression which is likely to be improved by increased social contact and activity;
- people who are being treated for an illness or long-term condition for whom increased social contact and activity is viewed as a helpful part of their treatment or as an addition to it; or
- people whose isolation is associated with a mild personality disorder, who are at risk of suffering further ill health as a result of lack of activity and social contact, for

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whom a supportive group arrangement is a helpful part of management in the community.

In clinical terms these people are likely to exhibit signs of a number of the following:

- substantial psychological and physiological morbidity;
- depression;
- chronic illness;
- disability;
- quality of life measures for both mental and physical well-being below normal; or
- a substantial caring burden.

Experience and evaluation has suggested that mentoring can be particularly effective in improving the lives of people with signs of depression – from sub-clinical levels to people who are receiving formal treatment.

Mentors may draw in others who are not users of mentoring services to their activities because:

- people who are not themselves experiencing difficulties may support the group dynamics; and
- younger people enable cross-generational work.

These dynamics encourage social cohesion, help develop new facilities in the community which are geared to the community's current interests and needs, and in particular help develop the capacity of communities to support vulnerable members.

Who is the service not for?

Mentors are not health or social care professionals, and are not counsellors or befrienders. The quality and effectiveness of the service would be prejudiced if it became focused on specific health and social care issues. Therefore the service is not appropriate for people who may:

- be violent;
- be alcoholic;
- have more than mild dementia; or
- have psychotic or personality disorders.

The participants' view

From the Boniface Centre, Crediton group:

“It relaxes me and calms me right down”

“It is opening me out, making me more confident.”

“We wouldn't be able to do this if it wasn't for you [Upstream].”

From a man at the Boniface Group:

“If I'd known about this sooner I'd have been here sooner.... I don't want to sit at home on my own all day.... A group project like this will help me get to know people quicker.”

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Comment after a mentor's visit to client:

"You have done me so much good. Lifted my spirits. Life gets monotonous here. I need something worthwhile. Please come again."

from the Tiverton group:

"I'm feeling so much better and everyone is telling me how well I'm looking."

Comment from Tai Chi group:

The Tai Chi instructor quoted one lady who is enthused by the group sessions to continue practising Tai Chi at home:

"She now has much more stamina and has not used her inhalers for quite a while."

A GP's view

"Elderly people lose their confidence. You need a push, someone to encourage you. This is where Upstream are good because they go in gently. The mentors build up their confidence and that's what they need. That's so important because loneliness in old age is dreadful and it just gets worse and worse and worse." (GP)

Some GPs in Mid Devon recognised that older, more isolated patients were getting caught in a downward spiral of depression and dependency. Substantial health and social care resources were going into supporting a small but significant proportion of people. In many cases, because of isolation, older people were not receiving the attention they needed and deserved. This was particularly evident in a rural area such as Mid Devon with pockets of marked social deprivation and suffering from changes in agricultural practice.

The GPs identified quality of life and social inclusion as two of the key issues to be tackled. Government and local health initiatives on exercise and healthy eating represented only one side of a balanced healthy lifestyle. Mental, creative, stimulating engagement with others was, in the doctors' view, equally important.

At the same time it was recognised that without rigorous evaluation the benefits of this work could not be demonstrated (see the Durham CAAHM Review). If health and social care authorities were ever to be persuaded of the value of providing this service, they would need clear evidence of the benefits and cost effectiveness of such a service.

Upstream responded to this challenge.

Case Studies

Elizabeth - An 80-year-old lady was referred to Upstream from a residential home. She had recently moved to the home and found that she was bored as there was nothing to do. A mentor visited the lady and realised she may enjoy attending a local Upstream group. The lady came to the group and told the mentor she had enjoyed the company and liked doing something new.

Someone who works for the home has since contacted the mentor. They knew that the residents at the home needed some sort of stimulation but didn't have any ideas and were unsure how to get things going. The mentor will visit the home again in June and advise the staff on how to arrange some activities.

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John – a 60-year-old man with early onset Alzheimers disease has been attending an Upstream group for a little while now. He has become popular in the group and helps new members to get acquainted with the others. His wife has been very supportive of Upstream since he got involved and encourages him with the idea of creative activity. She still works and finds peace of mind knowing that he has somewhere to go during the day.

He recently asked if he could attend another Upstream group. Another local charity provided a befriender to take him into the next town by bus so he could attend that group. Once he knew the route he could go by himself. He is now attending regularly and helping the new members as he does in the first group. He has also started to attend the exercise group that Upstream began in association with another local organisation, the 5x30 activity network.

Philomena – said: "I'm going to try catching the bus to the group, and then I can walk through town before catching one home." This is a great move forward as I had to walk with her to her local Village shop on my first visit. She also wouldn't have come to the group at all unless a driver who she knew picked her up.'

Colin - a man of 75 who had a stroke and very little sight. The mentor engaged him in an Upstream group but initially he was depressed at his lack of dexterity (marquetry had been his original skill) and reluctant to join activities as his day-to-day shopping and cooking were his over-riding needs. He became more open to activities once he had settled in residential care. With the support of Upstream, he and others in a group were visited by some handbell ringers. He found he could ring with his good hand, and, as he could not read the music, one of the Ringers stood by him with a bell an octave below. When she rang hers, he knew he should do the same. He was proud to take part in 'campanology' and pleased to be able to use his good hand.

Rita - a lady of 73 who was partially sighted, diabetic, lonely and anxious about moving house. Widowed 40 years ago, her only daughter lives quite some distance away and visits rarely. After much reluctance she agreed to join Upstream's circle dancing group and, after a few sessions, now says, "You know how much it means to me". The circle dance teacher explains clearly in words as well as by demonstration. Holding hands in a circle is also supportive and brings a sense of community among the dancers. Recently her neighbour was not able to drive her, so with encouragement from her mentor she organised the 'Ring and Ride' herself. "He brought this huge bus for me, just me, and afterwards he came right up to the room to collect me. I was quite brave really. I needed it because I shouldn't have been able to see in the dark evening."

An example of signposting: Report from an Upstream mentor signposting a client: The male participant had been referred to Upstream. The mentor explained: "I rang and gave details of the Cameo Club to the client's wife as I promised to find out if there were younger people going at the moment. The club is full every day at present and there is a waiting list but there are 3 or 4 other men going, so this is a possibility. I also gave details of the Uffculme Over 50's Club after ringing the organiser for this year's programme. She thought her husband would be interested in this as there were several good talks over the next few months. Unfortunately there are outings arranged for the rest of the season, which he would not be able to join due to his health problems.

Group Case Study: Visit to the John Greenway group in Tiverton

'John Greenway' provides independent, privately owned flats for older people. Upstream helped to start an activity and social group for 'John Greenway' people. The group has continued independently. The members have been meeting regularly since Upstream's last

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session with them in January 2005. They have worked on many projects themselves including dolls clothes for the Children's Hospice, blankets, kneelers for the church and knitted clothes for the premature baby unit at Heavitree Hospital. They were running out of ideas. So three members of the group attended the Upstream Winter Event in 2007 for inspiration.

They were very impressed by the Upstream wall hangings on display, the range of activities on the day, and the number of people present. They decided that they would like to make a wall hanging for their communal lounge – to brighten the room and, because they are the first residents to live in the scheme, they felt it would be a good way to record that and leave a lasting memory. They felt daunted by the task however and had no idea how to begin so asked an Upstream mentor to visit and give them direction.

There were 8 members present and they already had some fairly clear ideas of the things they wanted to put into their hanging and that it would be a kind of patchwork based on the history of John Greenway and the Almshouses. The mentor left them feeling much more confident, reinvigorated (their word) and excited by the project.

This is a good example of the way in which some simple long-term 'maintenance' work by Upstream mentors can help to keep a group active and involved.

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HOW DOES IT WORK?

The job of the community mentor is to engage participants in the service. Here we explain the role of the mentor in rural and urban areas and the ways in which the service has been developed so far. There are personal case studies, a group case study and comments from people who have used the service, mentors themselves and from health professionals.

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Community Mentors

Community Mentors are a key feature of the successful outreach approach by Upstream and now also by Age Concern Exeter.

Mentors are paid staff, working in the community within clear management structures and governance.

Mentors:

- identify, encourage and support people who are isolated or at risk of becoming isolated, or who are losing confidence;
- identify, encourage and support people who have had serious health issues and are recovering from treatment and are receiving support from the multi-disciplinary team;
- work with adults across generations and give support to carers and minority ethnic groups;
- help to motivate and support people through community involvement and small creative and social groups, to become as independent as possible.

The mentors' job description and skills have evolved in response to 'action research' and independently evaluated consultation with professionals and participants. The role of Community Mentors has been praised by health and social care authorities and by central government as an example of good practice, exploring a new way of working with vulnerable people in communities.

Mentors have individual caseloads but work as a team. Mentors may work with support staff - Enablers - who can undertake one to one work with participants following

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assessment by and under the guidance of the mentor. The respect and trust that grows between the participants and mentors/enablers is crucial to success. Mentors are not seen as 'counsellors', 'befrienders' or health and social care professionals. Their job is to enable people to become as independent as possible, supported by, and contributing to, their own communities, gaining an improved sense of well-being and quality of life in its widest sense. Regular peer support and development is an important aspect of the work alongside skills training from a clinical psychologist, health and social care professionals, and others.

Participants benefit from mentor support by:

- gaining an improved sense of well-being and quality of life in its widest sense;
- developing social relationships and involvement in regular activity to sustain their commitment;
- moving from self-improvement organised by others toward a more flexible and largely self-organised approach, sharing knowledge and meaning through their own Healthy Living Community; and
- gaining the skills and confidence to make their own health choices and responding to their social support needs.
- planning their own goals and working through a stepped programme to develop confidence and reduce anxiety in accessing social opportunities.

"Elderly people lose their confidence. You need a push, someone to encourage you. This is where Upstream are good because they go in gently. The mentors build up their confidence and that's what they need. That's so important because loneliness in old age is dreadful and it just gets worse and worse and worse." (GP)

One mentor, who retired in Devon away from his familiar roots and social supports, observed:

"I don't mind noticing a parallel between how I am feeling and what we are trying to develop in our participants – the investment of hope."

How mentors make a difference

1. **Community mapping:** Liaising with community organisations, local services and health and social care professionals. Providing information to participants.
2. **Identification:** Identifying early those people who are at risk of losing their independence or who need support to regain their confidence and abilities – with a special focus on the most isolated and those from minority ethnic groups.
3. **Overcoming barriers:** Supporting people to identify and overcome physical, psychological and social barriers in a sensitive and timely way.
4. **Engagement / Inclusion:** Signposting people to become involved in community activities or groups initiated by mentors, which are tailored to participants' health and social needs, personal interests and aspirations.
5. **Information:** Ensuring participants have access to the information they need in order to make positive decisions in their lives and have help in interpreting that information if required.

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6. **Therapeutic Group Work:** Reducing stress and anxiety in a supportive environment where shared learning and experiences can identify strategies to overcome the barriers people face.
7. **Positive context:** Building self-confidence and self-motivation so people can thrive and make their own decisions about the future, through meaningful and stimulating activities and social contact.
8. **Sustainability:** Encouraging people to maintain social and stimulating activities to improve their quality of life following the initial service. Helping them to maintain activities, start new ones, consider health and safety, and apply for small grants.
9. **Community follow-up:** Helping people maintain good health and well-being by encouraging community organisations to work in similar ways, and by keeping in touch with people to support them again if needed.
10. **Partnership:** Liaising with health and social care, and other public, private and voluntary services to respond to the expressed needs of individuals and to promote timely and relevant support.
11. **Consultations:** Being involved in local consultations alongside activities that increase people's opportunities to influence change.
12. **Co-operation:** Raising people's self-esteem and a sense of belonging and community involvement through working with others on quality creative projects.
13. **Crossing generations:** Engendering mutual respect, reducing fears and increasing a sense of community safety by encouraging all ages to work together in practical activities.
14. **Health training:** Encouraging the exchange of experience between people in their own social groups to help people understand health and well-being issues and self-care.

Mapping the community

Mentors work within the communities they serve and need to know those communities well. They cannot work alone and do not seek to duplicate what is already there. They increase the capacity or 'social capital' of the community by drawing on the untapped skills and experience of many older people. They encourage those organisations that are not already doing so to provide appropriate services that will stimulate greater independence for more vulnerable people within the community. Here are some aspects of 'mapping' that are important for mentors:

- **Geography and Demography:** Activities must be as close to where people live as possible, for easier access, developing friendships, and involvement of the local community. Knowing the area, the villages, town suburbs, community focus, and pockets of isolation is essential to ensure an inclusive service.
- **Institutions, Organisations and Clubs:** Existing organisations may include:
 - churches and schools (primary and secondary);
 - Women's Institute, Townswomen's Guild and Mother's Union;
 - Chamber of Commerce;

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- Lions, Over-60s Club, University of 3rd Age and WEA (Workers' Educational Association); and
- sports, drama, local history and painting clubs.

These provide activities to which some people can be signposted and also provide sources of professional skills, voluntary support and venues. Such groups will often know who is new to the area, who has been in hospital recently, or lately retired or lost their partner, who might be looking for something new to occupy them, or has not been seen around for a while. Some groups might already include older people and make suitable provision for them; other groups might need help in adapting their activities to encourage more isolated people.

- **Activities:** As well as activities organised by these groups, there may be other activities organised such as community plays, visiting speakers, musical evenings and village outings. The District, Borough, Town or Parish Council might organise regular or occasional activities as part of a leisure or cultural programme or local celebration.
- **Transport:** Transport is vital in rural areas. Helping people to overcome transport barriers and integrating formal transport (bus) with voluntary networks (Ring & Ride, for example) proves to be a continuous struggle. Mentors say there is a clear need for better rural transport, when and where people want it.
- **Examples of inappropriate provision.**
 - Some adult and continuing learning provision (and local societies) are not appropriate because older people, particularly the more vulnerable, rarely want 'accredited' learning or to be 'taught' conventionally, or to go out in the evening. Courses often require minimum size groups, advance payments and consistent attendance – all of which can put people off.
 - Although many social organisations and lunch clubs provide activities, many people find these groups do not meet their needs. Activities may occupy time rather than stimulate minds; there may be too many people (causing hearing and overcrowding problems), or be too formal or uninteresting.

