

Evaluation of the JDA Day Centre and Support Services

(formerly known as Day Centre, Welfare and Communications Support Services project)

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A regular Keep Fit class in action at the JDA Day Centre

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Introduction

THE JEWISH DEAF ASSOCIATION

The JDA was established in 1951 and is a Registered Charity and Company Limited by Guarantee.

The JDA vision is of a world where there are no barriers to communication and understanding between deaf and hearing people; a world with respect, inclusion and equality. JDA serves anyone whose life is compromised by deafness - people of all ages, faiths and methods of communication, from babies to the most elderly, their families and carers. Centrally based in the London Borough of Barnet, JDA services are open to users from all boroughs where there are no appropriate or specialist services for Deaf people.

Services include:

- Day Centre with a stimulating programme of activities for older Deaf/Deafblind people.
- "Hearing Connect" – supporting people whose lives are affected by hearing loss.
- JDA Family Services – supporting families with deaf children.
- Advocacy & Support Services (more details below).

The JDA community centre, where services are based, provides a social network for its members, thus alleviating the social exclusion otherwise experienced by Deaf people. The centre ensures that Deaf people have access to all areas of their culture and faith, a sense of belonging and a positive identity.

By providing training and a range of support services, the JDA ensures that the needs of people with a hearing loss (including that acquired through illness or age and those who communicate using speech), and those who live with or care for them, are understood and supported, thus improving their quality of life.

THE PROJECT

This project (JDA Day Centre and Support Services) funded by the Big Lottery Fund, was designed to counter the multiple disadvantages faced every day by older Deaf and Deafblind people. These include:

- Communication blocks: Older Deaf/Deafblind people have poor speech, cannot be understood, and can only communicate effectively using British Sign Language
- Isolation: Many have limited mobility and cannot go out unassisted.
- Social exclusion: They cannot interact with others, are lonely & isolated, physically inactive and lack mental stimulation.
- Unable to access vital support and information.
- Poor nutrition: Live on convenience foods.
- Unable to understand hearing people, or express themselves: This causes stress and anxiety, at medical appointments in particular, as well as serious risk, with potentially dangerous misunderstandings about their condition and treatment.
- Poor literacy skills: They cannot understand or cope with paperwork, personal, legal, financial matters. This can create serious consequences to lifestyle, physical/mental health including crises such as debt or eviction leading to homelessness.
- No residential homes cater for Jewish Deaf/ Deafblind people: in mainstream residential care, they become withdrawn and their physical/mental health rapidly deteriorate through the resulting isolation.
- Fragile emotional health: they feel depressed, frightened, insecure, vulnerable.
- Prone to crises: Crises are only prevented through trusting relationships with skilled people who really know them and can pre-empt their problems.

Project activities, designed to target the multiple disadvantages identified on previous page, have been wide and varied to cater to the needs and preferences of JDA Day Centre users. These have included:

Reducing social isolation and exclusion

- Interactive Day Centre activities, which are both mentally and physically stimulating and broaden horizons, e.g: card games, word puzzles, quizzes, Wii Fit and "brain training" computer games, Keep fit sessions.
- Manageable and assisted outings to places of interest.
- Guest speakers on educational, cultural and entertaining topics.
- Information events on relevant topics such as benefits and personal safety issues such as scams.
- Health information talks (e.g. speakers on topics such as stroke, diabetes and cancer).
- "Happy Mondays" - an additional opportunity for those who are most isolated to get out of their homes, participate in creative and physical activities including Arts & Crafts and Tai Chi, and mix with other Deaf people in a different environment. This service is provided in partnership with Jewish Care at their Day Centre.
- Facilitated access to and involvement in religious festivals, events and rites of passage from Bar Mitzvah to marriage to childbirth to death. This provides a sense of belonging and of faith/cultural identity that would otherwise be lost.
- The provision of transport, wheelchairs and appropriate support where necessary to get to JDA/other events and outings/shopping/appointments etc.
- The provision of appropriate interpreters and support workers according to individual need to ensure equal access and understanding.

- JDA Together magazine - sent out three times a year (in Braille for Deafblind members), giving the Jewish Deaf community and their friends news of upcoming events and keeping people informed of JDA news and developments, what is going on in the community, and keeping people involved even when they are unable to attend.

Improving understanding of health issues and better coping skills

- Accompanying to medical appointments, the provision of appropriate interpreters and ongoing one-to-one support and by involving family members and health care professionals where necessary.
- Monitoring nutrition and medication and acting as an advocate with health care professionals.
- Social Services support and home care packages arranged and monitored, improving quality of life and enabling older members to live independently for as long as possible.
- Group sessions giving clear information by visiting Deaf and hearing "speakers" on relevant health topics needed and selected by members (e.g. healthy eating, back pain, memory loss, prostate cancer).

Enabling, empowering and reducing stress

- Day Centre - empowering and enabling members by facilitating both a user-led programme and positions for members on committees led by members, listening to and responding to ideas and suggestions - enhancing self-worth and pride and a sense of ownership.
- Support Services - services tailored to individual needs so that clients feel heard and understood and are reassured that their changing needs will be met and monitored throughout their membership (usually until death).
- Home visits, counselling, befriending, advice, practical and emotional support.
- Accompanying to medical, legal, financial appointments and helping with completion of official forms which would otherwise get neglected with possible serious consequences.
- Helping members maintain independence and remain out of care for as long as possible by providing appropriate support, taking on Power of Attorney and acting as appointed next of kin.
- Assisting with shopping, learning to cook healthily, and finances.
- Ensuring that members receive clear information, which enables them to make informed decisions and control their own lives.
- Carrying out all necessary tasks during illness and bereavement in the client-appointed role of "next-of-kin" in the absence of surviving family or friends.
- Establishing and maintaining strong relationships over time to build trust and confidence by means of careful matching of staff/volunteer with client.

Improving the quality of social / religious / cultural lives

- Providing a wide range of appropriate and enjoyable social, religious and cultural events both at the centre and elsewhere.
- Support and active participation in festivals and religious activities, which gives the participants a sense of belonging and of faith/cultural identity.
- Making all activities and services equally accessible to all by means of:
 - maintaining and developing the current range of services and activities in JDA's dedicated building,
 - the provision of transport and wheelchair pushers where necessary to get to JDA/other activities/outings; and
 - the provision of different kinds of interpreters according to individual need.

The project committed itself to ambitious targets, which have been developed to achieve high impact against the funding received from the Big Lottery Fund. In terms of specific Big Lottery Fund outcomes, the project identified the following:

1. 150 Deaf/Deafblind people have reduced social isolation and exclusion, making them less lonely and improving their physical and mental health.
2. 150 people are better able to understand and deal with health issues, leading to better health
3. 50 Deaf/Deafblind people experience reduced levels of stress, enabling them to cope better with everyday life.
4. 150 Deaf/Deafblind people will have improved the quality of their social / religious / cultural lives, making them happier and more active members of the community.

Evaluation approach

The evaluation method was to tell the story of the beneficiaries of the Jewish Deaf Association (Day Centre and Support Services project).

Data collection was always going to be a sensitive process with the JDA's members, most of whom are in their 70s or 80s, and many of whom are infirm, or suffer from chronic illness.

Because of members' severely limited life skills and educational disadvantages they are naturally withdrawn and respond best to people they know and who understand their wavelength, culture and outlook.

For this reason, and after discussion with the project's management, we decided to adopt a coproduction approach to our evaluation, in which the Research Toolkit would collect data about JDA staff, whilst JDA staff would collect data from the members. We felt this would be the most responsive method to adopt, and designed the instruments used by JDA staff. We also provided guidance on best practice for self-evaluation.

Independently to this, the JDA conducted a self-evaluation survey of its own members, and provided us with the responses. Although we felt this survey might not necessarily conform with conventional practice, a different approach was necessary because of the special needs of this particular group. However, we did feel that some of the data gathered was illuminating and sufficiently robust for us to report them here.

Our data have effectively, therefore, come from four separate sources:

1. From our individual and group interviews with JDA staff, volunteers and partners as part of the evaluation coproduction.
2. From JDA's individual and group interviews with its members, which also formed part of the coproduction.
3. From JDA's self-evaluation surveys, which did not form part of the coproduction.
4. From JDA monitoring records and reports measuring progress.

We hope that we have been clear throughout this document about which of these four data streams we are reporting when we describe our evidence.

Data analysis

Data coding was organic and open during the analysis to capture emerging themes, and instruments were developed responsively as the evaluation progressed. Data were analysed using the qualitative data analysis software QSR Nvivo 9.2, and will be reported under a number of distinct headings: project staff, participants, partners.

MEASURING IMPACT: SOCIAL VALUE, SOCIAL RETURN ON INVESTMENT AND THE USE OF COST ALLOCATION

Social Value is created when resources, inputs, processes or policies are combined to generate improvements in the lives of individuals or society as a whole. Social value is often referred to as social investment, a form of investment that is focused on the social return rather than the financial return. It is a relatively new term but is gaining common currency describing the type of investment many organisations are looking for as they move away from grant aid. Our interest in and approach to social value forms part of our personality, and affects the way we evaluate activities or outcomes for ourselves and others (Declerck and Bogaert, 2008).

Those who possess strong social values tend to be termed 'social entrepreneurs' – a spiritually and ethically-based individual who seeks the common good in order to create sustainability for both people and planet (Muscat and Whitty, 2009).

It is in the social value arena that most not-for-profit organisations justify their existence. Unfortunately it is at this level that experts have the most difficulty quantifying value creation. Generally speaking, social valuation approaches endeavour to ascribe value to otherwise qualitative occurrences in society (i.e. happiness, quality of life, security, etc.) (Centre for Innovation in Health Management, 2010).

