

**MARGARET THOMSON** SOUTHSIDE





Looking forward, keeping well



This is a free and confidential service for anyone over 60 or anyone caring for someone over 60 in any of the following areas:

North West: G3, parts of G4, G11, G12, G20, parts of G21, G22 & G23

North East: G31 & G32

Southside: G41, G42, G43, G51 & G52

For more information, to refer yourself or to refer someone else, please contact us on:

0141 271 2320

www.communityconnectors.org communityconnectors@gcvs.org.uk









## COVID-19 SERVICE UPDATE

In partnership





The COVID-19 pandemic has had a huge impact on the delivery of services across the city. It's a time of uncertaintly for everyone and we want our partners to know that the Community Connectors service is still here and still able to support older people.

We've developed a temporary service model to make best use of our resources and, until face-to-face visits can resume, we're able to offer the following:

## **CHECK-IN CALLS**

Check-in calls will happen regularly to determine whether a client's support networks remain sufficient to meet their basic needs. Where possible we will manage referrals to new and existing provision within communities and problem solve where services have been withdrawn.

Where a client's circumstances deteriorate or concerns over coping arise, clients can be escalated to a practitioner for one to one coaching when necessary.

Where we have clients who are particularly at-risk or isolated but are otherwise stable, we will offer regular **wellbeing calls** just to provide a reassuring voice on the phone. This will depend on capacity as clients with immediate needs will take priority according to our triage system.

## **COACHING CALLS**

Coaching calls focus on clients at high risk or where coping strategies are needed to manage their long term conditions, anxiety or other mental health challenges.

Our practitioners will emulate one-to-one sessions as much as possible, using the 'Good Conversations' model and lifestyle management coaching to maximise the ability of clients and carers to remain safe and stable.

Practitioners can also problem solve support needs in more complex cases and escalate to statutory level where absolutely necessary e.g. to avoid unnecessary hospital admission or a crisis situation arising.



## TRIAGE SYSTEM

A temporary triage system is in place to manage the capacity of the service. All referrals are assessed on the following criteria to determine the level of support required. Clients will be continually reviewed to ensure the right level of services are in place should their circumstances change.



Clients considered to be high risk are those with long term health conditions or mobility issues where the person receives no mainstream support services and has no immediate support network to call on or those that have been notified of a cut to or withdrawal of their care package.



Clients considered to be medium risk are those with long term health conditions or mobility issues where the person is dependent on a single carer and would be at risk if that person was required to self-isolate.



Clients considered to be low risk are those with three or more friends or family members able to provide regular support. We will assess these referrals on a case-by-case basis and depending on capacity, may we able to offer wellbeing calls.