Identification and referral

It's sometimes difficult to identify those who could benefit most from the Community Mentor service. These people may not be involved with existing activities in the community and are therefore less likely to hear about the service or be recognised by others to be potential beneficiaries. See link to [Who is it for?](#)

Mentors take the following steps to help identify people who may need the service.

- List the most likely circumstances of people who might benefit in their area. People from different areas (urban, rural, local districts) will have different needs.
- Distribute leaflets about the service (see below).
- Visit and explain the service to professional teams, including:
 - GP practices throughout the area, and the multi-disciplinary team (including health visitors, occupational therapists, district nurses and others);
 - local hospitals;
 - pharmacists, dentists, opticians and other professionals in the community; and
 - Adult & Community Services help desks and/or community information centres.

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- Visit local institutions, organisations and clubs, including residential homes, sheltered and warden-assisted accommodation, city, district or parish councils.
- 'Map the area' further by visiting pubs, post offices, newsagents, and other 'community antennae' that might recognise the potential beneficiaries of the service - the Pilot Project identified this as an effective method of promotion.

'Invitation' leaflet

It is important to get the language right with a clear message – so that the service is seen to be inclusive and positive. Further messages about the service can be communicated through specific information for particular interest groups. The leaflet can be distributed through/with:

- GP surgeries, libraries, community organisations and outlets;
- door-to-door in selected areas or villages;
- repeat prescriptions or clinics;
- prescriptions from pharmacists, dentists and opticians;
- patients' information packs at hospitals; and
- the registered list of interface services for effective GP referrals.

Referrals

At first, referrals will come mostly from health and social care professionals but should grow to include community and self referrals. The increasing number of self-referrals indicates the positive effect of word of mouth. Most professional referrals are likely to come through occupational therapists, health visitors, community psychiatric nurses and similar. The integration of mentors on GP multi-disciplinary teams and networking among voluntary organisations through the Healthy Living Community increases the number of referrals and the amount of people given the contact details of their Community Mentor.

Making contact

First contact: The Community Mentor service will receive someone's name as a possible participant (see [Identification and Referral](#)). Depending on the structure of the organisation, *either* the assessor or one of the mentors (acting as an assessor) will contact the person by phone or letter to ask if they would like a visit. The assessor or mentor will make the visit to help them understand the person's needs. If an assessor makes the first visit, the information will be passed to a mentor for subsequent visits.

The purpose of the first contact is:

- to learn what the person's circumstances and interests might be;
- to explain more about what's available in the community or about special activity groups (see [Looking at the Options](#) and [Activities](#));
- to discover – and overcome - any practical barriers to participation; and
- to fill in a 'Registration Form'.

The person might wish to have a friend, family member or carer with them when the assessor or mentor comes but it is important that they can talk freely. The person will decide what they are interested in, and the assessor/mentor will tell them honestly how they might be able to help. It is important to build up trust between participant and assessor/mentor from the start, although it may take more than one visit to establish the best way forward. In some cases the assessor/mentor may feel that particular

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circumstances require professional attention or another service. If so, they will either advise the person who to contact or seek their permission to share their information.

The mentor or assessor has a professional job but is not:

- a health or social care professional making any clinical or 'case' judgements;
- trained to help with more extreme physical or mental conditions; or
- a counsellor, befriender or carer.

Explaining the service:

The mentor will discuss early on any other principles of the mentoring service, such as:

- the service's aim to help people pursue activities independently as soon as possible;
- that they may keep in touch with people occasionally, if they wish and this is needed;
- that people can become involved voluntarily with evaluation and research;
- the ways in which people might seek greater independence;
- the service's signposting to other, practical services (such as benefits and safety, for example);
- self-determination and personal effectiveness; and
- what participants can expect from the service.

Working with participants

At the core of the mentoring service, there are fundamental principles about the way in which mentors and other professionals work with participants. Some of these principles underlie the approach of many organisations but the Peninsula Medical School evaluation of the Upstream project has identified the principles clearly and highlighted the benefits of this approach. The principles include:

- **empowerment of individuals and groups:** Giving people the skills to decide what they want to do and giving them the opportunity to do it. The impact of this on older, isolated people cannot be under-estimated.
- **Self-efficacy:** Enabling people to be effective. Not only to have the self-confidence to decide what they want to do but also the ability to do it; helping people find ways to overcome the physical barriers to involvement in activities as well as the psychological barriers.
- **Developing positive self-image:** Encouraging people to believe in their own skills, and to be confident that they are interesting to other people.
- **Individual choice:** Recognising that each person has individual interests and needs and making sure that activities are tailored to suit their needs. In the case of groups, the aim is to ensure that each person continues to have their individual needs supported within the context of the group dynamics.
- **Meaningful activities:** Introducing people to activities through which they can explore new ideas and skills that are relevant to each individual's self-concept. Activities that provide the opportunities and incentive for people to continue their interests at home.
- **Independence:** Helping people to remain **independent** for as long as possible rather than providing support that encourages **dependence**.

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- **Motivation:** Encouraging enthusiasm and enjoyment, so that people have fun, learn new skills and are motivated to maintain their activities.
- **Building social networks:** Making it easier for people to keep social contact and to share experiences with other people; making it possible for people to support each other if they wish to; helping to put people in touch with their communities, and helping communities support more isolated individuals.
- **Identities:** Releasing people's unexplored creative identities and generating new social and group identities.

Looking at the options

Options for individuals in contact with the mentoring service may be discussed at any stage of the service, but will always be considered when planning goals.

1. **Signposting in general:** Many people who make contact, or who are introduced to the service, have simply been out of touch for a while with what is available or going on locally and would like to know about existing community activities or groups. The mentor will provide the information they need, help people to make contact with whoever they choose, introduce them on a first occasion if requested, and help to resolve any transport (or other logistical) problems. The mentor may also stay in touch for a while.
2. **Signposting to other services:** If appropriate, mentors will discuss the variety of voluntary sector services available to people. The mentor's links with the network of voluntary sector organisations ensures that each individual is signposted to the service that best suits their needs and choice, whether it is a carer's group, volunteer visiting scheme, health training group, support group for specific health issues, day centre or lunch club.
3. **Making information easier:** Some people want more information (on issues such as health, practical help in the home, or professional services) but do not or cannot find the information they need. The mentor will guide people to make best use of information sources such as 'My Devon', the Devon County Council Customer Service Centre, or may personally introduce people to particular services and follow-up to ensure satisfaction. Mentors work closely with 'My Devon' to help those who do not normally use such a service.
4. **Activity group:** Some people do not find that existing community clubs and groups are what they need. They want small, friendly, informal groups, similar to the work of Upstream in Mid Devon, where creative and social activities lead to increased confidence and gradual independence. These groups are specifically started in local, often isolated communities, close to people's homes to make access easier, and encourage people to develop their own interests and social networks. Over three to four months, people gradually take on responsibility for sustaining the group themselves and the mentor withdraws to the role of occasional support.
5. **Therapeutic Support Group:** Some people may benefit from a more structured, time limited group, focussing on shared issues and experiences and identifying strategies for coping with them.
6. **Home-based activity:** Some people are housebound and need an activity in their home. The mentor will help to make arrangements for the first two to three months and

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will help the participant to make contact with other people with similar interests who might visit the participant's home or stay in contact by phone, post or email.

Stimulating activities

What do we mean by 'stimulating creative and social' activity?

Creative activity is as important to healthy life as eating well, taking the right kind of exercise and enjoying the company of others. GPs emphasise the importance of a good balance between mental and physical health. Like exercise, which needs to be 'active' (not just going for a stroll) so mental exercise needs to be meaningful and stimulating. Sometimes people will find what they want in the community already but often they prefer small, friendly, informal groups to try new skills and gain confidence. In Mid-Devon, where there is less choice of community activities than in Exeter, Upstream's mentors have specialised in this kind of activity group.

Mentors help to:

- start the group by finding other people interested in similar activities;
- arrange a venue and suggest activities (subject to discussion with participants);
- invite professional 'artists' and other visitors to stimulate activities;
- help with any problems, such as transport (such as Ring & Ride);
- provide support for up to three to four months of weekly sessions (time may vary); and
- help the group and individuals plan how to continue independently.

Activities meet older people's particular needs by:

- challenging the mind and strengthening the body;
- happening at convenient times during the day and in accessible venues;
- being in small, friendly groups, so that everyone can take part;
- involving everyone in sharing their skills and interests;
- providing something to think about and develop at home;
- introducing professional artists and creative people to inspire independent activity; and
- helping people relax and have fun together.

Activities are as varied as people's enthusiasm, and can include:

- painting, sketching and drawing, with visits to an art gallery;
- writing, poetry, reminiscence;
- producing booklets, calendars, Christmas cards;
- recording memories and stories on tape and CD;
- local history, oral history, family records and archives;
- museum visits, and memories of the Second World War;
- making and exploring music, singing, playing the piano;
- pottery, modelling clay figures, mosaic tiles and murals;
- photography and using instant cameras;
- learning or reviving crafts such as quilting, weaving and felt-making;
- Tai Chi and gentle movement;
- card games and board games;
- learning to cook at 90;
- working with wood;

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- walking and talking; and
- making booklets, calendars, quilts and CDs (see [Work in Progress](#)).

Activity groups

Here are some examples of 'Activity Groups' in Mid Devon. Groups like these will be different in every community depending on local circumstances and on the individuals who make up the group. Mentors fit their work to the needs of each individual.

- **Silverton Lunch Group:** 25-30 older people identified by Wyndham House Surgery in 2003, with mentor support for 12 sessions at The Lamb Inn with lunch. Activities included drawing, living history, Tai Chi, singing, movement and laptop computers ('taster sessions' by East Devon College). The group became self-sustaining with occasional contact from the mentors and involvement in multi-group exhibitions.
- **Silverton Art & History Group:** About 10 people pursued separate painting and local history activities (sketchbooks, art appreciation, archive records, 'living history', local architecture) in a combined self-sustaining group. The group has sustained its activities independently, has produced two books of reminiscence, put material on the BBC 'People at War' website and is planning an art exhibition at the local surgery. Mentors provide occasional support.
- **Crediton Boniface Groups:** Several groups have started at this church community hall – exploring print-making (a 95-year-old produced the first Upstream Christmas card), producing their own CD; and forming two 'Variety' activity groups. Some people 'graduated' to other activities in the community; some needed longer in the groups. An **Integrated Group** of older people and 6th Formers from QECC Community College is into its second cohort of students. A small self-sustaining home-based group and a **Patchwork** group have evolved from the original Variety groups, and a **Circle Dancing** group is becoming independent at the Sandford Inn. A **Tai Chi** Group is almost independent at the Fire Station and '**Knitwits**' meets at a Crediton pub.
- **Tiverton Groups:** Novice artists and writers in Tiverton produced a booklet of 'Poems and Paintings'. A second group provided community focus at **John Greenway Close**, where residents continued their own Tai Chi group. Several groups worked on 'Memories of the Second World War', which culminated in a remarkable Exhibition with more than 30 participants in **Tiverton Museum** linked to the BBC World War 2 project. A second Museum project is planned on transport. **Tiverton Library Club** started with mentor support and activities from local history to pottery, spinning and weaving. This group also produced memories on tape for a **Tiverton Flood Project**. The latest **Tiverton Group** is based at East Devon College and an **Exercise Group** is being formed. Most participants have continued with some kind of regular activities, inter-group projects or consultation events.
- **Witheridge 'Rest-a-While' Group:** an isolated community which has developed a very active self-sustaining group, with a range of creative as well as physical activities and some enjoyable lunches. The group has its own constitution and has successfully applied to the 'Community Champions' fund. (see '**Independent Witheridge Group**'). A self-sustaining **Witheridge Poetry Group** required only a small amount of mentor encouragement and meets at members' homes.
- **Okehampton Art Group**, started in partnership with Okehampton Community College and produced their own Calendar, with 12 examples of individual work.

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several people who contributed pictures had never painted before. There were some exceptional pieces of work. Several people continued a College painting course independently and mentors helped others join existing art groups or continue painting at home. Most referrals in the Okehampton area have been signposted to existing activities.

- **Colebrooke:** this was another spin-off from the Crediton Boniface Group, with people who came in from the Colebrooke to Crediton initially but are now being helped to establish their own independent group and have won an “Awards for All” grant to help them do so.
- **Spreyton Computer Group** resulted from a door-to-door leaflet throughout the village. A handful of people met in the school to learn basic skills; they have continued using their computers and are keeping in touch with each other.
- **Lapford:** With only a small amount of help from mentors, this group meets independently every month to quilt and learn other needlework and handicraft skills which they learn from each other and from books.
- **Cullompton Group:** this group has received ongoing support from mentors because members have greater physical and special needs. The activities make a major contribution to participants’ lives and they have been continuing work at home by, for example, borrowing looms for weaving, etc. Some of the original participants helped to start the nearby **Bradinch Group** which now meets independently in members’ homes and remains involved in joint-group projects and consultations.
- **Residential, warden-assisted and sheltered accommodation:** Upstream has started a number of activities in a variety of accommodation in Crediton, Tiverton and Uffculme. The **John Greenway** group in Tiverton has sustained itself; the **Crediton** activities (e.g. handbells) have been well-received but not yet self-sustainable – more able residents have usually joined other activities, e.g. at the Boniface Centre. A mixed group of residents and others in the community is planned in **Morchard Bishop**.

Individual activities

The social aspect of activities is just as important as the creative, leisure and learning aspects. Mentors make great efforts to help people join small friendly groups to share experience and skills and support each other in maintaining the group in the long-term.

Some participants are housebound. In these circumstances, mentors encourage activities that people can pursue individually at home. Sometimes, arrangements may be made for an external artist or ‘provider’ to visit the person for a while. Wherever possible, the participant is introduced to others who might share their interests, by phone or letter or visiting. Some people prefer to pursue interests on their own.

