

**CONNECT
HACKNEY**
ageing better



Reach, engagement and retention of participants in phase 2 Connect Hackney projects: findings from project providers

INTERIM REPORT

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1.0 Introduction

This report presents early findings from our investigation into the reach, engagement and retention of participants taking part in the Connect Hackney programme. The programme aims to: improve the quality of life of older people living in Hackney who are socially isolated or at risk of becoming socially isolated; actively engage and value the contribution of older people in the programme and the borough more widely; and increase the involvement of older people in shaping policy in the borough (Box 1).

Research suggests that older people can become socially isolated – defined here as having no or limited social contact with family or friends for a variety of different reasons, such as no longer being in the hub of their family life, leaving the workplace, the deaths of spouses and friends, or through disability or illness. Experiencing transitional life phases, such as retirement, bereavement or divorce are key risk factors for becoming socially isolated and/or lonely, especially when living on a low income, experiencing ill health or disability, having less formal education, being LGBT or living in rented accommodation. Studies also suggest that older men and those from Black, Asian and Minority Ethnic (BAME) groups are at greater risk of becoming socially isolated (Care Quality Commission, 2016; Lievesley, 2010, Public Health England, 2015).

Connect Hackney has commissioned local community organisations to run a suite of projects offering a range of activities for older people in order to achieve these outcomes. In Phase 1 of

the programme projects were commissioned in a number of thematic areas (e.g. outreach, peer support, volunteers). In Phase 2 thematic areas have been reviewed and revised with commissioned projects now focusing on: people with learning disabilities (two projects), men (four projects), community connectors (one project), digital inclusion (three projects), community activities and spaces (six projects), older people with complex needs (covering those who have difficulties leaving home regularly and those with mental health problems) (four projects) and Black, Asian and Minority Ethnic (BAME) groups (five projects) (see Appendix 1 for full list of projects). As well as commissioning projects (and monitoring their progress and performance) the programme also runs a learning network (the 'Connect Hackney Learning Network') which is a dedicated forum set up for delivery partners to discuss, debate and find solutions to shared issues. A living log of thematic topics discussed at the network meeting is produced by Connect Hackney's Development Lead.

It is important to assess how well projects are doing in terms of who is taking part in them. In this report we present our findings so far on how projects are reaching out to their target groups (**Reach**); how projects are ensuring ease of access to project activities and reducing barriers to participation (**Engagement**) and how projects keep participants coming back to projects (**Retention**). The specific test and learn questions we address along with our research questions and lines of inquiry are listed in Table 1.

We focus in this report only on the projects that had been commissioned in phase 2 of the

Box 1: Connect Hackney programme outcomes

OUTCOME 1: Increased numbers of older people who are socially isolated engage in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life.

OUTCOME 2: Increased numbers of older people who are at risk of social isolation engage in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life.

OUTCOME 3: Embed an asset model towards ageing and older people, where the latter are more actively engaged in the community and valued for the contributions they make (updated October 2017).

OUTCOME 4: Increased direct involvement of older people and people as they age in shaping policy and holding key stakeholders to account, leading to stronger partnerships

**Issues of reach, engagement and retention are most relevant to outcomes 1 and 2*

Table 1: Test and learn questions and associated research questions and lines of inquiry

Test and learn questions	Research questions
<p>What information, referral and access methods have been the most successful in reaching and engaging older people living with or at risk of social isolation and loneliness in sustained activities?</p> <p>What methods have been the most successful in retaining people in sustained activities?</p> <p>How has the use of print media, leaflets or mailings increased the level of older people's involvement in activities?</p> <p>What barriers have needed to be addressed by projects in order for older people living with or at risk of social isolation and loneliness to engage in social and leisure activities?</p>	<p>a) What methods have projects used to reach, engage and retain participants?</p> <p>b) Are projects reaching, engaging and retaining who they set out to target? (e.g. who participates? Who drops out? Are there specific difficulties for particular groups? (e.g. men)</p> <p>c) What are the barriers and facilitators to reach, engagement, and retention? (e.g print media, leaflets and mailings, accessibility of venue, style of facilitators)</p> <p>d) How are projects addressing barriers and what success have these had?</p>

programme at the time of data collection (May to July 2019). These focused on: people with learning disabilities, men, community connectors, digital inclusion and community activities and spaces (see Appendix 1). It is important to note that these projects started at different stages. Some of the projects were still at an early stage of delivery whilst others were more mature. We present an analysis of qualitative data collected via interviews with project leads or co-ordinators from the organisations delivering the projects (i.e. delivery partners) supplemented with learning extracted from the documentation of relevant learning network events involving providers of phase 2 projects.

In the rest of the report we cover:

- a summary of the local sociodemographic context and levels of social isolation in Hackney in order to highlight any particular challenges for the Connect Hackney programme in reaching, engaging and retaining older residents in the programme (**section 2: Local context**);
- the methods we used to examine the issues of reach, engagement and retention (**section 3: Methods**);
- the findings organised into those on reach, engagement and retention (**section 4: Findings**);
- a discussion of the findings, recommendations and next steps (**section 5: Conclusions**).

2.0 Local context

The 2011 Census data for the London Borough of Hackney shows that people aged over 55 years make up 15% of the total estimated number of people in the borough (the estimated population of Hackney is 275,929). Hackney has significant levels of deprivation; it is ranked 11th in England on the 2015 Index of Multiple Deprivation and the borough has the second highest rate of poverty among the elderly¹. Hackney is also very ethnically diverse: it is the 6th most ethnically diverse borough in London², with significant 'Other white' (EU nationals), Black and Turkish/Kurdish communities, and a large Charedi Jewish community³. As one of the five Olympic boroughs, Hackney has experienced significant levels of development and gentrification in recent years. It is not yet clear the extent to which this has impacted on levels of deprivation in the borough.

From this brief demographic description of Hackney, it is clear that the Connect Hackney programme and the individual projects within it have specific challenges to face which are likely to be different from other Ageing Better areas and will influence the way the programme is delivered. The lives of older people living in Hackney are likely to be shaped by hyper-diverse multicultural and multi-faith community in which they live and this needs to be considered in the delivery of projects and

1 Source: ONS, English Indices of Deprivation, 2015

2 United Kingdom Census, 2011

3 Hackney Borough Profile 2019 Document Number: 18909115

the way in which delivery partners approach reaching, engaging and retaining participants. When targeting specific BAME groups, delivery partners will need to have sufficient levels of cultural competencies to consider issues such as the historical and contemporary migration patterns of different groups and how these shape the daily lives of older residents (e.g. the activities they find enjoyable and meaningful, attitudes to volunteering, places to reach out to particular groups).

