

**CONNECT  
HACKNEY**  
ageing better



# Connect Hackney Final Evaluation Report: What we learnt about reducing the social isolation and loneliness amongst Hackney residents aged 50 and over

*Review and summary of findings from Phases 2  
and 3 of the programme*

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# Summary

## ***Aim of the report***

This report sets out the findings from the local evaluation of the ‘Connect Hackney’ programme – part of the ‘Fulfilling Lives: Ageing Better’ programme<sup>1</sup>, funded by the National Lottery Community Fund in 14 areas in England. Connect Hackney was delivered in three phases and ran for seven years between April 2015 and March 2022. The report draws together the findings of the different components of the local evaluation which covered Phase 2 (2018-2021) and Phase 3 (April 2021 to March 2022) of the programme<sup>2</sup>. The evaluation aimed to assess how well the programme met its intended outcomes, with a view to providing a resource for stakeholders to embed the learning from the programme into relevant policies and initiatives.

## ***Background***

The Connect Hackney programme aimed to address social isolation and loneliness for people aged 50 and over and to support their active engagement within their communities in shaping policies and services. The programme commissioned new projects from the community and voluntary sector to provide a variety of creative, fun, and practical group activities as well as one-to-one support for older residents living in the London Borough of Hackney. Projects in Phases 2 and 3 were commissioned within seven project themes:

### **Project themes in Connect Hackney Phases 2 and 3**

- ***Ethnically Diverse Groups***: social activities and practical support for older people of; South American, Turkish-Cypriot, French speaking African heritage, Somalian, and Chinese.
- ***Complex Needs***: social activities for older people with extra support needs: carers; those with poor mental health; and those with difficulties leaving home.
- ***Digital inclusion***: group-based learning to develop skills in using mobile phones, tablets and the internet.
- ***Community activities***: intergenerational social activities including theatre making skills, singing, and food sharing events.
- ***Community connectors***: one to one coaching and group activities for already socially isolated and lonely older people.
- ***Learning disabilities***: activities to improve skills and confidence and provide opportunities to socialise.
- ***Men***: social activities and support for men including befriending and peer-led activities.

Building on the strengths of older people was a key aspiration of the programme and the Older People’s Committee was convened to support collaboration with older people within the Connect Hackney programme. A Learning Network provided a community of practice for

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<sup>1</sup> <https://www.tnlcommunityfund.org.uk>

<sup>2</sup> Phase 1 of the evaluation is available in another report: Connect Hackney: What we learned: Connect Hackney phase one (2018) London: Hackney CVS. [https://www.connecthackney.org.uk/wp-content/uploads/2018/11/ch\\_what-we-learned-phase-1\\_full-report-1.pdf](https://www.connecthackney.org.uk/wp-content/uploads/2018/11/ch_what-we-learned-phase-1_full-report-1.pdf)



delivery partners to share learning, develop cross-organisational relationships and strengthen the effectiveness of project delivery. The programme also aimed to develop and deliver a legacy plan to influence the wider system to continue the work of the programme once funding ended.

### ***Evaluation aims and methods***

The Connect Hackney programme and its evaluation adopted a ‘test and learn’ approach whereby learning from programme delivery and evaluation findings were used to inform further development as the programme was rolled out. Evaluation activities were conducted before and during the COVID-19 pandemic and examined programme reach, engagement and impact, co-production and asset-based working and system influence<sup>3</sup>. The purpose of this end of programme report is to synthesise the findings of the different components of the local evaluation and to highlight key learning points.

Evaluation research was conducted between March 2018 and January 2022. Findings were generated through 171 qualitative interviews with project staff, participants, and wider stakeholders and a quantitative survey (standardised across the Ageing Better programme) with 940 participants at project entry and 219 at follow-up. However, the onset of the COVID-19 pandemic and subsequent lockdowns impacted programme delivery and legacy work, as well as evaluation activities. Whilst the evaluation expanded its aims to focus on the impact of the pandemic, the collection of survey data stopped in March 2020 in line with requirements from the national evaluation of the Ageing Better programme. This means that findings from the follow-up survey which measured the impact of the programme are limited by a small sample size. Sample sizes for outcome comparisons were reduced even further as not all participants responded to every question in the survey and follow-up data do not represent all project participants.<sup>4</sup> These limitations should be borne in mind when interpreting the follow-up survey findings as they cannot be generalised to all Connect Hackney project themes and participants. In contrast, findings from the baseline survey on project reach and findings from qualitative interviews did represent participants from all project themes.

Full details of the evaluation methods and findings can be found in the reports listed in **Appendix A**. Methods used to examine any influence of Connect Hackney on the wider health and care system in Hackney can be found in **Appendix C**.

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<sup>3</sup> The evaluation of system influence has not been produced as a separate report and therefore a more detailed presentation of the findings have been described in section 4 of this report.

<sup>4</sup> In particular, there were only two participants from the Ethnically Diverse projects included in the dataset; a third of the participants were from the Digital Inclusion projects with a further quarter from the Men’s projects. In addition, a greater proportion of white participants completed both baseline and follow-up questionnaires. Number (%) of follow up surveys by project theme: community activities = 24 (11%); community connector = 21 (10%); complex needs = 34 (16%); digital inclusion = 70 (32%); ethnically diverse = 2 (<1%); media group = 25 (11%); men = 43 (20%).

## Programme reach, engagement and impact

The first two Connect Hackney Programme outcomes are listed below. These focused on already socially isolated older people (outcome 1) and those at risk (outcome 2):

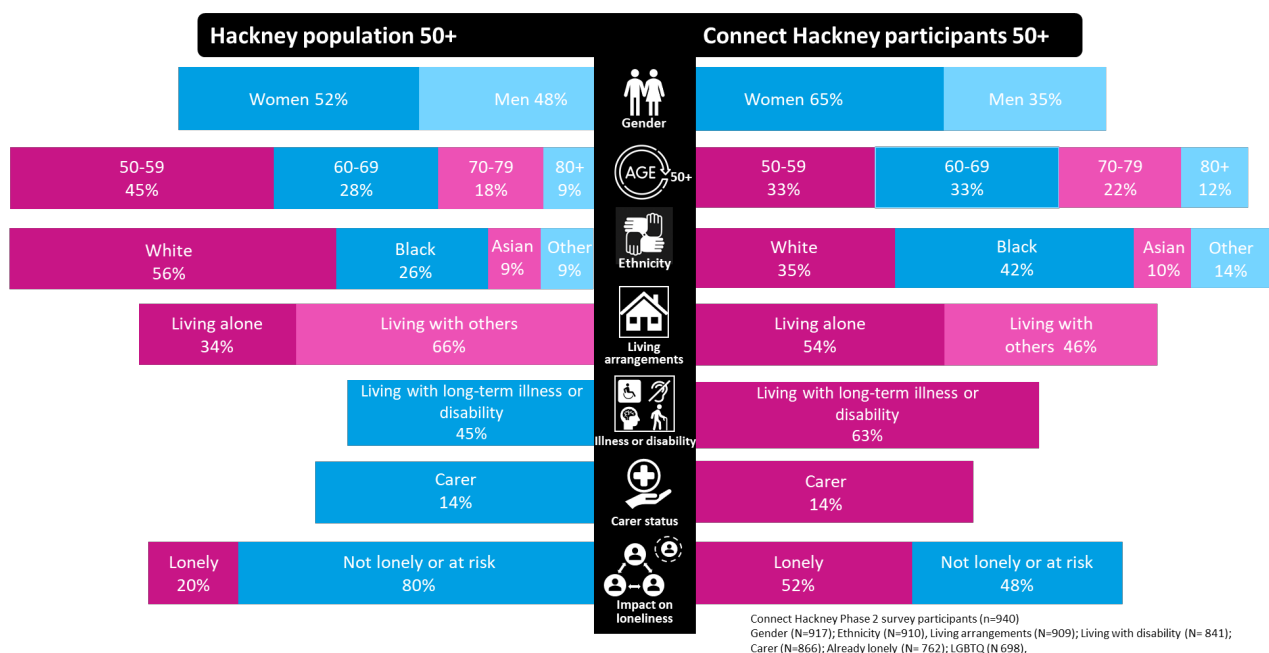
### Connect Hackney programme outcomes 1 and 2

**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.

- **The programme was successful in reaching and engaging older people in meaningful activities;** it offered a substantial number of new community activities for older Hackney residents which attracted approximately 3,505 residents in Phase 2 and a further 317 in Phase 3.
- **The programme was also successful in reaching and engaging older people who were already socially isolated and lonely and those at risk or who are under-served (Figure 1.1).** This was achieved through commissioning a diverse range of meaningful activities specifically targeting these groups and through the use of comprehensive recruitment strategies including outreach, referral partnerships and word of mouth through social networks. A safe, inclusive and welcoming environment, the personal qualities and skills of project staff, and flexibility to drop in and out of activities were also important for facilitating regular participation.