Here are a few examples of individual activities prompted by mentors:

- A lady who had lived an active life but had become isolated in her home started recording her autobiography on tape, with the mentor’s encouragement. She was hesitant at first but developed such confidence that she started using the tape to provoke memories from visiting friends and family, developing lively discussions.

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- A lady who had withdrawn to her room in a residential home, and had very poor memory, started a 'Day Book' where visitors jotted down what they talked about so the next visitor could pick up the conversation. The lady became more confident in 'joining in' and visitors were encouraged and had more to talk about.
- A participant with severe hearing loss wanted to learn new crafts, including quilling (the craftsperson introduced by the mentor had first to learn quilling herself). The mentor linked the lady with the local church, and she now makes crafts for the church to sell for charity; this provides regular contact outside her home.
- A man aged 90 living in sheltered accommodation had never learned to cook and asked for lessons after his wife died. Within several sessions, he was preparing 3-course meals for his visiting son and was delighted with his new skills.
- A participant in Moretonhampstead with rapidly failing eyesight, who used to write poetry and do some painting, wanted to revive her skills despite her changed circumstances. She experimented with using textures (sand, etc.) instead of paint and collected old and new poems and pictures into a small book that she has distributed with great pride to many friends and family.
- A professional writer has worked with a former poacher and gamekeeper to help him produce a book of lively poaching stories and to give him tips on how to market his work through magazines and articles.
- A participant who had begun to feel very isolated as a result of being restricted to a wheelchair was visited several times by a mentor and introduced to the South West Lakes organisation that he was able to help by trialling access along their routes around Roadford Reservoir. His self-confidence grew greatly.

Work in progress

Participants have found great satisfaction in having a practical end-product for some of their activities and in collective projects that bring several groups and individuals together, producing works of real quality exhibited publicly and easily accessible by all. This is a chance to celebrate and share what people have done, and to belong to something bigger. Mentors emphasise the importance of the process as much as the product, so this collaborative work is often thought of simply as 'Work in Progress' – moments at which participants can enjoy a sense of fulfilment whilst confident they will continue to achieve more in the future.

Here are some examples of 'Work in Progress':

- **'Poetry and Paintings'** by a group in Tiverton, created by participants most of whom had never painted or written before.
- **'Exploring Sound', a CD by participants who experimented with a wide selection of wind and percussion instruments.**
- **'Christmas Card'** produced annually from the work of participants.
- **CD of reminiscences** recorded by the group in Witheridge.

The following collaborative projects were each created by 25 – 40 people from different mentored groups and individuals as well as housebound individuals. A professional designer/artist conceived the overall theme of each project after discussions with participants who then created the individual components that were brought together for the final product. The artist toured groups to provide encouragement and training where

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necessary. The products are exhibited in GP surgeries, local libraries, council offices, etc. 5,000 people a week pass through an average mid-Devon GP surgery; that is many more people than would see an average exhibition:

- **Upstream Quilt:** 3'x6', on the theme of water, with individual squares made by 25 people across Mid-Devon working individually or in small social groups.
- **Upstream Banner:** 3'x11', made for an exhibition at Exeter Royal Albert Museum.
- **Upstream Weaving:** 3'x5', on the theme of the countryside, with every little section created by participants who learned to weave on small home-made looms.
- **Upstream Felt:** 'The Four Seasons', 8'x8', an outstanding piece for which participants first had to learn to make felt and then to work with it.
- **BBC 'World at War':** More than 30 participants recorded memories, visited the museum exhibition and joined a celebratory tea-party.
- **'Tiverton in Flood':** Participants worked with the Environment Agency and pupils from the High School to record memories and a DVD of the great flood of 1960.
- **Winter project, 2006/07:** An extraordinary 'ceremonial' cloak of many colours made from a wide range of fabrics and craft techniques.

Healthy lifestyles

Health is a proper balance between mental, physical and social well-being. Mentors link activities wherever possible to 'healthy lifestyle' initiatives prompted by the Primary Care Trust and local authority. Mentors recognise that people are more likely to take better care of their health if they are enjoying themselves and motivated to stay healthy. Here are some examples of healthy activities that are built in to activities:

- **Walk and Talk:** Mentors and participants worked with the PCT Walks Co-ordinator to plan suitable routes for older people in Crediton and Tiverton.
- **Falls Prevention:** Mentors and participant groups received training from the PCT Falls Prevention Officer.
- **Healthy Eating and '5-a-Day'** (government initiative to encourage people to eat 5 portions of fruit or vegetable a day): mentors worked with inter-agency PCT meetings to plan initiatives. Healthy eating and cookery have been introduced into activity groups with some cookery training for individuals.
- **Tai Chi:** Most activity groups have included sessions provided by a professional Tai Chi instructor. One group used their own resources to buy in 10 sessions of Tai Chi after they became self-sustaining. A local fire station has loaned a training room for Tai Chi sessions.
- **Gentle movement:** A qualified professional in leading gentle movement sessions has proved to be particularly popular with older participants, who have found great benefit and enjoyed the exercise ball he introduces in his sessions.
- **Circle dancing:** provides gentle, holistic movement with the added benefit of music and social engagement. An experienced leader is building up a self-sustaining group courtesy of a room at a local pub.
- **'Creative' exercise:** Older people with limited movement benefit from simple exercise introduced with participants as part of creative activities; for example: (a) recording reminiscence into a microphone – the need to be heard by sitting upright and control of breathing; (b) painting on a table-top easel – again the need to sit

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upright, and using the arm as well as the hand to achieve larger strokes (one person who no longer had the use of her right hand was motivated to use painting to strengthen her left hand).

- **Getting out:** Much of the physical (as well as mental) benefit of the activities comes from the incentive for participants to make the effort to get out of their homes. This may require mental and physical effort for people who have been reluctant to go out. It strengthens them and also builds self-confidence.

Consultation events

The mentoring approach brings consultation with older people into their everyday lives. This way those who do not normally wish to be involved in formal consultations, or are not able to do so, enjoy the opportunity to discuss important issues and have their comments heard. These 'consultation conversations' help people to influence what is provided by local services and how those services are delivered; people feel they can make a difference to their own lives. Mentors use the results to plan activities that people want and the way in which they want to develop their sustainable groups. Two examples of recent consultation events are:

Boniface Consultation Event, October 2006

Held in Crediton's Boniface Centre to inform Devon's strategy for older people and Devon's successful bid for Partnerships for Older People Projects funding. 26 people came from surrounding villages and towns, with the help of co-ordinated transport arrangements. Mentors and visiting artists facilitated 'taster sessions' including felt-making, wire sculpture, weaving, painting, printing, writing and other crafts. Lunch was made by participants at the venue, with fresh-made soup, bread and apple pie.

Everyone, including a number of professionals from county and community services, produced finished pieces of work that were assembled to make a tree sculpture on the theme of 'Nature's Bounty'. The 'hands-on' activities made for easy social exchange in which the informal questionnaire was readily taken on board and provoked enthusiastic debate at the different tables. People felt 'ownership' of the process and welcomed the chance to involve visiting professionals in practical activities and vigorous conversation.

Tiverton canal barge trip, July 2006

An afternoon trip for 50 participants was arranged by mentors, with participants from several activity groups, interested individuals and carers. Transport was organised wherever needed. Everyone was provided with sketchbooks, notebooks and cream tea, with a prompt folder of suggestions on what to look out for along the canal. Mentors encouraged discussion and involvement even by those who had never written or sketched before, and everyone had a go at something.

The consultation questionnaire had been circulated in advance and people were able to chat about it at leisure. There were three aims for the event: to provide an enjoyable and stimulating day out; to enable people to gather raw material for creative projects in their groups and at home during the winter; and to discuss Upstream's proposal for extending its activities into more isolated villages with a 'Community Start Van' and intergenerational groups that would encourage older people to become involved in creative activities in the context of the whole community.

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A summary of the main questions and responses on both Consultation Events is on the next page.

Consultation events (responses)

Boniface Consultation October 2006	Sample responses	% age responses
Do you enjoy life?		89% said YES
Are there any general reasons for 'Yes' or 'No'?	'I am very lucky – although I have had illness I still do a lot and there is more I want to do.' 'Being able to be active, keeping occupied with Upstream.'	
What do you do to keep active; mentally, physically and socially?	New challenges, creative and practical activities, theology course, learning and reciting jokes; walking, housework, gardening; joining groups, mixing with folks, helping to run local clubs.	
What do you want most out of local health and social care services?	Preventative care, more things to be active and social interaction, companionship, help with housework and home when I need it, more disabled parking spaces.	
Could anything else be provided by health and social care services that is not provided already?	More help for older people acting as carers for disabled spouses, media input for events for all to join in social activities, cooking lessons, more rural transport, Well Woman Clinic	
Do you feel you can make a difference to local health and social care services, how delivered and what they consist of?		61% said NO
Would you like your 'say' to make a greater difference?		44% said YES
Would you like more services and health activities provided in the local community rather than through GP surgeries, etc.?		67% said YES
If there was money for (A) OR (B), which might you choose: (A) stimulating activity that might help you enjoy life more? (B) medical health needs that might help you live longer?		67% said (A)

Tiverton Canal Barge Trip Consultation, July 2006:

Would you like the 'Start Van' to visit your village or community?	Yes 83%
Materials on loan from the 'Start Van'?	Yes 92%
Support for a new activity and social group?	Yes 100%
Advice on keeping a group going in the future?	Yes 88%
Occasional ongoing support on monthly or bi-monthly basis?	Yes 92%
More contact between different generations?	Yes 83%
More involvement with your community?	Yes 75%
More information about local services?	Yes 79%

What activities might you be interested in, for example?

Socialising and meeting other people?	Yes 92%
Learning new creative activities or crafts for fun?	Yes 92%
Taking part in a craft or creative activity you are confident in?	Yes 88%
Help with light gardening, sharing gardening ideas?	Yes 58%
Light exercise (Tai chi, chair yoga, walk and talk, dance)?	Yes 88%
Local history: reminiscence, photos, objects, writing?	Yes 67%
Basic IT (computers and the internet at any level of ability)?	Yes 46%
Cooking and healthy eating?	Yes 58%

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Group case study

Starting up: An Upstream group in Witheridge, an isolated farming village, has been self-sustaining for 2 years. Mentors made contacts in the community and with the GP surgery to identify older people who might feel more isolated or vulnerable. They visited people at home to learn about their interests and encourage them to share their experiences with others in similar situations. Many had multiple disabilities and sensory impairments associated with age.

Getting established: A group of 7 or 8 people met weekly for 4 months with regular mentor support. Early meetings were in the local pub; now they meet in a small community hall. At first, some people knew no-one and no-one knew everyone. Several were reticent about joining in discussion and activities but all were surprised at the varieties and similarities of their backgrounds. Over the weeks, they were introduced to photography, painting, writing, recording memories on tape, making music, and gentle exercise. They encouraged each other as they learnt new skills, some began to phone each other between meetings and if they were concerned at someone's absence, they shared anxieties and practical tips on how to cope with their problems, and continued their creative activities at home to fill the often empty hours.

Becoming independent: Knowing that mentor support would gradually diminish, they expressed a strong desire to continue and planned how they might manage in future. The group now organises its own meetings, learning new skills from 'artists' or invited health professionals, having a social lunch or enjoying an outing. Numbers have fluctuated but the group is still viable. Mentors maintain contact on an occasional basis to give advice, suggest new activities, help with small grant applications (the group has its own simple Constitution) or encourage support from the parish council.

Making a difference: The group has made a huge difference to people's lives. The problems that most of them faced at the beginning should not be underestimated. They have grown in self-confidence and positive motivation. By their own efforts, they have improved the quality of their lives and their mental well-being. They are better able to cope with life and contribute to their community. Here is what two members have said:

"Upstream has given me and all the group who meet in Witheridge the encouragement and motivation to keep going. With their help we overcame doubts and have tried things we would not have thought of before. They helped us make the friendships that continue to grow. Although we have a lot of our own ideas now, the continued encouragement, if we need it, makes us look forward and 'have a go'. On days when aches and pains are bad it gives me something else to think about. Today I am going to a health farm for three days, before Upstream I do not think I would have considered it."

"What makes our group special is that we are not as large as others. Over two years we have come to know each other's background without it being intrusive. We can say anything to each other now, make each other laugh, moan, and share anything. It will not go further. When we are doing other things we are always talking and laughing. We think of what we can take to show or do with the others. We look forward to our time together. Planning treats every few months is fun and gives us something to look forward to. If we are not well there are people who understand. We cheer each other up. To think we did not know each other before!"

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Personal case studies

'MARY' (not her real name) lost her husband and had been in hospital after two falls. She lacked confidence and missed the community she'd known through the shared activities of her marriage. She was depressed, resigned to going into a residential home and steady decline thereafter.

Referred to Upstream by the occupational therapist and the multi-disciplinary team who were unable to make progress with her, Mary was visited by a mentor and gently encouraged to try out a small activity group in the village. The mentor arranged transport and introduced her. She was reluctant to participate but encouraged by the others, who had joined the group in similar ways, she took a tentative interest in recording memories on tape, using sketchbooks and doing gentle Tai Chi.

To her surprise, she started to make friends and found she had an aptitude for painting. 'It wasn't what farming families did,' she said, 'we just worked.' She took her sketchbook home and her daughter wanted to see more. 'There you are,' she said with satisfaction, 'they want to keep me working!' The mentor remained in contact with Mary but the group dynamics took over and people enthused each other about new and shared skills. They maintained mutual contact outside the regular activity group.

The OT, health visitor and daughter all noticed a more positive attitude. Mary began to discuss how to manage for longer in her own home. 'It isn't good to shut yourself away,' she said. The group now organises its own activities and Mary is helping to promote an exhibition of all their art in their local surgery.