The programme also faces challenges specifically related to social isolation and loneliness. Hackney residents are more likely to be living alone compared to the national picture of older people living in England obtained via the English Longitudinal Study of Ageing (ELSA)⁴ (Ecorys, 2015). Compared to all Ageing Better⁵ areas, there is a higher proportion of older residents in Hackney that are living alone (55% compared to 44%). The levels of social contact among Hackney's older residents are similar to those of older people across the 14 Ageing Better areas and nationally. However, they are less likely to see someone other than a family member on most days (47% compared to 61% across all Ageing Better areas and 63% nationally). Moreover, Hackney's residents appear to be less likely to engage in voluntary work (10% have done so in the past year compared to 19% in all Ageing Better areas) or help out (15% compared to 24%). Hackney's older residents are also somewhat more likely than those living across the Ageing Better areas to be lonely, as measured by the De Jong Gierveld scale. Their average score is 1.9 (out of 6) compared to 1.6 across all Ageing Better areas and 1.4 nationally.

3.0 Methods

In this report we draw on data focused on reach, engagement and retention from the wider data set that is being collected within the overall evaluation to address the programme

'test and learn' questions⁶. We draw on data from a series of one to one interviews with Phase 2 project providers conducted between May and July 2019. Analysis of data from interviews were supplemented with a summary of relevant learning from learning network events attended by Phase 2 project deliverers. We had also aimed to present relevant data on Phase 2 projects collected via the Common Measurement Framework (CMF) questionnaire administered to participants at project entry (e.g. socio-demographic and social isolation profile of those completing CMFs acknowledging that CMF completion is a proxy for total numbers of older people participating in projects as not all older people who take part in a project complete a CMF). However, at the time we conducted analyses the numbers of completed CMFs were very low for Phase 2 projects (n=106) making it difficult to provide a meaningful description of participation.

We approached all project leads/ co-ordinators from projects that were up and running at the time of data collection (May to July 2019) to take part in an interview. Project leads from nine of the 15 projects were able to take part in the time available⁷. All categories of projects were represented in the sample (two out of the five community projects, two out of the three digital projects, three out of the four men's projects, one of the two projects focused on learning disabilities, and one out of one community connector projects). The nine projects had been running for between six and 16 months as of the end of July 2019. Of the nine projects, six started in 2018 (one in April, two in May, one each in Sep and Nov) and three in 2019 all starting in February. The start dates of the six projects where leads were not able to take part in an interview had a similar spread: three started in 2018 (two in Sep and one in Nov) and three started in 2019 (two in Feb and one in March).

Semi-structured qualitative interviews were undertaken face to face with project leads. The interview guide (see appendix 3) was informed by and designed to address the research questions and lines of inquiry outlined in section 1.

4 Data based on a profiling study conducted for the Ageing Better Programme a sample of residents from each Ageing Better area were surveyed on a range of socio-demographic and relevant outcome measures and the findings were compared to a national sample of older residents (Ecorys, 2015). In Hackney 354 people aged 63 and over living in six wards in Hackney prior to the start of Connect Hackney programme activities were surveyed.

5 The 14 Ageing Better areas are Hackney and Camden in London, Bristol, Cheshire, Birmingham, Manchester, Isle of Wight, Leeds, Middlesbrough, Leicester, East Lindsey, Sheffield, Torbay, and Thanet.

6 The test and learn questions emerged from reflections on phase 1 of the Connect Hackney programme with further refinement in phase 2 of the programme.

7 Reasons why project leads were not able to take part included staff turnover, planned absences and unable to make time in their schedules.

Interviewees were asked a number of questions but essentially these questions coalesced around three themes: what worked well, what had not worked so well, and what improvements they thought could be made for the remainder of the project. Interviews were all conducted by the same researcher (DS) and lasted on average for one hour. Interviews were audio recorded when possible (some interviews were conducted on the move to accommodate busy schedules) and were partially transcribed to facilitate the rapid analysis described in this report. When it was not possible to record interviews detailed notes were taken as a record. Field notes were made by the researcher to capture reflections from the interviews and the projects. Data were coded according to their relevance to achieving reach, engagement and retention of participants in projects. A summary of data on reach, engagement and retention by project is provided in Appendix 4.

4.0 Findings

a) How are projects reaching participants?

The strategies described by delivery partners to reach older people were ranked based on the number of projects using the strategies (table 2). Organisational registers and flyers were the two most utilised strategies to reach potential

participants followed by placing printed materials in local libraries and word of mouth. Although some projects were using technology such as social media, projects tended to rely on traditional print media and reaching out to those already known to projects. Use of the Connect Hackney magazine, texting or GP referrals seem to be underutilised by projects.

Analysis of delivery partners accounts of what was working well and what was not working so well in terms of reaching potential participants revealed several key barriers and enablers (Box 2). Whilst the use of printed materials was the most often used strategy for reaching potential participants, delivery partners recognised the limitations of this especially for reaching specific target groups. Multi-modal strategies were viewed as optimum but organisations often lacked the capacity to undertake resource intensive targeted approaches. This issue of strategies to reach the most disadvantaged or vulnerable participants was discussed in the learning network events where it was noted that delivery partners have a lack evidence on the benefits that more resource intensive outreach can bring. A project whose target group of men on a low-income was based in the same geographical location as the project found it much easier to reach potential participants for this reason.

Table 2. Project strategies for reaching older people

Strategies	Number of projects using method
Organisation register	7
Flyer	7
Leaving printed materials in library	6
Snowballing (word of mouth)	5
Street outreach	4
Social media (Facebook)	3
Sheltered housing (individual and head office)	2
Open days	2
Texting	1
GP referrals	1
Connect Hackney magazine	1

Box 2: Barriers and enablers to reaching potential participants

Barriers

- Recognition that printed/written advertising cannot reach all groups.
- Lack of capacity for targeted approaches which are the most resource intensive
- Not easy to seek out directly those living with loneliness and social isolation.

Enablers

- Multi-modal strategies combining print and media as well as targeted direct and indirect outreach seen as optimum.
- Project geographical location
- Established projects with well-developed organisational registers and established links to advertise through other services and projects
- Expertise in marketing to create a strong brand

As noted above it was recognised by delivery partners that it is not easy to reach those who might be considered to be most in need such as those who are already social isolated and lonely. Referrals from other organisations are potentially an obvious solution here, and delivery partners highlighted that this worked well when organisations were well established and had good relationships with other organisations through which they could seek referrals or promote their project. For example, the delivery partner running the Community Connector project (a type of social prescribing project) reported that they have built strong relationships with local public providers of health and social care, such as those GPs who may not already have a social prescribing scheme set up, in order to identify and access older people who might be socially isolated and/or lonely. Relationships are built through reciprocity; GPs can refer their patients to the Community Connector projects and the project lessens the burden on GPs and can respond to unmet social needs. Not all providers appear to have the relationships and networks to reach perhaps the most vulnerable ageing groups in the Borough.