Figure 1.1 Programme reach



- **Findings from the follow-up survey to assess programme impact on participants were mixed** and restricted by data limitations. Positive findings included reduced loneliness, an increase in the proportion of participants who saw themselves as taking part in more social activities compared to others of their own age, and improved health and wellbeing but there were no significant changes in other outcomes<sup>5</sup>. However, a small sample size and a lack of representativeness in the underlying data means these findings should be treated with caution. Findings from the national evaluation, which benefited from a larger sample size and a comparison group, did not find changes in loneliness but did find a significant impact on participants' wellbeing and frequency of social contact.
- **Qualitative interviews documented perceived benefits** of taking part in the programme across all project themes and these were expressed by participants in terms of **gaining a sense of purpose and achievement, increased confidence, a sense of control, and a sense of belonging**.
- **New social connections and networks were also described by participant interviewees across all project themes**. Whether or not these turned into friendships within and beyond projects varied and reflected the different circumstances and needs of participants.
- **Insights from the qualitative research identified four main ways in which project participation could improve quality of life and wellbeing and lead to new social connections, and sometimes, friendships for older people:** joining meaningful activities on a regular basis; undertaking activities together either individually in a shared space or through working towards a common goal; the qualities, skills and support of project staff and; project activities as a bridge to activities outside the project.
- **During the pandemic, the programme provided an anchor for participants** who were able to connect remotely but reaching new participants was challenging.

### **Co-production and asset-based working**

The third outcome related to co-production and asset-based working. It focused on unlocking and building on the strengths of older people:

#### **Connect Hackney programme outcome 3**

**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.

- Co-production and asset-based working were central to programme aspirations and there were examples of good practice. However, **overall there was little evidence to suggest that co-production had become fully embedded across the Connect Hackney programme**. This is perhaps to be expected given the fact that co-production and asset-

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<sup>5</sup> Other outcomes measured by the survey were: frequency of social contact with family and friends or others (e.g. neighbours), membership of clubs and societies, volunteering, involvement in co-design activities or belief in ability to influence decisions in the local area.

based working were relatively new and challenging ways of working for project providers.

- ***The full breadth and depth of co-production and asset-based working was limited within the programme.*** In contrast to co-design and co-delivery, delivery partners appeared to be less familiar and less experienced with co-governance and co-evaluation and there were few projects achieving higher levels of depth (the ‘collaborate’ or ‘empower’ benchmarks). ***The Older People’s Committee was an exemplar of working at the empowerment level.***
- ***Conditions for achieving greater depth in co-production and embedding an asset-based model were identified,*** and include: adequate time and resources which are able to cover sufficient attention to equality, diversity and inclusion; skills and expertise of facilitating staff, and; the inclusion of specific monitoring arrangements.
- ***Findings on the impact of the COVID-19 pandemic on co-production and asset-based working highlighted both challenges*** such as digital exclusion and the need for additional resources ***but also unexpected opportunities,*** for example, older people taking the lead in group activities when project staff were unable to.

### **System influence**

The final outcome related to the influence of the programme within the wider system of public, private and voluntary sector organisations in Hackney that provide services to promote the health and wellbeing of older residents:

#### **Connect Hackney programme outcome 4**

**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.

- ***Overall, Connect Hackney’s influence on the system was, within the timescale of the evaluation, limited.*** Whilst the programme demonstrated some specific examples of system influence, work on influencing the local system was still at a relatively early stage. This finding is consistent with other Ageing Better areas and in the context of the COVID 19 pandemic, which hampered much of the systems influence work.
- In contrast to some other Ageing Better areas, ***Connect Hackney had limited programme resources and activities dedicated to system influence.*** Programme activities were weighted toward the provision of community projects.
- ***The programme successfully tapped into the local health and social care network and established a reputation*** in which to share its learning. Other examples of success were the work of the Older People’s Committee, which helped to shape the borough’s Ageing Well Strategy, and a commitment from the Hackney Health and Wellbeing board to

adopt a set of 14 recommendations (Appendix B) based on learning from the programme and its evaluation.

- ***A number of barriers and enablers to system influence were identified*** including: the time and resources needed, power dynamics between organisations, and the complexity and fluidity of the system and the organisations within it.

## **Conclusions**

The Connect Hackney programme for people aged 50 and over employed a community-based approach to addressing social isolation and loneliness and its adverse consequences for health and wellbeing. The projects delivered with the programme provided a wide range of social activities combined with practical and emotional support and skill development. This report has brought together findings from across a number of Connect Hackney evaluation reports (refer to **Appendix A**) to assess how well the programme met its four intended outcomes.

There were significant achievements in relation to the first two outcomes – engaging and improving the wellbeing of socially isolated older people, and those at risk. Over 3,822 older people were reached and engaged in meaningful activities, including higher proportions of those already socially isolated and those from under-served and minority groups. The research also reported perceived improvements in quality of life and mental wellbeing. Taking into consideration the strengths and limitations of the evaluation methods and findings from existing literature, the national and other local evaluations of Ageing Better programmes, these promising findings provide evidence to support the continued commissioning of community-based projects for older people in order to address loneliness and social isolation.

Connect Hackney was less successful in meeting its remaining two outcomes concerning co-production and system influence. These activities were also curtailed by the pandemic. Although co-production was encouraged centrally, in practice it was limited in scope as most projects did not have the capacity nor resources to fully involve older people. Similarly, the programme's influence on the wider system (primarily organisations supporting the health and wellbeing of older Hackney residents) was limited within the timescale of the evaluation. Given the limited resources for working with organisations in the wider system, the legacy plan adopted by programme management was ambitious.

Final reflections from the evaluation suggest a number of recommendations concerning the commissioning and design of community-based programmes to address loneliness and social isolation among older people (see also **Appendix B**):

- To improve diversity and inclusivity, commission targeted projects for underserved and underrepresented groups .
- Involve older people in programme design and commissioning to support a relevant, meaningful and balanced portfolio.



- Build in sufficient resource for collaboration between projects and with other organisations and stakeholders within the wider system in which the programme is nested.
- To maximise programme learning, ensure project monitoring covers critical features for reaching, engaging and retaining a diverse range of older people in community activities and co-production practices.
- Co-production and asset-based working should be explicitly embedded at all levels throughout the programme, with dedicated support and resourcing to ensure programme staff, stakeholders and delivery partners have a sound understanding and the necessary skills to implement these approaches at greater depth.
- Provide sufficient resource to promote best practices that involve older people in shaping policies and services that matter most to them.

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## 1. Background

‘Connect Hackney’ was part of the ‘Fulfilling Lives: Ageing Better’ programme, funded by the National Lottery Community Fund (<https://www.tnlcommunityfund.org.uk>) in 14 areas in England. The programme aimed to develop creative ways for people aged 50 and over to be actively involved in their local communities, helping to combat social isolation and loneliness. There is no single agreed definition of social isolation or loneliness but in general, social isolation can be conceptualised as an objective circumstance and related to the number or quantity of social contacts someone has<sup>6</sup>. Loneliness can be understood as a subjective state, an unwelcome feeling of a lack or loss of companionship<sup>7</sup>. Whilst these two concepts are interrelated, they both have independent impacts on someone’s health and wellbeing. In 2018, the English Government launched a loneliness strategy to build the evidence base, embed loneliness as a consideration across government policy, and support a national conversation on loneliness<sup>8</sup>.

A range of approaches to tackle social isolation and loneliness amongst older people are described in the literature including: psychological therapies (e.g., to develop social skills and challenge negative expectations around social relationships); befriending and other types of social support schemes; and community approaches which increase the availability of, and access to, opportunities for meaningful social interaction. The evidence base for interventions addressing social isolation and loneliness is often characterised as weak or limited<sup>9,10</sup>. Research has highlighted promising approaches: group interventions for active engagement and support; interventions informed by social-scientific theory and evidence on the causes of social isolation and loneliness, and those developed with the input of older people<sup>11,12,13</sup>. Programmes supporting participation in community activities are increasingly associated with a wide range of health and social benefits<sup>14</sup>.

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<sup>6</sup> Victor, Christina, Scambler, Sasha, Bond, John and Bowling, Ann (2000) Being alone in later life: loneliness, social isolation and living alone. *Reviews in Clinical Gerontology*, 10 (4), 407 - 417.

<sup>7</sup> Perlman, D., & Peplau, L. A. (1981). *Toward a Social Psychology of Loneliness*. In R. Gilmour, & S. Duck (Eds.), *Personal Relationships: 3. Relationships in Disorder* (pp. 31-56). London: Academic Press.

<sup>8</sup> Government’s Loneliness Strategy (2018) *A connected society A strategy for tackling loneliness – laying the foundations for change*.

<sup>9</sup> Landeiro F, Barrows P, Nuttall Musson E, Gray A, Leal J (2020) Reducing social isolation and loneliness in older people: a systematic review protocol. *BMJ Open* <http://dx.doi.org/10.1136/bmjopen-2016-013778>

<sup>10</sup> Fakoya, O.A., McCorry, N.K. & Donnelly, M. Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC Public Health* **20**, 129 (2020). <https://doi.org/10.1186/s12889-020-8251-6>

<sup>11</sup> Dickens A, Richards S, Greaves C, Campbell J (2011) Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* 11(647).

<sup>12</sup> Windle K, Francis J, Coomber C (2011) Preventing Loneliness and Social Isolation: Interventions and Outcomes. Social Care Institute for Excellence (SCIE) Research Briefing 39. <http://www.scie.org.uk/publications/briefings/briefing39/>

<sup>13</sup> Franck L, Molyneux N, Parkinson L. Systematic review of interventions addressing social isolation and depression in aged care clients. *Qual Life Res* 2016;25.

