



Gofal Cymdeithasol **Cymru**  
Social Care **Wales**

# Care and support at home in Wales

Supporting stories



Noddir gan  
**Lywodraeth Cymru**  
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## Other formats

This document is available in large text or other formats, if required.

This document is also available in Welsh.



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The stories overleaf show some of the ways that people and organisations across Wales deliver care and support at home, in support of the Care and support at home in Wales - Five-year strategic plan.

They are here to give ideas about what could be done differently, and some of the issues that people have faced.

All of the supporting stories have been sent to us by our partners. If you have a story that that you think others could learn from, please get in touch. We will continue sharing ideas about good care and support at home through our website.

# 1. Time banking in Carmarthenshire

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Time banking operates on time credits. Volunteers earn a credit for each hour of volunteering. Credits earned can be 'spent' on sporting, cultural or social activities, exchanged or gifted.

Carmarthenshire County Council Housing Services, Community First and Spice established a time bank programme. It runs in seven locations, with 80 organisations and has over 700 members aged between three and 97. They've given over 28,000 hours back to their community.

Of the people who are part of the scheme:

- **45 per cent** feel healthier
- **43 per cent** learnt a new skill
- **64 per cent** spend more time in their community
- **43 per cent** have more trust in their own community.

## Jane's story

'Getting involved with time credits changed everything.... we could get out as a family again. We take the kids bowling, swimming, on days out. They love to earn time credits too, looking through the brochure and choosing events to save up for. The school have noticed how much more focussed they are; they have gone through so much in their lives but they are out the other side and doing well. As for me, I can't begin to explain. I have made diamond friends, friends that I love and who share the enthusiasm and want to make their communities a better place to live. I go to workshops just because I'm eager to learn. I go to exercise classes because I want to get fitter. I go on community training because I'm hungry to see the change in me, my confidence, my enthusiasm for time credits reflected in those around me.'

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**"Getting involved with time credits changed everything.... we could get out as a family again. "**

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In July, backed by Rachel, Spice and the time credit network, Rob and I launched our own organisation – Create me Happy. It's an organisation that recognises and alleviates the impact of parental depression on children. Over the summer holidays we held two 'Lego Club' workshops. We had over 60 families at those events, using Lego as a tool to grow and learn together. When do we give our children two whole hours of undivided attention, create something together and just chat? Simply by coming to the event parents begin to reduce the isolation in themselves, and in their children. That's what time credits have done for us. We've realised that negatives can be turned into positives, that we don't need oodles of money to engage and have fun. We have made friends and learnt so much. We're looking forward to: sharing our training and skills with those around us and making Carmarthenshire safer, healthier and more engaging for all those generations living here now and for those of its future.'

## 2. The Raglan Project in Monmouthshire

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This is a pilot project. It provides a high standard of relationship-based home care to people with dementia.

How it works:

- five full-time staff work on a fixed rota with 12 to 15 people with dementia
- before the care begins, staff establish a relationship with them
- staff have freedom to decide how the relationship and care should be managed
- their decisions are supported rather than controlled by management.

Feedback from interviews, reviews and journals provide show the project is consistently successful.

It shows that:

- it's possible for people with complex care needs to stay at home
- people are supported back to independence and re-engagement with their community
- staff have better morale, health, well-being and job satisfaction (sickness has remained at 0 per cent for 18 months).

Source: Commissioning home care for older people, SCIE  
<http://www.scie.org.uk/publications/guides/guide54/practice-examples.asp>

### 3. Solva Care: volunteering in a rural community

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This is a social enterprise set up by Solva Community Council in Pembrokeshire. Local volunteers offer friendly, local support to those who need it.

Solva Care aims to improve people's well-being by:

- supporting people to stay in their own homes and remain part of the community
- reducing loneliness, isolation and social disadvantage
- providing support for carers.

A co-ordinator links local people to volunteers, help and information. They also manage the day-to-day operation of the project.

Volunteers offer support including visits, phone calls, help in the home and transport.

They:

- have DBS checks
- sign a confidentiality agreement
- undergo induction training
- have insurance
- some can speak Welsh.