Interestingly, a strong brand was mentioned by only one of the delivery partners who was delivering one of the projects focused on men. The delivery partner for 'Broccals' reports that the use of their brand in communication materials has been highly successful in attracting working class men, wanting to connect and bond with men of a similar socio-economic background and range of interests. Borrowing the vernacular from

street culture, 'Broccals' abbreviation of brother into 'bro', appears to resonate with male participants looking to make bounded connections at a 'street level'. The delivery partner noted that they were able to draw on marketing expertise within their team to develop such a strong brand.

b) How are projects engaging participants?

The strategies described by delivery partners to engage older people (i.e. how projects are ensuring ease of access to project activities and reducing barriers to participation) were also ranked based on the number of projects using the strategies (table 2). Barriers and facilitators to engagement are also shown in box 3. A mix of more informal as well as structured sessions, the use of volunteers, building in plenty of time for socialising and having a suitable meeting space (e.g. enough space, warm and inviting) were strategies used by all projects for engaging participants. The presence of participants who were 'social butterflies' was valued by delivery partners as they helped put other participants at ease and created connections between people. Delivery partners highlighted that using volunteers helped them to boost facilitator numbers to ensure that all participants received quality time and support from the project.

Just over half of the delivery partners discussed the building of trusting relationships as a strategy to be able to engage some participants in projects. Just under half highlighted the usefulness of texting to remind those who had registered their interest when and where projects were taking place. However, in discussing barriers,

Table 3. Project strategies for engaging older people in projects

Strategies for engaging older people	Number of projects using strategy
Blend of drop-in and structured activities	9
Volunteers	9
Unstructured socialising time attached to structured activities	9
Suitable meeting space	9
Building trusting relationships with providers	5
Text reminders	4
Situ-friendships	4
Screening tool	3
Project advocacy (signposting)	3
Payment/No-payment	2
Co-ordinate transport	1
Sheltered housing escort	1

delivery partners also noted that they often lacked capacity to do this kind of ‘following up’ work (Box 3). Two projects highlighted the issue of charging or not charging for projects. Delivery partners discussion of this issue related in particular to men highlighting how some men do not always feel comfortable in the ‘provider-recipient relationship’ of a free service. Paying produces a clearer customer-supplier relationship. Such a contractual relationship perhaps clarifies the parameters of involvement for some men and gives them more of a sense of control.

One project reported that they had helped to organise transport to enable participants to attend. Transport has been discussed as a key barrier for participants being able to attend

projects at the Learning Networks. The problems with transport and travelling are multifaceted and include the length of time it takes to be able to join a specialist taxi service (for those living with disabilities) and challenges to accessing and navigating public transport, compounded by changes in the weather creating unsafe environments (e.g. snow and ice, leaves). Delivery partners noted that it was optimum for the project to be located a ‘bus ride’ away for participants.

Barriers to actually getting to projects were highlighted as key by delivery partners for participants living with disabilities. For these participants attendance at project could be dependent on the availability of carers or social

Box 3: Barriers and enablers to engaging older participants

Barriers

- Lack of escorts/carers to assist older people who are not able to independently get to projects
- Inaccessible premises
- Lack of capacity to follow up those who register interest
- Administering common measurement framework can be a ‘conversation stopper’

Enablers

- Warm and welcoming environment (project staff and ‘social butterfly’ participants)
- A focus on activities which are meaningful to the target group
- Providing a mix of opportunities for social interaction as well as structured sessions for practical skill development/advice sessions
- Managing expectations e.g. sharing project activities in advance

Table 4: Project strategies for retaining older people in projects

Strategies for <i>retaining</i> older people in projects	Number of projects using strategy
Running activities on same day	9
Refreshments	8
Co-design activities	7
Leaving the door open for re-entry	7
Published programme for structured/organised participants	5
Matured friendships	5
Person-centred activities (home visits, being heard)	4
Telephone call and/or text message reminders	4
Management of group dynamics	4
Accreditation	3
Managing noise levels	3
Managing ratio of staff to participants	3
Wraparound services	2
Project advocacy	2
Sessional activities	1

support services to assist them and on the ability of providers to ensure carers and support services are informed, willing and have the capacity to help participants to attend projects. Venues themselves also have to be accessible for those living with physical disabilities.

Administering the CMF questionnaires was highlighted by project providers as a barrier to engagement ('a conversation stopper'). In administering the CMF, delivery partners were concerned about losing participants due to: the length of the survey and the somewhat sensitive nature of the questions it included; the high level of understanding required to complete the form; and the fact that the issue of social isolation and loneliness is explicitly mentioned in the survey which may be at odds with projects that do not explicitly advertise themselves as addressing this. These concerns were compounded by a general scepticism about the value of the CMF and a lack of clarity around issues such as double counting of registered participants accessing multiple projects.

The enablers reflect the importance of providing a warm social space for participants to engage in activities that are meaningful to them. Hackney is considered to be one of the most culturally diverse boroughs London and is considered to be an area rich in history and community spirit. In this context, all the project providers interviewed revealed their contextual sensitivities

or cultural idioms which have been considered to meet participant's different socio-cultural needs and expectations. Delivery partners described how sessions are delivered with 'youthfulness' and high levels of 'cultural competencies', in an informal, relaxed, open, respectful and welcoming atmosphere. This approach has enabled the building of reciprocal relationships that seems on the surface to reinforce the autonomy of the individual and generates trust and commitment to the project/activity.

c) How are projects retaining participants over time?

The strategies used by all or the majority of projects to retain participants over time were to run activities on the same day, the provision of refreshments, building the opportunity for participants to influence projects through co-design and ensuring a flexible open door policy for participants to re-enter projects if they have to drop out for periods of time (table 4).

The latter was especially important in relation to participants ill health or caring responsibilities preventing them from attending projects over time. A revolving door where entry and exit points and re-entry points are clearly signposted empowers and places participants in the driving seat for the timing and level of their involvement. Delivery partners highlighted several reasons

Box 4: Barriers and enablers to retaining older participants in projects

Barriers

- Ill-health
- Caring responsibilities
- Lack of capacity to keep following up
- Volunteer drop off
- Managing group dynamics

Enablers

- Creation of social bonds and friendships
- Coming together around a common identity/shared values
- (for men) project fulfils a direct need
- Regular contact in between sessions (phone/text, newsletter, social media groups)
- Follow-up with non-attenders
- Presence of 'social butterflies'

behind the importance of having activities running on the same day each week. It allowed for more organised participants to plan their involvement and attend appointments, carers to organise respite care and, most importantly, participants having a day in their diary to look forward to. Refreshments were described as the 'social glue' to help people feel relaxed and, once relaxed, to be open to new ideas and experiences.

