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How successful has the Connect Hackney ‘Connector’ model been?

An in-depth study of the Community Connectors project for older people in Hackney living with or at risk of loneliness and social isolation

SUMMARY REPORT

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How successful has the Connect Hackney 'Community connector' model been?

An in-depth study of a community connector project for older people in Hackney living with, or at risk of, loneliness and social isolation before and during COVID-19

Final report

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Summary

Background

The 'Connect Hackney' programme is addressing social isolation and loneliness for people aged 50 and over in the East London Borough of Hackney. It is part of the 'Fulfilling Lives: Ageing Better' programme, funded by the National Lottery Community Fund in 14 areas in England and the Isle of Wight. Like other Ageing Better sites, Connect Hackney includes a community connector project as part of its programme. This project is a one-to-one coaching intervention which helps socially isolated and lonely older people (re)connect with the people, activities and services within their local community. The community connector model has much in common with social prescribing, a service which can range from a 'light touch' signposting of participants to community activities through to a coaching type of intervention delivered by a 'link worker' (or 'navigator' or 'social prescriber')¹. Unlike social prescribing, community connector projects are usually community rather than primary care based. This report shares learning from an in-depth study of the Connect Hackney community connector project and aims to inform commissioners and policy makers working across sectors on social isolation and loneliness.

Aims and methods

The research described in this report is part of a broader local evaluation of Connect Hackney guided by a set of eight "test and learn" questions. This report addresses whether the community connector model has been able to support already isolated and lonely older people to take part in community activities. The research explored project reach, engagement and retention of participants, and perceived impact on social isolation and loneliness. It updates and extends an earlier report² using additional data collected during the COVID-19 pandemic. The final study was able to explore the community connector project and its impact *before and during* the pandemic. Multiple methods were employed in the study's design. Interviews were conducted with: five staff members; 12 participants; and four external stakeholders³. Analysis of surveys completed by 67 participants at project entry was also undertaken⁴.

Findings

Establishing and developing the community connector model in its first year and its place in the landscape of local services

¹ Frostick C, Bertotti M (2019) Social prescribing in general practice. *British Journal of General Practice*. Nov: 59-39.

² Harden, A., Sharpe, D. (2020). *An in-depth study of the community connectors project for older people in Hackney living with or at risk of loneliness and social isolation, interim report*. London: Hackney CVS.

³ Data were collected at two time points, Sep-Dec 2019 (T1) and Aug to Oct 2020 (T2): three members of the community connector project team were interviewed at T1 and a further two interviewed at T2; seven project participants were interviewed at T1 and a further eight participants at T2 (of whom three were previously interviewed); and three external stakeholders were interviewed at T1 and a one further stakeholder interview at T2.

⁴ Data collected at T1. An updated analysis of this data will be reported as part of a report on the overall reach and impact of phase 2 of the Connect Hackney programme later in 2021.

- **Targeted personal outreach to establish referral partners and offering the option of home visits were effective ways to increase the numbers of referrals into the project.** Personal outreach meant that members of the project team could engage directly with staff at referral organisations to help them understand who could be referred to the project and what the benefits might be. Home visits were a logical adaptation to the project to enable older people not yet able to attend sessions in community venues to participate in the project. However, home visits required more of co-ordinators' capacity as it increased their travel time.
- **Partnerships with external organisations built reciprocity for generating and receiving referrals between projects. Each partner could build on the others work in developing a trusting relationship with the participant being referred.** Community navigation work was considered only as good as the activities and services that were on offer in the community. Providers reported that on the whole, Hackney had a lot of community activities at no- or low-cost for residents throughout the borough. One project team member noted the unmet demand for befriending services and a lack of activities for housebound residents.
- **The Connect Hackney community connector model occupies a unique place in the landscape of local services.** The only other comparable service is social prescribing but unlike the social prescribing offer in the Borough, the community connector service: is able to receive referrals from a wider set of organisations outside of primary care; is easy to access within community settings across the borough; offers a greater number of sessions and; is able to provide home visits to reach the most isolated participants/those unable to leave home. **A particularly unique selling point is that in addition to one to one sessions the project is able to offer a range of flexible group and volunteering activities through the wider organisation which delivers the community connector project.**