<sup>14</sup> Fancourt, D., Steptoe, A. (2019) The art of life and death: 14-year follow-up analyses of associations between arts engagement and mortality in The English Longitudinal Study of Ageing. *BMJ*; 367 doi: <https://doi.org/10.1136/bmj.l6377>

## 1.1 The Connect Hackney Programme

The Connect Hackney programme is an example of a community driven approach offering a variety of projects combining group and one-to-one activities with emotional and practical support. A central team hosted by Hackney CVS, an infrastructure support organisation for the local community and voluntary sector, led the programme and commissioned projects from this sector. The central team included a project director, a programme manager, a learning and development manager and an administrator; the team also had communications support. The programme team monitored project delivery; convened and supported a structure to collaborate with older people in the governance, design, delivery and evaluation of the programme (the Older People’s Committee); provided a media group project through which older people were supported to produce a quarterly magazine for older people in the borough (‘Hackney Senior’); and ran a learning network which provided a community of practice for delivery partners to share learning, develop cross organisational relationships and strengthen the effectiveness of project delivery. The team also produced a legacy plan to influence the system to continue the work of the programme once funding ended.

The intended outcomes of the Connect Hackney programme reflect those of the national programme (**Box 1.1**).

### **Box 1.1: 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.

**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

The projects within Connect Hackney were commissioned in three phases: 26 projects in Phase 1 (2015-2018), 24 projects in Phase 2 (2018-2021) and 9 projects in Phase 3 (April 2021 to March 2022). Eight existing projects and one new project received funding in Phase 3. Evaluation findings on Phases 2 and 3 are covered in this report<sup>15</sup>. In Phase 3, the evaluation focused on the ways the programme continued to respond during the ongoing pandemic and investigated programme influence on the wider local health and care system.

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<sup>15</sup> Phase 1 evaluation findings are available at: Connect Hackney: What we learned: Connect Hackney phase one (2018) London: Hackney CVS. [https://www.connecthackney.org.uk/wp-content/uploads/2018/11/ch\\_what-we-learned-phase-1\\_full-report-1.pdf](https://www.connecthackney.org.uk/wp-content/uploads/2018/11/ch_what-we-learned-phase-1_full-report-1.pdf)

Projects were commissioned through open tendering. In Phases 2 and 3, members of the Older People's Committee were involved in the commissioning process and decisions to extend project funding. Projects were commissioned within seven themes (**Box 1.2**). Some of the projects targeted specific groups in recognition of people at greater risk of social isolation and loneliness (e.g., those with learning disabilities) and those less likely to take part in community activities (e.g., men, those already lonely and socially isolated)<sup>16</sup>.

#### **Box 1.2 Project themes in Connect Hackney Phases 2 and 3**

- **Ethnically Diverse Groups:** social activities and practical support for older people of; South American, Turkish-Cypriot, French speaking African heritage, Somalian, and Chinese. **(Phases 2 and 3)**
- **Complex Needs:** social activities for older people with extra support needs: carers; those with poor mental health; and those with difficulties leaving home **(Phase 2 only)**
- **Digital inclusion:** group-based learning to develop skills in using mobile phones, tablets and the internet. **(Phases 2 and 3)**
- **Community activities:** intergenerational social activities including theatre making skills, singing, and food sharing events. **(Phase 2 only)**
- **Community connectors:** one to one coaching and group activities for already socially isolated and lonely older people. **(Phase 2 and 3)**
- **Learning disabilities:** activities to improve skills and confidence and provide opportunities to socialise. **(Phase 2 only)**
- **Men:** social activities and support for men including befriending and peer-led activities. **(Phase 2 only)**

The COVID-19 pandemic hit the UK in March 2020, as the programme was entering the final year of delivery and starting to shift focus towards programme legacy and evidencing the processes and outcomes of the programme. The onset of the pandemic meant that the programme had to adapt priorities suddenly to respond to the unfolding challenges associated with the virus, changing the context of programme delivery and the evaluation. This involved adaptations in line with government social distancing measures, the use of digital technology to stay connected to participants and delivery partners, suspension of survey data collection and a switch to remote qualitative interviews. This inevitably interrupted and curtailed the programme's ability to influence the local system, project sustainability and evaluation activities.

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<sup>16</sup> For a summary of the research on risk factors for social isolation and loneliness see Harden A, Salisbury C, Herlitz, Lombardo C (2021) Addressing social isolation and loneliness amongst older people before and during the COVID-19 pandemic: in-depth report on projects for men, people with learning disabilities, ethnically diverse groups, and complex needs. London: Hackney Community and Voluntary Services; pp11.



## 1.2 Connect Hackney programme evaluation

The evaluation sought to find out how the programme made a difference to older residents in Hackney. A research team from City, University of London and the University of East London collected feedback and documented experiences from a range of people, including: participants, project staff, and wider stakeholders. The local evaluation also contributed to the national evaluation of the Ageing Better programme.

Research was conducted between March 2018 and January 2022. Data were collected through qualitative interviews and a quantitative participant survey:

- a total of 171 qualitative interviews, including some follow-up interviews, with 45 project providers and 98 project participants<sup>17</sup>
- interviews with 5 members of the central programme team and 10 members of the Older People's Committee and Media Group
- interviews with 10 stakeholders
- a quantitative survey of 940 participants at project entry and 219 participants at follow-up<sup>18</sup>.

A suite of evaluation reports was produced on different aspects of the programme. These are listed in **Appendix A** and can be found on the Connect Hackney website<sup>19</sup>. The purpose of this final report is to summarise the key findings from across all previous reports with a view to providing a resource for stakeholders to embed the learning from the programme into relevant policies and initiatives.

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<sup>17</sup> Some people were interviewed more than once at different time points. 63 interviews were carried out with providers and 108 interviews were carried out with project participants.

<sup>18</sup> The collection of survey data stopped in line with requirements from the national evaluation of the Ageing Better programme. This means that findings from the follow-up survey which measured the impact of the programme are limited by a small sample size. Sample sizes for outcome comparisons were reduced even further as not all participants responded to every question in the survey. It must also be acknowledged that follow-up data do not represent all project participants. In particular, there were only two participants from the Ethnically Diverse projects included in this dataset. Moreover, a third of the participants were from the Digital Inclusion projects with a further quarter from the Men's projects<sup>18</sup>. In addition, a greater proportion of White participants completed both baseline and follow-up questionnaires. These limitations should be borne in mind when interpreting the follow-up survey findings as they cannot be generalised to all Connect Hackney project themes and participants. In contrast, findings from the baseline survey on project reach and findings from qualitative interviews did represent participants from all project themes.

<sup>19</sup> [Home - Connect Hackney](#)

## 2. Programme reach, engagement and impact on participants

The first two Connect Hackney Programme outcomes related to a) reaching and engaging older people in meaningful activities and b) improving the quality of their lives through strengthening social connections and fostering new friendships (**Box 2.1**). These outcomes focused on already socially isolated older people (outcome 1) and those at risk (outcome 2).

### **Box 2.1: Connect Hackney programme outcomes 1 and 2**

**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.

This section of the report considers who was reached by the programme and whether older people who were already socially isolated or those at risk, including groups who experience barriers to accessing services, took part. It summarises what worked well for reaching, engaging and retaining older people and the types of barriers encountered. It then assesses the impact of taking part in the programme on participants and outlines programme features which appeared to be critical for achieving the outcomes in Box 2.1.

### 2.1 Programme reach

The programme offered a substantial number of new community activities for older Hackney residents. At least 3,505 people took part in Phase 2 activities with a further 317 in Phase 3. Phase 2 data suggest the programme was successful in reaching those already lonely and those at greater risk, including groups who experience barriers to accessing services (**Figure 2.1**)<sup>20</sup>.