These strategies resonate with the barriers and enablers delivery partners highlighted in interviews (Box 4). Some of the barriers and enablers were in opposition such as a lack of capacity within projects to keep following up. As might be expected some of the strategies for retaining older people in projects and some of the barriers and facilitators are similar to those for engaging participants shown in table 2 and box 3 above (e.g. text message reminders, presence of social butterflies). Others are specific to keep participants involved in projects over time such as deepening friendships and managing group dynamics as the group develops and changes over time. Group dynamics may be less easy to manage with the drop off of volunteers over time.

Interestingly some of the delivery partners highlighted observed differences in the motivations of men and women for staying with projects. They described the importance for men of projects fulfilling a direct need for themselves

(e.g. training in digital skills) whereas women were more likely to be motivated by their connections and commitments to the project regardless of their own needs.

6.0 Conclusions

In this report we have described the findings of our research so far into what is working well and what is not working so well in relation to reaching, engaging and retaining older participants in the Connect Hackney programme from the perspectives of delivery partners. Delivery partners reported using a range of different strategies that they perceived as helping them better reach, engage, and retain participants whilst also pointing to some of the barriers which are more difficult to overcome such as reaching the 'hard to reach' and those who are potentially most in need and, the complexities involved for some participants to be able to travel to projects. We have seen from delivery partners accounts that meaningful levers across reach, initial engagement and ongoing retention stems around likeminded participants coming together around shared identities, values and interests. We summarise below our key findings in relation to reach, engagement and retention and offer recommendations for how some of the identified challenges could be overcome.

a) Reaching participants

Delivery partners conscientiously balance the use of less resource intensive strategies for reaching potential participants (e.g. through printed material such as flyers and organisational registers) with more resource intensive approaches (e.g. one to one contact through street outreach or door knocking, creating a strong brand). Strategies used less uniformly or proactively across projects are developing and using networks within their own organisations or externally with other community organisations, local authority and NHS assets (e.g. libraries, GP surgeries) to reach participants through signposting or more formally referring them to Connect Hackney projects. Reaching these 'gatekeepers' was reported to be an efficient way to better reach target groups, although time needs to be invested to develop the necessary reciprocal relationships. The strong branding cited as an enabler in one of the projects could be promoted across the programme through, for example, sharing of marketing expertise across projects. Delivery partners also suggested the need for cross programme promotional material so they can promote the whole programme across their networks. Programme level and project level communication needs to be tailored to reach both potential participants themselves and gatekeepers including family members, carers and other health and social care professionals. Reaching those in most need continues to be a challenge but there is an appetite amongst delivery partners for increased collaboration across projects to explore and test out new solutions.

b) Engaging participants

Delivery partners highlighted the complex challenges facing some participants to actually travel to project venues. It is clear that considerable investment is needed to ensure that all participants are able to reach the project venue. This may require co-ordination of carers and/or organisation of specialist taxi services for those with disabilities. Even for those without disabilities challenges in getting to a venue were reported to increase if venues were more than one bus ride away from the venue or there were adverse weather conditions. Common strategies for facilitating initial engagement of participants in projects once they have made it to the project venue include the use of a blended delivery model (e.g. drop-in session combined

with structured activities) and ensuring there is enough time for social interaction. The use of volunteers to build capacity to increase the ratio of staff to participants is also key to ensure that everyone gets enough quality time, support and interaction by group facilitators. These strategies are all crucial for creating a warm and welcoming environment which was identified as a key enabler for encouraging initial engagement and providing an environment in which social bonds can start to be created. The creation of this sort of environment can often be overlooked in favour of getting on with the 'content' of the project session. The issue of charging for projects versus not charging needs careful consideration as delivery partners reported that men in particular may be more likely to engage in projects which have a small charge.

c) Retaining participants

Project activities and environments that were designed to create and maintain social bonds were reported as an enabler for retaining participants in projects over time. With increased bonding, however, challenges may arise in terms of managing group dynamics. Running activities on the same day of the week also appears to be key through helping to build and reinforce a pattern of engagement and install structure into the participant's week. 'Open door' policies help participants to reconnect with projects if they have been unable to attend sessions due to, for example, ill health or caring responsibilities. The extent to which projects can proactively follow-up with participants who miss sessions depends on available capacity. Some projects have used social media creatively to maintain contact with participants between project sessions. All delivery partners interviewed reported using co-design and they identified this process as triggering the creation of buy-in from participants as well as trust and a sense of obligation to continue to participate to sessions.

Building trusting relationships appears to have helped with retention within projects and across the programme through signposting participants to other projects/activities.

The next steps in this investigation will involve talking with participants about their experiences of attending projects so we can start to better learn how the approaches, strategies and techniques discussed in this report works for them. For example, delivery partners consistently talked about the emergence of new social

bonds and connections between participants. Interviewing participants will enable us to explore how this works from the perspective of older people using the concept of social capital to help interpret data (e.g. Putnam, 2000). We will also be able to follow-up on some of the findings from delivery partners on the different perspectives and experiences of men and women.

6.0 References

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APPENDIX 1: Phase 2 Connect Hackney projects

	Provider name	Project name	Theme	Contract start date	Contract end date
1	Hackney CVS	Media Group	Media project	-	31st Jan 2021
2	Peter Bedford Housing Association	Over 50s project for people with learning disabilities	Targeted groups: LD	3rd Sep 2018	30th Sep 2020
3	St. Mary's Secret Garden Ltd #	The Garden Social	Targeted groups: LD	3rd Sep 2018	30th Sep 2020
4	Action on Hearing Loss (& deafPLUS) - now only delivered by AoHL	Living with a hearing loss	Targeted groups: Men	1st Sep 2018	31st Aug 2020
5	City and Hackney Carers Centre #	Hackney Brocals	Targeted groups: Men	30th Apr 2018	31st Mar 2020
6	MRS Independent Living #	Hackney Dudes	Targeted groups: Men	10th May 2018	31st Mar 2020
7	Hackney Co-operative Developments Community Interest Company #	Gillett Square Elders	Targeted groups: Men	9th May 2018	31st Mar 2020
8	Shoreditch Trust #	Community Connectors	Community Connectors	1st Aug 2018	31st Mar 2021
9	Groundwork London #	Silver Connections	Digital Inclusion	1st Feb 2019	31st Jan 2020
10	Newham New Deal Partnership	@nline Club	Digital Inclusion	19th Nov 2018	18th Nov 2019
11	MRS Independent Living #	Learning Together Club	Digital Inclusion	1st Nov 2018	31st Oct 2019
12	Core Clapton #	Core Clapton's Social Singing	Community Activities/Spaces	1st Feb 2019	31st Jan 2021
13	Friends of Woodberry Down #	Friends of Woodberry Down Community Project	Community Activities/Spaces	1st Feb 2019	31st Jan 2021
14	Building Exploratory*	Building Exploratory	Community Activities/Spaces	1st Feb 2019	1st Jun 2019
15	Duckie Ltd	The Posh Club (TPC)	Community Activities/Spaces	1st Feb 2019	31st Jan 2021
16	Immediate Theatre	Theatre Exchange	Community Activities/Spaces	1st Feb 2019	31st Jan 2021
17	Mind in the City, Hackney and Waltham Forest (CHWF)	Silver Saturdays	Community Activities/Spaces	1st Mar 2019	31st Jan 2021

