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AGE BETTER
IN SHEFFIELD

Exploring the relationship
between bereavement, loneliness and
social isolation in older people.

Learning Case Studies from 'The Ripple Effect'

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Introduction

The Ripple Effect is a bereavement navigation service to support people aged 50+ who have been bereaved. The project started delivery in February 2019 and is led by Sheffield Mind. The project provides access to a combination of one-to-one support to beneficiaries supplemented by group support that is directed towards building peer-led networks of support which extend throughout the community.

The Ripple Effect is based at the Terminus Initiative at Lowedges and works with older bereaved people in the communities of Greenhill, Beauchief and the surrounding areas. There is a strong sense of community at the Terminus which has been running for 18 years and has a genuine desire to improve the quality of life for local people. Being situated in a well-established and respected community hub where trusted and known people could vouch for the new project has certainly been instrumental in getting the project off the ground very quickly. The Ripple Effect works alongside the community and has evolved organically to meet local needs by employing a Project Manager and an emotional support worker who act as “professional friends”, supporting clients on a one-to-one basis.

Most of the beneficiaries are aged between 50 to 70 years of age. The project has provided intensive one-to-one support to a total of 80 people but 272 have had short term support from the project. The one-to-one support offered through the Ripple Effect is generally delivered over 12 sessions which can be weekly, bi-weekly or as required. Initial sessions occur almost exclusively within the home with the intention of moving sessions out into the community where appropriate. During the Covid-19 pandemic, the project has found ways of continuing to engage with and support beneficiaries, despite no longer being able to see people face-to-face.

The project offers emotional support which allows people to process their grief and adapt to new circumstances, as well as practical support which can in turn lead to people opening up, talking and accepting emotional support. The original delivery model which stated that each intervention would last 12 weeks quickly proved to be unrealistic since the impact of bereavement goes on for an indefinite period of time, with times of “crisis” such as anniversaries, birthdays and Christmas when people experience their loneliness to an even greater extent. As such, most beneficiaries received support over a six-month period.

As part of the Age Better in Sheffield programme, this project, in line with all the projects delivered across the 6 years of the programme, is a “test and learn” opportunity. The project set out to explore the link between bereavement and loneliness and/or isolation in people aged 50 and over, to test how supporting people through the grieving process might lead to a greater desire to be socially active within their communities.

Many of the referrals into the project came through the Primary care sector and Sheffield Carers’ Centre but the co-location of the project at the Terminus was also instrumental in signposting people from the community.

When considering what we hoped could be learned from this project we recognised that the stories of clients’ journeys through the project would provide the most authentic view of whether the Ripple Effect has resulted in less social isolation or loneliness. This report and the learning case studies are the result of in-depth interviews with four different beneficiaries: their circumstances and experiences differ but all the stories are powerful, highlighting the immense value of a person-centred approach and dedicated one-to-one support.

Summary of key learning

Beneficiaries demonstrated that the grieving process is complex and far from straight forward. Experiences range from individuals dealing with delayed grief to those trying to cope with the sudden death of a loved one. Each experience of grief is therefore very different and is impacted by additional factors within people’s lives such as family relationships and caring responsibilities. To some extent, the project has had a positive impact upon the loneliness and/or isolation of all beneficiaries interviewed. However, there was not always a direct correlation between these experiences and a bereavement since other factors were involved that pre-dated this.

The report draws upon several key learning points taken from four case studies which are summarised below and set out in relation to two overarching themes:

Person-centred and flexible approach to support:

- The project provided dedicated one-to-one support that was tailored according to the individual needs of beneficiaries. An initial assessment by the project coordinator and/or emotional support worker resulted in a recommendation for beneficiaries to be offered a blend of emotional and practical support depending on their circumstances. For those primarily receiving emotional support, the offer of practical help remained throughout.

- Feelings of being overwhelmed and anxious were shared amongst all beneficiaries and being able to talk with someone on a regular basis was invaluable. It was equally important for beneficiaries to talk to someone who was detached from their everyday lives and this relieved the burden from friends and/or family.
- The project has proven to be a unique model in its approach to supporting people who have experienced a bereavement and all those spoken to, emphasised the benefits of a person-centred approach and that they were not aware anything similar that existed.
- All beneficiaries interviewed had formed a strong connection with the emotional support worker and/or the project coordinator and while this has been hugely beneficial to those accessing the Ripple Effect, it can raise concerns around dependency.