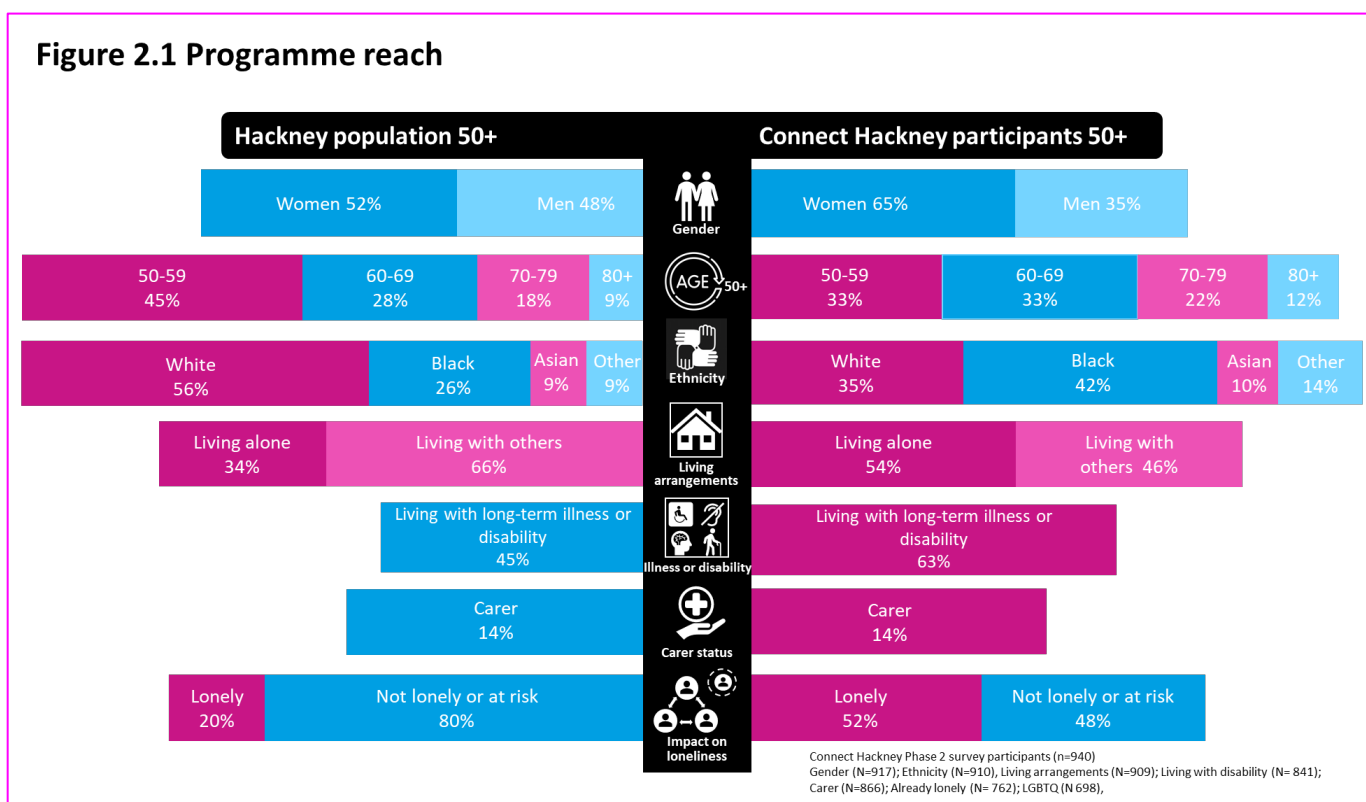
As noted in the Background chapter, the programme included targeted commissioning to ensure that it reached under-served groups such as men, ethnically diverse groups, those with learning disabilities and people with complex needs (i.e., those with mental health difficulties, carers and those with mobility problems). This targeted commissioning strategy appears to have had some success; there were equal or higher proportions of Connect Hackney participants from ethnically diverse groups, those identifying as LGBTQ+, those living with a disability, those living alone, and carers compared to what might be expected

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<sup>20</sup> Percentages do not add to 100 as characteristics may overlap.

given the relative proportions of these groups in Hackney as a whole<sup>21</sup>. Many projects within the programme were run by organisations that are deeply embedded in their local communities enhancing their ability to be able to reach ethnically diverse older people. Although fewer men took part than women overall, the proportion of men taking part in Connect Hackney was slightly higher than other Ageing Better programmes<sup>22</sup>. On average, Connect Hackney participants were lonelier than older Hackney residents overall and older people in England. Over half (52%) of the survey respondents were classified as lonely compared to 20% amongst older Hackney residents in general<sup>23</sup>.

**Figure 2.1 Programme reach**



Despite the overall success of programme reach there was variability across projects. Some groups of participants were less well represented within projects. For example, the digital inclusion and the media group projects had lower proportions of already lonely participants, perhaps because these projects did not specifically target groups known to be at risk. The digital inclusion projects and ethnically diverse projects had much lower proportions of men taking part, suggesting that more targeted outreach or bespoke projects specifically designed for men may have been needed.

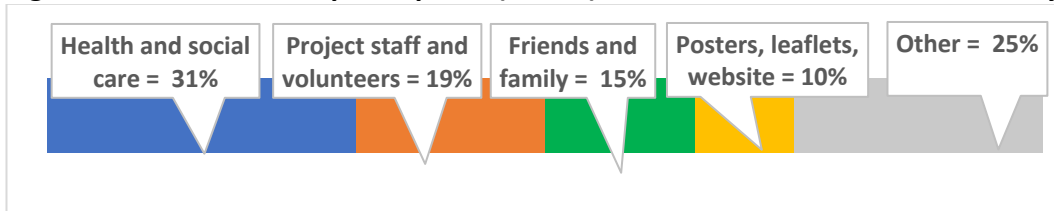
<sup>21</sup> Harden A, Netuveli G (2021) Connect Hackney Phase 2: Programme reach and impact prior to the COVID-19 Pandemic. London: HCVS.

<sup>22</sup> The proportion of men taking part across Ageing Better as a whole was 31 per cent.

<sup>23</sup> ECORYS, Brunel University and Bryson Purdon Social Research (n.d.) *Evaluation of Ageing Better Programme: Wave 1 population survey. Baseline profiling: Hackney*. London: ECORYS. NB: This survey was completed by 354 residents aged 63 and over and is therefore only a proxy comparator group for Connect Hackney participants.

As reported in the survey, participants found out about projects in a variety of ways (Figure 2.2).

**Figure 2.2: How Phase 2 participants (n=940) found out about Connect Hackney projects**



The most common route was through health and social care (GP practices, sheltered housing and residential care, social care services); nearly a third of participants were reached in this way. Qualitative data revealed that projects had to invest significant time and effort to establish referral routes from health and social care, particularly those in primary care. These referral pathways needed to be nurtured, requiring targeted personal outreach by the project team to develop partnerships with local organisations (e.g. GPs, local hospitals, specialist carers networks). This helped to build the necessary reciprocity for generating and receiving referrals between projects and services, enabling each partner to capitalise on the others' work in developing a trusting relationship with participants, e.g. a trusted individual (e.g., a carer, GP, pharmacist) who could encourage and support the participant to come along.

*"... we normally get our referrals mainly from GPs or also through health care assistants that work within the local [NHS] Trust...and also social prescribers as well and other charity organisations like Mind... we also have like posters and leaflets within GP surgeries... [and] promotional events like within like local libraries and community spaces."*

(Provider, Complex Needs)

Some projects struggled to establish relationships with health and social care organisations due to lack of capacity, lack of existing relationships or lack of services for particular participant groups such as those with learning disabilities<sup>24</sup>.

*"...we tried to think of ways where we could use GP services to tap into referral processes but that was quite challenging, I think that a lot of it was centred around them just not seeing it as a priority and being focussed on their own business....in the end [project co-ordinator] felt that she was almost harassing them.... So, we just reverted to our usual referral partners."*

(Provider 01, PWLD Projects)

There were also some lost opportunities for cross-referrals between projects. The collection of performance and outcome data for the funder focused on client numbers initially and, as a consequence, discouraged referrals and relationships to form between projects (it was unclear to delivery partners who was being 'credited' with the participant who is referred in and out). Other barriers to cross-referrals between projects in the programme were: lack of

<sup>24</sup> Harden A, Salisbury C, Herlitz L, Lombardo C (2021) *Addressing social isolation and loneliness amongst older people before and during the COVID-19 pandemic: in-depth report on projects for men, people with learning disabilities, ethnically diverse groups, and complex needs*. London: Hackney CVS.

understanding of what other organisations offered<sup>25</sup>; lack of provision for older people not fluent in English; and a lack of time to dedicate to the learning network meetings which offered an opportunity to develop relationships with other projects within the programme. The latter was particularly a problem for projects run by smaller organisations.

Outreach by project staff and volunteers and word of mouth through family and friends were also important for reaching potential participants, especially for reaching those from groups who may experience barriers to accessing services. Projects targeting men and ethnically diverse groups had higher numbers of participants reached via these routes in comparison to other projects. Outreach included street outreach and places where the target group might be found (e.g., to reach men projects reported targeting barber shops and pubs) or outreach at other projects or services for the target group (e.g., sheltered housing)).

Use of printed materials via posters, leaflets or websites were less successful on their own and were considered by project providers as supplementary to other methods. Use of printed materials may have limitations for reaching specific target groups, such as those with complex needs or from BAME groups who may experience language and literacy barriers. Skills in marketing and branding were highlighted by providers and participants in the design of attractive print and media.

Overall, the range of approaches to participant recruitment employed by project providers suggests that investment in multiple routes for reaching participants is crucial (**Box 2.2**).

**Box 2.2: Recommendations for reaching potential participants in community-based programmes to address social isolation**

- Design strategies with multiple routes for reaching potential participants. These should include the use of referral partners and targeted outreach and be supplemented with print and media.
- Relationships with referral partners should be developed across health and social care and the community and voluntary sector
- Organisational registers and word of mouth should also be considered in a comprehensive strategy
- Ensure expertise in outreach and marketing to create a strong brand
- Invest in sufficient resources to reach participants recognising the significant barriers facing the most marginalised
- Consider geographical location – being or getting close to target groups, including home visits when appropriate

The onset of the pandemic made reaching new participants more challenging. Previously successful strategies, such as outreach and marketing materials drops in community venues, were no longer viable. Opportunities for outreach work were severely limited by the social distancing restrictions and the closure of many community venues. Throughout the

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<sup>25</sup> Two project provider interviewees suggested that a directory of provision would have been helpful.



pandemic referrals were reported to be a crucial strategy for reaching new participants, underscoring the importance of developing strong referral partnerships. Such referral partnerships were strengthened for some organisations as a result of the pandemic due to the renewed appreciation by public sector organisations of the links to communities within the voluntary sector<sup>26</sup>.