Most work on value creation comes from the private sector (Boyd and Spekman, 2010; Helfert, 2000) which has focused on inputs and outputs being measured in terms of financial return. More recently, there has been an international move for all sectors to demonstrate and contribute to social value (Auerswald, 2009). Social value is not only derived in light of non-profit efforts or from allegiance to shareholders' motives, it is evidenced in the operations of functional market places, governments, the private sector, social enterprises. Every operation that adds a tangible benefit—whether for profit, non-profit, public or private—has the opportunity to identify and quantify its social value proposition. For Social Value the challenge is the contestability of the starting point and the process for generating value – what is socially valuable, and how do you achieve it? – and of the judgements thereafter (the relativity between social value impacts).

The most popular (or widely known) approach to measuring or estimating the social output or impact of an activity or programme is the social return on investment approach (SROI). This is a term popularised in the late 1990s that now has widespread use in both the non-profit and increasingly for-profit sectors for describing any number of approaches to estimating or calculating the social output or outcomes or impact of a programme or enterprise. There is currently no standard definition for SROI although it is widely referenced in the work of nonprofits, philanthropy, and socially responsible businesses (Tuan, 2008).

The use of cost allocation to assess value

A number of studies have attempted to measure or assess social value and some of the more influential types have been summarised by Mulgan (2010). These range from cost-benefit or cost-effectiveness approaches, through to stated or revealed preferences approaches.

We prefer to utilise a method we have termed 'cost allocation' whereby the value generated by a service is compared to a similar service or activity provided elsewhere in the system. Using such a cost allocation approach, we have been able to determine tangible cost indicators of the services and support offered by JDA.

Throughout this document we have developed case study material and calculated cost indicators in order to produce a tangible cost value (or saving) of the work currently being carried out by JDA.

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Progress against Big Lottery Fund outcomes

Year 1

Outcome 1: 150 Deaf or Deafblind people have reduced social isolation and exclusion, making them less lonely and improving their physical and mental health.

Milestones

- 100 Deaf/Deafblind people are recorded as attending JDA activities and events each year.
- 20 Deaf/Deafblind people unable to travel independently report that transport provided by the JDA has enabled them to get out at least weekly.
- 4 additional volunteer befrienders recruited during year 1 and assess additional needs each year.
- 4 additional volunteers recruited in year 1 and assess additional needs each year.

Outcome 2: 150 Deaf or Deafblind people are better able to understand and deal with health issues, leading to better health.

Milestones

- Recruit Support Services Manager (minimum British Sign Language Level 2) to manage the service and undertake individual support work.
- 150 medical appointments attended with individual clients per year.
- 4 group talks or information events on health issues delivered.
- 50 Deaf/Deafblind people report or demonstrate better understanding of managing illness / conditions / individual treatment programmes.

Outcome 3: 50 Deaf or Deafblind people experience reduced levels of stress, enabling them to cope better with everyday life.

Milestones

- 30 clients report or demonstrate that the support given reduces their feelings of stress.
- 300 support / counselling / guidance sessions / one-to-ones / home visits undertaken.

Outcome 4: 150 Deaf or Deafblind people will have improved the quality of their social/religious/cultural lives, making them happier and more active members of the community.

Milestones

- At least 6 cultural events organised each year, enabling people to participate in Jewish, Deaf and/or other cultural activities.
- 3 JDA Together magazines published and posted to all JDA members.
- Day Centre activities/outings programme prepared in consultation with service users and Day Centre committee, 3 annually.
- Day Centre activities/outings programme set up to enable members to socialise at least weekly (minimum 16 activities/outings over 4 months).

Outcome	Milestones	Target	Actual	As % of target
Reduced isolation		150		
	Attendance	100	149	149
	Use transport (weekly)	20	20	100
	Volunteer befrienders	4	0	0
	Volunteers	4	6	150
Better understanding		150		
	Medical appointments	150	197	131
	Group talks	4	4	100
	Better understanding	50	81	162
Reduced stress		50		
	Reduced stress	30	N/A	N/A
	Support sessions	300	228	76
Improved lives		150		
	Cultural events	6	13	217
	JDA Together magazine	3	3	100
	Programmes	3	3	100
	Outings/activities	16	16	100

Year 2

Outcome 1: 150 Deaf or Deafblind people have reduced social isolation and exclusion, making them less lonely and improving their physical and mental health.

Milestones

- 100 Deaf/Deafblind people are recorded as attending JDA activities and events each year.
- 20 Deaf/Deafblind people unable to travel independently report that transport provided by the JDA has enabled them to get out at least weekly.
- 4 additional volunteer befrienders recruited in year 1 and assess additional needs each year.
- 4 additional volunteers recruited in year 1 and assess additional needs each year.

Outcome 2: 150 Deaf or Deafblind people are better able to understand and deal with health issues, leading to better health.

Milestones

- 150 medical appointments attended with individual clients per year.
- 4 group talks or information events on health issues delivered.
- 50 Deaf/Deafblind people report or demonstrate better understanding of managing illness / conditions / individual treatment programmes.

Outcome 3: 50 Deaf or Deafblind people experience reduced levels of stress, enabling them to cope better with everyday life.

Milestones

- 30 clients report or demonstrate that the support given reduces their feelings of stress.
- 300 support / counselling / guidance sessions / one-to-ones / home visits undertaken.

Outcome 4: 150 Deaf or Deafblind people will have improved the quality of their social/religious/cultural lives, making them happier and more active members of the community.

Milestones

- At least 6 cultural events organised each year, enabling people to participate in Jewish, Deaf and/or other cultural activities.
- 3 JDA Together magazines published and posted to all JDA members.
- Day Centre activities/outings programme prepared in consultation with service users and Day Centre committee, 3 annually.
- Day Centre activities/outings programme set up to enable members to socialise at least weekly (minimum 16 activities/outings over 4 months).

Outcome	Milestones	Target	Actual	As % of target
Reduced isolation		150		
	Attendance	100	181	181
	Use transport (weekly)	20	20	100
	Volunteer befrienders	4	3	75
	Volunteers	4	8	200
Better understanding		150		
	Medical appointments	150	158	105
	Group talks	4	4	100
	Better understanding	50	43	86
Reduced stress		50		
	Reduced stress	30	N/A	N/A
	Support sessions	300	388	129
Improved lives		150		
	Cultural events	6	15	250
	JDA Together magazine	3	3	100
	Programmes	3	3	100
	Outings/activities	16	16	100

Year 3

Outcome 1: 150 Deaf or Deafblind people have reduced social isolation and exclusion, making them less lonely and improving their physical and mental health.

Milestones

- 100 Deaf/Deafblind people are recorded as attending JDA activities and events each year.
- 20 Deaf/Deafblind people unable to travel independently report that transport provided by the JDA has enabled them to get out at least weekly.
- 4 additional volunteer befrienders recruited in year 1 and assess additional needs each year.
- 4 additional volunteers recruited in year 1 and assess additional needs each year.

Outcome 2: 150 Deaf or Deafblind people are better able to understand and deal with health issues, leading to better health.

Milestones

- 150 medical appointments attended with individual clients per year.
- 4 group talks or information events on health issues delivered.
- 50 Deaf/Deafblind people report or demonstrate better understanding of managing illness / conditions / individual treatment programmes.

Outcome 3: 50 Deaf or Deafblind people experience reduced levels of stress, enabling them to cope better with everyday life.

Milestones

- 30 clients report or demonstrate that the support given reduces their feelings of stress.
- 300 support / counselling / guidance sessions / one-to-ones / home visits undertaken.

Outcome 4: 150 Deaf or Deafblind people will have improved the quality of their social/religious/cultural lives, making them happier and more active members of the community.

Milestones

- At least 6 cultural events organised each year, enabling people to participate in Jewish, Deaf and/or other cultural activities.
- 3 JDA Together magazines published and posted to all JDA members.
- Day Centre activities/outings programme prepared in consultation with service users and Day Centre committee, 3 annually.
- Day Centre activities/outings programme set up to enable members to socialise at least weekly (minimum 16 activities/outings over 4 months).

Outcome	Milestones	Target	Actual	As % of target
Reduced isolation		150		
	Attendance	100	212	212
	Use transport (weekly)	20	22	110
	Volunteer befrienders	4	0	0
	Volunteers	4	4	100
Better understanding		150		
	Medical appointments	150	158	105
	Group talks	4	5	125
	Better understanding	50	N/A	N/A
Reduced stress		50		
	Reduced stress	30	N/A	N/A
	Support sessions	300	445	148
Improved lives		150		
	Cultural events	6	16	267
	JDA Together magazine	3	3	100
	Programmes	3	3	100
	Outings/activities	16	16	100

Yearly totals

The cumulative totals show that JDA exceeded all its targets bar three. The shortfall in volunteer befrienders was due to a realisation, following consultation, that members felt uncomfortable with the idea of being befriended by volunteers they did not know, and a responsive redesign that saw volunteers moved into befriending as they became better established with the members. The shortfall in befriending volunteers is more than compensated for by the substantial over-achievement in regular volunteer recruitment.

The second shortfall is recorded against 'better understanding'; where the target was almost achieved (83% of the overall target according to this milestone). However, this is more than compensated for in other areas within this outcome.

The third shortfall is recorded against Outcome 3: reduced stress, where it became clear that it is not possible to return this output through a simple head-count, and that a range of indicators must be reported instead. Indeed communications between JDA Support Services project staff and BLF indicate that this target should be interpreted as being achieved¹

1 (Email communication between Sue Cipin (Project Director at JDA) and Richard Drape - (BLF Project Manager) 26/01/2011).