The inter-relationship between loneliness, isolation and bereavement:

- Bereavement impacted on the quality of relationships with others, especially in the family home. Receiving one-to-one support not only alleviated any guilt that beneficiaries were feeling about 'off-loading' onto a relative or close friend but provided them with the emotional outlet that they needed in order to process their grief.
- Coping and dealing with the emotions attached to a bereavement were considered by beneficiaries to be a very private matter. Group-based support was offered to all beneficiaries, but most did not wish to talk about their grief in a group setting and favoured the one-to-one approach.
- The group-based activities on offer were designed to increase opportunities for social connections within peer-led networks as well as offering other activities. However, only one beneficiary, who was considerably older than the others engaged in social activities alongside the emotional and practical support received. For those that chose not to engage in group activities, there was no direct correlation between this and their experiences of loneliness and isolation.
- Reducing beneficiaries' experiences of loneliness and/or isolation was achieved largely through having a dedicated person to talk to. This helped them to realise that they were not alone in the grieving process but also that grief is not linear. Coming to terms with their bereavement, as well as understanding that what they were going through was 'normal', alleviated feelings of loneliness.
- Social isolation was experienced amongst all beneficiaries to some extent prior to their bereavement and this is largely attributed to their caring responsibilities. All beneficiaries that were interviewed had been or were still being a carer to an elderly parent or a spouse. Loneliness on the other hand, was experienced more as a direct result of the bereavement since beneficiaries had lost one or more persons that had been a huge part of their life. Loneliness was not solved by being around lots of people but rather by processing the grief that beneficiaries were experiencing and coming to terms with their loss.

Case Studies

Elizabeth

Elizabeth is 78 years of age and lives with her husband. She is severely visually impaired since birth and is a full-time carer to her husband who was diagnosed with Alzheimer's a few years ago. In general, Elizabeth copes very well with her disability and she and her husband have adapted over the years, receiving help from friends where needed. Elizabeth was made aware of the Ripple Effect project through the Sheffield Carers Centre who became concerned for her mental health during a routine 'check-in' phone call. Elizabeth's best friend and next-door neighbour for the last 60 years died the previous year; a loss which was followed by the death of two further friends. Elizabeth's friends were a huge part of her social life and losing them led to feelings of loneliness and isolation. Elizabeth first began receiving support from the project in February 2019 which gradually tapered off as she developed peer support through group-based sessions. However, the project re-engaged with her in March 2020 when they became aware that these support mechanisms had stopped because of the Covid-19 lockdown.

How do the two elements of emotional and practical support within the delivery model, work with clients in the project?

Elizabeth was initially visited by both the project coordinator and emotional support worker who discussed her needs surrounding support. Elizabeth talked about the loss of her friends and how she was coping with caring for her husband. She acknowledged however, that she agreed to the visit more out of politeness than through a recognised need for additional help. It did nonetheless prove beneficial 'having somebody to talk to':

'At the time...I didn't think I needed anybody. But... I did feel better for having a chat after they'd gone'.

After the first visit, Elizabeth's main contact was with the Project Coordination who provided emotional support as well as a lot of practical support. Elizabeth had got used to having her best friend who was deaf, help her around the house and they had a co-dependent relationship, helping each other with their disabilities. Elizabeth had been struggling with everyday routine tasks since her friend died and found it difficult to leave the house because of her husband's condition. At times, the project coordinator and emotional support worker jointly provided help to assist Elizabeth:

'If I needed to go anywhere or if I needed to buy something, [project coordinator] would take me in the car and [emotional support worker] would stay and look after [my husband]. That was a big help... it wasn't every week or on a regular basis, it was just if I needed to do something'.

Elizabeth explained that normally she would have to take her husband with her to the shop which is very stressful since she is almost blind, and he needs watching all the time. To have another person go with her and to know that her husband was safe at home with someone else was a huge help. The project was also able to help Elizabeth with completing paperwork that she struggles with because of her visual impairment.

Elizabeth does not have any family in Sheffield and was really feeling the loss of her support network. Through engaging with the project, she felt able to open up about how she was feeling which she isn't normally able to do:

'I don't really talk about things like that to anybody. When it's somebody you don't know it's different, you say things that you wouldn't tell somebody that was close to you'.