## 4. Direct payments supporting families

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Hari lives with his family in a small town. He was born with some damage to his brain and his family provided the support he needed. Following an illness and a long stay in hospital he returned home with a package of home care.

The family were pleased to have the help but felt excluded from decisions. Especially decisions about when workers would visit or what they were able to do. They felt they had no voice or control.

Hari's mother decided to look into direct payments. Although anxious about making changes, they decided to change Hari's support. They chose to employ personal assistants for part of his care and support. They used the remainder for home care.

The family worked with a direct payments support organisation and professionals. Together they developed a plan they were all happy with and agreed training for the workers.

The team were chosen for their positive attitudes and ability to relate to Hari and his family.

The family feel more involved in his care and support. They're now more confident that Hari's well-being and happiness are central to the plan.



## 5. The flexibility of direct payments

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**R lives as independently as possible in his own home.  
He has a spinal cord injury from a work accident.**

He now:

- has no movement from his neck down and can have difficulty with balance
- uses a wheelchair
- needs assistance and support to live at home
- needs help getting in and out of his wheelchair
- needs help with daily living and personal care
- can need long periods of bed rest, which affects his psychological well-being
- needs 24-hour care.

R combines direct payments and an Independent Living Fund package to employ personal assistants and a live-in care worker. It's important to R to develop good relationships with the workers he employs.

R is happy with his current arrangements. He's able to get the support he needs, when he needs it and can employ the workers he wants. This gives him control over his own life.

Lately, R's been offered an assessment for Continuing Health Care funding. He's declined this as he's aware it's likely to mean losing funding for his current workers. It's an arrangement he doesn't wish to change.

## 6. Supporting carers in Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham

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**When carers become unwell, it can be difficult to carry on providing care. Providing short-term respite supports well-being.**

Carers Trust North Wales and Crossroads Care Services can provide respite support. It's available to carers of all ages, including parent carers and young carers. The service involves carers in planning and providing the services they need.

The health needs of carers can be wide-ranging and include:

- Common cold / flu
- Viruses
- Long-term conditions
- Stress / anxiety
- Support after they've undergone an operation
- Support to attend hospital appointments
- Support to attend clinical treatments.

Minimising the disruption to carers' lives also reduces extra cost. Using respite can mean expensive longer-term health care services aren't needed.

Costs are estimated at £50,000 a year, funded by Betsi Cadwalader University Health Board. However, this is monitored and negotiated to ensure there's funding for carers who need the service.

The average cost of a respite bed is £500 a week. Over the last two years, 200 carers have received help from Carers Trust North Wales. It has a net saving of over 400 per cent and supports carers in using other services.

## 7. Assistive Technology through Flintshire Council

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C was diagnosed with Multiple Sclerosis 12 years ago. She's begun to lose her mobility over the last three years. Following a number of falls, the reablement team came to assess her. They wanted to see what could be done to help her mobility and keep her safe from falls.

In Flintshire, the reablement team work closely with the telecare service. A fall detector was used to help C. In C's home, adaptations were made to help with her mobility. Using Buddi GPS technology means C can leave the home but still get help if needed.

C's carer feels reassured with C's mobility outside. The technology means she can stay connected to the contact centre. The Buddi tool (wristwatch) helps C gain confidence and supports her to be independent. This also has a positive impact on her carer.

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**“It's given me peace of mind knowing that she has telecare. I know they respond. It's all very well having these things, but you need to know there are people on the other end, and they've proved very satisfactory.”**

**– Family carer**

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## 8. Co-productive support in Caerphilly: Rosie's story



In September 2012, Rosie had a subarachnoid haemorrhage, a type of stroke. She spent a long time in hospital and made a fantastic physical recovery. However, she now has a permanent and substantial brain injury.

From hospital, Rosie moved to a number of care homes. Then she was moved to a specialist brain injury unit in Bristol. Rosie was desperately unhappy and professionals struggled to find somewhere to suit her. Her main support was her daughter, who lived in London.

The social worker visited Rosie in Bristol once a week. She and Rosie got to know each other very well. Rosie was clear she wanted to move back to her bungalow and live life as she did before her stroke. Many professionals felt Rosie needed 24-hour care and supervision. This was mainly due to her impulsive behaviour, often putting herself in risky situations.