Describing the participants that the community connector project has supported

- **Participants referred into the community connector project were often struggling to leave the house as a result of physical or mental health problems.** These could be brought on or exacerbated by challenging life events, such as bereavement, a period of more acute ill health or job loss. Housing and benefit problems could also greatly affect participants' wellbeing. Evidence from both participant and provider interviewees highlighted that many participants were also digitally isolated, lacking technological devices, Wi-Fi, skills and knowledge to stay socially connected online at home. Compared to survey participants across the Connect Hackney Programme, community connector survey participants had less social contact, scored higher on measures of social isolation and loneliness and were in worse health.
- **Strategies used for reaching older people, as well as the neighbourhoods in which the project is based, are likely to impact on the diversity of project participants achieved.** Some groups of older people – such as those aged 70 and over, men, and those from Asian and other ethnicities - were less well represented amongst project participants. Targeted outreach strategies may be needed to better reach these groups.

The engagement and retention of participants

- **Close-to-home community venues and a relaxed informal environment were key for participant engagement and retention** as these facilitated relationship building.
- **The personal qualities (e.g. approachable, non-judgemental) and skills (e.g. listening, empathy) of the community co-ordinators were crucial for engaging participants.** Participant interviewees reported that community co-ordinators were able to build trust, model a positive outlook and support participants to plan and prepare for their participation in community activities.
- **Retention could be challenging for participants with multiple or complex problems but these could be overcome using a flexible 'open door' policy.** For example, poor health or benefit issues could stop participants engaging but they were able to put their sessions 'on hold' until they were ready to re-engage.

Perceived impact of one-to-one sessions with community co-ordinators

- **One-to-one sessions between the community coordinator and participants were a powerful catalyst for change within the Community connector model.** Positive impacts perceived by participant interviewees were improved wellbeing (e.g. feeling more optimistic); self-esteem and confidence. One participant summed up the impact of the sessions as leading to '*feeling human again*'. These findings resonate with both anecdotal evidence and learning from Community connector projects in other Ageing Better areas as well as previous qualitative research on the relationship between social prescribing link workers and patients in primary care.
- **Six key routes were identified through which one-to-one sessions with co-ordinators could lead to longer-term impacts on social isolation and loneliness and health and wellbeing:** the affirmative experience of talking with someone who showed a genuine interest in them as a person; improved mood, feeling more hopeful and reassured; learning new coping strategies; feeling more purposeful; building up confidence to engage with the local area; and resolving health-related and other practical matters through signposting/referrals.

Process and impact of moving onto community activities

- **No longer feeling alone through connecting, interacting and sharing experiences with others was a key outcome reported by participant interviewees who had gone on to participate in community activities.** Some participant interviewees reported that new friendships or networks had been developed, others were simply enjoying the feeling of being noticed and remembered as a result of regular attendance at community activities.
- **Four key routes were identified through which group activities appeared to have an impact on participants' social isolation and wellbeing:** meeting other people in a similar position to them, providing opportunities for friendships to develop, learning about and

implementing strategies to promote health and wellbeing (e.g. mindfulness, eating well), and having fun and providing a good reason to go out of the home.

- **Strategies to support participants into community activities were most effective when they were tailored according to participants needs, circumstances and aspirations.** Three distinct strategies were identified through provider interviewees: step by step approaches worked best with those that had been socially isolated for a number of years, a focus on activities worked better for those who did not like 'groups', and linking with community transport projects could help those with physical disabilities.
- **The confusion found amongst some participant interviewees around the number of one-to-one sessions on offer, when these end and how they fit alongside group and community activities** needs to be addressed.