Outcome	Milestones	Target	Actual	As % of target
Reduced isolation		150		
	Attendance	300	542*	181
	Use transport (weekly)	20	62	310
	Volunteer befrienders	4	3	75
	Volunteers	4	18	450
Better understanding		150		
	Medical appointments	450	513	114
	Group talks	12	13	108
	Better understanding	150	124	83
Reduced stress		50		
	Reduced stress	90	N/A	N/A
	Support sessions	900	1061	118
Improved lives		150		
	Cultural events	18	44	244
	JDATogether magazine	9	9	100
	Programmes	9	9	100
	Outings/activities	48	48	100

* this figure will inevitably include some duplication from year to year.

Evaluation findings

PROJECT STAFF

Our data came from a number of different sources (interviews and focus groups), and when we analysed them, a number of themes emerged as a result of this data gathering exercise. We report here the main and most frequently occurring elements of our discussions.

Staff journeys

From many points of view, JDA's staff are more intimately acquainted with the background to the service they provide than the members themselves are. We were particularly keen, therefore, to explore their experience of the Day Centre and Support Services; why they wanted to work with the JDA; what they felt about the project; and how they thought it might improve or change in the future.

With this in mind, we interviewed seven members of JDA's staff who were supporting the project, including support workers, an interpreter, a volunteer, and project management.

How long worked for JDA

The staff members we spoke with had a close and often long-standing relationship with their employer, and a number of people had worked with the JDA for several years. In some cases, project workers had known of the JDA and its work long before considering it as a source of employment. One support worker described how she had known of them since she was 16 years old. "My parents are Deaf," she said, "so I grew up at the JDA."

Although two or three members of the project team had deaf family members, this was not generally the case. Even so, one man described how his grandfather had started to lose his hearing, and subsequently took up an opportunity to drive the JDA's minibus. "Eight years later, and he's still driving it," he said.



CASE STUDY: Barry, (freelance JDA staff member - qualified British Sign Language interpreter and Deafblind specialist)

Barry had been working as a volunteer in different organisations for some years and welcomed the opportunity to gain some experience whilst working with JDA. He was particularly impressed with the commitment to volunteers whilst he was volunteering as a trainee interpreter: *"It was an avenue to experience but it was also just the vibe that I got while I was here that they welcome volunteers knowing that the volunteer will develop their skills and stay around to help out."*

In terms of what makes JDA special, Barry has no hesitation in saying it's the staff: *"Out of all the other Deaf organisations where I've worked or volunteered, nowhere is like JDA in regards to what the staff do and how much they go out of their way to do what they have to do - and to go above and beyond what they have to do."*

Volunteering to paid employment

The importance of JDA's volunteers emerged as a theme repeatedly during our evaluation, and a number of the staff we spoke with had begun their association with the JDA as volunteers before moving on to paid employment.

In some cases, volunteering came as an outcome from completing BSL courses. "After you've finished your Level Two and passed, you get asked to be a volunteer," one woman explained to us, "I was actually on adoption leave at the time, I finished Level Two, and thought, 'Quite attractive, yes, why not?'" After a period volunteering, this woman found employment with the JDA as their Support Services Manager.

The volunteer we interviewed had herself enjoyed periods of paid work for the JDA, and hoped to find employment with them in the future. "There was a period of time where I exclusively supported and helped with the Deafblind team, and for that bit I was paid," she said, "and now I'm back on volunteering, I'd always love to be a part of the JDA."

Staff roles

Although the staff members we talked with were mostly support workers, all were keen to emphasise that their roles were flexible, and that staff are developed to be able to cover each other's duties, should that be needed.

Although there was a suggestion that some members sometimes take project staff for granted, the people we interviewed all felt that their work was appreciated, and had a real impact on members' quality of living.

There are times, however, when support workers have to be firm. They'll ask, 'Why can't we have outings from nine am until six pm,'" one woman explained, "and we have to say, 'Well, you've got people who support you, for them it's too long a day, for a Deafblind support worker, for a wheelchair pusher, we've got to get you all home in the evenings as well, that takes maybe an hour."

Providing members with proper levels of support was a demanding and at times complicated process, the project team explained to us. Their role as advocates for the members was an important one (the JDA has even taken powers of attorney in some cases), but could bring challenges, particularly where they had to act as interpreters.



CASE STUDY: Lisa, (JDA Support Worker)

Lisa really enjoys her varied work at JDA and she particularly welcomes the opportunity to take Day Centre members on outings as they gain so much from them: "Not only does it give them something different to do, something stimulating, something for them to talk about afterwards, it gives them something to look forward to." For Lisa, this is a huge reward and makes it worthwhile: "Outings are stressful, there's a lot to organise and there's a lot of responsibility when you've got that big a group. But I love giving them that, I love making their lives better, knowing that I'm responsible for them feeling better, for them feeling happy."

Staff spent much time discussing medical authorities' failure to provide proper interpretation support for their clients, which can mean the project's workers needing to stand in as interpreters.

Although hospitals and GPs are obliged under the Disability Discrimination Act 2010 to provide interpreters, this does not always happen. Where workers are attending medical appointments as advocates for their client, they felt their role was to provide emotional support, and to represent their client's best interests. However, where they must additionally act as sign language interpreters, their role becomes one of simply repeating exactly what the healthcare professionals are saying. "The ethics of an advocate and an interpreter are completely different," one man told us, "because an advocate has to get involved, has to help, interpreters can't do that."

Staff recounted one instance where an advocate doubling up as an interpreter in this way was instructed to tell her client that she had cancer, despite the advocate's misgivings about whether test results could have been returned so quickly. After delivering this news and providing emotional support for the member concerned, it was not long before she had to tell her client that in fact she did not have cancer after all. "After much discussion with this doctor, who was emphatic, 'I want you to tell her this from me,' I interpreted for her," the project worker told us, "and we went through the whole emotional follow up to that, and a few weeks later I told her that she didn't have cancer."

At times, providing advocacy support also includes taking responsibility for ensuring members understand the medications they must take, and the correct dosages. With an elderly membership (most Day Centre members are in their seventies or eighties, with a good number older still), support workers' roles inevitably include an element of end of life care as well, something that can be both demanding and harrowing. "It was Debra's end of life, and we had her funeral just yesterday," one staff member told us. "Janet was the person who we knew was the person to go and see her in her final days, and to give her the peace of mind that she needed. She comforted the family, as well as Debra as she was dying. It's just about finding yourself in a situation and saying, 'I think this is how we deal with it this time,' and everybody playing their part with it."

As support workers, staff must also cater for their client's broader wellbeing, watching for signs of anxiety or isolation. To help with this, they have instigated a popular drop-in facility at the Wednesday Day Centre sessions, called At Your Service. The Day Centre welcomes older Deaf/Deafblind people of all faiths, and participants who are worried or anxious about something can bring it to At Your service, and discuss their issue with one of the support workers or volunteers.

"They might come to us with a letter they've received in the post that they don't understand. It could be complete junk mail," one support worker said, "but they might see some word on that letter that makes them panic, and think, 'What have I done? Is everything OK? Am I going to get into trouble for something?'"

"A couple of minutes explaining to them what this letter means actually relieves a lot of anxiety."

Jewish Deaf Association

Best practice

The project staff members we spoke with were immensely proud of the levels of support they offered, and of the impact this had for their members.

In fact, they told us, one of their members was currently being shadowed by a TV crew as part of a documentary on best practice in caring for elderly Deaf people. "They are focusing on older Deaf people who have no support, and they are using us as an example of how older people flourish, a particular client of the JDA, so they're featuring our work," one member of our focus group said, "so they're going to be following this client, showing the different levels of support he gets, and the benefits of that." The film will be shown on various community channels early in 2013.

At times, the high standards of care set by the JDA require considerable innovation. In one case, staff told us, an elderly man who was inclined to wander off periodically went missing overnight, causing support workers considerable alarm. To guarantee his safety they formed a partnership with a rescue organisation based in his neighbourhood, and obtained a specially adapted watch for him to wear. "The watch has a SIM card in it," one person explained, "so you can phone the watch, and then the watch will send a map back of his location."

The JDA community

The passion and commitment of the staff we spoke with was clearly evident, and was partly responsible for creating a powerful sense of community in the JDA, which some staff likened to family. "I could see the level of support that people got, all different ages; it is like a big family, you're part of something," one support worker told us.

The members themselves must take much of the credit for this sense of community, some staff believed. "I think that the members have created a lot of the atmosphere, I think they have made the JDA their family, so they look at us as their family, so it creates a family environment," one woman explained. "If you care for somebody, they're part of your family, and you want to look after them the best that you can. I think that the members themselves have created part of that, and invited us in."



CASE STUDY: Janine, (Day Centre volunteer)

Janine believes that volunteering with JDA has helped her to develop her own skills, as well as providing critical support for Day Centre users: *"You can't really volunteer within the Deaf community with no sign language skills. So I managed to start off serving food in the kitchen, which was the least signing role and slowly over the years became more and more involved ... From a personal and selfish point of view, forgetting about the love you have for the volunteering and the JDA, you've got something valuable that you can put on your CV through working here. I've developed loads of new skills through volunteering in the JDA."*

Janine used her skills and confidence gained whilst volunteering with the JDA as a stepping stone to employment as a Communications Support Worker.

The JDA environment

The JDA's sense of community, in which the multiple barriers faced by many of its members can be surmounted, also expresses itself through a safe and welcoming environment. "It was just such a lovely environment, and I saw the amount of access that they get, all the members," one man said, "especially with the Deafblind, there are a lot of limits, a lot of barriers, whereas here there didn't seem to be any."