18	CarersCollective LDN	CarersCollective LDN	Complex needs	1st July 2019	31st Dec 2020
19	Hackney Community Transport (HCT)	Getting Out and About Locally (GOAL)	Complex needs	1st July 2019	31st Dec 2020
20	Core Arts	Connect at Core	Complex needs	1st July 2019	31st Dec 2020
21	Anchor Hanover	Bringing the Outside In	Complex needs	1st July 2019	31st Dec 2020
22	Coffee Afrik CIC	Coffee Afrik CIC	BAME	1st August 2019	31st Jan 2021
23	Hackney Chinese Community Service	Hackney Chinese Community Service	BAME	1st August 2019	31st Jan 2021
24	Latin American Women's Aid	Latin American Women's Aid	BAME	1st August 2019	31st Jan 2021
25	Turkish Cypriot Cultural Association	Turkish Cypriot Cultural Association	BAME	1st August 2019	31st Jan 2021
26	African Health Policy Network	Santé Sage	BAME	1st August 2019	31st Jan 2021

*projects experienced unplanned exit from programme in phase 2

denotes the projects in which we conducted an interview with delivery partners

Appendix 2: Learning relevant to reach, engagement and retention from learning networks events.

The following summarises the learning extracted from the 'learning logs' written up from Connect Hackney Delivery Partner Learning Network events.

Reach

(i) Reaching isolated people: Door knocking

Reaching isolated people is an ongoing issue for providers. One project had spent a significant amount of time (three days) door knocking on an estate to publicise a social event. Despite some residents showing an interest, the only attendees at the event were recruited from a lunch club. We do not know the conversion rate from door knocking to registered participation in projects/activities, and this should be explored further. What outreach methods work to engage people who have historically not engaged with the VCS?

(ii) Knowledge of services/activities

There is a need for verbal signposting to services. It has been noticed that participants use their Freedom Passes to get to and from the centre if they're not within walking distance, and they appreciate the benefits of London-wide travel that the pass facilitates. However, there is a perception that older participants are not taking advantage of the wide range of free activities available within Hackney. They do not seem to be aware of what is on. This may be because the internet is widely used to promote activities, and several of our participants only use the internet at IT drop-in sessions; one participant (aged 51) is not online at all and does not have an email address.

(Source: Connect Hackney Learning Log 2019)

Engagement and retention

(i) Transport/travelling

It is important to unpack the transport issue to identify specific concerns, since 'transport' can cover many different issues, including struggling to leave the house, difficulties with navigating a transport system (including buying a ticket), reliability of the system, inaccessible vehicles/journeys, seasonal issues such as snow and rain, and inefficient transport services and imprecise pick up/collection times. Providers felt that free local services such as Dial-a-Ride were not efficient – passengers could not be given a precise time to be picked up, and had to allow an hour either side of their booking. The transport service can impact where a service is delivered. If someone uses a service which is not run on a punctual system, then going to an activity which is held in a venue where other services are delivered (such as a library) would be best, in case they are late and miss the session.

(ii) Taxi-card and Freedom Passes

Not all eligible older people have Freedom Passes, and it was felt that the taxi-card scheme is not well publicised. As of November 2018, 1,276 Hackney residents are registered as Dial-a-Ride members; of these, 382 have used the service since 1 April 2018.

Seasonal changes in weather and shorter daylight hours can mean that people disengage from services and projects at different times of the year. Further investigation is required to understand whether this is because they don't know how to access the Freedom Pass, which would facilitate the use of public transport in bad weather.

(iii) Paid-for services

Some people look down on free services and don't value the provision as much as they would if it was paid for. However, other people can only afford to go to free activities, and have to confirm that the activity is free before engaging. A £4 charge for a substantial three-course lunch can put people off.

Providers suggested a connection between gender and a willingness or desire to pay for a service. One project for men is hoping to build on sociological research suggesting that men want to contribute rather than feel that they are receiving help, and they intend to ask clients to pay a fee for the service.

There can be barriers to introducing a formal payment structure. Setting up a (partially) paid-for service has its own associated costs (e.g. administrative systems). It also changes the nature of the relationship between the project/staff and the client.

A group of men have been running a local domino club for years, and have been trying to set up a bank account for members to pay fees into and fundraise for the club. However, credit checks and other bureaucratic barriers have prevented this from happening.

(iv) Learning disabilities

There may be anxiety about travelling too far to an activity. Many of participants are local to the hubs and have either a Freedom Pass or an over-60s Oyster card. Yet, we have learnt that many participants with learning disabilities have a limited footprint due to anxiety around travelling to unfamiliar spaces or wanting to be as close as possible to their home.

Creating integrated groups with people with different skills and abilities, including people with learning disabilities, is challenging. People can be dismissive, and people with learning disabilities can be isolated from the wider group.

(Source: Connect Hackney Learning Log 2019)

APPENDIX 3: Interview sheet: Project providers

INTRODUCTION

The interview should take about 30-45 minutes. We will ask you questions about your views on the project *Engagement, Access and Retention*

Do you agree to take part? We need you to fill in and sign a consent form. Is that OK? Have you got any questions before we start?

FOUCS AREA: BACKGROUND INFORMATION

What is your role in the project? What is your project structure?

How would you usually describe the aims and objectives of the project?

When did your project start to deliver a service as part of the Connect Hackney programme?

Is this a new or established project?

Please describe the activity(ies) (including duration) you offer to participants.

FOCUS AREA: ENGAGEMENT

1. Can you tell me about how the project is promoted and advertised in the local community?

Prompts:

Which section of the ageing population is the project targeted at?

Which staff members are involved in outreach and recruitment? What is their experience and skills in outreach work?

What online/offline resources do participants have access to help engagement?

What are the physical and sessional challenges for access to the project activities?

2. Please describe the typical participant journey?

3. What they have you learned about recruiting potential participants and what have you changed regarding recruitment techniques?

Prompts:

Profile of past and present participants if the project ran before CH funding?

Length of involvement

Type of involvement

4. Has the team experienced training to deliver a coherent approach and what is the experience of front-line workers with the participant population?