It was helpful for Elizabeth to have someone to talk to who was detached from her situation and since the Covid-19 pandemic, her support has continued over the phone because she is feeling the loss of the group-based activities that she had been introduced to through the project. The project coordinator has also been assisting her by doing the 'big supermarket shop' on her behalf and running errands that she cannot do such as taking her husband's glasses to be fixed at the opticians.

To what extent does the project impact upon people's loneliness and isolation?

Elizabeth had been experiencing some isolation because of being a carer and only had 4 hours of respite a week from her husband. She said that 2019 had been 'one the best years' she and husband had experienced in 'a long time' because she not only had other people to talk to, but the project had introduced her to social activities that they could both participate in:

'...they took us to a luncheon club that I didn't even know existed on the estate and we started going there so that sort of, the social bit that I'd lost cos my friends had died, going there sort of like filled a gap.'

Elizabeth had experienced feelings of loneliness since the death of her three friends but up to that point, she had a fairly active social life:

'I always called her my cup of tea mate...we weren't in and out of each other's houses but once a week we'd have a cup of tea together or we'd have a chat over the garden fence well that finished and I felt really lonely...and then a friend died who were

used to go to the pub with every week for lunch, her, me and [husband]. And then my other friend died who we used to go out when I had my respite because she had a little car. Those things... they've gone so...I felt a bit lonely stuck in the house'.

Elizabeth explained that the feelings of loneliness 'lifted' when she started receiving support from the project and attending group activities. She does not have any access to the internet and relies very much on word of mouth for finding things out. In addition to the luncheon club that the project introduced her to, she also started to attend a Befrienders group which soon became her favourite activity of the week saying, 'I love that group'. She said that getting involved in social activities 'gave me days when I've got something to look forward to' and she enjoyed the 'different routine' they provided which helped to make the week go quicker.

How does the project affect people's overall wellbeing?

Overall, Elizabeth had a very positive outlook on life and has shown great resilience in adapting to her change in circumstances, both in terms of her bereavements and her husband's deteriorating condition. Through introducing her to a new luncheon club, the project has helped Elizabeth to reconnect with friends from her local neighbourhood that she had lost touch with. She explained however that she probably would not have gone to the luncheon club without the encouragement and one-to-one support received through the Ripple Effect.

The project has also helped Elizabeth to manage her anxiety which could lead to her feeling very low and teary at times. Her mental health had been suffering as a result of her bereavements and she was left feeling unable express her fears, anger and sadness. As mentioned, Elizabeth has engaged in several new activities that she has found out about through the project but also began armchair aerobics which helps with her arthritis.

What other outcomes has the project achieved?

Through the support she has received, Elizabeth has built up a strong relationship with both the project coordinator and emotional support worker which has benefited her mental health tremendously:

'...after a few weeks of seeing them, I didn't feel like they were just doing a job. I felt like I'd made two new friends'.

Elizabeth has grown very close to the Ripple Effect team and she now sees their relationship as more of a friendship. During this time, she has been able to talk with the project coordinator about her options for the future as well as discussing care arrangement and visiting supported living facilities. However, Elizabeth did express

concerns about the support coming to an end which she knows will happen soon and that she will 'be lost once it stops'.

Lucy

Lucy is 67 years of age and is living alone for the first time following the loss of both her husband and son who died within a matter of weeks of each other in October 2019. Lucy has one remaining adult son who lives in a different city. She had been a carer to her husband for many years who had a long-standing complex health condition. However, the death of Lucy's husband still came as a shock and was unexpected. When her son was found dead only weeks later, Lucy was not able to cope emotionally or psychologically. Since her referral by a Community Psychiatric Nurse (CPN) at her local GP surgery in November 2019, the Ripple Effect project has helped Lucy tremendously in her recovery following. Lucy received face-to-face support through the project for the first few months but since then, all her support has been over the telephone due to the Covid-19 pandemic and restrictions surrounding social contact. In addition, Lucy has rheumatoid arthritis and has been shielding.

How do the two elements of emotional and practical support within the delivery model, work with clients in the project?

Following her referral, Lucy was visited by the project coordinator in her home to discuss the support that she needed. It was identified that she would benefit the most from accessing psychological and emotional support which could be provided through the project's emotional support worker. Lucy was very self-aware of her psychological state, saying 'I've got to go through this and not push it away'.