Other members of staff were equally forthright about the JDA's caring environment. "I used to come in regularly, I just picked up on the lovely vibes that the JDA gave," one support worker remembered, and another added that, "there is a certain JDA love, I call it, there is a certain JDA love that is here, it's very appealing, very attractive, it doesn't feel like you're working, you're giving yourself, and supporting and helping others."

JDA members

Of course, the most important role that staff perform is supporting the members both at the JDA itself, and out in the community.

Support staff's role as advocates for JDA members, particularly at medical appointments, emerged strongly as a theme, as did their role as surrogate family. Some members' families are supportive, and provide regular feedback to the JDA, they told us, but others are less interested, and many members suffer from isolation within their own family.

"They were isolated from their families because they were deaf, and put to one side, sent off to boarding school, cut out of family occasions," one support worker explained. Another agreed. "It's because they can't be bothered to include them" she said.

Members are encouraged to provide feedback to the project through a number of democratic mechanisms, including a Members' Forum, committees and informal conversations. Members have a direct input to the choice of places to visit through the JDA's programme of outings, and from many points of view the JDA runs the project as if it were a social club. "I think it's like they have their ownership of it, it's their club, we have come and gone, they have remained," one support worker said, "they have their ways, it's their community, the only place that they can decide how they want to live their lives and do the things that they want to do, we have to provide the means, literally, it's their club."

Disagreements tend to be resolved through a show of hands, and although there are tensions at times, perhaps over food, or the feasibility of particular trips and outings, members do seem to appreciate the need for consensus. "However much there is conflict, they do all understand that there has to be one way of doing something, that it has to incorporate the majority of their views," one member of our focus group said, "and they do understand that, actually, the ones that don't necessarily get what they might want, they understand that's for the greater good."

Although the JDA offers a more holistic form of support than other providers locally, there are times when Social Services need to be involved in developing a care package. Project workers liaise directly with their council colleagues when this occurs. However, JDA remains the critical partner. "They rely on us just as much to get anything done," one woman told us, "so if someone needs a care package, and Social Services have to get involved, they can't do it without us, absolutely impossible."

JDA staff identify one of the main impacts of their work as empowerment, and cited one example of a member discovering the confidence to fly by herself to the US to see her sister, who lives there. With support from JDA, the member, who has learning disabilities, managed the complicated process of travelling abroad alone, boarding the planes both in the UK and the US, despite the fact she could neither read properly nor hear. "She was very empowered to travel for herself, by herself, and then come back again," her support worker said.

This sense of empowerment comes through increased confidence and reduced social isolation. During our discussions with staff, we detected a strong impetus to aid members in engaging with other communities, and with society more generally. As part of this, the project has instigated a Happy Mondays initiative, which is based at Jewish Care, a separate organisation. Members can undertake arts and crafts activities there, and through this meet new people and communities.

"It's not only giving them arts and crafts activities, it's also broken down a barrier which has separated them from the hearing Jewish community, and now they are a part of Jewish Care life, so they will go in there, among hearing people who they would never have met, never had an opportunity to mix with, they are now a part of a different community," one of JDA's staff told us.

Members also value the technological support they receive from JDA, which includes maintaining their fax machines (a vital communications route for many) and help during the TV digital switch-over. JDA can also assist with other technological needs such as flashing door bells and personal alarm pendants.

Other providers

Although Barnet boasts its own Deaf football team (Barnet DFC), there are few other organisations providing support to the Deaf community, and none to the Jewish deaf community, other than the JDA. "There is no other organisation that offers support for Jewish Deaf people, and there is no Deaf organisation in Barnet other than us," staff told us. "There are other Deaf organisations that have lunch clubs for Deaf people." Another member of staff felt that lunch clubs were of limited value. "It's a lunch club, that's it," he said, "you come and eat, you go home, whereas at JDA it's holistic."

Partnership working

Our discussions with JDA staff produced many references to partnership working, mostly with other Jewish welfare or educational organisations, but with mainstream agencies too. Jewish Care hosts the JDA's Happy Mondays activities, and after a difficult time explaining to a member that his cancer had returned, JDA approached a Jewish Cancer Care organisation, brokering a reciprocal programme of staff development training.

The project visits the Jewish Free School annually, with members and pupils learning a new song to sign each time. Sixty of the school's pupils also visit the JDA as part of this, meeting members and listening to their stories.

As well as Social Services in Barnet, the JDA also turn to Disability Action in the Borough of Barnet (DAbB) for support when they need it, and vice versa.

As part of our evaluation, we interviewed a number of JDA's local partners, and the outcomes from those interviews are explored later in this report.

Resource limitations

Staff members did discuss the financial limitations the project works under, particularly from the perspective of the fact they are currently unable to offer the full range of Support Services and outreach to the wider, non-Jewish Deaf community.

Resources and activities

BSL

For British Sign Language students, volunteering opportunities open up at JDA once Level Two has been successfully achieved. British Sign Language also enables progression for existing staff. One woman who had originally worked for JDA as a temp described her journey. "I actually started off working in the admin office, and I was there for about three years," she said. "Once my sign language progressed and I could communicate clearly and confidently, I started working in Support Services."

Separately to their BLF funded work, the JDA has launched a BSL support service for Barnet residents more generally. BSL Tuesdays provides a weekly drop-in and follow up service enabling Deaf/Deafblind people of all faiths or none to access information, advice, interpreting and social services assessments in sign language.

Outreach

As might be expected with a project targeting elderly people in the community, Outreach emerged from our evaluation as an important element of JDA's work. In fact, support staff told us they spend the majority of their time out of the office, visiting and helping members in their homes.

Where members live in sheltered accommodation, support workers have developed strong working relationships with their wardens, and when JDA staff are unable to attend they will sometimes ask wardens to check on the member for them.

The outreach function is important for a host of reasons, but mostly because it gives support workers an opportunity to check members are looking after themselves properly. It also gives them the chance to check that other agencies are acquitting themselves well.

Outreach can be the cause of some anxiety for staff. One support worker described her trepidation about visiting a particular member. "Every time I walk in there I have this feeling of, 'What am I going to find?' What if nobody's been there for a week? Is he going to be OK? What's the flat going to look like? Has he got any food?"

The outreach function also enables members to communicate with other organisations more effectively. The same support worker told us she had been concerned to find a member with inadequate food supplies in his house, despite the fact he received a visit by a carer twice daily. "He has Meals on Wheels once a day, but what's he eating for the rest of the day? So I went to the shop and I stocked up his cupboards," she told us, "I just bought loads of tins of stuff, and then I phoned up the care company to find out what was going on."

In fact, the care company did not fully understand what their client was telling them, and had assumed that when he indicated he did not need food he meant that. In practice, he was left with nothing but milk and bread until JDA did some shopping for him.

JDA magazine

The JDA produces a magazine for members and friends three times annually, JDAtogether, which forms an important element of its communication with its clients.

Outings and excursions

The Day Centre's programme of outings and trips, which take place once every six weeks or so throughout the year, are immensely popular with its members, but bring challenges for JDA staff.

The members visit the seaside each year, and other attractions such as the Tower Bridge Experience and Kensington Palace. On any given outing, as many as eight of the members may be wheelchair users, each of whom will require a volunteer to act as pusher. Members are also taken Christmas shopping most years.

Where individual outings are needed, JDA try to accommodate this, but must work within the limitations of their resources. "Next week, for example, we're taking out two of the members, we were meant to be taking them on a steam train journey in Suffolk, so we do actually things like that," one of the support workers told us. "But obviously, sometimes they might come to us and ask us to take them somewhere that's not going to be all that feasible."

BLF outcomes

We have reported elsewhere the JDA's achievements against its BLF target outcomes, but were keen to explore the extent that staff felt these had been achieved in practice, and how they felt success against the four indicators is best measured.

The four BLF outcomes were:

- Deaf or Deafblind people have reduced social isolation and exclusion, making them less lonely and improving their physical and mental health.
- Deaf or Deafblind people to become better able to understand and deal with health issues, leading to better health.
- Deaf or Deafblind people to experience reduced levels of stress, enabling them to cope better with everyday life.
- Deaf or Deafblind people to have improved the quality of their social/religious/cultural lives, making them happier and more active members of the community.

One member of staff did point out that the outcome measures were effectively indivisible, in that in one way or another, the impact of countering isolation might manifest itself across all four measures, as might that of improved health.

Social isolation and wellbeing

Staff were most animated about the project's impact on members' isolation, and felt that identifying and countering isolation was one of the JDA's strengths. "I think that what the JDA are best at, on a Wednesday Day Centre, looking at the members who are more isolated than the others.

Volunteers also play a vital role in countering isolation. "The volunteers who work on the Day Centre work very hard at including the more isolated members so that they still have a feeling of 'belonging,'" the same support worker told us.

As reported earlier, members often experience isolation within their own families. Indeed, for some members, isolation within their family causes great unhappiness. "I've got one member, she's a war refugee, she came from Germany, she managed to get out," one support worker told us, "she's had a really, really hard life, and when I speak to her about how her life is, what's the thing she complains about? 'Only deaf, whole family, only deaf.'"

Because support staff work so closely with the members, they are in a unique position to judge whether they are feeling less isolated, and whether this in turn is impacting on their health and wellbeing. "In the last three years there has been a massive difference," one worker said, "because we've had the funding to be able to do these things."

"From a Deafblind perspective, most definitely," another worker said.

Staff felt that providing outreach support was valuable in terms of countering isolation, and felt that maintaining members' access to working fax machines and TVs was important. "These seem like really tiny little things, but to them, to have their TV working at home, for a lot of them that's their life, actually," one support worker said.

Better understanding of health

The Day Centre runs a programme of four briefings annually - mostly, but not exclusively, dedicated to improving members' understanding of their health.