The social worker supported Rosie to visit her bungalow once a week. They cleaned and cooked, went shopping and used public transport. This helped them see how Rosie could manage. Rosie often bumped into someone she knew – many of whom had thought Rosie had passed away after her stroke! Rosie's confidence grew and she spoke more about her goals. One of her goals was to return to the charity shop where she used to volunteer. They visited and Rosie was welcomed back immediately.

Rosie's impulsive behaviour included taking items without paying or sometimes swearing at people. The social worker felt Rosie would always need individual support outside her home. So, with consent, she wrote to local members of Rosie's family. Some offered support, such as inviting Rosie for dinner every Sunday, or taking her to church. The social worker also linked with a stroke group Rosie used to go to and the Salvation Army.

A co-productive timetable was forming. Family, friends, voluntary groups and statutory services helped. Everyone supported Rosie to do the things that mattered to her.

Rosie was introduced to care workers who embraced positive risk-taking. It really supported Rosie's desire for independence. They developed an excellent relationship. Rosie still wanted 'to sleep alone in my own home', which worried everyone. The social worker suggested using the Just Checking System<sup>1</sup>. This showed that Rosie would wake at night only to use the toilet or get a drink and return to bed. After one week, everyone felt reassured. Rosie slept in her bungalow alone for the first time since her stroke. As a contingency, a telecare alarm was installed. Rosie's ex-husband volunteered to be the responder!

This arrangement has worked well for the past two years. Rosie's daughter is thrilled. She 'never thought they would ever be able to get Mam back home.' Rosie tells everyone this is the happiest she's been. She loves her life again. She sends her social worker photographs of her at family events and weddings. Recently, took part in a sponsored walk for the Stroke Association.

*<sup>1</sup> Just Checking is an online activity monitoring system using wireless motion sensors and a plug-in controller that creates a summary of daily living activity that can be viewed securely online.*

## 9. Voice and control in Brecon: Cartrefi Cymru

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### Cartrefi Cymru has piloted a co-productive approach in Brecon with their Floating Support Service.

It supports people with learning difficulties. Previously this service had a traditional 'top-down' approach. A set number of hours were allocated to individuals through care plans<sup>2</sup>. In response to funding cuts, and inspired by co-productive principles and values, this was reviewed. With the backing of the Supporting People Team at Powys Council, people who use the service and stakeholders, Cartrefi Cymru decided to provide services in a 'bottom up' approach<sup>3</sup>. Cartrefi Cymru sees this as a vital step towards co-operative models of support. It allows people who use the service to have a real say in decision-making.

Cartrefi Cymru sees staff and people using services as experts. The approach focuses on the preferred outcomes of the person using the service. This allows the support to be tailored to the individual's preferences and requirements. Despite a cut in funding, this allows Cartrefi Cymru to support more people. It also empowers the people receiving support and staff to use their judgement in decision-making.

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**"I've got more independence. I don't phone all the time."**  
– Individual getting support from Cartrefi Cymru

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*2 A 'top-down' approach often involves care plans directing what support someone receives day-to-day.*

*3 The 'bottom-up' approach involves people who use the service in decision-making, giving opportunities for more voice and control over the support they receive.*

## 10. Reablement in Rhondda Cynon Taf County Borough Council

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K was a qualified pharmacist. She realised that her work had slowed down. She was double-checking everything she did. Following a visit to her GP and tests, she was diagnosed with early-onset Alzheimer's. This left her feeling depressed.

The local authority reablement service worked with K. They focussed on cooking which was important to her. Simple changes were made to her kitchen. Cupboard doors were removed and cooking items left in view. K was supported and encouraged to prepare meals. She was prompted on safety issues and encouraged to use visual aids such as timers. The work of the team helped K build her confidence. She re-established her role in the family.

"It is important that someone with Alzheimer's can still be a valid person with a reason for doing things, such as looking after the family. Knowing there was somebody there who understood, somebody you could talk with. Just to be able to pick up the phone and talk with them when feeling a bit down was wonderful and so helpful."  
K

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**"...felt that a life sentence had been given." – K**

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