Prompt:

If yes, what constitutes the staff training??

If not, why not?

5. What recruitment techniques seem to work best? Different for different groups?

FOCUS AREA: ACCESS

6. Has the Connect Hackney programme affected how you manage and deliver activities?

Prompt:

If yes, where, how and when?

Do you use a selection criteria or shared thresholds?

Fidelity to the programme?

7. Has the Connect Hackney project affected the way you would usually work with outside organisations?

Prompt:

If yes, where, how and when?

Would it be better to ask about their relationship with CH/Hackney CVS staff?

What's the process for referring participants to other CH projects?

8. What additional resources do you think are needed for your project to maintain and develop activities to reduce isolation and loneliness in beneficiaries?

Prompt:

Why and how?

Has access to the site made a difference?

Has facilities in the site made a difference?

9. What additional skills do you think the team need to deliver, monitor and develop the project?

Prompt:

Do you have the appropriate amount of information to make correct decisions about your work?

FOCUS AREA: Retention

10. What makes the project successful?

Prompt:

What seems to be working well?

How do you prevent people dropping out?

11. What makes the project challenging?

Prompt:

What is working less well? What are the common reasons that activities/task fail?

Who drops out of the project?

Challenges have you faced and how were they overcome?

12. What more can the CH team (based at Hackney CVS) do to support your work?

13. Is there anything else that you would like to tell me about your experience of the project?

Prompt:

What would be the key message to consider for scaling-up?

Thank you!

Appendix 4: Summary of Delivery Partners interviews on reach, engagement and retention

These summaries have been paraphrased from the accounts provided by project leaders captured in their interviews.

1. MRS Independent (Digital inclusion) (start date: 1st Nov 2018)

This is a digital inclusion programme with a CMF target of 60 and with 15 CMF completed. MRS is contracted to run four projects, each lasting ten weeks, split over four different sites. The weekly sessions run for four hours and usually consist of 15 people with a core group of 6–10 people. Most participants come because they do not know how to use their mobile phone or tablet. We are fulfilling an unmet need. Our core members are predominately Afro-Caribbean men and women. Some members have caring responsibilities. The project is run by one paid member of staff and two volunteers. The workshops are organic, and the CMF is a conversation stopper.

Participants like going along to workshops – which is not a course or drop-in – due to the familiar space and people. We are not good at recruiting people, and core members follow the trainer from site to site. Transport is key. It is important that the venue is near to the stop at which participants get off; then they are prepared to travel to whatever site the session is being run from.

Reach

When we have recruited, it has been through word of mouth, through my email network and through flyers left in the library.

It is not very easy to recruit new participants based on the criterion of someone who is socially isolated.

New friendships have emerged among participants over the ten weeks. It is a space to go where there is a lot of social interaction, and if participants do interact they can repair and build skills to connect with others.

Engagement

I always focus on new people in sessions, and we are supported by the whole group. I try to find out why that person has turned up, because we do not mention anything about social isolation or loneliness in our flyers. I provide them with one-to-one support to help solve their digital problems and anything else they are interested in learning.

Retention

People who have dropped out tend to be experiencing ill-health and tend to be older women. The project is sustained by our 'social butterflies', who are embedded in the core group. Friendships do flourish, but not in ten weeks. Learning together is the framework within which participants form connections and familiarity with each other. Our core groups are regulars at the three sites, which might involve an extra 10 to 15 minutes' walk to reach the venue.

The retention levels vary across the four sites. Digital inclusion works because they have all come to it late in life. It is a nice lever.

2. Ground Works (Digital inclusion) (start date: 1st Feb 2019)

This is a digital inclusion project offering six-week courses repeated five times for over 60s on how to use their mobile phones to stay connected with friends and family, as well as to access local events to reduce social isolation. Participants are mostly female – we've only had two men – of black background. We have recruited from our existing organisational groups, as well as from attendees from the local leisure centre and wider community. Some of the women recognised each other from the gym class; however, they had not spoken to each other before joining the digital inclusion course. Some of the women have experienced high levels of social isolation due to bereavement and having to cope with living by themselves. Relationships have formed as a result of the course. For example, participants connect online in a WhatsApp group.

The project is run by two paid workers and one volunteer. The sessions are delivered at multiple sites, and we are considering piggy-backing established groups by offering one-off sessions to members. A minimum of two people are needed to deliver the session; however, this is a challenge when doing outreach and delivery. Sessions run for two hours, with a capacity for 10 to 13 people. We always try to book 15 people on to courses to cover absences and drop-outs, but ideally ten participants to two workers is the right level.

At the start of each session, we encourage socialising, and there is a break in the middle of the session as well as at the end for participants to talk freely and socialise. However, the sessions are very interactive, and participants are provided with hand-outs for each of the sessions. We adjust to the needs of the group, and in Sessions 4 and 5 we co-design the community activity with participants. The group has enjoyed learning how to use WhatsApp, Sari App and Google Maps.

Reach

The project does a lot of outreach at local events and festivals, where we try to get potential participants to register their interest. This is considered a strength within the team. We then call and send letters to potential participants who have registered an interest to attend courses. We send a text message and make phone calls to remind registered participants in the weeks leading up to the start of the course. Ideally we would like to door knock to reach the most isolated; however, we do not have the capacity.

We have a target of 60 CMFs, and we've achieved 26 completed CMFs within two courses to date.

Engagement

We produce a schedule and share this with participants, who elect to come only for the sessions they need.

We try to identify individual learning needs, and work with participants using their Android phones.

We try to create a warm atmosphere and provide refreshments, we use name tags and everyone introduces themselves, and we try to make the course a nice experience despite the CMF forms, which we blend into a celebration at the start and end of the project.

Retention

We phone participants on the morning of sessions; we also phone participants if they do not turn up for a session.

3. Shoreditch Trust (start date: August 2018)

The Shoreditch Trust (ST) Community Connectors project aims to engage 150 people in Year 1, 225 people in Year 2 and 225 in Year 3. It is based on a previous Health Coach project delivered by ST, which continues to run alongside it. The project provides one-to-one sessions with people aged 50+ using motivational interviewing techniques to build their confidence, motivation and understanding of opportunities for overcoming barriers to their social engagement. The project is person-centred, and is therefore flexible and responsive to client need, and is designed to increase their resilience.

Reach

We have a referral system by which potential participants can be referred by an agency or by self-referral. We are open to changing our approach. We have a screening form which has been amended and shortened, which is used to collect detailed information about participants.

We have strengths in talking with people and attending community events. We also approach local GPs where we know there are no care navigators to build and strengthen relationships. We provide a presentation about the service to GP staff.