One recent session, for instance, was given by a GP. A member who was in considerable pain whilst waiting for a hip replacement operation, asked whether there was anything that could be done to alleviate this. The GP asked if he had received a patch to release pain killers directly through his skin. The member did not even know what a patch was, but later went to see his own GP with his support worker, and had a patch prescribed which is now working well.

Other subjects for briefings have included healthy minds, heart disease, cholesterol and nutrition. Subjects for briefings are chosen in terms of what members want as well as what the project feels they need, and another recent briefing looked at the dangers of fraud.

"Deaf people in particular are real targets for scams, and some of our clients have been affected by this. We felt it was really important to get this message across," one member of our focus group told us, "so we put a feature in our magazine, about what to look out for. If you haven't bought a ticket for the Spanish lottery then you probably haven't won it, that kind of thing, then we also arranged for a talk, so that people could receive that information in BSL, and really, really know not to part with their money."

Reduced stress

Judging whether members are experiencing stress or not is an intuitive, subjective process, and the JDA makes strenuous efforts to relieve possible causes of stress where it can, one example of this being the At Your Service drop-in sessions at the Wednesday Day Centre.

"We see the difference that it makes, we see how happy we make them, we see how happy they are when they come here, we see that if it wasn't for us a lot of them would be sitting at home on their own all day every day, we are their social life, really," one member of staff explained.

Another agreed. "You can clearly see the impact it has on these people's lives, which is why it gets done, because you can clearly see that JDA's support is giving them a quality of life that they wouldn't otherwise have," she said.

Cultural and religious experience

As well as enabling members to participate in activities such as the Happy Mondays sessions at Jewish Care, the project also celebrates all the Jewish festivals, and frequently members are taken on visits to synagogues and other Jewish organisations, such as the Jewish Free School.

Cultural activities are not confined to the Jewish community, however, and members held a Royals quiz to coincide with the Royal Wedding in 2011. In 2012 they made a large banner to celebrate the London Olympics. "The flame actually came past here," one support worker said, "so we took them all out to be part of that as well."

The future

We were keen to explore where JDA's staff saw the future for the Day Centre and Support Services project, and asked them what they saw as its strengths and weaknesses, and which changes or additions they would like to see taking place.

JDA strengths

The staff we spoke with felt JDA's three main strengths were commitment, enthusiasm and flexibility.

"I think we would have gone from one person having a breakdown to six people having breakdowns, if we didn't have JDA," one member of staff said, recalling the lifeline it had given her as a carer for her Deaf parents in the past. "Obviously there are organisations set up to support and help people, but nowhere would go to this level, it's just above and beyond."

"Enthusiasm! I can only speak specifically about Wednesday Day Centre, because that's where I'm based," another member of the focus group told us. "Everyone is so enthusiastic."

Flexibility was identified as a major strength throughout our discussions, and the JDA deliberately develops its staff to be able to cover for each other where needed. "Flexibility," one of the support workers said, "because everything changes, all the time, you can plan everything to the hilt, and at the last minute, volunteers don't turn up, or you don't have a wheelchair pusher for someone."

JDA weaknesses

Although staff did not identify clear weaknesses to us, there were areas where they felt the service might improve. There was just a suggestion, for instance, that people felt the JDA was too reactive, and might at times be a little more pre-emptive.

Other members of our focus group wondered whether the Day Centre might be opened more frequently. "To be honest we could do more, we could do two days a week when members could come in," one support worker said, "historically, there was a Monday and a Wednesday Day Centre." Others, however, questioned whether this could be achieved without additional resources.

Open provision more widely

The change that staff would most like to see in the future would be for the JDA and its resources to be made available to the Deaf community more generally, and not just to Jewish people.

"We'd love to see older Deaf people all over the place have access to the sort of service that we provide, but I don't know how we could possibly resource that," one of the support workers told us.

"I think we'd like to see the service being opened up to Deaf people all around, people who aren't Jewish, they actually have nowhere to go," another support worker said.

Project staff in general found the fact they did not have the resources to open their services to the broader community a cause of unhappiness. "If someone needs help, I personally find it very difficult, very, very difficult to turn around and say, 'I'm sorry, I can't help you, because (a) you're not Jewish, or (b) you're not a member,'" one person said.

Another member of staff pointed out that opening the project to the whole Deaf community could also make finding funding easier. "The BLF grant enabled JDA to look into that wider need in the community, we've been talking about that for a long, long time," she said, "it will make JDA much more sustainable in the long term, because obviously, there are a lot of funders who say, 'Well, you only deal with Jewish people, we're not going to help you.'"

Staff development

Members of the focus group would like to see greater emphasis on staff development, but appreciated the resource limitations that restrict professional development.

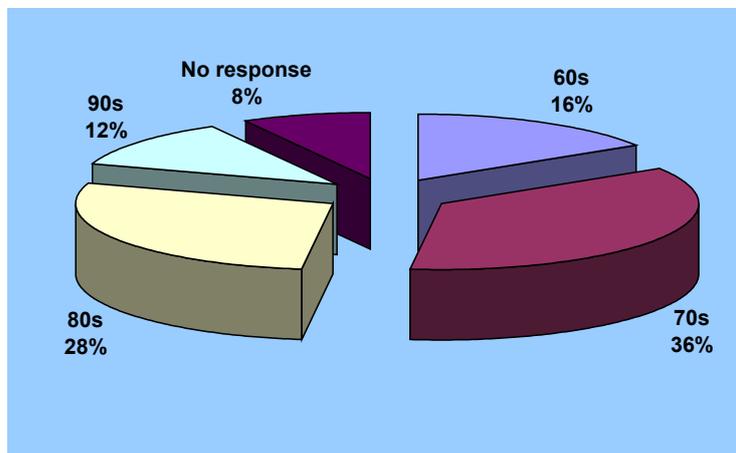
Subjects for staff development training that they thought would be useful included more frequent first aid training, training on understanding medical conditions more fully, and dementia, and counselling. The staff we spoke with would also like to see their BSL skills developed to a higher level, and felt that training as a carer would be valuable.

"I think being a carer, you meet situations all the time where you're outside the door," one support worker said, "and you're thinking, 'What am I going to find?'"

PARTICIPANTS: SURVEY DATA

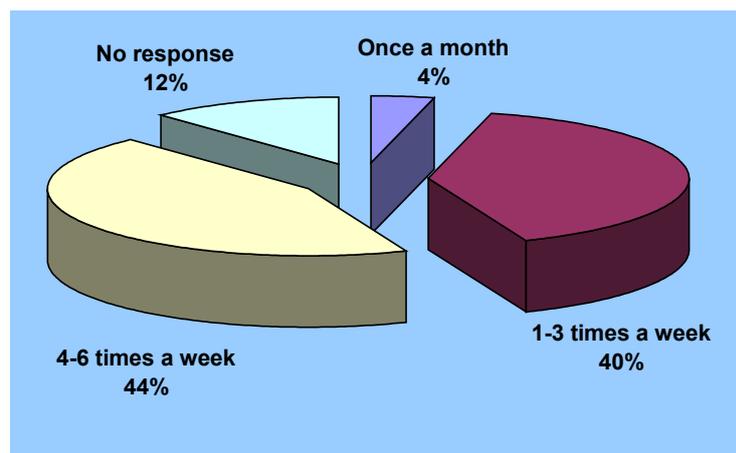
The JDA conducted its own paper based survey of Day Centre users, which generated 25. Although we were not involved in it's design, the results are useful, and we report them here.

The survey began by asking JDA members some basic information, such as their age, gender and how often they used the Day Centre. Responding members were mostly in their 70s or 80s, with a smaller number in their 60s or 90s.



13, or 52% of respondents were female. There were two non-responses to this question.

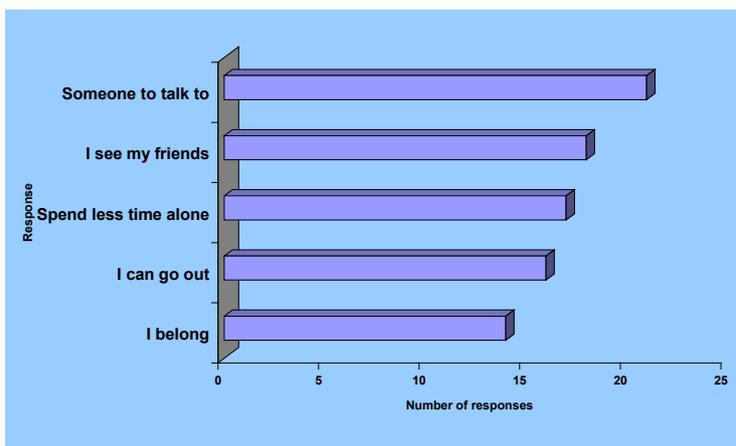
The survey also asked how frequently these older JDA members used JDA facilities and/or services. About half the respondents used JDA facilities and/or services between four and six times a week, with most of the rest saying between one and three times.



The survey then moved on to ask members directly, 'Why is the JDA important to you?' Whilst this is an assumptive question, the results are nonetheless of interest. The options the survey gave members were these:

- I spend less time alone
- Less isolated
- Stops me being alone
- I can go out
- I see my friends
- Someone to talk to
- I belong

The feedback seems to show that the JDA is important to most of the responding members for all of the options that were put to them, the most important elements being the opportunity to get out, see friends and talk to someone.