As a result of the mentor's intervention, Mary will be confident enough to stay in her own home for longer. The social and stimulating activities that she is enjoying will largely replace the need for reassurance visits to her GP and health visitors to her home. Her balance is improved alongside her confidence and mobility, which will reduce the chances of subsequent falls. She is taking greater interest in her food and has become a more interesting person to be with for her family and friends; her social contacts have increased; she has a role to play in the community. The mentor will maintain occasional contact with Mary and others in the group to ensure they are happy with what they are doing and to watch for any signs of decline that might need to be referred back to the multi-disciplinary team before they become more serious. All these changes represent real economic benefits that greatly outweigh the investment in the mentor intervention and long-term monitoring in the community.

'NANCY' (who attended another group that became independent): Within a period of 12 days, one lady broke her wrist, had a cataract operation and her 83rd birthday but missed only one meeting and was determined to master new skills because she had never had the opportunity, encouragement or friendship before. Going to the group also made her resolve to have a hearing aid: she had not felt the need before but other participants encouraged her. At first she was inhibited by her Devonshire accent but expanded when everyone said it was special. She completed all the shots in the camera provided by Upstream, which delighted her and surprised her family.

Community Mentoring in Exeter

The mentoring service in Exeter has grown out Age Concern Exeter's "Linking Lives" service which started in November 2000. This service was aimed at supporting older

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people with functional mental health problems to engage in a wide range of social opportunities. Its purpose is to build confidence, self-esteem and motivation, resulting in improved independence and less reliance on statutory services.

In September 2006 a new service “Link2” was launched which broadened the remit of Linking Lives to work with people over 50 by offering a more preventative service for people who for a wide range of reasons – loss, change, illness, isolation – were either not coping well or were at risk of depression or anxiety.

The two services now work closely together to offer a seamless service to people over 50 in the city. The co-ordinators of the two services are both qualified Occupational Therapists with mental health experience and are supported by a team of paid enablers who work under their guidance and supervision to support the service plan agreed with the participant. On average, the co-ordinators and enablers offer the mentoring service over a 3 month period.

The key to the success of the service is that the co-ordinators will undertake an holistic assessment of the participants’ wants and needs and seek to meet these directly or indirectly by signposting to other organisations. The co-ordinators need an excellent knowledge of local resources in the city and strong links with local GPs and primary care teams, community mental health teams, Adult and Community Services care management teams and psychology services. They also need to be linked in with local voluntary and community groups.

Exeter is fortunate in having a plethora of clubs, groups and volunteering opportunities that the service can use according to participants’ interests. Individuals are supported to join groups or activities of their choice and followed up over time to ensure all is going well. Many people will join two or three activities and begin to make supportive friendships that can turn their lives around.

Where appropriate groups do not exist the co-ordinators will seek to create them, targeting a particular like-minded group of people or a offering a particular activity. In this way games groups, quiz groups, swimming groups and pub lunch groups have been formed. Structured 10 week therapeutic groups are also run to examine strategies that can overcome common, shared problems and barriers and build confidence.

Much work is also undertaken on a one to one basis working towards a goal plan in a stepped programme approach. In this way people who have not been out of the house for years or find it impossible to use public transport can be helped over time to regain their confidence and then supported to build new social networks.

Approximately 60% of referrals come from local health and social care professionals and 40% from the community or self-referrals. Around 25% of participants have long-standing mental health problems, 50% are at risk of deteriorating mental health and 25% are isolated, bored and lonely.

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What people say

Quotes from participants:

“I loved it - ten out of ten - life is very different now”

“Very, very useful – I will contact you again if I need you”

“You put me at my ease and I still use all the contacts I was given”

“I am really confident in getting out and about following your help”

Quotes from professionals:

“This service fills a very useful gap” GP

“This is a very a very useful service which I’ll certainly tell my colleagues about” GP

“Great to have OT’s doing this kind of work, we will certainly be referring more to you” Victory Centre (mental health resource centre)

“Very much what’s needed” Meadow House CMHT

Personal Case Study

MRS SMITH. The Exeter Cluster Group Multi-Disciplinary Team was concerned about Mrs Smith following a fall. She has four different psychotropic drugs to manage her longstanding anxiety. It was agreed that her medication was likely to increase the risks of further falls. The GP and domiciliary pharmacist suggested a review of her medication, but were concerned about how anxious she would feel afterwards. The voluntary sector representative suggested the Link2 project - the pilot community mentoring service run by Age Concern Exeter. A community mentor could help Mrs Smith to access a range of appropriate social opportunities and advice and support to self-manage her anxiety. The experience of the project is that with the right support, new and meaningful social networks can be created that build the participants’ confidence, self-esteem and well-being so they become less dependent on medication and statutory services. The Link2 Co-ordinator will see Mrs Smith and together they will draw up a plan that meets her needs and interests. A community mentor will support Mrs Smith in realizing her plan over the next 2 - 3 months and will then withdraw when she has developed new interests, activities and informal social networks. The cost of this Link2 intervention is around £300; if it prevents further falls and emergency hospital admissions this represents excellent value for money.

What people say about mentoring

“I have just completed six weeks of ‘Exploring Sound’ and we all had such a good time. We met in our group as strangers and parted as friends.”

“It gave me a focus, made me feel I belong. You forget your own trouble.”

“I feel better and that is important, not just to me but to my family it’s important. My daughters have said how it’s doing me good, and my spirits have risen a bit.”

“It’s self-confidence, I think. The great thing ... is that it’s very driven by yourself. It’s made me more cheerful, more positive, I’m feeling braver.”

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“It opens your mind to what you can do, what is there to do, if there’s somebody who understands and can help you achieve it.”

“I wanted to be left in peace but I find how much better it is to meet other people, do other things and get out of my room.”

“It accelerated my recovery. I don’t get agitated about things. I think I’m much more able to sort loads and loads of different things.”

“It’s opened up a new area of life. I can go out and meet people now. I was too much looking into myself before. Now I’m looking more outward.”

“It makes you feel a bit more, well, yes, somebody cares. It’s things like that give people a bit of purpose, a bit of encouragement. That’s what you need.”

“People just get more confident every week. It probably does them a lot of good. Does me good really, there’s no doubt about that.”

“I try not to think about my health really. If you can get on with something, then you feel better. It takes your mind off it.”

“Two months ago I didn’t have the confidence to answer the phone. Now I’ve been starting to do some work as a volunteer. People don’t have the confidence to do a lot of things, it wanes. What I’m doing now, it’s nearly like it’s a strange world.”

“Well, if people are enjoying their life a bit better they are more inclined to stay in their own home longer. So prevention is better than cure. My argument would be that the sort of thing Upstream are doing is something that needs to be expanded.”

“I like it when I can help other people. There was that little old lady that I walked home. Well, I suppose the Tai Chi was a bit like that. It made me feel useful again.”

“Well I’m not old, no, it’s only other people that get old. They say, “You’re 88”, well, what’s 88? It’s only a number isn’t it?”

What the mentors say

“As a mentor, I think that hope is a very important ingredient. We need to sustain hope in our participants.”

“People put up barriers – transport, time, routines that are set in stone, mobility. People don’t like being a problem to anyone. It takes time to reassure people and to show them how we can get round these problems. People have to trust us that we are meeting them on equal terms.”

“The thing that we can attempt to do is to give people back their independence, whereas other agencies may, by the way they are structured, encourage dependence. We can play a vital role in assisting people towards greater confidence, ideas of value and self-worth, but sustainability is the key.”

“Sometimes a relatively short spell of creativity may give people enough confidence and delight in their achievements to produce a lasting result in raising their self-esteem and to greatly affect their quality of life.”

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“People seem to warm to a small group, with mutual ‘sharing and daring’ of creative skills, while developing a social network. They are then more interested in taking responsibility for the group themselves.”

“In some ways I could have been a ‘client’ myself. When I retired, we moved 200 miles from where we had lived for 30 years. I felt isolated, insecure, cut off. My involvement as a mentor has helped me feel more settled, more secure, has encouraged me with a greater sense of belonging to where I am now, and given me the opportunity to use my skills and to feel of value.”

“There was a lonely lady who joined us and just sat for two sessions. “I can’t draw, I can’t read, I can’t write, I don’t like painting, I can’t do that, I don’t like crayons.” Now she’s fine. Other people you can see just get more confident every week.”

“He said the change in his aunt, who has been attending the print-making group, had been very noticeable. She herself had arranged to move to the residential home when she could no longer cope at home and she had expected to deteriorate at that point. However, since attending (the mentored activities), she had become chatty and alert and enthusiastically told people about what she was doing and showed them some of the work she was producing.”

“It has been a real joy for me to see him come to life again... He seems to attribute a lot of the latest improvement to the mentor intervention... He has changed from someone who went out very little, found it extremely difficult to phone people and said that even the simplest of social interaction was very hard for him. Now he never seems to be in! ... Driving lessons, voluntary work, computer course, all this in spite of depressing news about his lung condition. “I want to enjoy whatever time I’ve got left, not spend it feeling the way I have been over the last few years.”

What the health professionals say

“I think the mentors have been very good ... they spend a lot of time trying to find out what would motivate the individual and trying to accommodate that. I do believe that (mentoring) is a useful thing and I’m sure the patients benefit from it without any doubt at all.”

“One lady said, “I never go out except to the shops because all my friends are dead, my husband’s dead, I don’t have any children.” I got Upstream involved ... she goes to the art group or local history group ... she’s made friends and she’s a new woman. She’s not depressed and withdrawn as she was. She’s got confidence and I think that’s terrific. She’s got a brighter step. It’s opened up new horizons for her and made her life better.”

“It gives them something to think about... It’s totally transformed their lives.”

“In terms of things like blood pressure and heart disease and all those ageing conditions, it’s not going to make a huge influence, but it’s the mental state that’s important. If you are happy in yourself then everything else is incidental. You can cope. Very often in elderly people if you give them anti-depressants it’s not the answer and they can cause confusion and drowsiness and falls and things like that. Because communities and families have broken down, elderly people do need these structured interventions to get them together because they don’t have confidence.”

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“One chap who had a very difficult bereavement had quite a lot of support but was really struggling. We referred him to Upstream and he got on well with one of the mentors. He would say without a doubt that is the one thing that put him back on the rails. And from a health point of view he was not looking after himself. He was diabetic, he wasn’t monitoring things, everything was chaotic, and he’s now back on line. If you asked him he would say, “Yes, it’s Upstream that’s done it.” And he’s probably right.’ It was something he could sustain himself at home.”

“So often what happens is that [elderly] people lose their partner and they lose confidence. They’re used to going out as a couple and they just can’t face going out alone. You need a push, someone to encourage you. The mentors are good because they go in gently, they build up confidence. That’s so important because loneliness and isolation in old age is dreadful and it just gets worse and worse and worse.”

“Often when you’re struggling to some extent and you’re thinking, “This person’s lot isn’t very good, how can I improve it?” And you’ve got the ‘medical things’ under control but that isn’t making the life of that person very enjoyable ... and if there isn’t [a network] or they don’t use it maybe Upstream can fill that gap.”

“The feedback we get from the family is very positive. They see changes. They say he seems brighter. Benefits that come from interacting and getting out of yourself, I think. One of the son’s, he’s very complimentary, which means that the family are also happier, more at ease.”

RESOURCE FOR GROUPS

One of the main aims of the mentoring service is to enable people to remain **independent** for longer, in their own homes or the accommodation they have, rather than becoming **dependent** on mainstream or community services. Here we have started to create guidance for individuals and groups who want to continue activities independently. The guidance is based on the experience of participants and mentors so far in Exeter and Mid Devon. We expect that it will be added to as the service grows in Devon and more people contribute to this section.

- [Making contact](#)
- [Activity groups - what happens?](#)
- [Keeping active](#)
- [Keeping up a group](#)
- [Money matters](#)
- [Activities and Providers](#)
- [Networking](#)
- [Promoting your activity or group](#)
- [Starting activities](#)
- [360-degree wellbeing check](#)
- [Activity starter sheets](#)
- [Health and safety for independent groups](#)
- [Draft constitution](#)

Making contact

You may hear about the Mentoring Service through:

- someone who has already used the service;
- family or friends;
- your GP or another member of the multi-disciplinary health and social care team (such as a health visitor or occupational therapist);
- someone else in the community - in another group perhaps;
- someone in your local church or faith group; or
- Through the 'My Devon' Customer Information Centre.

If you are interested in finding out more about the Mentoring Service, don't be afraid of asking for more information. You are not committing yourself in any way. Phone the "My Devon" Customer Service Centre and talk to a trained advisor: 0845 1551 007.

What is a mentor?

A mentor is not a health or social care professional. The mentor's job is to:

- find out what you are interested in doing;
- suggest other things you might be interested in;
- help you to find out more about things you want to know;
- help you to get involved in things you want to do;
- help you to overcome any problems you have in getting involved, such as transport, access or anything you're not sure about;
- let you know about other services you might find useful; and
- let you know about other social, leisure, creative or learning activities you might find interesting.

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Making introductions

If you are interested in joining an activity, or if you want to meet a professional who could help you in some way, a mentor could come along on your first visit to introduce you and help you while you decide if it is right for you.

Activity groups

In some areas, mentors help to organise small, informal, friendly groups of creative, stimulating and social activities, where you can share experiences, try out new skills and make new friends without any particular pressures. See the link to [Activity groups: “what happens?”](#) and [“how does it work?”](#) for more information.

Activity groups - what happens?

You may not want to join an existing group or club for a number of reasons.

- The group may meet in the evening, when you would prefer to go out during the day.
- The group may meet in a venue which doesn't suit your access needs.
- There may be too many people and too much noise, making it difficult to hear or concentrate.
- The group may be too 'professional' – such as a 'class' which focuses on gaining a qualification, when you want 'just for fun'.
- You may not find the activity stimulating enough – there may be too much talking and not enough joining in.
- The group may be too far away and too difficult to reach.

Joining a group

Mentors start small groups (often only six or seven people at first) that are friendly, informal, stimulating and close to home. The groups encourage you to share your own experiences and skills and go at a pace suitable for everyone in the group. Usually everyone knows someone - but no-one knows everyone. People soon find that they have lots in common however different their lives have been. Each group has at least one mentor, who will introduce people to each other.