## 2.2 Engagement and retention

Across projects, the offer to connect with others through meaningful activities was an important driver for initial engagement and ongoing retention. Based on the interview data, for participants in the Community Connector project, meeting others in a similar position was a key driver for moving onto group activities after their one-to-one sessions. Regular group activities provided a reason for them to get out and about and leave their homes. What constituted meaningful activities varied across different target groups and types of projects:

- **Men:** practical activities with a clear purpose (e.g., IT club, dominoes club, boat trips).
- **Older people with learning disabilities:** a range of activities which offered choice (e.g., IT skills, photography, making jam, planting and harvesting vegetables).
- **Ethnically diverse groups:** activities to connect with others who share the same language and cultural heritage (e.g., poetry, cookery, dance).
- **Complex needs:** creative and physical activities that offered opportunities to achieve new goals, be independent and establish new routines (e.g., pottery, wallpaper design, lawn bowls).
- **Digital inclusion:** opportunity to learn how to use tablets and mobile phones to access the internet and Apps was a key motivator.

Other factors that engaged participants and kept them coming back were:

- **A safe, inclusive and welcoming environment**

Several elements were part of this including a venue that was local and accessible with comfortable fixtures and fittings. For older people with learning disabilities and those with mobility issues, projects addressed these challenges by providing additional support such as organising carer support and transport to venues enabling participants to attend project sessions. There were warm and friendly staff and participants; a relaxed atmosphere with no pressure; and refreshments. These helped to create a non-stigmatising environment in which participants felt safe to be themselves. The creation of such an environment was important for participants but was particularly crucial for marginalised groups who have experienced trauma and stigma.

*“... when you go there [the project] you don’t feel like a mental health patient, like everywhere else I went to... it felt really comfortable, it’s really creative, and people are friendly, and you feel like you’ve got a lot of freedom... I don’t know how they do it but...it’s just amazing.”*

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<sup>26</sup> McCabe, Angus, Wilson, Mandy and Macmillan, Rob (2020) Stronger than anyone thought: Communities responding to COVID-19. Research Report. Local Trust.

(Participant 04, Complex Needs Projects)

- **Personal qualities and skills of the project staff** (e.g., approachable, non-judgemental, listening, empathy, warmth, patience)

These were crucial for engaging participants. Participants described feeling listened to and treated with dignity and respect and trusting relationships were built up. Approaching their role as one of facilitation avoided the project feeling like a service.

*“She was 110%, [name of project co-ordinator] from the time you come in there to the time you come out of the building, she is there. If you want to talk to her about anything else, if you want any advice or anything, if you go and see her, she’ll take you to one side, she’ll sit down with you, she listens to you.”*

(Participant 05, Men’s Project)

- **A flexible approach**

This enabled participants to be able to drop in and not attend every week. This was especially important to those with anxiety and/or depression who sometimes were not able to leave the house. Retention could be challenging for participants with multiple or complex health and social problems, but these could be overcome using a flexible ‘open door’ policy. For example, the Community Connector project introduced home visits to cater for participants not yet able or ready to travel to community venues and allowed those with illness or benefit issues to sort out to put their sessions ‘on hold’ until they were ready to re-engage. For projects which involved learning and developing skills, project sessions needed to be flexible and adaptive to participants’ needs.

*“We are trying to be as flexible as possible, because I think the worst thing you can do as a provider is be very rigid...you are dealing with very vulnerable people who have been socially excluded.”*

(Provider 02, PWLD Projects)

### 2.3 Programme impact on participants – survey data

Impact on programme participants was assessed quantitatively via a participant survey on entry to the programme and at follow-up. As noted earlier, the collection of survey data stopped in line with requirements from the national evaluation of the Ageing Better programme. This means that findings from the follow-up survey which measured the impact of the programme are limited by a small sample size. Sample sizes for outcome comparisons were reduced even further as not all participants responded to every question in the survey. It must also be acknowledged that follow-up data do not represent all project participants. In particular, there were only two participants from the Ethnically Diverse projects included in this dataset. Moreover, a third of the participants were from the Digital Inclusion projects with a further quarter from the Men’s projects<sup>27</sup>. In addition, a greater proportion of white

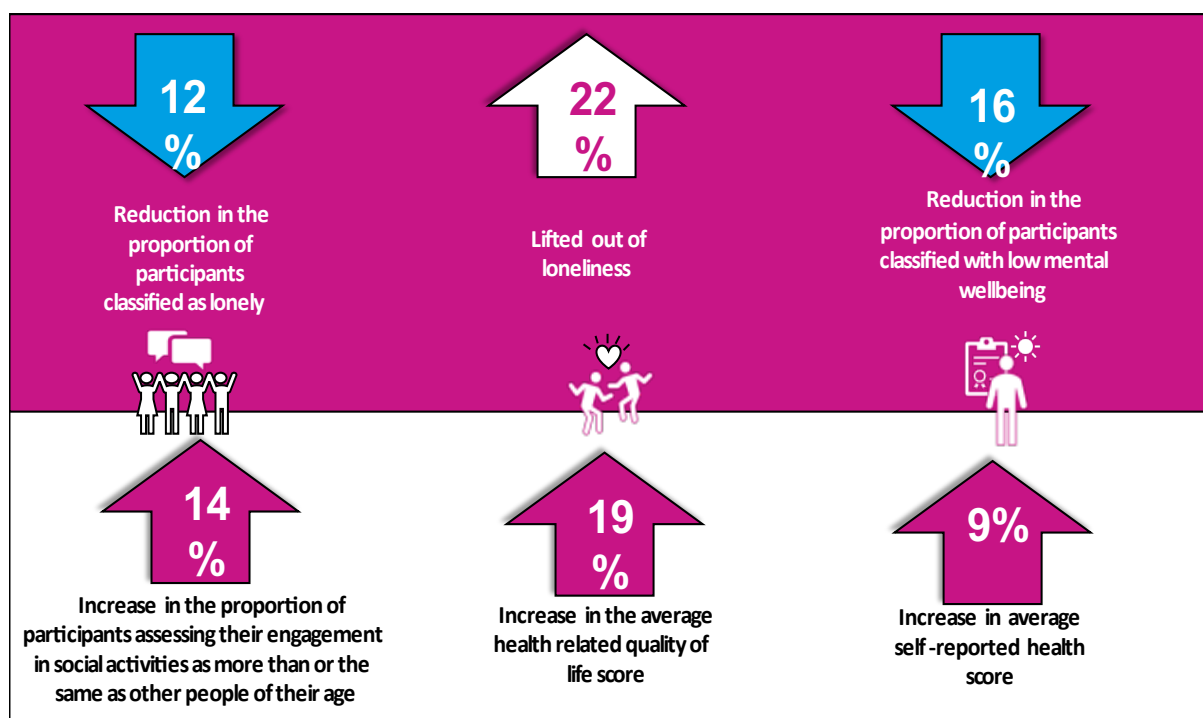
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<sup>27</sup> Number (%) of follow up surveys by project theme: community activities = 24 (11%); community connector = 21 (10%); complex needs = 34 (16%); digital inclusion = 70 (32%); ethnically diverse = 2 (<1%); media group = 25 (11%); men = 43 (20%).

participants completed both baseline and follow-up questionnaires. These limitations should be borne in mind when interpreting the follow-up survey findings as they cannot be generalised to all Connect Hackney project themes and participants.

Among survey respondents, statistically significant improvements were found for six out of the 12 outcomes measured (**Figure 2.3**). Based on the UCLA 3-item loneliness scale, there was a net reduction in loneliness of 12 per centage points (from 56% to 44%) for participants who responded to the entry and follow-up questionnaires. This net reduction is calculated from the proportion of participants who reported feeling less lonely (22%) or remained not lonely (34%) vs those who reported becoming lonely (10%) or remaining lonely (34%). Thus, at programme end, 22 per cent of survey participants were lifted out of loneliness following participation in the programme. This suggests that the programme may have only worked to reduce loneliness for some participants under some conditions. The qualitative data collected as part of the programme evaluation provides some insights into this finding.

**Figure 2.3 Impact of the Connect Hackney programme on participant outcomes**



Resourcefulness and confidence were not directly measured by the survey, but mental wellbeing was measured using items that were related to these such as autonomy and purpose in life. There was a 16 per cent reduction in the proportion of survey participants classified with low mental wellbeing from programme entry to follow-up. After the programme, survey participants also reported they felt they took part in social activities more than other people of their age. Average levels on measures of health-related quality of life and self-reported health were both higher at follow-up.

However, there were no significant differences for any of the other outcomes measured in the survey: levels of contact with family and friends and non-family members, membership of clubs, volunteering, experience of co-design and perceived levels of influence over decision-making in the local area. Relatively high entry level scores on these outcomes may have contributed to a lack of improvement. Also, although frequency of social contact with non-family members and social membership increased after taking part in the programme, only perceptions of taking part in more activities than others showed a statistically significant increase. It is not clear why this was the case and may be an artefact of the measure. Volunteering, experience of co-design and influence over decision-making were expected to change in line with programme outcomes 3 and 4 and potential reasons for this lack of change are discussed further in Chapter 3. For example, the qualitative evaluation of co-production found that significant numbers of projects did not achieve sufficient depth in their co-production activities.