The impact of COVID-19 on the community connector project

- **The community connector team focused on supporting participants immediate needs following the onset of the COVID-19 pandemic before being able to adapt the project in line with the first national lockdown and ongoing social restrictions.** The project was re-started via remote delivery including providing one to one support via telephone and some online group activities. Socially distanced in person group activities were re-started when possible.
- **The re-introduction of the group elements of the service and opportunities for participating in other community activities have been limited to date due to ongoing social restrictions.** The biggest impact of the pandemic has therefore been on participants who were ready to seek out, or had already started, group or volunteering activities as part of their personal goals. Whilst online group activities worked for those who were able to engage digitally and enjoyed this mode of interaction, others found their engagement with the service had to be put on hold.
- **The experience of lockdown and social restrictions resulting from COVID-19 appears to have had differential impacts on participants' progress.** Whilst goals set in project sessions remained important to both participants and providers, the circumstances of the pandemic made it more difficult for them to be achieved. Some participants had been able to manage – though not necessarily improve upon – their wellbeing and some drew on their experiences of staying at home to cope. Other participants have been badly affected by the restrictions, missing face-to-face contact suffering bereavement, or too scared to leave the house at all.

Conclusions

This study found evidence that the community connector project was able to support older people in Hackney into community activities to reduce social isolation and loneliness and improve wellbeing. The study identified the key features of the projects which led to participant benefits and the contextual factors which can dampen or enhance this benefit. These findings are supported by previous research on social prescribing models in Hackney

and beyond⁵⁶. The contextual factors identified include those related to the Covid-19 pandemic. The restrictions on social contact during the pandemic are unprecedented and beyond the control of the community connector project. This study has contributed to the currently very limited evidence to help guide interventions intended to help older people (re)enter the community when public health is at risk.

As the study collected qualitative data from community connector project staff and participants findings are based on the *perceived* impact of the project. Due to the pandemic, not enough quantitative data has been collected to reliably assess changes in outcomes, and longer-term follow-up to assess whether benefits are sustained over time has not been possible. As community connector models have been implemented across Ageing Better programmes, these questions can be addressed at a national level. The qualitative findings presented here can be used to contextualise national findings to inform the implementation of community connector models for reducing social isolation and loneliness amongst older people in Hackney.

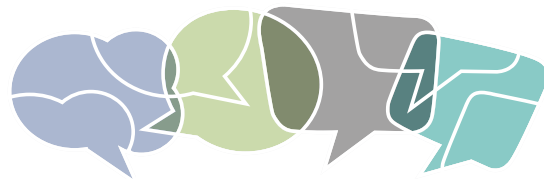
Based on the findings from this study and the likelihood that the COVID-19 pandemic and associated social restrictions will be ongoing for some time, the following recommendations are offered for the community connector project within the Connect Hackney programme and beyond.

- **Continue to strengthen the adaptations made to the model so that its delivery is compliant with ongoing social restrictions**, including 'dual' delivery combining remote and in person activity when appropriate. Particular attention needs to be given to strengthen opportunities for volunteering and group activities whilst social restrictions are in place.
- **Continue to address digital exclusion** through partnerships with organisations delivering digital inclusion projects.
- **Review the ways in which the service is communicated** via websites, printed media and word of mouth so that what is offered is very clear to existing and potential new participants and organisations, including being clear about the service pathway and when one to one support is ending and proactively finding out from participants how to best stay in touch with them.
- **Consideration should be given to the best way to alert participants to face-to-face opportunities when social restrictions ease** (e.g. automated texts) especially those participants who had their journey with the project cut short due to the group activities stopping or moving online. Telephone contact has been a key mode of communicating but this can be resource intensive so routes such as e-mails or automated texts could be usefully explored.

⁵ Bertotti, M., Frostick, C., Hutt, P., Sohanpal, R. & Carnes, D. A realist evaluation of social prescribing: an exploration into the context and mechanisms underpinning a pathway linking primary care with the voluntary sector. *Prim. Health Care Res. Dev.* **19**, 232–245 (2018).

⁶ Pescheny, J. V., Pappas, Y. & Randhawa, G. Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Serv. Res.* **18**, (2018)

- ***Continue to capitalise on the strengthened partnerships developed during the COVID-19 pandemic to deliver innovation*** such as language translation support for participants who have limited English.
- ***Undertake an urgent review of the resources and capacity of the team to deliver the adapted community connector model given the increase in referrals*** and the resources associated with delivering both ongoing adaptations (e.g online, telephone and in person activities) and new adaptations such as language support and refreshed strategies for communication.



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