Choosing activities

People suggest activities themselves. Some people will have lots of ideas (such as reminiscence), and some people may never have done anything like that before. The mentor will suggest other things too (felt making, for example), and will introduce new skills or bring in a professional to introduce skills. Gentle exercise, such as Tai Chi, and ideas for cookery and healthy eating might also be introduced. People quickly take the activity off in their own direction and it becomes the focus for making friends. Some people may continue the activity at home, too. You may feel reserved at first, but many people find themselves getting involved and coming up with their own ideas. There is always a lot of mutual interest and support.

Keeping going independently

After three or four months of mentor support, your mentor will want you to continue your activities independently. You may choose to keep your own group going or you might be ready to join existing activities in the community. See the links to [Keeping Active](#) and

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[Keeping up a group](#). Either way, the mentor will help at first and will keep in touch after that to make sure that everything is going all right.

See [“how does it work?”](#) for more information about groups and activities.

Keeping active

If you have started to enjoy an activity in a mentored group, you might want to continue on your own or with friends.

You could continue to meet as a group with the people you've already met.

- **You might want to join another group** that's doing what you enjoy. Mentors will help you to find other groups.
- **You could continue activities at home.** You could stay in contact by phone, letter or email with people who share similar interests, or you could take turns to meet at each other's homes. A mentor will help to introduce you to other people.

Keep going on your own

If you find it difficult keeping in touch with other people, you might prefer to continue some activities on your own.

- It's always useful to 'refresh' your interest and skill by making occasional contact with a professional provider or with friends who have similar interests.
- It's also good to have an activity that you can continue at home between your regular meetings, so that you can compare notes with others.
- Even with everyday activities such as reading, exercise, watching TV or listening to the radio – it's more stimulating to share with other people.

Useful things to know

- For people who can provide activities or give advice, see [Activities and Providers](#).
- For people who are trying to do the same thing as you and would like to share their experience, skills and ideas, see [Networking](#).

There may be times when you feel you want a change.

- You may want to change your activity.
- You may find that it's too difficult trying to organise things yourself. Or
- You have decided that you don't want to ask other people to help.

If so, don't hesitate to get back in touch with the Mentoring Service, Upstream, Age Concern Exeter, or any similar service to find out what else there is you might like to do.

Keeping up a group

There's quite a lot to be done to keep your group going after a while but none of it is too much if you share the work between you. You need to decide:

The aim of the group

- Do you want to focus on the same activity every time you meet?
- Or do you want to try out different activities at different meetings?
- Do you want to keep some meetings aside for a social lunch or an outing?

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- Will you have an outside professional provider or a speaker? How often? What can you afford?

You can always agree changes after a while. The next job is to think about:

Practical matters

- How often do you want to meet?
- Where will you meet?
- Who will make the arrangements and book ahead?
- Who will collect the subscriptions and look after the money or bank it?
- Who will pay for the venue and how? By cash or cheque?
- Who will prepare the room, chairs, and tables, if necessary?
- How will you decide each week's activities?
- Who will book outside providers, visiting speakers, outings?
- Are you going to apply for a grant to help pay for extra things?
- Have you made a list of each others' skills and experience?
- How will you keep in touch to check if people are coming each time?
- Will you keep an 'Information Book' to record meetings and contacts?
- How much subscription will you pay each week?
- Will you limit the group to just a few people or will you encourage new people to join you?

Sharing the jobs

You might want to share the jobs out by:

- Money
- Venue
- Activities
- Transport
- Equipment and materials
- Tea, coffee, milk, biscuits

Health & Safety

This is important in any venue you use. Always check whether a public venue such as a community hall has a Healthy & Safety policy.

Money Matters

It is important to be absolutely clear about anything to do with money. Here are the basic things you'll need to think about and do:

- **Membership fee**

You'll want to keep this as low as possible – enough to cover your basic expenses. But you'll also want to save money to pay for professional providers or speakers and for materials and maybe equipment.

- **Keeping account**

That's the job of the Treasurer. It need only be a simple account of your income and what you pay out but it's important to write down everything in a book and to keep receipts for everything you buy, including money paid to outside people. If you are in doubt about what to do, ask someone at the bank or Post Office. Keep the account up-

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to-date. Any member of the group should be able to see it, if they want, within a few days of asking.

- **Open a bank account or Post Office account in the group's name**

It should not cost you anything. Get a cheque book and make sure you have two people who sign every cheque. It's best to agree on three or four people who are allowed to sign cheques, in case one is away when you need to pay something.

- **Appoint an auditor or verifier**

If you're lucky, your bank or a friendly accountant will agree to do this for free. This person will check the accounts every year and will help you set up a simple system.

Raising money

At some stage, you'll probably want to raise more money than your membership fee brings in to pay for professional providers or to buy equipment. You might try to fund-raise or apply for a grant.

- Contact My Devon on Tel. 0845 155 1015 for information on who to ask for funding.
- Your District Council may have a fund-raising officer who might be able to help.
- A Constitution for your group may help your funding applications. A simple draft [Constitution](#) is included here for guidance only.

Activities and Providers

You can provide your own activities, sharing your skills and experience, or you can ask people to come and share their skills with you. Here are some things to plan:

- **What skills do people have in your group?**

If you can share skills at some of your meetings, the advice will be free and you will benefit from personal enthusiasm.

- **Who will visit your group without cost?**

Some people might provide an activity or give a talk for free – people from the health team, public services (such as Police or Fire), your local council or local businesses may all be willing. Some local societies might be happy to give a talk to encourage people to join them. Think what might interest you and **don't be afraid to ask**.

- **Professional providers can be expensive**

Depending on their experience, reputation, the materials they provide or the distance they travel, speakers, artists or tutors might each charge very different rates for a two hour or half-day session. Don't be put off if it seems expensive. Professional guidance will always be worthwhile. You should discuss the fee in advance and ask exactly what they'll do and what equipment they need you to provide such as tables or an electric socket. Check whether you have to pay travel expenses and what this will cost.

- **Variety is the spice of life**

A professional provider can often give you guidance one week that will enable you to practise what you've learned for another week or two. There's no need to have a professional every week. Once a month might be enough. Fill in the other weeks with your own skills or a 'free' session from someone, or maybe an outing or just a social get-together.

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Materials and equipment

You may need just a few simple things like paper and paints or fabrics for sewing quilts, or more expensive things like cameras or a CD-player or a microphone and recording equipment for your reminiscences. Start collecting what you can for free. Ask local shops or businesses whether they can let you have anything they're no longer using.

Networking

Whether you are housebound or part of a small group, it often makes a big difference if you can make links with other people outside your home or group. Mentors encourage these links in a variety of ways and people always seem to be enthusiastic. They say that it makes them feel part of something bigger; it gives them a feeling that they belong to a wider community, boosts their confidence and inspires them with new ideas.

- **Collective projects** are projects which involve several groups and individuals. They are one way of bringing people together and having a common purpose, even if everyone doesn't get together in one place at the same time. Collective projects can involve individuals, carers, people who are housebound and people who are not normally part of any group. A collective project could be a weaving, quilt or felt hanging. Everyone can make (or learn to make) small sections to add to a larger design which can be displayed to the public in local libraries, GP surgeries, even pubs and council buildings. People take great pride in seeing their own contribution as part of the whole piece and the quality of the final product raises their profile in the local community.
- **Informal consultations** linked to special activity days also provide a way of bringing people together to discuss their needs and goals. Mentors will help local groups to organise days like this and will ensure that housebound people can also take part in the consultations.
- **Reminiscence projects** provide a focus of interest particularly for older people. Museums may provide materials and a venue and might want to collect information for major projects such as the BBC World at War, or Transport exhibitions.
- **Bringing groups and individuals together** for social celebrations, or to share the cost and experience of a special outside artist or provider, or to go on a shared outing can help people and groups feel more involved.

Promoting your activity or group

Why promote?

There are lots of good reasons for promoting your activity or group. You might want to

- encourage new members to join your group;
- advertise a special activity or event;
- get local support for what you are doing;
- sell or donate what you are making;
- get publicity for fund-raising;
- find other like-minded individuals or groups; or
- show your work to other people.

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Types of promotion

There are lots of different ways to promote what you do.

- **Parish magazines or local newspapers** Send in short articles or invite someone to come and see what you are doing.
- **Local radio or television.** Contact the local station if you have something special that might interest more people.
- **Exhibit** paintings or craftwork. You might be surprised at the amount of interest you get.
- **Produce** postcards, Christmas cards or calendars of a special piece of art or craft work and use them as give-away publicity or sell them.
- **Write** books of reminiscence, poetry or any other writing to give or sell to friends and the community.
- Make a **leaflet** describing what your group does. Ask if you can leave it in the library, council offices, GP surgery, post office, and newsagent or community hall. Try a house-to-house drop throughout your community.
- A **poster** to publicise a special event. Again, try the same places that have agreed to take your leaflet.

On loan for promotion

A mentor may be able to help you borrow work by other people to enable you to put together a larger exhibition. You could exhibit:

- collective craft works and hangings;
- paintings and drawings;
- photographs, music CDs or DVDs; or
- reminiscence items, clothes and artefacts.

Starting activities

These 'Starting Activity' sheets will provide you with all the guidance you need to start a particular activity. These sheets have been developed by mentors with the help of older people and can be printed off easily. The list of activities will grow as mentors and participants experiment with new activities.

Here you will find links to Starting Activity sheets for:

- favourite things;
- glass painting;
- keeping a sketchbook or journal;
- painting colour;
- painting pots;
- ideas for an art group;
- living history;
- reading group; and
- writing and recording.

We are preparing Starting Activity sheets for:

- felt making;

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- weaving;
- pottery;
- gentle exercise;
- Tai Chi; and
- healthy eating.

360-degree well-being check

“Getting the most out of life” is the “360-degree” well-being check which is part of the Link Age Plus project in Devon. You can see this online here:

<http://www.devon.gov.uk/index/over50s/gtmool.htm>

It will link you to other sources of information on all the topics it covers.

Activity starter sheets

Starting Activities – Favourite Things

An opportunity to share a love of writing, music, painting, crafts, poetry and film with each other.

You will need:

- CD or cassette player;
- video/DVD player and TV; and
- if these are not available, just some chairs to sit and talk and read.

Organising the session

- You can meet in each other’s homes or a communal room if you have one. You may want to find a comfortable space to hire where you have the equipment you need.
- Pick a theme such as the sea, autumn, childhood, or a colour, or an emotion such as love or sorrow, and ask participants to bring anything they like to the session which relates to the theme.
- Why not ask everyone to nominate a theme and make a list to cover a number of sessions so that anyone who misses a session will know what to bring for the following one.
- At the session ask everyone in turn to show their chosen picture or film, or read their poem or piece of writing, or play their piece of music. They could also bring an object to show and talk about or something they have written or made themselves.
- Encourage them to talk a little about their choice and the significance it has for them. Also encourage others to join in and make it an interesting discussion. You may find yourself enjoying things you never thought you would.
- Try to alternate forms of discussion – a picture following a poem for instance.
- A cup of tea or a glass of wine makes the session more sociable. Enjoy yourselves and share the things you love with each other.

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Starting Activities – Glass Painting

You will need:

- glass paints (preferably water-based) and thinners if needed (depending on the paints used). You will find these in art and craft shops;
- a selection of soft brushes in various sizes. If using art brushes try size 4 or 8, depending on the area to be covered;
- outliner paste in tubes;
- something glass to paint on such as old, clean jam jars, glass tumblers, wine glasses or vases;
- a pot of water for washing brushes or the suggested cleaner;
- small pots or mixing wells for diluting paint with the thinners;
- rags;
- newspapers or another covering for the table; and
- aprons or old shirts for protecting clothes.

What to do

- Draw the design onto the glass with the outliner. Begin with simple shapes like clouds, stars or leaf shapes. Or maybe try geometric patterns. The idea is that the outliner separates the colours just like a stained glass window. It's important that each shape is closed, with no gaps in the outliner.
- Leave it to touch dry (about ½ an hour) and have a cup of tea while you wait.
- Using brushes, paint your chosen colours into the shapes you have made with the outliner. If you have left gaps in the outliner, your paint may bleed.
- When the paint is dry, place a nightlight inside and enjoy the efforts of your labours. Several of these look very pretty if placed in the garden at night in the summer and will even ward off mosquitoes if you use a citronella scented nightlight.
- If you want to be able to wash your work of art, you may need to bake it in the oven first. Check the instructions that come with your glass paints.

Starting Activities – Keeping a Sketchbook or Journal

You will need:

- a small sketchbook (size A6 or even A5) fits nicely into a pocket or your handbag; and
- a pencil or fibre tip pen. Use colour if you like. A protracting pencil is quite cheap to buy in stationers will always be sharp.

What to do:

- You can write poems, notes about the weather or your mood, draw a single snowdrop that you see coming up after Xmas or the bird that eats at your bird table.
- If you go for a walk record what you see either in a written form or as a sketch. Don't rub anything out. Crossing out or overdrawing is much more interesting as you can look back and see how you did something or how your view of it changed while you were looking. Even poetry looks more interesting if you can see the thought processes at work.
- The sketchbook is meant for your eyes only so it does not matter how 'good' the drawing is. Feel free to be as experimental as you like. You will find in time that your drawing and observational skills will improve. By going out and drawing the things you see, you will find that you actually notice more.

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- If you find something that you like such as a feather or a flower then glue it in. You can also include pictures or photos. The sketchbook or journal is your private record of your time and the things you see in your daily life.
- Artists have kept sketchbooks for centuries and are used as a resource for paintings and other artworks. They are often the most interesting part of their work. Leonardo da Vinci not only sketched parts of the human body such as feet, hands and heads over and over again but also the muscles and skeleton underneath. He also drew his famous inventions, such as the helicopter, long before man was able to build such things. He was working on problems and using his sketchbook to record the things he saw and imagined.
- If you don't have time to sketch, carry a disposable camera with you and take a photo. You can stick the photo in the book as a record and write a few notes to remind you what you found interesting about it.
- Have a look at the book 'A Country Diary of an Edwardian Lady'. It is a very accomplished and well planned nature diary but don't feel you have to aspire to such a high standard – most artists sketchbooks are very messy affairs but just as interesting for it all.
- The ideas you collect will help you make paintings, greetings cards and other art and craft projects.
- Your observations can also be used as your own personal journal in the same way as a diary – to be read and enjoyed years later. It may even become a family heirloom.