The project also made her aware that practical support was available should she need it. Due to her rheumatoid arthritis and her husband being ill for so long, Lucy already had measures in place within the home to help with the cleaning or any practical DIY tasks:

'...we discussed...fairly early on in terms of practical help...I've got a disability, I've got rheumatoid arthritis and I have a cleaner and I think [project coordinator] had looked at what practical help I needed, if any and I'd said no I don't need help with this...'

Lucy felt extremely overwhelmed at dealing with a 'double bereavement' and she struggled to untangle the grief that she was experiencing as a result of losing both her husband and son. She explained: 'I knew that I was not going to be able to get through it without a lot of support' but did not have any expectations surrounding what this would look like. Before lockdown in March 2020, Lucy had a weekly session with the emotional support worker in her own home and was able to call the project coordinator in between visits if needed. Since lockdown, Lucy has two phone calls a week from the support worker.

Despite initially identifying that she did not need any practical support through the project, she later realised that she would benefit from some IT technical support. She said, 'the techy people in my life died on me, my husband was very good. And my son worked in IT...'. The project had planned to provide Lucy with some technical support but unfortunately this was not able to go ahead due to lockdown. Regardless, Lucy has managed to get by and accesses a meditation group on Zoom which helps with her emotional wellbeing.

To what extent does the project impact upon people's loneliness and isolation?

Lucy described herself as 'someone who likes their own company' and 'a person prepared to do things on my own'. She and her husband were not what she called a 'couply couple' and Lucy was therefore used to doing a lot of things without him. Despite this, she explained:

'I am alone, lonely and dealing with stuff I've never had to deal with before - on my own'.

Lucy expressed that was not interested in talking about her grief in a group setting but instead confided in a close friend who, along with the emotional support worker has been her main support network. Regardless, Lucy's double bereavement resulted in her struggling to do things on her own and she recognised that part of this was because she had been a carer:

'I've lost confidence socially but that was the case before all of this because I've been a carer for so long..'

The first few times that Lucy attempted to go out were difficult, but she finally achieved this a few months into the support. She said that just before the first national lockdown, 'I made myself go into town'. Lucy has unfortunately become further isolated as a result of shielding during the Covid-19 pandemic. Over time however, and since receiving support from the emotional support worker, Lucy now feels 'more stable' emotionally, and is in a position where she feels able, and confident enough to start 'doing things and starting to rebuild my life...seeing friends'. The support she received from the project, along with her own determination helped Lucy to get to this stage.

How does the project affect people's overall wellbeing?

The project had a significant impact upon Lucy's psychological and emotional wellbeing. The support provided enabled Lucy to understand more about the grieving process and how to cope with her feelings of being overwhelmed. She said that the 'first few months were hellish' but that the emotional support worker helped her to realise that she had to give herself time and that even small goals such as getting up each morning, showering and dressing were an achievement. During the journey to manage her grief, the emotional

support worker encouraged Lucy to create some structure in her daily life and she now sets an alarm at the same time each morning.

Lucy explained that this time last year she was still in shock from the enormity of the situation but through having an emotional support worker who encouraged her to find her own way of expressing her feelings, she began writing every day in a journal about her husband and son. She described this as one of the things that has 'sustained' her through 'some terrible times' along with her Buddhist practice and meditation which the project has always supported. The project also got in touch with other support services on Lucy's behalf which has all contributed towards the progress she has made:

'I mean this, this isn't metaphorical, she has literally saved my life because at times when I have been so unstable that I have needed extra support she's got in touch with the GP or she's got in touch with the community mental health team...'

What other outcomes has the project achieved?

Lucy benefited greatly from receiving dedicated one-to-one support over a sustained period of time. The project has enabled her to deal with the loss of two significant people in her life under very distressing circumstances, while at the same time, finding a way of coping with the reality of living on her own for the first time after 40 years of marriage. Lucy said, 'Sometimes I haven't been able to bear the pain any longer' but having an emotional support worker that she could talk to and trusted, enabled her to communicate her feelings:

'...she's very warm and empathic and I was able to tell her some very distressing things that I'd experienced as well as you know I don't feel safe and sometimes I wasn't really able to judge that but she could kind of tease it out of me'.