## 2.4 Insights on impact from provider and participant interviews

Qualitative interviews with programme participants across all project themes gathered data on their perceptions of programme impact. Interviews asked about the benefits of project participation using prompts as necessary such as feeling less lonely, making new friends, or improved health. Providers and participants reported improved wellbeing, new social connections and networks and new friendships, although the latter were reported less often. Some participants were content with the social interaction and connections made within the project and were not necessarily looking for new friendships.

*“... you know when you are not playing table tennis and you’re sitting there and you’re watching others and people are on the seats and start talking and I enjoy that social aspect of it, yes.”*

(Participant 09, Ethnically Diverse Project)

Whether or not new social connections turned into friendships within and beyond projects varied by project theme and reflected the different circumstances and needs of participants within projects. For example, whilst new social connections were reported across all the project themes, descriptions of new friendships were especially strong for some of the ethnically diverse projects, suggesting that the opportunity to find new friends was a primary motivation for joining these projects.

Improved wellbeing was expressed as gaining a sense of purpose and achievement, increased confidence, a sense of control, and a sense of belonging. Improved mental and physical health were reported in relation to taking part in the activities themselves (e.g., creative activities such as pottery and music or physical activities such as gardening) or through putting into practice outside of projects the skills and confidence gained through taking part in projects.

*“When I am around them, we are more like kind of family...because over a period of time, we have bonded like a family.... not just like a group of people coming together. We are a family that’s the benefit of it, especially for those who live alone.”*

(Participant 07, Ethnically Diverse Project)

*“... before I was off track, and now that I’ve been there [taking part in the project] for quite some time... I’m back on track now... I’m getting involved in so many things, live performances, you know, I go to some bars now and perform.”*

(Participant 03, Complex Needs Projects)

The qualitative data also shed light on the ways in which the programme led to these perceived impacts and suggests what the critical features of a community-based programme addressing social isolation and loneliness amongst older people should be. There were four main ways in which project participation could improve wellbeing and lead to new social connections, and sometimes, friendships for older people:

- **Regular participation in meaningful activities**

Regular participation in meaningful activity supported participants to gain confidence and a sense of achievement, be more physically active (especially for those projects involving activities such as gardening or sport), and to lose themselves in the activities. For those who needed it, the latter gave them a break from anxiety, stress and other negative feelings and boosted their mood. The regularity of the project sessions gave participants something to look forward to, a reason to leave the house and an opportunity for regular social contact and support.

*“We love Tuesdays and bring food to share with others. We also go out for fun, singing, and food after playing Ping Pong.”*

(Participant 14, Ethnically Diverse Project)

- **Undertaking activities together either individually in a shared space or through working towards a common goal**

Taking part in meaningful activities *together* was key to developing social connections and friendships. As one provider reflected, without actively creating opportunities to interact via shared activities there was a danger of “*perpetuating that issue of isolation*”:

*“What you need to do is ... have a shared activity, otherwise you know you’re, all you’re doing is ... perpetuating that issue of isolation. So [participants] can be in a room full of people and still feel isolated cos you’ve not facilitated or created opportunities for them to sort of interact and work together”.*

(Provider 02, PWLD Projects)

- **The qualities, skills and support of project staff**

Active facilitation to support the development of positive relationships between participants was necessary whether that be at a group level in terms of ensuring there was unstructured time for interaction as well as structured time during project sessions or at a more micro level to grow initial social connections or to ensure that those less confident in group settings were supported to interact.

*“The idea is that I am there to bring together... it’s just to try and let the men determine as much as possible what they’d like to do, learning to step back when the conversation is going quite nicely”.*

(Provider 03, Men’s Project)



The relationship between participants and project staff was also important, particularly for those participants who were already socially isolated and lonely and needed one-to-one support. For example, the one-to-one sessions between the Community Coordinator and participants were a powerful catalyst for change within the Community Connector project, with one participant summing up the impact of the sessions as leading to '*feeling human again*'. The evaluation of the Community Connector project identified six key routes to longer-term impacts from the one-to-one sessions were identified: the affirmative experience of talking with someone who showed a genuine interest in them; 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 and referrals.

- **Project activities as a bridge to activities outside the project**

Provider and participant interviewees reported that participating in project activities, particularly those out in the local community and beyond (e.g., group day trips and visits) served as a bridge for participants to widen their engagement in activities and life beyond the project. Group outings could consolidate the social networks and friendships that had developed within projects and expose participants to new experiences, places and networks. With the support of the skilled facilitation by project staff or from friends they had made from the project, participants had more confidence to try new experiences they may have been apprehensive of trying in the past.

*"It's sort of opened me up these meetings, they've sort of brought myself out more you know otherwise I'd be like a cocoon here. It makes me go out I mean I wouldn't have dreamed of going down to Cornwall on my own, that's what I'm doing."*

(Participant 09, Men's Project)

### 3. Co-production and asset-based working

The third intended outcome the Connect Hackney Programme was related to co-production and asset-based working (**Box 3.1**).

#### **Box 3.1: Connect Hackney programme 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.

Co-production and asset-based working go hand-in-hand: co-production involves older people working together with professionals in the governance, design, delivery and evaluation of services, and asset-based working involves a strengths-based approach which identifies, unlocks and builds on the strengths of people and places. Co-production and asset-based working were operationalised in the programme in the following ways:

- The programme commissioned local community organisations as partners to deliver a diverse range of activities for older people. In this way the programme was able to mobilise and strengthen local assets in the form of the knowledge, experience and expertise of delivery partners.
- Organisations bidding for project funding were asked to specify how the strengths of older people had been, or would be, involved in co-producing the project.
- At the programme level the main vehicle for co-production was the Older People's Committee (OPC) supported by the central Connect Hackney team. The central team also supported a group of older people (the Hackney Senior Media Group) to produce a quarterly magazine – 'Hackney Senior'. The content of the magazine was led by its members' interests and participant and project provider interviewees witnessed members' confidence grow over the course of the programme as they realised that their views were of interest and being taken seriously.

This section of the report focuses on how well co-production and asset-based working were embedded within the Connect Hackney programme itself. It draws on the findings of qualitative research to explore the breadth and depth of co-production and asset-based working within the programme, the barriers and enablers to this type of working and the impact of these activities on the programme and its participants<sup>28</sup>.

#### 3.1 Type and depth of co-production and asset-based working

The evaluation found that, despite examples of co-production practice and asset-based working within the programme, overall these ways of working were limited in the type and depth achieved across the projects. This is perhaps to be expected given the fact that co-production and asset-based working are relatively new and challenging ways of working.

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<sup>28</sup>Harden A, Salisbury C (2021) *An evaluation of co-production and asset-based working within the Connect Hackney programme*. London: HCVS.

Furthermore, although co-production and asset-based working were key aspirations of the programme and project co-production plans were assessed at the project commissioning stage, projects were not monitored on this aspect of their work. The limited embedding of these ways of working may explain the lack of improvement within the participants survey<sup>29</sup> on measures related to co-production and asset-based working, as noted in Chapter 2 (e.g., volunteering, involvement in co-design activities and feelings about being involved in local decision-making). Although all the main types of co-production activity described in the literature were evident in the programme, older people were predominantly involved in co-design and co-delivery activities (**Figure 3.1**). Delivery partners appeared to be less familiar and less experienced with co-governance and co-evaluation.

**Figure 3.1 Connect Hackney Phase 2 projects (N=26) by type of co-production<sup>30</sup>**

<p><b>Co-governance</b> <i>(i.e. commissioning and oversight of projects )</i> <b>(N=11)</b></p>	<p><b>Co-design</b> <i>(i.e. design of project and activities )</i> <b>(N=23)</b></p>
<p><b>Co-delivery</b> <i>(i.e. implement projects)</i> <b>(N=20)</b></p>	<p><b>Co-evaluation</b> <i>(i.e. monitoring and project evaluation )</i> <b>(N=4)</b></p>

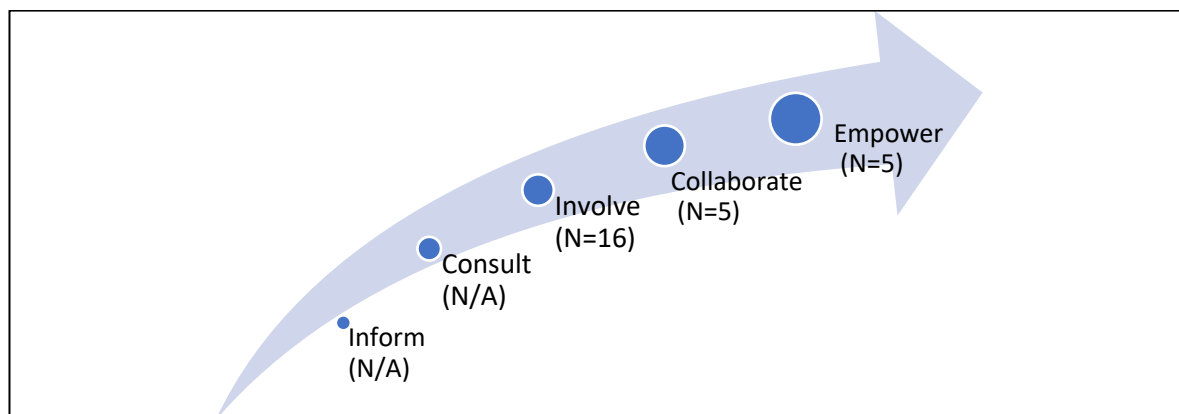
When depth of co-production and asset-based working were assessed according to the categories in the Spectrum of Public Participation<sup>31</sup>, the majority were assessed at the ‘involve’ level with fewer examples of projects achieving higher levels of depth (‘collaborate’ or ‘empower’) (**Figure 3.2**).