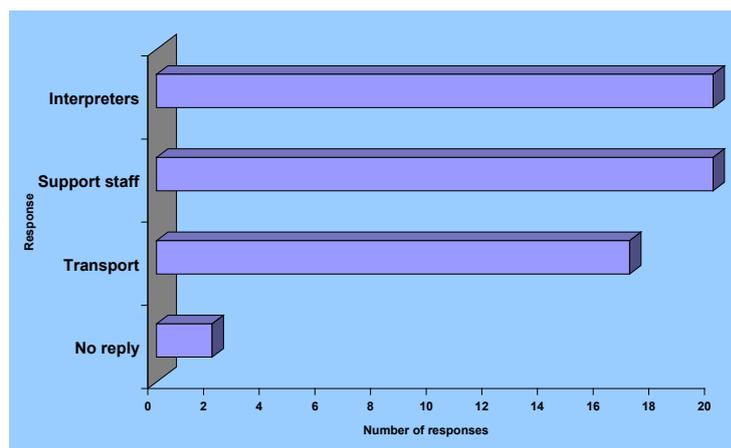


Interestingly, the survey did ask members where else they went other than the JDA.

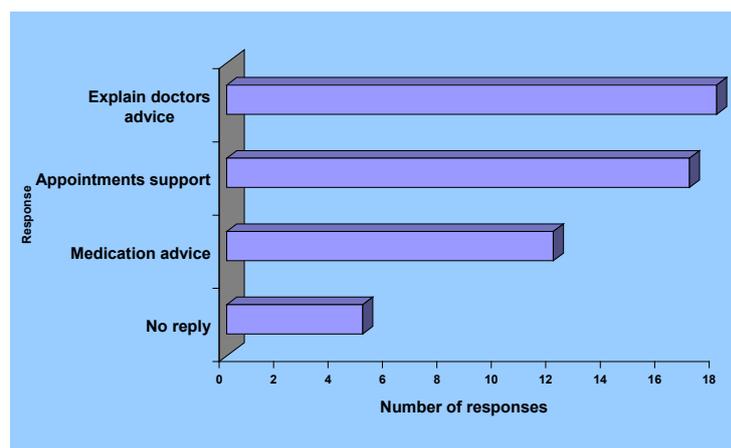
These are the results:

- Stay at home.
- Home and go outside.
- I go out with my niece and son.
- Stay at home or walk around.
- With family.
- Visiting my family.
- Shopping.
- Any clubs (deaf). Still JDA number 1 my club!!
- Harrow Deaf Asian Club.
- Family.
- Special day outings, mostly JDA programmes.
- None (home)
- Shopping and hospital appointments and GP.
- Go to different deaf club, shopping, family.

The surveys also asked JDA members which JDA Support Services they used, offering options for support staff, transport and interpreters. The results were pretty even, highlighting the importance of interpreters and support staff – and transport for those who need it.



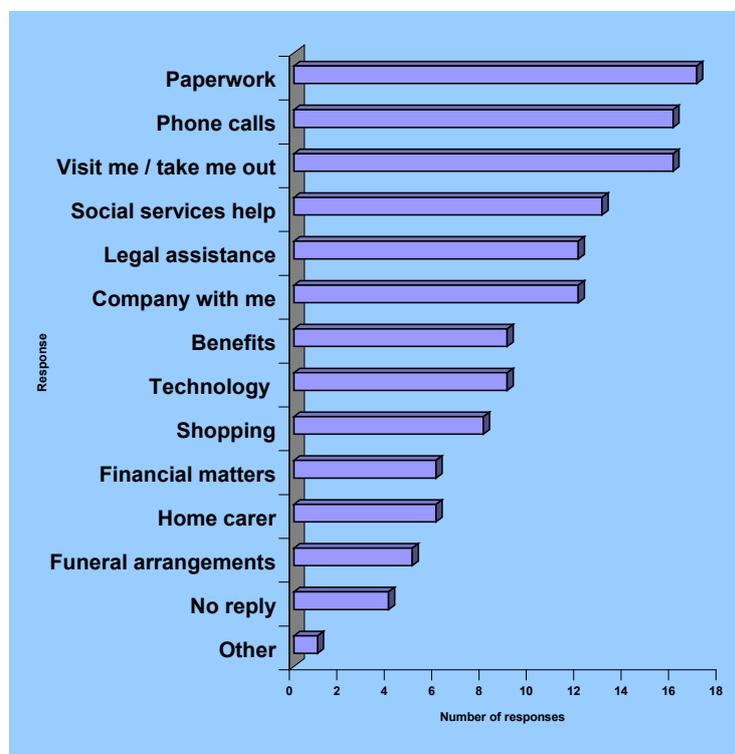
The survey was keen to explore how the JDA helps its members with their day-to-day healthcare needs. It offered members the options of: accompanying members to medical appointments, explaining to members how to take pills and other medications and eat healthily, and staff or interpreters explaining what doctors and other medical personnel are saying.



Equally, JDA wanted to record the range and level of support taken up by individual members. Their survey offered its members a range of options:

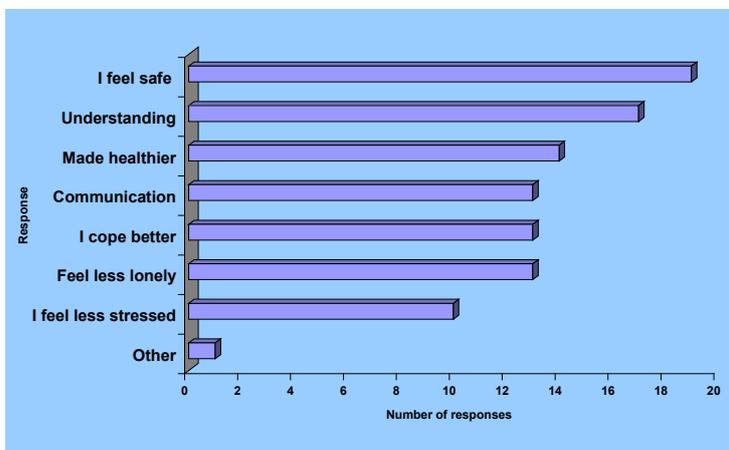
- Visit me / take me out
- Company with me
- Help with social services
- JDA arrange home carer - help me bath/clothes/food/cleaner
- Shopping
- Paperwork - help fill in forms, understand letters
- Phone calls
- Money - bank, building society, debt, credit card
- Technology / equipment
- Benefits
- Funeral arrangements
- Legal - solicitor, court, Power of Attorney
- Other

The results show a fairly even spread of support services, home visits, being taken out and help with paperwork and 'phone calls' featuring most prominently. A number of respondents also indicated that they received 'other' support from JDA, with one respondent specifying this as "everything".



Project staff and volunteers had gleaned from members that the JDA made them feel better in themselves, and wanted to look at the reasons for this. Again, they gave members a series of options, including:

- I understand better about my health from JDA
- JDA makes me healthier
- I feel I am not alone
- I cope better
- I feel less stressed
- I feel safe JDA will help me
- I can communicate better with hearing people
- Other



The results are evenly spread between the options, with perhaps an emphasis on understanding health issues, feeling safe and better communication with hearing people. One person indicated 'Other', specifying "I mix with other deaf people, (I would) always be alone, (with) no-one to talk with me [without JDA]."

The survey asked members what were the most important things JDA Support Services had done for them, eliciting open answers. This is the full list of responses below:

- Almost everything.
- Good understanding and helpful.
- Arrange an interpreter at hospitals for me and support me with medical treatment - explain it to me so I can understand.
- I [had] cancer.
- Deafblind support and deafblind communication.
- Thank God JDA is open and carry on!
- Thank God JDA keep open - please keep us open all the time.
- They look after me. Control diabetes and health and finances.
- Solved the problems!!
- Visit at hospital/home.
- Book transport, book interpreter for computer club and Sunday talk.
- Helps me to care for my brother [also a beneficiary].
- They have taken me out to various places.
- Phoning the hospital about my operation date.
- Interpreter whenever I need.
- Taking me out as company, communication.

The overwhelming messages from these responses is that the JDA provided a critical support function for older Deaf/Deafblind users. This message is particularly so when taken into consideration with a final question seeking responses to the question: "What other organisations support you?" Only 10 respondents identified other organisations who assisted them in functional and supportive ways.

PARTICIPANTS: FOCUS GROUP DATA

JDA staff, with support from the evaluation team, carried out a focus group as part of the evaluation in November 2012. The focus group was held during the usual Day Centre opening time to enable as many members to contribute as possible.

The session was structured around a number of core topics which focused on the impact of JDA Day Centre and Support Services in particular. These were set to the group for their comment and discussion.

Topic 1: JDA aims to make you less lonely, more healthy and feeling good mentally, not depressed, something to look forward to.

The group were asked to consider how they would feel if the Day Centre closed. All indicated that they would feel very upset and that they would return to being lonely and isolated without the regular support that the Day Centre offered. Some also indicated that the Day Centre staff enabled them to communicate with their families: "*would lose contact with [my] family (because JDA acts as a link between me and them)*", and others articulated that their mental health would deteriorate: "*My mind would stop working.*"



Focus group participants discuss the value of the Day Centre

A lack of access to the Day Centre (should it close) would also mean that members would become less active individuals. Some commented that Deaf Clubs elsewhere were closing and that being part of the Day Centre allows them to take part in activities (such as swimming, and participation in Jewish festivals) that they would otherwise not have access to.

Visits and outings organised by JDA Day Centre staff are seen as being particularly valuable in enabling members to engage in activities that are enjoyable and enriching. Such activities would be impossible for individuals to organise for themselves; "I love getting out, the seaside, the fresh air ... without JDA, I would have no guides and wouldn't be able to go" - Deafblind person.