Lucy had experienced suicidal thoughts and for months had not realised that she 'was in shock' over the death of her husband and son. She emphasised the true value that the project had offered by saying that the emotional support worker 'has saved my life'.

Susan

Susan is 51 years of age and lives with her husband. She is the primary carer for her mother, but her father had died around two and half years prior to engaging in the Ripple Effect project. Susan had never lost anyone close to her before and was unsure of what she was feeling, or even what she needed. She found out about the project by 'pure chance' after

her GP suggested she contact the Cruse Bereavement Service helpline in Sheffield. This ultimately led to her finding out about the Ripple Effect and accessing support to help her through the grieving process, albeit a long time after her bereavement. Susan received face-to-face support in her own home for six months which was once a week at first but as she started to cope better, it moved to every two weeks and then monthly.

How do the two elements of emotional and practical support within the delivery model, work with clients in the project?

Susan was initially visited by both the project coordinator and emotional support worker who discussed her needs surrounding support. Before Susan accessed the Ripple Effect project, she felt that she was 'not able to cope' with the grief brought about by the bereavement and explained that emotionally, she 'was just going lower and lower'. Having never lost anyone before, Susan did not understand what she was feeling:

'...when I went to the GP, I had no idea what was wrong with me – whether I needed to talk to somebody, whether I needed medication or anything and to be fair the GP was very sympathetic but couldn't offer me anything and it was basically, go and find out something for yourself and in my first meeting with [project coordinator and emotional support worker], I explained how I was feeling and their first words to me were 'you are emotionally drowning'. And just them saying that, just made me feel so much better, that somebody understood how I was feeling'.

Susan recognised from this point that her greatest need was to have someone to talk to. Her initial contact with the project was therefore the first time since her father had died, that she actually realised that she was grieving. During her sessions with the emotional support worker, she said:

'...I felt very relaxed, very comfortable...and felt like I could really open up...she was very easy to talk to...'

Susan explained that she did not feel as though she required any practical help from the project and that through discussions with the emotional support worker, it became clear that what she needed was to emotionally 'off load'. The offer of practical support remained in place throughout should she decide she needed this later on.

To what extent does the project impact upon people's loneliness and isolation?

Prior to receiving support, Susan was isolated in the sense that she could not mentally cope with her bereavement and she felt very out of her depth with her emotions:

'I just felt like I couldn't explain anything to anybody...my husband and my grown-up sons very much understood where I was coming from but couldn't help and I felt very much like there was no way out of this...'

Susan's husband and sons understood what she was going through but they were only able to listen and she felt that it 'put an awful lot on their shoulders'. Having someone emotionally detached from the family to talk to was hugely beneficial to Susan and this had a positive impact on the quality of her relationships at home.

Outside of the one-to-one support, the project suggested that Susan might benefit from engaging in some craft-related workshops with like-minded people. The emotional support worker left this option open for her, even when the support came to an end, but Susan has so far decided not to go down that route. They also offered other group-based options, but Susan explained:

'I needed private counselling...I didn't want to sit with a group of people and talk about how I felt...for my needs that's not what was right for me'.

As well as coping with the emotional isolation of losing her father, Susan also had to deal with the loss of her career. She had her own business up to the point that her father died, and she made the difficult decision at the age of 50 to retire:

'...a lot of doors closed for me which I also struggled with and I guess I was just starting to turn myself around...when we went into lockdown last year...'

Through the one-to-one support, Susan felt better equipped to cope with the various changes that were happening in her life and as a result she feels she 'has done alright through lockdown' because she has 'grown as a person'.

How does the project affect people's overall wellbeing?

Susan experienced 'massive' changes in relation to her emotional wellbeing as a result of the project. She had struggled with her feelings for over two years before going to her GP which led to her reaching out to the Cruse Bereavement Service in desperation, leading to her engagement in the Ripple Effect project. Susan had been given a leaflet for a Bereavement Counsellor when her father died but at the time, she did not feel ready to talk. Susan's grieving process therefore began with 'denial', but it took her to reach 'crisis point' to do 'something about it'. She described feeling at 'rock bottom':

just didn't want to get up because I couldn't face what was in front of me...I was fully aware of how I felt...but I couldn't do anything about it'.