<sup>29</sup> As detailed on p15, impact findings need to be treated with caution as they were limited by a small sample size and the data did not represent participants from across all project themes evenly.

<sup>30</sup> Figure includes the Older People’s Committee and the Hackney Senior Media Group plus the 24 externally commissioned projects.

<sup>31</sup> International Association for Public Participation. (n.d.). IAP2 Spectrum of Public Participation. Available from: [https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum\\_8.5x11\\_Print.pdf](https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf)

**Figure 3.2 Depth of co-production achieved across Connect Hackney projects (N=26)**



**Key:**

**Inform:** Older people are provided with information about projects but there is no active involvement of older people.

**Consult:** Older people are consulted about projects, their views/opinions are listened to and *may* influence projects.

**Involve:** Older people are involved continuously throughout the project and their views and feedback are acted upon. Mechanisms for gathering views and feedback or mapping assets are usually done on a one-to-one basis and tend to be ad hoc rather than systematic. There are few dedicated resources.

**Collaborate:** Older people contribute to planning and decision-making processes and project delivery, sharing some responsibilities with project staff. There are clear structures and processes in place to enable their contribution.

**Empower:** Older people take a more leading role in planning and decision-making processes and delivery of projects. There are clear structures and processes in place and dedicated support to enable them to take a more leading role.

The Older People’s Committee (‘OPC’) was assessed as using an empowerment model as well as two of the projects for men, a theatre based community activities project and one of the complex needs projects which provided creative and physical activities for older people with mental health difficulties. These projects had features that facilitated greater depth in co-production:

- Principles of co-production and asset-based working were embedded in project aims and design.
- Clear structures and processes were in place to facilitate co-production (e.g., steering groups or committees, workshops rather than traditional board meetings to support those less confident in talking in bigger groups, ground rules to facilitate a respectful environment).
- Dedicated time and resources were allocated for co-production and asset-based working (e.g., training and support to build and realise older people’s assets, staff members with expertise in co-production and asset-based working).
- High levels of understanding and experience of co-production and asset-based working amongst project staff.
- Motivated and confident participants and/or dedicated support for those less motivated and confident.

The onset of the COVID-19 pandemic and subsequent restrictions on household mixing meant that some projects could not continue with their co-production activities. Reasons

for this included staff furlough, resources diverted to emergency support, and high levels of digital exclusion amongst participants. When projects were able to resume co-production additional time and resources were needed to develop the digital skills of older people and to adapt structures and processes. There was some unfamiliarity with digital technology and dissatisfaction with remote formats amongst projects staff and participants. There were, however, one or two examples from project providers where co-production worked better than prior to the pandemic (e.g., project participants taking the lead on re-designing activities).

*“I got one lady.... She is making them the masks..... And she shows us how to make them, she put a video how to make, how to cut, how to sew and most of them are doing.”*

(Provider 30, Ethnically Diverse Projects)

### 3.2 Impact of co-production and asset-based working on project participants

Co-production and asset-based working gave participants a sense of agency and made them feel valued, confident, and empowered. It should be noted, however, that not all participant or project provider interviewees talked about impact. Those that did tended to be volunteers or were from those projects implementing co-production and asset-based working at a greater depth. This means that the data on perceived benefits are limited and may not be generalisable across participants in the whole Connect Hackney programme.

Perceived impacts were identified within three themes:

- **Feeling valued and adding value.** Feeling valued was a direct result of taking part in decision-making: having a space to share their perspectives; learning about other people’s lives and professional experiences, others listening to them and taking their opinions and ideas seriously; and gaining recognition for their contribution. The collective element was a key part of feeling valued and adding value – older people working together with other older people and older people working collaboratively with a diverse group of people to improve the lives of older people.

*“The one thing that I think we did do...because digital inclusion is something that is not going to go away, you know, digital. Yes, you know, that’s what it’s [commissioning digital inclusion projects] done. It’s changed people’s lives.”*

(Participant 62, OPC member and Hackney Senior Media Group)

- **Strengthening individual and collective capabilities.** Through the experience of being involved in co-production, the support offered and (in some cases) specialised training, older people developed a range of personal and collective capabilities (e.g., confidence, skills, group cohesion and sense of purpose).
- **Creation of new support networks and opportunities** (e.g., new friendships, taking up new activities beyond or in other parts of the programme). Sharing knowledge, skills and experiences through co-production, especially at the collaborative and empowerment levels, fostered mutual support among participants and between participants and project staff.

There was no sense from interviews with the OPC members that they were aware of the strategic importance of the Committee; each interviewee focused on their own personal experience and circumstances. Related to this, some points for improvement for the OPC were raised and fed into the recommendations outlined below in **Box 3.2**.

**Box 3.2 Recommendations for building greater breadth and depth of co-production and asset-based working in community based projects for older people**

- Dedicate sufficient time and resources to co-production and asset-based working over and above the time and resources needed to deliver other project activities.
- Explicitly embed co-production and asset-based working within project aims and design
- Recruit project staff with/train project staff to develop skills and experience in co-production and asset-based working.
- Put in place clear structures and processes to facilitate collaborative working with older people such as steering groups, role descriptions, asset-mapping, training and capacity building.
- Ensure an inclusive and sensitive, flexible and proactive approach which recognises the vulnerability of some participants who may need additional support to collaborate (e.g., those already socially isolated or lonely, those with health conditions, those whose first language is not English, and those who lack confidence to put themselves forward).
- Funders and commissioners should include co-production and asset-based working in their monitoring arrangements. Expected outcomes from these ways of working can contribute to addressing social isolation and loneliness and therefore add value.

## 4. Influencing the system

The fourth and final intended outcome of the Connect Hackney Programme related to its influence within the wider health and care system (**Box 4.1**). The wider ‘system,’ in this case, is the network of public, private and voluntary sector organisations in Hackney that provide services to promote the health and wellbeing of older residents. Outcome 4 was explicitly focused on increasing the direct involvement of older people within this system.

### **Box 4.1: Connect Hackney programme outcome 4**

**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

As reflected in the Connect Hackney legacy plan, the aspiration was to also influence the system to continue to address social isolation amongst older people (**Box 4.2**).

### **Box 4.2: Connect Hackney legacy plan**

**OBJECTIVE 1:** To embed the learning from Connect Hackney and the wider Ageing Better programme in the third sector

**OBJECTIVE 2:** To influence strategic partners with the learning from the programme to deliver more effective services to older people to reduce social isolation

**OBJECTIVE 3:** To improve collaborative working across the sector to create better pathways for socially isolated older people to access wider programmes

**OBJECTIVE 4:** To embed older people’s input in statutory decision-making structures

This section of the report draws on the qualitative findings and addresses the following questions, which were co-developed with the Connect Hackney programme team and wider advisory group.

1. How has the Connect Hackney programme influenced the capacity of the system in Hackney to: a) support older people who are experiencing, or are at risk of, social isolation and loneliness and b) support older people to be directly involved in decision-making about local services and policies that affect their lives?. Three main areas were considered:

- Contribution to the Ageing Well strategy<sup>32</sup> and working towards Age Friendly status;<sup>33</sup>
- Development and strengthening relationships and networks to support the sustainment of projects for older people;

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<sup>32</sup> In 2019/20, Hackney Council developed their Ageing Well Strategy with the aim of being “an age-friendly borough and for Hackney to be a great place to live and grow old in”. The strategy focuses on: more age friendly council policies; enhanced community partnerships; barriers in access, attitude and services removed; and creative solutions with stakeholders and older people themselves.

<sup>33</sup> The World Health Organisation (WHO) Age-friendly Cities Framework proposes eight interconnected domains that can help to identify and address barriers to the well-being and participation of older people.

- Communicating what projects and approaches work.
2. What are the facilitators and barriers to collaborative working across the sector – a style of working which is crucial to achieving system influence<sup>34</sup> – to support socially isolated older people?
  3. What challenges need to be addressed to further strengthen the involvement of older people in local service and policy development?

Data were collected through qualitative interviews with seven stakeholders from local government, public health and social care in Hackney, seven members of the Connect Hackney programme team, and nine participants who were members of the Older People’s Committee and/or the Hackney Senior Media group<sup>35</sup>. Interviews were conducted between May 2021 and January 2022. This research was supplemented with: data from a random sample of 15 interviews with project providers, conducted between May and September 2020, and data from 12 interviews with providers running projects in Phase 3, conducted between September and November 2021. Insights were also drawn from minutes of the programme’s Strategic Partnership Board and Learning Network meetings covering the period April 2018 – December 2021. Further details on the aims and methods of this part of the evaluation can be found in **Appendix C**.