Topic 2: JDA Day Centre aims to give you a better social life, make your life happier and more active, make you feel like you belong and are part of a community

Many group members expressed a fear that if the Day Centre closed they would be less able to participate in Jewish life and traditions: "*couldn't join in religious activities without JDA.*" One member reflected on her participation in the Jewish New Year celebrations at the Day Centre: "*Although everyone was invited to participate, I said no at first because I felt too ill when I arrived. But then I felt I wanted to be a part of it and say a prayer, so I did. By the end of the service, I felt so much happier.*"

Topic 3: JDA aims to help you to understand more about your health and deal with your health, so that you are more healthy

The group felt that JDA staff provided critical support when dealing with healthcare issues. Of particular value is the assistance provided to support members when attending doctor or hospital appointments. JDA staff provide crucial communication support, as this is often unavailable at hospitals: "*I always worry because often the interpreters the hospital arrange don't turn up. There is no need to worry if interpreter is going to be there or not because I have JDA support worker with me.*" Another said "*Can't go without JDA. If they provide an interpreter they will be a stranger and won't understand us.*" The general lack of support for Deaf patients in hospital had caused stress for a number of focus group participants. One indicated that they had wasted a whole day waiting for their appointment to be called out: "*I once went to the hospital without JDA and missed my appointment because we couldn't hear our name being called and spent all day at hospital for nothing (the doctor had gone home). We won't go without JDA again!*"

Topic 4: Help from Support Services at JDA

The value and impact of the support received from staff at JDA caused a great deal of positive discussion and debate within the group. A number expressed the view that communication would generally be very difficult for them as support staff provided vital links and guidance on how to deal with everyday matters: "*[without them] would be more difficult.*" Other participants stated they would be: "*lonely... disappointed ... frustrated ... couldn't understand ... sad ... let down.*"

Topic 5: The future

The group were asked to consider what their lives would be like without JDA in the future. A number expressed that this would cause sadness, it would make it difficult to communicate with family members, and that it would have a detrimental effect on their mental health: "*too much time alone makes me insular*"; "*my mental health would deteriorate*"; "*my mind would shut down.*"



CASE STUDY: Harry (JDA Day Centre member)

Harry was orphaned at a young age and has never married. He is however upbeat, very social and fiercely independent. In 2009 he was diagnosed with leukaemia and hospitalised for over a month. JDA visited him on a daily basis, reassuring him and enabling effective communication between him and the medical staff.

When Harry pulled through and was in remission, Support Worker Lisa took him for all his regular check-ups and blood tests at the Royal Free Hospital. Lisa was with him when the doctor announced that the leukaemia had come back and, in the absence of a hospital interpreter, had to break the news to him.

Harry had to take chemotherapy at home in tablet form and was confused on how to take it properly. Lisa ensured that he understood how to do this and went through it with him time and again. The hospital would not have been able to trust him to take his medication so Lisa's support keeps him out of care and enables him to stay at home where he is happy.

She liaises with the warden at his flat who now checks every day that he has taken his chemotherapy and contacts Lisa if there are any problems. When Harry came down with flu, Lisa phoned the oncology nurse and ensured he had the necessary tests to avert any further risk to his health.

The 'value' of JDA Day Centre and Support Services

This case demonstrates that JDA could be saving local authorities around £360 per week by enabling members to remain out of care. For example, a typical local authority calculation for a client moving from independent living into residential care might involve the following:

£891.00

Gross weekly cost of Jewish residential care home for client with dementia

£533.46

Contribution by typical authority in Greater London

£174.32

Less weekly assessed client contribution

JDA saves a typical authority in Greater London

£359.14.

JDA saves private Jewish residential care provider, subsidising the client's place **£357.54.**



The 'value' of JDA Day Centre and Support Services

This case demonstrates that JDA could be saving healthcare providers interpreting costs of around **£33.38 per hour**.

Professional, fully qualified British Sign Language interpreters are ideally booked for all medical appointments. However, many hospital inpatient and outpatient appointments, GP, A&E, chiropody, and dental appointments, go ahead without an interpreter present (placing the patient at great risk of misunderstandings and not enabling them to ask questions, express concerns, or receive and give clear information). JDA Support Workers therefore perform above role of Deaf Support and interpreter at appointments.

A professional, fully qualified interpreter charges **£30 - £35 per hour**.

JDA Support Workers are qualified to British Sign Language Level 3. The charge made by interpreting agencies and freelance interpreters at this level charge **£15-20 per hour**.

CASE STUDY: Albina (JDA Day Centre member)

Albina is introverted and has learning disabilities. Her mental health difficulties are controlled with daily tablets which are monitored by her Support Worker, Janet. Albina also has diabetes, which she found difficult to understand and manage. Her sugar levels were consistently high and the diabetes was out of control, largely because she did not understand the importance of proper diet and timely meals.

Before JDA's support, it would not be uncommon for Albina to run out of insulin, which had obvious implications for her health and wellbeing. Janet assists Albina with her dietician and hospital appointments, providing explanations where necessary so that Albina can understand which foods to eat and how to control and monitor portion size.

As a result of JDA's intensive support, Albina is now less isolated - participating in keep fit classes, Chanukah parties, smiling more, communicating with other members - and has a much improved attitude to life and to her health, better able to manage her medical issues and demonstrating markedly increased confidence in her own abilities, making her much more independent with the intensive support she receives.

"Albina has arrived safely and very happy! She says that all the help she got was very good. What an accomplishment!! Thank you again for actually making it possible for Albina to come here - by herself. She (we) couldn't have done it without you!! She (we) are very lucky to have you in her life. THANK YOU, THANK YOU, THANK YOU!"

Albina's sister in the US on Albina's achievement in travelling to the US on her own for the first time (see page 19)

PARTNERS

As part of our evaluation of the Day Centre, and Support Services project we wanted to talk to a sample of JDA's partners to find out how their partnerships are of benefit, anything they feel the JDA could do additionally or better, and what they felt the impact of the project closing might be.

The partners we spoke with were:

- Andrew Cox, Chief Executive Officer, Middlesex Association for the Blind (MAB).
- Frances Colley, Community Case Manager, St. Peters Health Centre.
- Hament Patel, General Manager, Scrivens Opticians, North Finchley.
- Michael Anvoner, Solicitor, Michael Anvoner & Company, Barnet.

Nature of partnership

Our partner interviewees all enjoyed different relationships with the JDA.

Andrew Cox sits with JDA Chief Executive Officer Sue Cipin on the Barnet Physical and Sensory Impairment Partnership Board, and through this has developed perhaps a more strategic partnership than our other interviewees. He has worked with the JDA in this capacity for the best part of three years.

Frances Colley has worked with the JDA on a specific community patient who had suddenly stopped going to the Day Centre, and worked with them to help him regain his independence. Her association with the JDA has taken place over the last year.

Hament Patel and Michael Anvoner both enjoy a provider relationship with JDA, the former as an optician (and one who has been approved in principle to supply hearing aids as well), and the latter as a solicitor, helping JDA clients through drafting wills and powers of attorney documents. Scrivens Opticians has provided for members' eye care for some ten years now.

Benefits of JDA's work

All our interviewees felt their relationship with the JDA was a beneficial one. In Frances Colley's case, she could draw directly on JDA's knowledge of, and relationship with, her patient to assist her healthcare support. JDA support workers would join her when she visited her patient, and help with her discussions with him about his medical and personal care.

Hament Patel felt that JDA supporting its members when they visited him was helpful, and saved time. Generally speaking, he allows twice the normal appointment time for deaf people, and JDA's support allows him to reduce this. He is planning on visiting the Day Centre to cement Scrivens' relationship with JDA even further.

Michael Anvoner offers a paid legal service, while JDA provide provide support for his clients when they visit for consultations. "Without them we would not be able to deal with Deaf clients who do not lip read and rely on signing, because none of us sign," he said, "so they will always arrange for someone to be present who can interpret for the client."

Cost analysis

We asked our interviewees whether they could quantify the cost benefit of their relationship with JDA. Although none could, all were agreed that, were it not for JDA's work, the costs of JDA's members for the NHS and Social Services would be much higher than at present. The simple fact that they provide interpreting support when needed in itself saved the costs of buying an interpreter at a minimum of £15-£20 per hour.



CASE STUDY: Israel (JDA Day Centre member)

Israel is an orphan who deeply mourns the loss of his family. His Support Worker Lisa described him as being “beaten” by his experiences, having suffered with depression most of his life. He is very smart and, although he knows how to look after himself, he gets very lonely and needs the care and attention of JDA Support Workers to keep his spirits up.

As he aged, Israel developed health problems and could no longer do things for himself, which made him even more isolated than before. JDA recognised the need for him to have a care package organised and so Lisa took on the responsibility for this.

Lisa not only spends time and effort on ensuring his health issues are taken care of, but also looks after his social needs. Without JDA support, Israel would not be able to get out and, with nothing to do, would sink further into depression. He is taken to “Happy Mondays” each week at Jewish Care where he indulges his creative side and where Lisa says he produces “the best art work” of everyone. The pride on Israel’s face is clearly visible when his art works are displayed at the JDA Community Centre and he is made to feel special for his contribution.

The ‘value’ of JDA Day Centre and Support Services

This case demonstrates that JDA could be generating savings for local authorities / organisations providing social service support.

An organisation supporting registered blind people in local authority housing or on benefits (equivalent to JDA’s older Deaf members) is paid by the local authority at approximately **£23,000** per year to provide 1-2 hours’ support per week to 12-15 clients.

With this figure in mind, if all 15 clients were supported for 2 hours per week this would be paid at **£15 per hour**. The real costs of advocacy are **£28** per hour including indirect costs.

Things the JDA does well

Partners felt that the advocacy support offered by JDA's workers was particularly valuable, (although they did tend to include interpretation in this), and also the atmosphere of the Day Centre.