Engagement

Our service is not there to befriend or counsel individuals, and we reinforce this rule to better manage expectations. The challenge is always there in regard to when and how best to pull back, so as to avoid individuals becoming dependent.

Retention

We experience drop-out mainly due to problems with complex health conditions. As a result of issues with pain, participants take breaks from the service due to appointments. Coordinators spend a lot of time telephone tracing participants. This could result in a planned or unplanned break in an Action Plan. The team experiences difficulty in managing the heavy load of appointments and tracking participants who have dropped out. However, we always leave the door open through letters and phone calls to the individual, or by running a catch-up session over the phone.

4. St Mary's Secret Garden (Learning disabilities) (start date: Sep 2018)

This project is a community garden scheme targeted at adults with learning disabilities. Participants develop new transferable skills through agricultural activities. The project is located at the centre of an estate, and came out of a locally identified need for communal green space. It is a charity, and its overarching objectives are the promotion of health and wellbeing through gardening (e.g. occupational therapy).

Local participants range from 20 months old to 92 years old. The project is funded through local care provision, and the largest cohort of participants is approximately 30. We decided against applying in the first round of funding due in part to learning disabilities (LD) inequalities inherent in the programme. Ageing for people with LD starts much earlier, around the age of 30, and there is not much happening for older people with learning disabilities. Services have decreased due to public cuts.

Reach

The project finds it hard to get information out to adults with LD, so they try to link in with local provisions who deliver services to people with LD. The project is promoted through Hackney Council Adults Service team, social work teams and local newspapers, and it tries to target housing providers (e.g. care homes).

Engagement

We receive very little care home support, and while taxi care is available, there is no one to escort participants. Care home support is often overstretched, and care homes do not or cannot provide an escort to support residents to and from the garden. This often prevents participation, even if the care home manager or individual workers are keen to help. It is not high on their daily priorities, and capacity is an issue. A lot of homes run on bank staff who are not aware and/or able to escort individual residents to the project.

Retention

When participants are escorted by a carer, the carer uses this time as respite, and they are not an extra pair of hands (volunteering).

The significant barriers for participants are transport and reading. Some potential participants are not able to read publicity information about the project. We have started to do drop-in sessions rather than group-based activities, however the size and nature of the membership means that co-production is a very slow process.

5. Core Clapton (Community activity) (start date: Feb 2019)

This is a community singing group led by one project manager and supported by two volunteers. Both volunteers came from outside the group, and responded to an advertisement placed in Hackney Volunteering Centre. The project manager is also a member of the administration team at Core Clapton. Core Clapton is an osteopathy clinic treating local residents experiencing bodily pain. Other services offered on site include yoga and tai chi. The group runs once a week for one-hour group singing, followed by tea and socialising. Social singing is positioned as a pain distraction.

Participants generally come from the in-house services, where there is an active register of 1,500 people, often referred by local GPs. The centre is privately funded, with money raised through crowdsourcing, and offers affordable osteopathy therapy. The idea of establishing a singing group came from the idea of using music to bring people into the building to increase exposure to osteopathy therapy. The singing group started in February 2019 with a few members, and has grown to a stable group of 12 people. The idea of the group is to be intergenerational. It is popular with families and single white females. The older members are aged 60 to 80; a few members are aged 20 to 30 plus babies. About a third of members are 50+ and we need to work harder to recruit more members.

The CMF targets are 30 per year, and we average 12 members. From the 12 members, 6 CMFs have been collected; one woman has been excluded due to dementia, and the others are aged under 50. The space can easily accommodate 30 or more members. We would not wish to go beyond 50 members, 5 members is too small, 20 is doable based on our current development, but 30 would be great and 50 would be the ideal group size for a community singing group.

Reach

The significant challenge in recruitment for the project has been due to capacity in an organisation that is presently understaffed and overstretched. We have experienced a low response to flyers placed at the local library.

The aim for the project is to do more targeted recruitment. We have been approached by a local school exclusion unit to participate in the project. The aim from September will be to match pupils with members, and then escort members to the group by bus etc. We have a meeting arranged in July to explore this collaboration further.

We have been proactive and visited local supported housing schemes. The aspiration for the project is that it matures and grows.

Engagement

The sessions start with a warm-up, followed by a group singalong and then tea and socialising. Potential participants might be a bit nervous, because singing can feel exposing and might cause levels of unease or embarrassment. Members are sent a text reminder either the day before or on the day of the session. The project has found that using text messages produces good retention, as does providing regular feedback by email with photographs attached of the group members. We would like to develop a programme plan of forthcoming sessions, rather than the existing weekly plan. This would support more organised members, who like to prepare well in advance for the session. Participants who have attended are generally more active and mobile members of the client base.

Retention

We sing a range of songs selected by the members, decided on the day. However, a few members prefer prior warning so that they can practice the words in advance.

As mentioned, older people can find it difficult to get to the sessions. We also have difficulties in finding enough volunteers to help escort members to the centre.

While we are recruiting in the local neighbourhood, and it is not that far to the centre, the distance can still present a barrier for some older people.

Participants stay because they make friendships; singing groups are known to create bonds more quickly than other types of activities. This is because of the collective goal, with no pressure to do something on their own. It reduces the time it takes to make friendships and form bonds.

Signposting is something we've done, but without a framework. I have referred people on to other Connect Hackney-funded projects. This is something we can do more actively. We would like flyers to display at our reception to increase awareness within the Core Clapton staff group to signpost.

6. Brocals (For men) (City and Hackney Carers Centre) (start date: April 2018)

The project is led by one project manager, who works two days per week (FTE 0.8) and has a professional background in marketing and communication. The project is also supported by two older volunteers, with health conditions which makes their level of involvement vary. The project is supported by a steering group of participants. The project runs each month and also has ad hoc meetings. The project is focused on men over 50 for befriending and self-organising minibus trips. Participants also have access to training for getting a licence to drive a minibus. The goal of the group is to enable local men (from the East End) to bond and have fun together. For example, the group has visited museums and the seaside. In-house there is a 50% target to recruit male carers⁸ as part of the remit of the carers' organisation who host the project. The CMF target is 40 registered participants. The project runs with a core group of ten participants, with a further 20 to 25 who dip in and out. The maximum number of people who can take part in a minibus trip is 16, exclusive of participants using wheelchairs. What is most needed is a volunteer coordinator to support the project, due to the time taken to recruit, train and support individuals in this role.