Starting Activities – Painting Colour

You will need:

- gouache paints in blue, yellow and red (try cadmium red, cobalt blue and cadmium yellow or french ultramarine, cadmium yellow and alizarin crimson, for example);
- various watercolour brushes, say sizes 10 and 6;
- watercolour paper or medium/heavyweight cartridge paper;
- mixing palettes, old white china plates will do;
- separate pots of clean water for mixing colour and for cleaning brushes;
- newspaper or other covering for table;
- apron or old shirt to protect clothing; and
- autumn leaves.

What to do

- You can draw the leaf freehand or draw round it. If using a picture to work from, try drawing the main colour shapes you see, do not worry about trying to make it look 'real'.
- Squeeze about a one-inch blob of each colour onto your palette, from these three colours you can mix every colour you need.
- Blue and yellow make green. Red and yellow make orange. Blue and red make purple. If you mix all 3 colours together you will make a range of brown or grey colours. Just experiment and see what colours you can mix and how close you can get them to the colours in the leaf.

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- You will need to add a little water to your paint to make it flow better. It should be a bit like single cream and cover your paper completely without leaving dry, scratchy marks or showing the paper through once it has dried.
- Gouache colours tend to dry a little darker than they look while still wet. When the paint has dried you can paint over it with another colour if you want to change it. Try painting over a colour before it has completely dried to see the effect it gives.
- When you have finished one have a go at another. The more you paint the better you will become at seeing and mixing colour successfully.
- Try experimenting with colour mixing by using patterned fabric, coloured pictures from magazines or postcards or anything flat that is colourful and catches your eye to work from instead of leaves.
- Most of all enjoy mixing and using colour. Stop for a cup of tea and have a look at each other's paintings, you will be surprised how different each one looks and how many colours can be mixed from just those three basic colours.

Starting Activities – Painting Pots

You will need:

- terracotta flowerpots (you choose the size, but five to six inches is a good all-round size);
- household emulsion paints (left over tins or test pots);
- brushes (cheap decorators' brushes about an inch width and small brushes suitable for acrylic paint);
- a large water pot for washing brushes;
- a screwdriver or similar to open paint lids;
- rags;
- newspaper or another covering for the table; and
- aprons or old shirts to protect clothes.

What to do

- Paint the pot with a base colour, possibly with a different colour on the rim.
- When the paint is touch dry (about half an hour - time to have a cup of tea!), decorate with stripes, spots, flowers, swags, patterns or herb names.

Materials for planting up

- Potting compost;
- crocks, broken polystyrene or teas bags for drainage;
- trowel (optional but saves getting dirty hands); and
- seeds such as herbs, wildflowers, annuals or bulbs (make sure you plant them at the correct time).

Method

- Place crocks/polystyrene/teabags in the bottom of the pot and fill it up with the compost. Sprinkle your seeds lightly over the surface (following the instructions on the packet) or plant bulbs at the correct depth.
- Wait and watch them come up. Don't forget to water the seedlings and keep them out of direct sunlight.

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- Your pot will look good on your patio or windowsill but the paint will peel eventually. It can be touched up or repainted.
- You can paint a saucer to match but if it's used indoors you will need to put something underneath it to protect polished surfaces as is the saucer won't be waterproof.

Other fillings

- Smaller, straight-sided pots make good pen and pencil holders. For a nice present for children paint them in bright and cheerful colours or match the colours to their bedrooms.
- Try putting some packing such as pretty plastic 'straw' or scrunched tissue paper in and add bath pearls or small soaps for a personalised present. You could wrap it in cellophane and tie with a ribbon around the top.
- Whatever you choose will be special because you made it.

Further suggestions for using up emulsion paints

- Paint old shoeboxes or other cardboard boxes for storage.
- Any wooden object can be painted but it will need to be sanded or washed to remove grease and old varnish or paint. Try junk shops or car boot sales for old frames, wooden boxes, lamp bases and even pieces of furniture. Your object can be painted with clear acrylic varnish afterwards to protect it.
- 'Gold-fingering', available in craft shops, can be used to highlight designs.

Starting Activities – Ideas for an Art Group

These notes were prepared by an Upstream mentor to help the Silverton Art Group to 'keep their inspiration flowing':

Collect ideas

Look through magazines and books. Collect pictures, postcards, calendars and greetings cards of flowers, wildlife landscapes, buildings, your home, people – whatever interests you. Store your ideas in a separate folder or stick them in your sketchbook for to use another time.

Keep a Sketchbook

- Draw the things you see that interest you and add pictures that you have collected. Glue in bits and pieces such as feathers, flowers, pieces of fabric, anything that takes your eye and could be used in a painting at a later date, or just because you like it.
- If you like the colour, try to mix it, see how close you can make it.
- The design may interest you. Can you copy it? What would happen if you changed it a bit or extended it or made it larger?
- Your sketchbook is where you can try out ideas and have fun without worrying about who will see.

Take Photos

- Use your camera if you have one. Or make a quick sketch, so that you have a record of your impression and a colour record as well.
- Remember, do not copy the photo too accurately, it's only an aid to memory. Your painting will be more interesting if the design and the colour are well thought out beforehand.

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Using your work

Try making your own greetings cards or calendar from your finished pictures. You can buy special blanks from stationery and art shops. There are ways to use the best part of a painting that has not quite turned out to your satisfaction.

Making a Book

If you enjoy writing too, you could make your own illustrated book – poetry, short stories, a novel, children's stories, personal history, or a journal of the weather, garden or your local area. Don't forget the cover. Your family would probably want to keep it as an heirloom and future generations would feel that they knew you as well.

Finding Information

- Try a monthly magazine, such as 'Artist and Leisure Painter'. The newsagent could deliver it or arrange for a subscription through the post which may be cheaper but you may have to pay in advance. Magazines give you ideas and practical tips on materials. They also have advertisements for mail order art supplies.
- Borrow books from the mobile library - on art, natural history, landscape, local photographers.
- Look at the work of as many artists as you can, even if you don't like them. You may find they use good colour combinations or have interesting ideas. Copy them and work out how they mixed colours.
- Here are some famous artists. Velasquez, Rembrandt, Goya, Vermeer, Constable, Turner, Manet, Monet, Degas, Renoir, Cezanne, Gauguin, Seurat, Van Gogh, Kandinski, Matisse, Picasso, Georgia O'Keefe, Klee. You might be able to get books on them but also look at the works of local artists and visit galleries.
- Study their work, how they have composed their paintings? What colours they have used. Can you see their brush marks? What marks do they make? This is very important when painting in oils, as each artist has a distinctive way of working that gives the painting its expressive quality.
- If you want to study watercolours, the Royal Watercolour Society has produced 'The Glory of Watercolour' which shows the work of many of the English watercolour artists. Compare the English style with the strong tradition of watercolour painting in America, although it is hard to find books on American watercolours.
- Whatever you do, the important thing is to enjoy yourself. Your joy will show through in the work you produce.

Starting Activities – Living History

The importance of recording what is happening within a community is often fragmentary or not recognised. A Living History Group collates material about events taking place in the life of a village or town.

You want to:

- record events as they happen;
- gather material for immediate and long-term use;
- build up a network of people within the community; and
- create a catalogue and index of sources.

What to do

- Send a letter to organisations and key people in the village, explaining the aims of the group. Put a copy of the letter in the local newsletter.
- Speak to the right people to confirm the message in the letter.

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- Invite people to come to your session.
- Catalogue and index material as you find out about it.
- At each session discuss the events that are due to take place during the coming four weeks. Contact people who are likely to be at each event to give you videos, photographs or written accounts.

Or, you could:

- see the first three points above;
- keep a calendar of forthcoming events in the community and ensure that someone will attend to record what is happening – plan this at each session; and
- catalogue and index the material.

Cataloguing and indexing

A catalogue and index are both ways of finding a record of an event.

- An index lists the event, the format of the record, the date of the record, the location of the record and by whom it was recorded.
- A catalogue gives a *brief* outline of what is in each record.

Starting Activities – Reading Group

This is a time to share with others what you have been reading recently. A reading group provides an opportunity for people to explore different types of reading material together – some fictional, some fact. At the initial meeting you will need to agree to a four-week rota: books, magazines, poetry, newspapers.

Discussing a book

- The group can register at the local library or with the mobile library as a book group and will be eligible for book sets.
- The library will provide an extensive list of books for which there are sets available for loan to book groups. Large print and audio books are available.
- Registration is simple.
- Books have to be ordered and normally take a few days to become available.
- Or you may wish to pass round books that you already have or buy for the group.

Book Sessions

- Each member of the group will be given the opportunity to read the relevant book before the session and to make notes of relevant points for discussion.
- Why not draw up a list of questions to apply to all books which you can refer to when reading.
- A lively discussion will ensue.
- After the discussion, choose the next book. It is often a good idea for a different member of the group to choose a book each time.
- You may wish to listen to and discuss a book that's serialised on Radio 4.

(NOTE – Some people might prefer to have a 'Book Group' rather than a more general 'Reading Group'. If so, just follow the same guidance above and ignore the next page.)

Discussing a magazine

For a small sum of money contributed by each member each month, you can buy four different magazines. Pass the magazines around so that each week each person has a different one to read.

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- Decide on which four magazines you will choose to read and place a regular order with the local newsagent.
- Decide who will collect them, take the money and pay.
- Each week, each of the four magazines will be passed on to the next person on the list.
- Rotate the order of who will start and finish with a magazine.

Magazine Sessions

Once the time for a magazine session arrives you will each have read the same magazines.

- Discuss which features were most interesting to you.
- Cut out any articles that someone might like to keep - recipes, patterns, health tips and financial tips, for example. If necessary arrange to make photocopies.

Discussing Poetry

During the month think about a poem that you would like to share with the others.

Poetry Sessions

- Each person will take turns to read a poem they have brought along to the group to share with others. They will speak about what it means to them.
- Let the discussion flow.
- Alternatively people might write their own poems to discuss.

Discussing Newspapers

During the four-week period between sessions discussing newspapers, keep the articles that have interested you, have been significant, or have outraged you.

Newspaper Sessions

- Share the articles and debate the issues raised.

Starting Activities – Writing and Recording

You will need:

- writing paper, pens and pencils;
- a flip-chart and pens; and
- a mini-disk or cassette recorder.

What to do

- Decide on a theme for the session – if it's part of an on-going programme this might have already been decided.
- Participants will bring artefacts, photographs, books and poems relevant to the theme to share with each other.
- As a group, discuss what the theme means, then break into small groups of two or three people each.
- Talk about, write about or sketch your thoughts on the topic to prepare for a short recording. Allow between 20 and 30 minutes for this.
- Take a break.

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- Record each member in turn talking about the theme with the aid of their writing, sketches and the partners in their small group.
- You might choose to write as a group using a flip-chart – poetry is ideal for this.

Benefits

- Soon you will appreciate how the different members of the group choose to represent their views to prepare for their recording – one-word headings, detailed prose, verse, sketches, and plans for example.
- You will learn how to express yourself with the encouragement of someone else and, in turn, how to encourage someone.
- You will think about writing in a creative way – whether prose or verse.
- You will develop speaking skills – soon, your confidence in speaking to others will grow. This will help your breathing, posture, and confidence.
- You will learn to relax and enjoy it.

Health and Safety for independent groups

[Upstream guidance has already been prepared and this page will be linked from 'Keeping your group going']

Draft Constitution

You will need a simple Group Constitution to apply for grants and open a bank account. This should state your aims, what you plan to do, who your members are, how you organise yourselves and your finances, and what happens when the group ends. You can probably find a friendly accountant or bank manager to be the 'auditor' or 'verifier' for your accounts. The draft Constitution below is only a suggestion. Adjust it to suit your needs but you should ask someone to check that your Constitution meets all the latest requirements, which can change over the years. Your local Council for Voluntary Service (CVS - see contacts) will be able to advise you.

Rough draft Constitution

1. Name

The Group shall be called the (the Group).

2. Aims

The aims of the Group shall be:

- to encourage and provide access for people over the age of 50 to engage in stimulating creative, social, leisure, educational and health-promoting activities;
- to encourage the sharing and development of talents, to learn new skills and provide training for members; and
- to help people who might become isolated to enjoy creative activity and to encourage people to develop activities that they can sustain collectively and individually.

3. Objectives

The objectives and activities of the Group shall be:

- to meet regularly for creative and social activities at a place accessible to all members;
- to make adequate transport arrangements for all members;
- to agree and implement a programme of activities of interest to all members;
- to invite external artists and other creative people to develop the skills of members;

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- to gain access to equipment and materials that are needed to implement the activities; and
- to engage in social activity alongside other stimulating activities.

4. Members

The first members of the Group are those people named below, who have agreed to become members. Anyone over the age of 50 and living within, or close to, the parish of may become a member of the Group, subject to approval by a simple majority of those attending the meeting at which the application is made.

5. Annual Meeting

- (a) There shall be an annual meeting in each calendar year. A minimum of one month's notice shall be given for the annual meeting.
- (b) The annual meeting shall:
- approve the annual verified accounts, or statement of income and expenditure;
 - appoint an accounts auditor or verifier;
 - approve the signatories for the bank account;
 - elect a Chair, Treasurer and Secretary for the year; the Treasurer and Secretary may be established as a single office;
 - elect a committee or working party to manage the affairs of the Group between annual meetings;
 - set the annual subscription or meeting fee for the coming year;
 - receive a report on the year's activities; and
 - decide any other business.
- (c) The meeting will only go ahead if one-third of the members attend the annual meeting. Decisions shall be made by a simple majority of those attending. In the event of a tie the Chair shall have the casting vote.