Although Hament Patel has not yet personally been to the Day Centre, he was able to say that, "of the patients that we've seen here and of what my colleagues have said, I think it's a brilliant place for those guys to get together. I know it's not just about that, it is about other things, I guess social things, and I think it's a good idea for them."

Andrew Cox felt that the JDA's task was more formidable than MAB's own, from some points of view. The Deaf community found relating to the general public much harder than visually impaired people, he felt, because of the communication difficulties, "whereas I think if you're visually-impaired you can still talk normally, you can still hear often and so you can carry out your normal business and your normal sort of social interaction without too much hindrance."

JDA's advocacy struck Michael Anvoner as exceptionally committed, and he commented in particular on the manner in which JDA CEO Sue Cipin takes up her clients' causes, arguing with banks and sorting out day to day financial and other issues. "But there is nobody else and so you know, that's the way she looks at it, if she doesn't do it, it doesn't get done and they're going to be in real trouble," he said. "She seems to deal with them with health matters as well, arguments with local authorities and local health services because people just don't seem to listen to Deaf people, they don't have the patience."

Anything that could change or improve

When we asked interviewees what JDA could do to improve the service it offers, the answer was simple: offer more of it. However, all the people we interviewed recognised that finances effectively limited the extent of the service JDA can provide. "I suppose the bottom line is if they had more money they could do more," Frances Colley said.

She did say that JDA was particularly effective at helping older people realise the support that's available to them, and wondered whether a counselling service of some form might be beneficial, an observation made separately by JDA staff themselves.

Impact of JDA closure

We finished our interviews by asking partners what they felt the impact of JDA Day Centre and Support Services closing would be on the members who use it.

Andrew Cox felt JDA's closure would leave many people with no community. "I do think if JDA wasn't there, the impact would be tremendous," he said, "there would be a whole raft of people with really nowhere to go."

Isolation and loneliness would be the result of the JDA closing, Frances Colley felt. "Obviously that's going to have a detrimental effect on your health, which ultimately is going to either result in you going into hospital and the Health Service having to pick up the tab anyway. Or just giving up, depression and all the rest of it and you know, giving up on your life," she said, "it would totally isolate so many people."

"This is the first time I've come across an organisation that's geared up specifically for Deaf people that runs a Day Centre, so my answer to that would be if it wasn't around, I don't know who would take up the slack."



CASE STUDY: Eddie (JDA Day Centre member)

When Eddie (a lively, regular Day Centre participant) didn't make contact or come to Day Centre for two weeks, Support Services Manager Janet visited him at home. She found him ill and seriously withdrawn, with deteriorating leg ulceration, unable to change the dressing and showing signs of deteriorating mental health. Janet called his doctor who had him admitted into hospital and, wondering if he was showing the onset of dementia, JDA assigned Danielle as his Support Worker. Although he lived (and was hospitalised) in East London, Danielle visited him every day to offer him companionship, advocate for his needs and interpret so that medical staff could communicate with him and look after him properly.

Over several months, JDA Support Workers gave Eddie intensive, quite literally life-saving support. After he was released from hospital, having set up a homecare package for him, Danielle visited him. She found him sitting in his chair looking lost, without food. Beside him was a huge bag full of a complex mix of medication that he had no idea how or when to take. She also found piles of unopened mail, including several months of unpaid bills, and envelopes with cash inside them – all of which she sorted for him. Without Danielle, Eddie would not have eaten, nor would he have taken vital medication which included heart pills, blood pressure pills and antibiotics for the infections.

To save Eddie from having to be re-hospitalised, Danielle got his GP round to see him, ensured he was taking his medications correctly and that the district nurse visited regularly, arranged Meals on Wheels so that he had at least one hot meal a day, organised a carer and cleaner. Over the next eight months, while a long-term social worker was being arranged for him, Danielle took the long journey across London most days to visit Eddie herself. She made sure he was safe, clean, eating and healthy and continued to accompany him to his many medical appointments.

Eddie told Danielle he knew he could no longer cope and asked JDA to help him. He appointed JDA as next of kin and power of attorney. JDA paid off all his overdue bills and looked after all his affairs. He said this made him feel much better. Eddie was diagnosed with dementia and, once it was clear he could no longer live alone, JDA found him a residential home near JDA where he now happily resides, his physical and mental health much improved.

The 'value' of JDA Day Centre and Support Services

This case demonstrates the savings of keeping an older person with deteriorating physical and mental health out of hospital, as well as ensuring his welfare when at home during the lengthy process of assessing him and ultimately assigning him a social worker. Without Danielle's ongoing, intensive support, Eddie could not have lived at home as long as he did, would have, at best, spent several months in hospital and needed a dedicated social worker with specialist skills from the start.

The cost of a hospital bed for a week is estimated at **£1,575**.

The average salary of a social worker is approximately **£580** per week.

Conclusions

The Project

This project (Jewish Deaf Association Day Centre & Support Services), funded by The Big Lottery Fund, was developed to counter a number of specific needs and challenges faced by multiply disadvantaged older Deaf and Deafblind British Sign Language users.

The BLF Outcomes

Combining observation, discussion with and feedback from Day Centre and Support Services clients, partners, staff and volunteers, we can conclude that the JDA is a vital resource that reduces isolation and exclusion, improves physical and mental health, and is often a lifeline for the older Deaf and Deafblind people this project serves.

The project's end of years 1, 2 and 3 returns indicated that performance has equalled or exceeded all targets.

JDA staff and volunteers

The volunteers fill a critical role for JDA, both at Day Centre and on outings and other activities. The JDA has a skilful recruitment policy for volunteers which, amongst other things, includes offering volunteer placements for suitable people who successfully complete BSL Level 2. There is evidence of an established route through volunteering that often leads on to paid employment.

Although JDA staff have specific, and sometimes specialised, roles, there is an overarching ethos of flexibility which is consciously nurtured by the project's management, enabling staff to cover for each other should that prove necessary.

The relationship between the support staff and the members is a close and trusting one. Support staff advocate for members on occasions where there is no family support and the JDA often takes on the official role of next of kin and are appointed power of attorney.

Support staff find themselves having to take action in unpredictable or unusual situations. The closeness of the relationships between support staff and members underpins many of the achievements attained. The ability and willingness of support staff to deal with often harrowing experiences including dealing with dementia and end-of-life care, is enabled through prior agreement, with the support of management, in selecting the most suitable individual team member for each client.

Members' views

Our evaluation showed that JDA has used a range of innovative methods to achieve their BLF outcomes, including regular medical and other briefings, a drop-in advice service to counter any causes of anxiety among members and off-site activities to encourage its members to engage with other, hearing communities.

There is a powerful sense of community at JDA, for members and project workers, which many likened to 'family'.

Members' needs and preferences feed directly into the project's decision-making process for activities and outings. Feedback mechanisms tend to be semi-formal, often involving elected representatives and democratic decision-making (usually through a show of hands). As a rule, therefore, where it is feasible it is the members that decide which activities are going to take place, and then go on to organise them with staff support.

The technological support provided by JDA to its members is particularly important in relation to, for example, members' fax machines and television sets, both of which provide vital lifelines through which to help alleviate their isolation.

Members also confirm that their isolation is relieved by the trips and outings that take place throughout the year to various venues, such as the seaside, museums, galleries and other cultural and social attractions.

JDA partners

Partner interviewees were unable to quantify the cost benefit of their relationship with JDA. However, all were adamant that without JDA's work, the costs of JDA's members for the NHS and Social Services would be much higher than at present. The simple fact that JDA provides interpreting support when needed, in itself saved the costs of buying an interpreter in.

Also, the fact that JDA activities so clearly benefitted their members' physical and mental well-being will, in itself, impact on wider healthcare costs.

Although the Disability Discrimination Act 2010 obliges service providers to make "reasonable adjustment" to enable disabled people to access their services, many do not consider it financially viable to pay for an interpreter.

By providing BSL interpreters to various service providers in this way, JDA ensures that:

1. the provider gains business
2. the client has access to the service they require, just as a hearing person would.

The 'value' of professional interpreting and advocacy to set up Power of Attorney can be seen through the following example 2 hour appointment:

Qualified BSL interpreter £160
Advocate £40
Total £200

Partners acknowledge that JDA provides the skill and insight to enable them to offer the client an equal service to that received by hearing people. The JDA advocacy element improves the outcome for both client and professional. Benefits clearly extend way beyond the cost savings, transforming what would otherwise be a superficial service into a full support situation.

Staff development

Staff and volunteers feel very supported and value the training and development which, in the case of volunteers, often leads to paid employment, at JDA and elsewhere. If staff development could be improved it would be in taking BSL skills to a higher level and more First Aid, both of which need further resources as they are quite costly. In response to staff's wishes to receive training in the areas of counselling and care and a greater understanding of dementia and other common medical conditions affecting older people, JDA is already collaborating with other specialist agencies (such as Chai Cancer Care) to provide this in exchange for JDA Deaf Awareness Training without incurring additional costs.

Opening provision more widely

It should be noted that the JDA has always welcomed non-Jewish service users to its culturally sensitive Day Centre and its 'At Your Service' Drop-In support service – and also that some of the services (such as Hearing Connect and the recently launched BSL Tuesdays) are aimed specifically at people of all faiths and none.

Whilst staff were delighted with this wider remit, there was still a strong wish to be able to ultimately open up and proactively promote all services for Deaf/Deafblind people to the wider community. Although their time was already stretched and they recognised funding and resource limitations, they found it difficult not to be able to offer the full range of Support Services to older people who are not Jewish, particularly in the areas of individual support through home and hospital visits and accompaniment to and interpretation at appointments. The general consensus was, therefore, that the project should aspire to be accessible to the Deaf community more generally, and this would be the aim in the future, resources permitting.



A JDA Day Centre day trip