Through the process of engaging with the project, Susan now has more of an understanding of her own emotional wellbeing and has been able to adapt to her circumstances. The feelings that she had previously of 'wanting to escape' and 'run away' are no longer there and she said, 'I'm happy and content with the way I can deal with it'. As a result of the project, Susan now feels more confident and a lot better about herself, she can take a step back and reflected that being able to talk to the project's emotional support worker 'saved me without a shadow of a doubt'.

What other outcomes has the project achieved?

The grief that Susan was experiencing put a strain on her already difficult relationship with her mother, who was also grieving. Being her mother's primary carer, Susan explained that she had feelings of 'resentment'. The project supported Susan to come to terms with the relationship she has with her mother and to accept that she is her primary carer. The emotional support worker encouraged Susan to tell her mother that she was receiving counselling; something that she had put off because she can be 'very judgemental'. As a result, there was a realisation that her mother needed to lean on other family members as well and since then, Susan's sister has become more involved which is helping her to cope better with this aspect of her life.

Helen

Helen is 57 years of age and lives alone. For a number of years, Helen cared part-time for her mother who had dementia while also working full-time. Helen had a very close relationship with her mother who later moved into residential care but died in March 2020. Helen struggled with feelings of guilt surrounding her mother's care and has a history of clinical depression which was exacerbated by her bereavement. Around this time, Helen was also diagnosed with ME (Myalgic Encephalomyelitis) which sometimes leaves her bedbound and struggling emotionally. This, along with the grief of losing her mum, led to Helen being signed off from work for a long period of time. Helen was referred to the

Ripple Effect following a visit to her GP surgery when a mental health nurse suggested that she might benefit from some grief counselling. Her first engagement with the project was in March 2020 and all of Helen's support has been over the telephone due to the Covid-19 pandemic. She has contact with the project on a weekly basis and the support is currently ongoing and has been instrumental in her recent return to work.

How do the two elements of emotional and practical support within the delivery model, work with clients in the project?

Following her referral to the project, Helen was contacted by telephone to discuss her needs surrounding support. The project identified that Helen would benefit mainly from emotional support through accessing an emotional support worker, but she also had contact with the project coordinator who provided practical support:

'I was off sick at the time with work...I was diagnosed with ME as well... and [project coordinator] assisted me with applying for PIP. She was very, very, very helpful in fact, I've never claimed any benefits before in my life so didn't know where to start...so she helped me through that yeah, she was great'.

Helen has a history of clinical depression and found it beneficial speak to someone that was emotionally detached from the situation. She was able to talk about how the grief of losing her mother affected her:

'I felt like I could tell [emotional support worker] anything, it was totally confidential, and I could trust her...she was very kind and very non-judgemental and just let me unburden on her...'

The emotional support worker also signposted Helen towards some literature that she felt would be useful for her such as books on meditation and how to deal with difficult relationships. Helen was doubtful that she would have pursued help in the form of an emotional support worker on her own and emphasised that her GP was instrumental in her accessing the emotional (and practical) support she needed.

To what extent does the project impact upon people's loneliness and isolation?

Helen described herself as someone who is more likely to give support to others than to be on the receiving end of it. When it was suggested that she had some grief counselling she said:

'I welcomed it with open arms because it's what I needed at that point

and I think generally because I'd been caring for my mum for so long it all came crashing down...that's when I really needed some help...'

She could feel herself becoming more and more isolated having been signed off work due to the bereavement and then having to cope with the national lockdown as a result of the Covid-19 pandemic. The emotional support worker encouraged her to go outdoors which helped a lot with her mental health:

'When you're feeling down its easy to fall into that trap of sitting in front of the TV and doing nothing, but I think if you can try and get out it helps tremendously'.

Helen explained that since being signed off work, she has experienced physical and mental barriers surrounding her return to the workplace and this is something that the bereavement counselling was able to help with. She described feeling at 'rock bottom' and was suffering with depression. While she now has a date for going back to work, she previously had several failed attempts:

'When I first tried to go back to work...I just failed every time. I just felt completely overwhelmed, it's quite a busy job I have...quite stressful... and...I live alone, I'm divorced. I was finding that quite isolating as well so having [emotional support worker] at the other end of the phone... was comforting'.

How does the project affect people's overall wellbeing?

