

**Learning visit report  
Bexley Crossroads Care Limited 14002**

|   |   |  |
|---|---|--|
| <b>1.1 Date of visit:</b><br>18/09/19   | <b>1.2 Name of visiting Funding Manager:</b><br>Kate Moralee, Dhruv Patel | <b>1.3 People met with:</b><br>DT and LS |
| <b>1.4 Programme Area &amp; Outcomes:</b><br>Older Londoners\Carers aged 65 years and over better able to access support, advice and respite<br>Older Londoners\People living with Alzheimer's and other forms of dementia having a better quality of life  |   |  |
| <b>1.5 Purpose of the award:</b><br>£155,000 over three years (£51,000, £50,000, £54,000) for the salary of a GP Link Officer, volunteer costs and associated project costs.  |   |  |
| <b>Grant start date: 27/11/2017</b>   |   | <b>Grant end date: 27/11/2020</b>        |
| <b>Project progress and difference made</b>   |   |  |
| <b>2.1 Project Outcome 1:</b><br>Work collaboratively with agreed GP and practice managers to enhance their knowledge and understanding of older carers and referral systems and increase effective referrals.<br><b>Progress made:</b> Output targets have been delivered, though little evidence provided of outcomes. This is an area the grantee is looking to improve in year 2. Referral systems have been improved through contact with the Community Connect programme.   |   |  |
| <b>2.2 Project Outcome 2:</b><br>To support older people to deal with financial, emotional or environmental problems by providing respite, advice, or signposting to other organisations.<br><b>Progress made:</b> 60% positive feedback for this service said they would not otherwise know about or attempted to apply for the benefits.  |   |  |
| <b>2.3 Project Outcome 3:</b><br>Increase older carers access to good quality respite, education, health, housing and other public and voluntary services to reduce inequalities and barriers.<br><b>Progress made:</b> 49 older carers have been reached via home visits which provided them with practical and emotional support including signposting to relevant services to assist with respite, early intervention support where mental health issues are present and social events such as community lunch clubs. 80% of carers experienced an increase in feeling more relaxed after receiving the support. |   |  |
| <b>2.4 Project Outcome 4:</b><br>Ensure that older carers are at the centre of our work, that their voices, expertise and rights drive our policy and sit at the heart of current and future design and delivery.<br><b>Progress made:</b> No information provided on this area.  |   |  |
| <b>2.5 Project Outcome 5:</b>   |   |  |

Scaling up of our existing adult volunteer befriending service as an additional resource to support the project.

**Progress made:** 17 volunteers have been recruited with 49 older carers receiving home visits.

### **Impact and learning: Funding Manager comments**

1. **Impact:** BCC reported an increased understanding of the needs of older carers and have shared this through networks and partnerships with GP surgeries and Community Connect. Many of the older people accessing the services develop friendships and support each other reporting they feel part of their own community. BCC focuses on qualitative data and has many case studies and Vlogs to demonstrate impact.
2. **Learning:** The referral and assessment process to statutory services is very long, this frequently results in the carer not receiving services as the person “cared for” has often died during the lengthy process. BCC will pilot offering support beyond the death of the cared for person as this can result in isolation. Securing any quantitative data from medical sector is very difficult, e.g.: impact of service on frequent visits to surgery. Other providers in this space can operate in a “protectionist” way, making collaboration difficult.
3. **Knowledge:** high demand for adult services, long waiting times for assessments and not clear if Statutory Services are meeting their duty of care. Despite this there is a low take-up of carers assessments. BCC experienced difficulty in engaging with BAME communities, and are now targeting specific communities through, for example, places of worship, hospices, existing community groups.
4. **Total assets:** BCC reported accessing the STRIVE programme, receiving regular mentoring, which it valued highly. BCC reported difficulty in securing further funding and requested longer funding periods. Your FM was able to share the 5 years of grant funding opportunity under Bridging Divides. BCC secured other funding to support gaps identified through this project.