6. Finance

- (a) The Group may raise funds as necessary to fulfil its aims.
- (b) The Group shall open a bank account in the name of
- (c) The Group shall decide at the annual meeting who shall be the approved signatories and two approved signatures shall be required for any withdrawal.

7. Dissolution

The Group shall be dissolved if a simple majority of the members agree to do so. Any surplus of funds at the time of dissolution shall be distributed to other properly constituted groups or organisations in the area with similar aims.

8. Date

This Constitution was adopted by the first members on

Signed on behalf of the members by:

_____ Date _____
Chairman

_____ Date _____
Treasurer

List of First Members:

EVIDENCE AND POLICY

Commissioners and providers of mentoring services are committed to developing formal evidence for the effectiveness of this approach.

One research study has been completed so far. This 'optimising' study aimed to make the Upstream organisation as effective as possible by responding to findings as they emerged. This study was conducted by the Peninsula Medical School (PMS), part of the University of Exeter, over a three-year period.

Follow the links below to see the results of this study.

The health and social care community in Devon has commissioned a further study from PMS (a controlled trial) which aims to further examine the evidence of the effectiveness of this type of approach and to study the economic case for it. This will initially cover both Upstream and the Link2 service provided by Age Concern Exeter, both funded by the Department of Work and Pensions Link Age Plus programme, and later services across the County in a large scale trial funded by the Department of Health through the My Life My Choice (POPPs) programme.

When reporting schedules and later reports for this study are available they will be published and referenced here.

The principles and policies of the approach are those that drive current changes in Health and Social Care. And alongside the work of the mentors are guidelines and policies that ensure accountability, rigorous management and proper governance.

- [Peninsula Medical School Report, 2005](#)
- [Responding to evidence](#)
- [Mentor guidelines and procedures](#)
- [Background to PMS evaluation](#)
- [PMS Summary & Full Report](#)

Peninsula Medical School Report, 2005

“Overall, Upstream seems to have been highly successful in identifying and engaging with their target socially isolated elderly population. The majority of participants at entry to Upstream were living alone, and substantial psychological and physiological morbidity was evident, including a 53% prevalence of depression and high rates of chronic illness and disability. Overall quality of life for both mental and physical well-being was well below the expected normative, age-matched population values. In terms of outcomes, putting the qualitative and quantitative data together suggests that the intervention is delivering significant and clinically meaningful benefits to this population.

“The results suggest that engaging socially isolated elderly people in social and creative activities, using an individually tailored, mentoring approach, which focuses on building efficacy /confidence and self-determination can enhance their overall health-related quality of life, with a particularly impact on depression, as well as increasing perceived social support. Additional physical health benefits may be possible, particularly in the longer term if activities are sustained. The extent of the possible health gains is clinically meaningful in terms of the average changes in outcome scores reported. Furthermore, a substantial number of *individuals* were reported to experience quite radical transformations, including

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enhanced psychological well-being and lifestyle changes, as well as physical health benefits.

“Against an expected picture of decline in both physical and mental health in this age group, overall health seems to be improving in this population, with stronger short term benefits in psychological well-being, and longer-term benefits in terms of depression, physical health and perceived social support.

“The intervention seems to coincide with improvements in other health-related behaviours, such as greater attention to diet, a reduction in some people’s alcohol consumption, and an increase in the amount and type of exercise people engaged in. One reason why Upstream may work especially well with those suffering from depression is that it appears to alleviate some symptoms by socially integrating previously isolated people and providing a reason for getting out of bed.”

Unique Aspects of Upstream.

- The networking /multi-method approach identifies socially isolated people.
- Individual tailoring enhances engagement in activities and sustainability.
- Mentoring ‘holds’ participants as long as needed to affect sustainable change.
- There is an underlying philosophy of empowerment, building confidence and self-determination, consistent with the drive towards self-management and away from dependence on health and social services.
- Veterans feedback into activity groups, increasing social capital.

Responding to evidence

One of the strengths of the mentoring pilot has been the ‘action research’ approach – the ability to respond quickly to evidence of success or weakness to produce the best possible result, with self-evaluation as a continuous theme. The factor driving many changes has been the changing needs and the wishes of the older people who are the participants themselves. Here are some examples of the responses to change in the original pilot:

- **Community mentors** are trained to engage and encourage people, providing one-to-one support and focusing on self-sustainability; this replaced the planned full-time assessor, who focused simply on signposting people to existing activities.
- **Activity groups** begun by mentors, for informal, daytime motivation, instead of the first plan to signpost to Adult & Community Learning (ACL) with Learning and Skills Council (LSC) support. For many people, so-called ‘leisure learning’, not recognised by LSC, represents essential skills for coping with daily life.
- **Participants’ age range** has been extended to include all adults, so that older people can thrive within the context of the whole community and benefit from a range of ages and abilities, on the basis that intergenerational activity builds trust. Participants themselves were keen on this shift of balance: the original brief was 55-plus.
- **Outreach in the community** has increased as the project matured. Initially mentors brought people into local centres (often the main towns, sometimes the villages). In response to demand, mentors are reaching out further to start groups involving whole communities in order to affect deep-rooted change.

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- Instead of traditional dependence on **volunteers**, mentors in Mid Devon have encouraged 'volunteer participants' – anyone who joins or visits a group becomes part of the group, participating and helping however they can; this encourages sustainability and participant 'ownership' of the group.
- **Consultations** occur as informal 'conversations' ' in the context of regular enjoyable activity, rather than set focus groups, meaning that people who would not normally participate do so and are able to influence local decisions.
- **Long-term maintenance** of good health in the community has become an important aspect of mentors' work – simply signposting people to other activities and hoping they will be all right is not enough. Successful independence requires long-term monitoring to avoid decline into ill-health.
- **Co-operative working** has increasingly become a feature of the project – through shared co-ordination and signposting with other voluntary sector organisations and particularly through representation on GP multi-disciplinary teams. The project belongs not just to Upstream but to the whole community.

Mentor guidelines and procedures

Clear procedures, policies and reporting systems are important, especially for an innovative service where voluntary organisations and staff are learning new skills.

Different systems, in the voluntary and statutory sectors, need to be reconciled and co-ordinated, so that there is clarity and transparency for everyone.

Work is continuing on forms, evaluation and monitoring, quality assurance, and on how these 'mesh' with the systems of local statutory providers. In Devon, there will be common forms and procedures for the large scale trial which is about to happen.

The original procedures for the Upstream mentoring pilot were produced with the help of the project's Medical Adviser, Clinical Psychologist, Primary Care Trust, Adult & Community Services' personnel and Peninsula Medical School.

These policies and procedures include the following:

- **guidelines for referrals;**
- **confidentiality guidelines and record-keeping;**
- **risk policy for home visits;**
- **health and safety** (including 'Lone Working');
- **working with volunteers;**
- **signs of wellbeing** (for mentors and others);
- **personnel policies** (e.g. Complaints, Sickness, Equal Opportunities);
- **financial procedures and risk assessment** (for trustees); and
- **community profile** (preliminary assessment for new outreach projects)

The original forms were:

- **registration form**
- **tracking sheet at three months and six months** (for mentors and participants);
- **research questionnaires**. In the Link Age Plus evaluation, the Peninsula Medical School uses two questionnaires at Baseline (Q1) and 12 months (Q2); and

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- **summary reports** (various reports and monthly management information), are produced, such as **referral graphs** and quarterly **referral flowcharts** – as well as co-ordinated figures for referrals across the Healthy Living Community.

The original security procedures included:

- all staff and external artists or creative providers to be police checked and wear a photo ID badge, because they are dealing with vulnerable people.

The background to the PMS evaluation

Independent academic evaluation was a vital part of the Upstream project from the outset. Funding for research by the Peninsula Medical School and Mid Devon Primary Care Research Group was built into the original bid. Mid Devon Primary Care Trust, Devon Social Services and the Centre for Evidence Based Social Services (CEBSS) were consulted in developing research protocols (ensuring that the research tackled the most relevant questions), and formed an Advisory Group to monitor progress.

Pilot Project

Summer 2002 - Spring 2003 (after 2 years of planning and a Community Consultation in partnership with Mid Devon District Council): 9-month Pilot Project, with a group of participants demonstrated the feasibility of a mentoring approach to encourage elderly and socially isolated people to engage in social /creative activities. Feedback on processes, problems and solutions was used to inform the subsequent service model. Questionnaires were piloted for acceptability and individual sensitivity, leading to selection of outcome measures for the following research stages. Pilot Report 2003.

Action Research

Summer 2003 – Summer 2005: Action Research (Report October 2005). Mentors distributed approved questionnaires (SF12 and Geriatric Depression Scores – GDS) to participants and a Researcher based at PMS held in-depth interviews with a range of stakeholders (participants, staff, strategic partners) used to improve Upstream's delivery processes. Participants could still benefit from the service, even if they did not wish to be involved in the research. The feedback identified barriers to and facilitators of successful intervention, as well as insights into the psychological /inter-personal processes which generate positive change.

An Interim Report was produced in January 2005 which identified improved psychological well-being and a high level of satisfaction. Vital elements of the intervention were improved social integration, self-efficacy (confidence-building) and self-concept (perceived identity and social roles). Other specific barriers and bridges to successful intervention included venue, social context, transport, first impressions /quality of initial activities. Key issues in the sustainability of activities were transport, availability of community-based activities; self-efficacy (confidence to organise their own groups, and/or to pro-actively seek further activities in the community), and self-concept (e.g. concerns about 'fitting in' to existing community-based groups).

Existing research literature was reviewed and helped to strengthen and develop the *theoretical basis* underpinning the Upstream approach. The key principles included building self-efficacy; empowering participants /self-determination; enhancing self-concept through developing positive social (group) identities and perhaps through developing previously untapped creative talents; building social networks, accounting for individual context through mentoring (i.e. tailored rather than one-size-fits-all approach). Enhancing the individual 'meaningfulness' or relevance of the activities /community participation also

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seems to be an important cross-cutting theme. For example, those who perceived they were helping others seem to benefit particularly.

Peninsula Medical School Report

Key Points

Verbal feedback. From N=26 (18 interviews, focus group)

Psychological and social benefits

- Reductions in depression and loneliness
- Increased alertness / cognitive awareness / well-being / optimism
- Less dwelling on concerns / worries, better sleep
- Increased social interaction and community involvement
- Increased sense of self-worth and willingness to engage in life

Health behaviour and health benefits

- Improved physical activity, diet and drinking
- Less health visits, reduced medication use
- Potentially reduced risk of falls (due to alertness effect)
- Facilitated rehabilitation of co-ordination / mobility post-stroke

Transformational change

- Around a quarter of cases reported profound life-changes
- Re-engagement with society, renewed optimism about life
- Dramatic lifestyle changes
- No significant negative outcomes.
- Mentors confirmed that from their perspective, for all engaged participants (N ~200) - around 80-90% derived noticeable positive benefits, and about 20-30% underwent dramatic transformations in mood and behaviour.
- The questionnaire data confirmed clinically meaningful changes (2 points on SF-12) in mental well-being for around 60% of participants, with 30% experiencing dramatic positive changes (a shift of 25 population centiles or 6.1 SF-12 points).

Sample Characteristics (N=172)

- 76% female, average age 77 (52 to 96), 25% with financial pressures
- Health: Participants have poor physical and psychological health, commensurate with high levels of loneliness /social isolation
- 74% at least one longstanding health impairment which limits activities
- SF12 health quality of life scores significantly lower than norms for UK over-75s and UK population (both mental and physical health)
- 53% with clinical levels of depression, based on GDS scores
- 64% widowed, 73% living alone, 93% retired (N=45 here)

6 Month Follow-up Data (health measures) N =71

Measures taken at entry into Upstream and (mean) 5.5 months' later.

- Statistically significant increase in SF12 mental health component (Mean Diff: 3.0 points, $p < 0.005$)
- The change in SF12 scores (effect size 0.30SD) is clinically meaningful (the consensus is that 2-3 points is meaningful)
- No significant increase or decrease in SF12 physical health component
- Statistically significant reduction in depressive mood (Diff=0.60, $p < 0.02$)
- The above change (effect size 0.31SD) is also clinically meaningful. The number with clinical levels of depression fell from 32(45%) to 25(35%)

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- Slight increase in proportion engaging in physical activity from 67% to 78%

12 Month Follow-up Data (health measures) N =51

Survey is ongoing. Measures taken at entry into Upstream and (mean) 12.0 months' later.

- Improvements in depression scores were maintained (Mean Diff=0.57, $p<0.05$)
- The size of the difference in SF12 mental component scores decreased (Mean improvement=0.71 points, n.s)
- SF12 physical component scores now showed a strong trend towards improvement (Mean Diff=1.57, $p=0.06$)
- The overall health utility index (which combines SF12 mental and physical components) improved significantly (Mean Diff=0.027, $p<0.05$)
- Social support scores (MOS Social Support Scale) also improved significantly (Mean Diff=0.20, $p<0.05$, effect size =0.34).

ROLES AND RESPONSIBILITIES

- [Responsibilities of providers of Community Mentoring services](#)
- [Responsibilities and roles of mentors](#)
- [Responsibilities of statutory agencies wishing to commission mentoring services](#)

Responsibilities of providers of Community Mentoring services:

- (i) To establish service governance arrangements which involve key stakeholders including local older people and voluntary sector representation.
- (ii) To establish and maintain a comprehensive awareness of community facilities and provision (including transport) and must ensure that mentors have access to and awareness of this. Where any gaps exist in mapping of local communities, mentoring organisations make this good.
- (iii) To promote mentoring to referring agencies and to establish routes in the community through which early identification of appropriate individuals not likely to be referred by Primary Care Teams can take place.
- (iv) To provide mentors in such numbers and of the competence described below as required.
- (v) To provide mentors with suitable training and skills to assess and engage with individuals across the spectrum of need outlined.
- (vi) To provide access to a range of activities and services that will maximise the ability to tailor social engagement activities to the needs and interest of individuals. This includes developing opportunities where necessary.
- (vii) Long term support is not the primary aim of mentoring. Where withdrawal seems difficult, organisations providing mentoring consult with referrer before determining ongoing support arrangements
- (viii) To make arrangements to meet the general standards expected of organisations working in the health and social care field – e.g. policies for protection of vulnerable adults, confidentiality, risk management, volunteer recruitment.
- (ix) To establish and maintain close working relationships on a basis of full confidence and mutual respect with each GP cluster MDT, local voluntary sector, local older people's organisations.
- (x) To establish audited self monitoring arrangements to continually review effectiveness and provide evidence of value for money
- (xi) To establish arrangements to enhance "value for money" for example by providing a "gain" through synergy with other community activities or by being able to "lever in" other resources to complement the contracted services.
- (xii) To establish and maintain guidance, resources and processes for promoting the sustainability of groups set up or supported to fulfil service user's needs.