Reach

The reach of the project to recruit potential participants has been good. The host carers' organisation has a large register of male carers in the area, which the project has used. The main recruitment points have been the organisational register, local newspaper advertisements, word of mouth, and a recent BBC feature; referrals also come from GPs, and advertisements are placed in local libraries. One of the major strengths of Brocals is in its marketing strategy and strong social

8 The effect of caring responsibilities on social isolation for young people was highlighted in an earlier section. When older people become infirm, there is an increased responsibility of care, often for partners. As the population is ageing, an increasing number of older caregivers will be providing care over a long period, during which time they will be burdened both by caregiving and by the physiological effects of their own ageing (see PHE, 2015).

media presence. The Connect Hackney feature also helped in increasing recognition of the project's goal to reduce the risk of isolation and loneliness. The project communications and branding has been really good, and has helped with our reach. The branding of the project has been one of its strengths. Men identify with the abbreviation 'bro'.

Engagement

We have a project website and Instagram. The BBC news feature provides a testimonial for the project. The participants report that they like having 'fun' and undertaking the 'minibus driving course'. Participants are encouraged to help each other and are not 'recipients' of the service but are 'providers'. So far, we have trained five men to drive a minibus. The minibus is rented through Hackney Community Transport. We did not figure into our application funding for minibus hire. Participants report that they 'enjoy' the trips out. It is a simple but clear statement.

The project is moving its meeting space to a local bar due to the noise level in the organisation's office where we used to meet on a monthly basis. We have outgrown our office space.

Retention

In terms of retention, we have had a few drop-outs due to the loudness of the meeting space, group dynamics and the need for additional support. The reasons why certain participants stay include: the men making new social connections, leading to friendships; everyone being in the same age group; and all being working-class males. The men are culturally diverse, live locally, come from working-class backgrounds, and have a strong connection to Hackney and an interest in local heritage.

We receive a steady stream of calls from men interested in getting involved in the project. We have a number of enquiries from housebound men which we cannot address at this time. The idea of developing the volunteering scheme would be to match mobile and immobile men together. We want to recruit 'at-home bros' to support men with ill-health and dementia.

The project manager's FTE does not provide enough hours for the amount of work required, and a further challenge is the drop-off of volunteers.

7. Friends of Woodberry Down (Community activity) (start date: Feb 2019)

The two staff members combine steering group facilitation, project administration, bookings, advocacy (e.g. medication and bus passes), advertising and fund raising. The community group aims to reduce social isolation, and increase wellbeing and physical and mental health. The project has been run since 2005 by Age Concern, and it was taken over with new management in 2015. The project runs twice a week from 10 a.m. to 2 p.m. We draw on the strengths of the existing programme, and adjusted the service rather than starting afresh. Anyone over 50 and living in Hackney can attend. Participants are on average aged 60 to 65, retired and need a place to go, and most are women.

Reach

The project produces flyers and t-shirts, and has an online presence, tweeting and sharing pictures. We also receive referrals from carers and social workers. Some participants come in from Essex to join their friends.

Engagement

Accessibility to the new site is a challenge, particularly for wheelchair users, and we do not have an adequate disabled toilet or easy access to get outside. Immediately around the building there are uneven pathways that are potentially dangerous in wet and/or icy conditions. The project participants are exposed to exercise classes, singing, music, trips out, board games, theatre and more. Members dip in and out. They also have quarterly committee meetings at which all members have an equal voice, and everyone gets involved in the planning of the project.

Retention

Participants report that they like the space created, which is consistently friendly, and they are greeted warmly. They feel that they are entertained, supported, have a buddy on the bus, are fed from a multicultural menu and go out on trips. Participants leave feeling more confident. Participants reportedly that they liked being looked after. We keep in contact with participants by phone.

8. MRS Independent (Men's group) (start date: May 2018)

The project provides a group for men to come together. The original model covered a larger geographic footprint, which has now been narrowed. We have 18 core members, with 30 men registered and a CMF target of 50 per year. Members are generally carers, educated, Afro-Caribbean and aged between 50 and 80 years. The project's capacity level is between 40 and 50 men. The project runs from 10 a.m. to 1 p.m. once per week. The project is presently testing a new base. We provide a drop-in session and can provide outings twice per month (e.g. Thames river trip, cable car and heritage sites). The single project worker is supported by one volunteer aged 85 years.

Reach

The project uses street outreach, targets sheltered housing and connects with Hackney Carers Centre to identify and recruit participants. The project worker undertakes street outreach in social spaces, pubs, GP practices etc. The opening conversation can be difficult due to labelling someone as being over 50. The project also receives self-referrals. We've gone into pubs but not very successfully. We have done letter drops within walking distance of the base, produced flyers and approached local GP practices to recruit potential participants.

Engagement

Participants arrive before the official start of the session. Participants have access to what they find interesting. We review the activity log based upon what the group want. The core group determine what they are doing.

The project places a lot of emphasis on building trusting relations. Participants are now trained to drive a minibus, so we have more independence to go out and about.

wWe try to create a sense of obligation, so participants will be introduced to activities that they may not necessarily have thought of doing.

We ensure that sessions are more like drop-ins and are not overly structured. Participants talk, do gardening, outdoor crafts and IT, all of which are determined by the participants.

All the participants know each other's faces but perhaps not their names.

Retention

Participants have dropped out due to caring responsibilities, health conditions and appointments. The project helps participants with light-touch advocacy in terms of health and social care services. One participant found that the project isn't really for him because it was a bit too heteronormative.

Women might give loyalty, while men may need to fulfil direct need. What participants want is autonomy, respect and fun.

9. Gillett Square (Men's group)(Hackney Co-operative Development) (start date: May 2018)

Ran by Hackney Co-operative Developments, the Gillett Square group is a men's group. The Gillet Square area was developed as a liberated public space bordered by Hackney Co-operative Developments commercial premises. The group are based on the square, and meet weekly to explore social issues and tackle practical issues such as the completion of Universal Credit forms, as well as to play dominoes. Its main aim is to provide local ageing residents with advice and support on welfare issues and more.

Reach

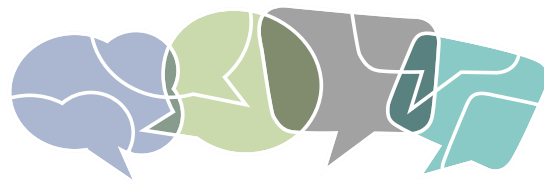
The location of the group is key to the recruitment strategy in terms of working with ageing disadvantaged men, known to have experienced substance misuse as well as social isolation. Flyers are placed in library services, and recruitment is also through the organisation's existing register.

Engagement

The project has two delivery mechanisms. An information session of timetabled themes/topics and a domino group who originated from the local community and played outdoors but now meet regularly twice a week to play together. It is a predominately black male group, but also includes other non-black BAME groups. Across the two projects, participants either come to play a social game or to seek advice and information.

Retention

The group was penetrated by members of the local community wanting to use the group as a cover to sell illicit drugs. However, this act caused the group to consolidate its membership and reject unwanted persons. This led to the formation of a stable group with shared values and understanding of the group.



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