Prior to her bereavement, Helen explained that she was 'very preoccupied with work and looking after my mum' that she was 'running on adrenaline'. This all contributed to the 'crashes' that she used to suffer from which relate to her ME. She described her life as being 'quite chaotic' at this time and on reflection, she said she was completely 'burnt out'. Everything caught up with her when her mother died but since receiving help through the project she feels '50 times better' than she previously had at that point in her life. In relation to the support she received, Helen said:

'It's changed me as a person and for the better. I'm more able to speak openly now about how I'm feeling whereas before I wasn't... she's really helped me to overcome that without a doubt'.

Around the time that Helen lost her mother, she was diagnosed with ME but as illustrated above, she had felt the health consequences of this building up which impacted both her

physical and mental wellbeing. In the past, Helen had been very physically active and enjoyed going on hikes with friends. The ME impacted heavily upon this, but the support provided by the project helped her to understand what she can do within her physical limitations:

‘Before I was diagnosed with the ME I used to like to go on long hikes and [emotional support worker] and I have had discussions about this that I can’t do it anymore so she’s kind of helped me work my way through that and made me look at doing it on a smaller scale’.

Rather than letting the ME be a barrier, Helen explained that the emotional support worker has encouraged her ‘to get out and be at one with nature and...to get out in the garden, listen to the birds rather than sit in the house’. Helen has been practicing this and is hoping to start walking again with friends but in a more manageable way. In addition, the project has introduced Helen to the Sheffield Buddhist Centre, and she has been meditating every day.

What other outcomes has the project achieved?

In addition to the support provided to Helen surrounding the grieving process, the project also helped her in terms of getting back to work after being signed off for a long period of time following her bereavement.

‘a lot of the discussions I had around work with [emotional support worker] and getting back to work and what was important about work and important about maintaining boundaries at work, she was very helpful with and I’ve come on leaps and bounds, so much so that I’m going back to work [next week].

The support Susan received through the Ripple Effect in relation to work was combined with some additional support provided through South Yorkshire Housing Association who helped her to access an in-work employment support programme. This was as a result of a referral from her GP who has also been supporting her return to work.

In addition, the project has signposted Helen to the Sheffield ME group. Helen has done some research on the group and intends to become a member once lockdown is over.

Key lessons for future delivery

Bringing the findings from the case studies together, along with the key learning points previously outlined, this report points towards three wider lessons for future project and programme delivery

- Amongst those interviewed, one-to-one support was favoured over group-based peer-led support. The grieving process was described as being private and for most, was not compatible within a group setting. Beneficiaries preferred to lean on family and friends for additional support and the emotional outlet that the project provided enabled them to do this. The project has therefore had a positive outcome in relation to improving the quality of relationships that beneficiaries had with others, but more evidence is needed to understand the impact that such projects can have upon building stronger communities.
- The research demonstrates the benefits that can be gained from a bereavement project such as this, having a dedicated emotional support worker who, in this instance, had past experience of working as a bereavement counsellor. While the emotional support worker did not provide “counselling” to any of the beneficiaries, having a person with knowledge, training, and experience in providing emotional support has been a crucial element in relation to the quality of support provided. As such, the person-centred and flexible approach utilised, in combination with emotional and practical one-to-one support, has been vital for helping individuals accept, cope with, and move beyond their grief. Future projects and programmes working to support people who have been bereaved would benefit from taking a similar approach while recognising the crucial need to involve trained individuals who have the skills to offer effective emotional support. In doing so, it is important to acknowledge that the dedicated approach taken can be resource intensive and for this reason the Ripple Effect may not be a wholly replicable model depending on the funding and human resources available.
- The project coordinator and emotional support worker act as ‘professional friends’, supporting individuals on a one-to-one basis. The Ripple Effect has been extremely effective at building strong relationships of trust with beneficiaries and in some cases, friendships have been formed between the project and beneficiaries. While the project recognised that clear boundaries are needed when building trust, projects of this nature must always guard against the possibility of beneficiaries becoming dependent. Future projects and programmes should have clear sight of what they can offer and communicate this to beneficiaries. As such, while projects should strive to ensure that beneficiaries’ emotional and psychological wellbeing has improved since receiving support, the support offered is a finite and time limited resource. There is a need therefore to consider the mechanisms that are required for building peer support and to implement effective exit strategies for beneficiaries to help build resilience, and consider individual needs surrounding ongoing access to sustainable support networks.:

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Exploring the relationship between bereavement, loneliness and social isolation in older people

WOODWARD, Abigail

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