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- (xiii) To make arrangements to ensure that any groups to which they refer vulnerable older people, and groups they establish for vulnerable people are continuing and that their referees are continuing to benefit. They take action to “refresh” groups where this is necessary.
- (xiv) To provide evidence of understanding of work with volunteers and voluntary organisations, and to maintain a positive approach to these appropriate to the organisation’s type.
- (xv) To maintain professional oversight of mentor’s work and standards, and to provide them with regular opportunities to review their practice.
- (xvi) To provide a consistent quality of service across the designated area.

Responsibilities and roles of mentors

The purpose of mentoring is to help the older person to access services and activities which match their individual needs and to help the individual develop a positive sense of social identity and self-esteem. This would be characterised by positive feelings of belonging to a group or community, feeling worthwhile /competent and of being valued and respected by others.

Community mentors’ roles may be fulfilled in different ways; the role described below is not a job description. Mentoring organisations are free to decide that parts of the role are more effectively and efficiently carried out in combination with a coordinator’s role, or by an assistant. All components of the role described are considered to be appropriate to paid staff positions.

Mentors seek to:

- (i) maintain life time interests where these have been abandoned unwillingly or the older person feels that there is an insuperable barrier to continuing;
- (ii) facilitate people in achieving lifetime ambitions to do new things;
- (iii) interest people in new things where they do not as yet feel an interest and cannot decide what they would enjoy doing.

It is recognised that Community Mentors may use a range of methods to complete the assessment, goal planning and action planning stages, and these may include group-based activities, accepting that these may have a therapeutic value in themselves and can only be based on referral information.

Volunteers can be an asset in complementing the role of the paid staff mentors for not-for-profit organisations.

The role of the mentor is:

- To conduct a rigorous assessment of the needs and potential interests of each individual. This builds on and complements assessment material conveyed during the referral process.
- To agree goals and an action plan with each person
- To address the need by tailoring a response to the needs (and current abilities) of the individual as closely as possible through (in order):
 - (i) signposting to services provided by others (if the individual has high confidence and ability and willingness to engage)

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- (ii) introducing the individual to existing ordinary community facilities where these exist and are appropriate
 - (iii) where necessary, establishing friendship or social groups where possible on the basis of shared interests, and as close to individuals' own homes as possible.
 - (iv) In cases where self-esteem and /or confidence are low, to facilitate and support the building of confidence and social interaction skills. This will require considerable input and facilitation of activities from the mentor (e.g. co-attendance, help arranging transport, emotional support and encouragement).
 - (v) In rare cases where there is no realistic prospect of the person being able, within a reasonable timescale, to go out and enjoy social activities, to agree goals that can be met at home; in these cases mentors always seek other ways for the individual to connect with their community.
- The mentor should develop a time limited, task oriented relationship with the older person with ongoing assessment and feedback /adjustment of intervention as needed. Ultimately, the aim is for the person to be able to manage independently and so mentoring input needs to be designed to be temporary, (with a view to withdraw at an appropriate time), albeit that the amount of input needed will vary depending on individual needs.
 - Where people need ongoing support to access activities /services, this should be referred back to the provider organisation who will negotiate with other providers /carers.
 - Mentors look out for and are able to recognise clinically significant psychological problems (especially depression and anxiety). They make appropriate referrals if these are at a level which requires professional intervention.
 - In the course of this work, mentors: provide opportunities to service users to discuss ways to promote their own health and well being; facilitate informal conversation style input to local consultations, particularly around health and social care issues.
 - Mentors are trained to act to comply with other statutory requirements including Health and Safety, Child and Adult Protection and the Data Protection Act.

The aim of mentors is to enable older people to become self sustaining in their activities and then withdraw. Mentors ensure that a “feedback loop” appropriate to the individual is defined and in place before withdrawal so that any drop off in activity is picked up on and investigated.

Mentors may also use cross-generational work to enable older people and young people to become comfortable and friendly with each other to develop mutual respect and improve feelings of community safety.

Community Mentors are not:

- Befrienders
- Advocates
- Community development workers
- Tied to one kind of intervention – for example artwork, physical fitness work.
- Health trainers
- Counsellors
- Caseworkers on behalf of any single member of the MDT.

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- A stand alone service – Mentors work with and depend on the whole range of community services and facilities.

Although in their daily work they may appear to befriend to achieve their objectives, may advocate on behalf of someone with who they are working or provide short term informal counselling under supervision, give advice on healthy living, and help develop social capital in the community.

The main kinds of groups that Community Mentors establish:

- (i) Neighbourhood or village based groups, designed to promote healthy social networks and encourage the community to develop the capacity to support more vulnerable members
- (ii) Interest-focussed groups, based on activities that the older people choose and enjoy, and which may provide them with the experience of learning something new (and learning that they can still learn).
- (iii) Task focussed or specialist groups, for example fixed term anxiety management groups, or men's groups (men have a disproportionate fall out from most older people's activities and require particular attention of they are to receive equal treatment).

In the case of specialist groups such as anxiety management groups, the aim may be to enable people to "graduate" to other more open activities.

In all other cases the aim will be to make the group self sustaining, albeit that the mentoring organisation will assist groups to ensure that they can remain viable and self sustaining.

A note on creative activity

A wide range of activities needs to be available dependent on interests of potential service users. There has been evaluated experience of mentoring (in Upstream) where the efficacy of creative activity has been examined. The following advice is from the Peninsula Medical School

"This type of activity is appealing to a broad range of people (albeit not everyone), and is very amenable to individual tailoring across a wide spectrum of ability and personal interest. There are opportunities to explore and express feelings, opportunities are created for mutual praise (around the created output), it engages higher level cognitive functioning, provides opportunities for additional at-home activity which contributes to the ongoing social interaction, and it creates opportunities for self-praise and for building self-efficacy in a step-wise way."

Responsibilities of statutory agencies wishing to commission mentoring services

- (i) To provide basic training for provider organisations in: the principles and methods of mentoring; the underpinnings of the methods of enabling and building the psychological outcomes required; requirements of formal evaluation.
- (ii) To arrange formal evaluation to establish evidence concerning the effectiveness and economic case for mentoring.
- (iii) To promote the mentoring service and the provider organisation to all local teams and partner services at local level.

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- (iv) To arrange such evaluation, feedback and development arrangements and opportunities as may be agreed with the provider organisations.
- (v) To facilitate shared training and development opportunities for managers and staff of the provider, other local agencies and in particular primary care teams staff.
- (vi) To explain and promote mentoring and the service provider to local older people's organisations.
- (vii) To consider the evidence from the evaluation in determining future investment decisions.
- (viii) To facilitate access to NHS professionals advice, in particular clinical psychology.
- (ix) To monitor referral rates to mentoring service from statutory services to understand significant variations and to make recommendations accordingly.
- (x) To arrange the regular review of identified risks and barriers to the effective working of mentoring. In particular those barriers which may be more efficiently addressed in other fora and by other methods than mentoring, e.g. transport.

TOOLS FOR PROVIDERS

- [Mentors, skills, capabilities and recruitment](#)
- [Skills sets:](#)
- [Competences](#)
- [Recruitment](#)
- [Training](#)
- [Performance Management Information](#)
- [Charging Framework](#)
- [Organisational Structures](#)

Mentors, skills, capabilities and recruitment

Mentoring for social re-engagement is a new occupation and understanding of the skills and capabilities required to deliver are likely to develop.

Skills sets:

Existing schemes are successfully employing staff using methods and skills from the skills sets of the following occupational groups: (psychiatric) occupational therapists; adult educators; community development workers; trainers.

While there is no ideal skills set from an existing occupation which can be identified, mentors require high level skills in:

- (i) Person centred assessment
- (ii) Goal planning
- (iii) Motivation
- (iv) Group work and group dynamics
- (v) Coaching
- (vi) Inter-personal dynamics
- (vii) Communication
- (viii) Problem solving
- (ix) Negotiating skills
- (x) Strong organisational skills
- (xi) Ability to work independently,
- (xii) Managing resources effectively including their own time
- (xiii) Working in a way which develops the community's ability to sustain its vulnerable members.

Competences

Basic competences required:

1. Strong analytic skills, to be able to assess needs, interests, capabilities and risks with older people, and to assess effectiveness and progress when interventions are in place.
2. To be able to work across agencies and sectors, health and social services, education, leisure, the arts, and the voluntary and community sectors.
3. To be able to work effectively with older people, valuing their skills and experience.

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4. Good communication skills and ability to listen.
5. To be able to manage the delicate balance between gaining people's confidence and not creating dependency links.
6. To negotiate with local community and voluntary groups and creative or learning providers to set up local activities.
7. To work on a confidential basis.
8. To be imaginative, resourceful and to have highly developed problem-solving abilities.
9. To be able to set up groups and networks and move them towards independence.
10. To be able to work alone with minimal direction, managing time efficiently and effectively.
11. To be able to work as a member of a team, sharing experience, information and responsibility.
12. To be able to develop others to do a similar job.
13. To be able to signpost people effectively to appropriate services as needed.

Recruitment

- (i) Experience of the two LAP pilot schemes suggests that mentoring is an attractive job.
 - Part time and sessional working may be efficient ways of staffing the service for particular types of need (for example minority groups) or to cover large rural areas.
 - The occupation is attractive to experienced and skilled workers with a range of backgrounds including in health or social care.
- (ii) There is no experience as yet of recruiting mentors for minority ethnic community groups or for other groups such as gay and lesbian older people.

Training

- (i) An initial curriculum (below) based on the Upstream experience has been drafted but requires further work.
- (ii) Core induction training for all new recruits:
 - a) Mentoring principles and methods
 - b) Provider organisation's policies and processes
 - c) Local community:
 - "map" of existing community facilities

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- local older people's organisations
 - local statutory sector, organisation, personnel, operations (e.g. targets, eligibility for social care etc) and pre-occupations (e.g. prevention of falls etc)
- d) Assessment and enabling skills working with older people in a person-centred way, delivered by a clinical psychologist or similarly trained health professional. Sessions by clinical psychologist.
- e) Group work and dynamics
- f) General basic training:
- risk management for home visiting
 - 360 degree well being check
 - falls awareness and prevention
 - first aid

Dealing with mental health issues

- (iii) Personally tailored training
To be specified for each recruit depending on background skills
- (iv) Continuous professional development

To be delivered in collaboration with the commissioner and other mentoring providers.

Performance Management Information

The following Performance Management information is suggested as key to monitoring performance:

- number of new referrals per month and number per fte mentor;
- time elapsed between receipt of MDT referrals and start of assessment face to face with service user
- time users remain on active mentor caseloads
- numbers "discharged" from the service each month and reasons
- use of each level of service (see chart 2 in appendix yyy) by number of users
- cost per case (unit cost)
- equality monitoring information.

During the Devon pilot Providers are also required to work with the Peninsula Medical School Evaluation. Core tasks include:

- assisting the evaluation in recruiting clients of the mentoring service into the independent evaluation
- keep accurate records describing all referrals made to mentoring services and the care package implemented by the mentors
- working with the research team to provide regular summary information on the staffing and delivery of the mentoring intervention which can be used to support the economic evaluation of the service.
- Providing descriptive data on the profile of service users (age, gender, source of referral etc)
- provide additional data (currently being agreed) for the purposes of the National Evaluation.

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In addition:

- Providers will monitor and provide information to the commissioner on base assessments of service users and final outcomes for users according to common protocols which will be provided by the commissioner.
- User satisfaction surveys will be conducted using approved tools
- User feedback gained in informal consultations will be provided regularly.

Charging Framework

Participants will not be charged for the services of mentors.

Participants will ordinarily be responsible for paying directly the costs of transport and fees etc associated with groups and activities. These must not include charges for the time of mentors.

Where providers make arrangements for activities they will make them with due regard for sustainability and seek to keep them within affordable reach of service users without subsidy. "Affordable reach" has been found by experience of existing providers to be around £2 per session. Lunch, and tea and coffee may be additional to this.

Exceptions are:

- (i) Where providers are working with participants who require substantial support to participate in social activities in the early stages and for whom it is judged a charge would prevent them trying a new activity
- (ii) Where transport is arranged in the early days of working with someone, for example until solutions can be found which do not require transport, or community solutions can be put in place.
- (iii) Where an "outing" is arranged with the agreement of participants – for example to a swimming pool, or for a "day out".

Where local statutory organisations wish to seek the views of participants in a specific consultation, and invite them to attend to discuss such matters, the organisation requiring the consultation shall pay for transport, refreshments and any substitute care costs in the case of carers and there shall be no charge to the users (nor cost to the provider except for mentor's costs). This does not apply when general discussions take place as part of meetings or events which were already planned to take place.

Organisational Structures

Organisational structures will not be prescribed.

Requirements are that:

- Providers have in place efficient arrangements to provide dedicated mentoring cover linked to each MDT/cluster in the prescribed area, depending on VCS arrangements.

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- Providers have in place arrangements to provide specialist mentoring to members of BME and other minority groups, such as gay and lesbian people as this is needed.
- Providers make arrangements for coordination of mentors, for example to receive and allocate referrals, liaise with referrers, collate and report on evaluation and monitoring requirements, make arrangements for training etc.
- Providers come together at county level for higher level training and development arrangements.