Findings related to evidence of system influence are presented first (organised by the three a-priori themes detailed in the first research question), followed by a summary of the barriers and enablers to collaborative working. Findings are then presented on programme learning about involving older people in decision-making.

The Chapter ends with an update on the influencing work carried out by Connect Hackney. The National Lottery Community Fund recognised that the programme funding period was not long enough to support systems influence work and provided additional funding to Ageing Better programmes to create more dissemination and to build on the legacy of their programmes.

## 4.1 Findings on system influence

It should be noted that, whilst the evaluation found specific examples of system influence, overall the influence on the system was, within the timescale of the evaluation, limited. In the context of the pandemic which de-railed legacy plan activities, Connect Hackney’s work on influencing the local system was still at a relatively early stage at the time of the evaluation. The limited influence achieved in this area is reflected in the findings of the quantitative survey that found no change in perceived levels of influence over local decision-making amongst Connect Hackney survey participants nor in the number of survey participants reporting that they had been involved in co-design activities. It should also be noted that the stakeholders interviewed served on the Connect Hackney strategic

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<sup>34</sup> Latham, N. (2014). A practical guide to evaluating systems change in a human services system context. Center for Evaluation Innovation.

<sup>35</sup> Interviews with members of the Older People’s Committee and the Hackney Senior Media Group are also drawn on in chapter 3.



partnership board, and therefore the research exploring system influence did not include the perspective of those without any formal link to the programme. Additionally, interview data do not represent views from the wider voluntary sector and primary care as those identified for interview did not respond to invites.

**a) Contribution to the Ageing Well strategy and working towards Age Friendly status**

The main area of influence achieved within the timescale of the evaluation was the collaborative work with the Council on its Ageing Well strategy. The Connect Hackney team, providers and participants were key collaborators with the Council on its Ageing Well strategy<sup>36</sup>, developed in 2019/20, according to stakeholder and Connect Hackney team interviews and SPB minutes.

*“I think what they’ve learnt, what they’ve been doing, has very much fed into the original research that went into developing the Ageing Well strategy.”*

(Council stakeholder)

The five-year strategy aims to ensure all Council policies are inclusive of older people, including housing, employment, transport, public spaces, or child friendly policies, and that older people are involved in policy and commissioning decisions. Connect Hackney led on the recruitment and training of five community engagement facilitators, two of whom were members of the Connect Hackney Older People’s Committee (OPC)<sup>37</sup>, to speak to older Hackney residents and Connect Hackney assisted the Council in reaching over 400 older people for the consultation. The Connect Hackney team fed into drafts of the strategy, particularly strategic priority two on social and civic inclusion and respect, and the final version of the strategy was approved by the Council in December 2020. The Borough of Hackney has since joined the World Health Organization’s Global Network of Age-friendly Cities and Communities<sup>38</sup>, which provides a framework of good practice. Council members reported that the Connect Hackney programme had given them confidence in the value of co-production and skills in how to do it and in 2021 created their own older people’s participation group, the Hackney Older Citizens Committee, which some members of the OPC joined. The Council is committed to involving older residents in overseeing the implementation of the strategy<sup>39</sup>.

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<sup>36</sup> London Borough of Hackney (2020) Ageing Well Strategy 2020-2025: supporting older people to age well in Hackney. [Online] <https://drive.google.com/file/d/1QKfA-74XwkOXEMWwMk2dQsGL4s0GwEGz/view> [Accessed 1 February 2022]

<sup>37</sup> See chapter 3 for further details on the OPC.

<sup>38</sup> World Health Organization (n.d.) Age-friendly world [Online] <https://extranet.who.int/agefriendlyworld/> [Accessed 1 February 2022]

<sup>39</sup> London Borough of Hackney (2020) Ageing Well Strategy 2020-2025: supporting older people to age well in Hackney. [Online] <https://drive.google.com/file/d/1QKfA-74XwkOXEMWwMk2dQsGL4s0GwEGz/view> [accessed 1 February 2023]

***b) Developing and strengthening relationships and networks to support the sustainment of projects for older people***

Whilst the Connect Hackney programme developed the skills and experience of the VCS to tackle loneliness and social isolation amongst older people, there was little evidence that Connect Hackney projects would be sustained beyond the programme. Providers indicated that they were aware funding for Connect Hackney would not continue and were working on their own sustainment plans. The Learning Network meetings set up by the Connect Hackney team gave delivery partners an opportunity to discuss their funding concerns and seek advice but ultimately work to develop funding proposals and/or service adaptations was done individually by organisations. Larger organisations with a fundraising manager had more resources to dedicate to sustainment; a number of providers commented that the pandemic had made future plans uncertain. Projects varied in their capacity to identify further funds and although some providers were interested in joint-fundraising, no concrete action had taken place within the evaluation timeframe.

There was also some evidence that the programme had provided a framework for improving organisational functioning or shifting organisational views and values for VCS organisation commissioned by the programme as the following example illustrates:

*“... [there has been a] fundamental change...I think in the way that we operate...it’s really allowed us ....to see how the funders behave, the language they use, it’s given us an insight into impact reporting.”*

(Provider 08, Ethnically Diverse project)

There was interest among providers in sustaining a VCS older people’s network if it was facilitated by Hackney CVS. In terms of sustaining the OPC, members preferred the option to look for opportunities to join other co-production activities within the borough rather than leading the committee themselves after the programme ended.

Interviews with stakeholders suggested that the programme contributed to building stronger relationships between the voluntary and community sector and the: Council (e.g. collaboration on the Ageing Well strategy as described under a) above), the borough’s Healthwatch (e.g. collaboration on a borough co-production charter) and some public health officials (e.g. the Connect Hackney Community Connections project formed the “Coronavirus Network of Community Navigators” with five other VCS organisations which worked closely with public health teams). Undoubtedly, the pandemic was a key catalyst for greater collaboration amongst local organisations and the programme was ideally placed to respond through its focus on co-production and collaborative working.

*“I think there is a real shift because the voluntary sector and our local communities have really demonstrated how they can support people during a pandemic when none of us were out and about and we had to rely on people that were in the community to support us.”*

(Public Health stakeholder)

***c) Communicating what projects and approaches work***

The Connect Hackney team played a central role in raising awareness of social isolation and loneliness among older people and communicating what projects and approaches work through sharing findings from the ongoing independent evaluation of the programme. Findings were discussed at each Learning Network, Strategic Partnership Board meetings, and themed learning events open to all in the borough. OPC members were also involved in sharing programme learning and their experiences at a wide range of internal and external activities (e.g. an intergenerational discussion on Black Lives Matter, a Council consultation on parks and open spaces).

There was some evidence from stakeholder interviews that the OPC, as a model for involving older people in decision-making, had gained some influence within the wider health and care system. Though the data are limited, three stakeholder interviewees reported that the OPC had influenced their thinking on the importance of working in partnership with residents and the desire to take that work forward in their own organisations:

*“I was really struck by the way that it [the OPC] was a very... different way of having conversations with residents... and it wasn't about need... I think indirectly and subconsciously, that has influenced how we shaped our [community] programme.”*

(Public Health stakeholder)

A list of recommendations from programme learning and ongoing evaluation findings was drawn up to share learning (**Appendix B**). A commitment from the Hackney Health and Wellbeing board to adopt and monitor these recommendations from the programme was subsequently secured. Although it was beyond the scope of the evaluation timeline to assess how this commitment was implemented, there is evidence that the programme has been able to influence local commissioning with the learning from the programme (see below under 4.4 ‘Updates on system influencing work’).

## 4.2 Barriers and enablers to collaborative working

A number of barriers and enablers to collaborative working across the system – a style of working which is crucial to achieving system influence<sup>40</sup> – were identified from interviews with stakeholders, the Connect Hackney team and providers of the projects (**Table 4.1**). Learning Network members noted a number of opportunities that could result from partnership work: joint fundraising bids, referral pathways, joint outreach work, use of community spaces for events, development of joint tools for working with clients, and intra-organisational activities for clients (e.g. offering taster sessions to other groups).

### **Table 4.1 Barriers and enablers to collaborative working across the system to address social isolation and loneliness amongst older people**

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<sup>40</sup> Latham, N. (2014). A practical guide to evaluating systems change in a human services system context. Center for Evaluation Innovation.

Barriers
<ul style="list-style-type: none"> <li>• <b>Lack of dedicated resources and time</b>, especially for smaller organisations</li> <li>• <b>Lack of existing links</b> (new relationships take time to develop and are particularly challenging in remote working conditions)</li> <li>• <b>Lack of investment in communications and marketing</b> to increase awareness to potential collaborators</li> <li>• <b>A shifting system and staff turnover</b> made it difficult to identify the right people and organisations to engage with</li> <li>• <b>Different organisational priorities</b> (incl. responding to crises such as the pandemic)</li> <li>• <b>Lack of clear objectives and planning</b> for collaborative work</li> <li>• <b>Language and culture</b> (e.g. organisations serving ethnically diverse groups, good interpreting services were needed to engage residents not fluent in English; being outsiders to another organisations way of working on the basis of class or culture)</li> <li>• <b>Power dynamics</b> If power imbalances between organisations are not recognised and/or understood, it can be difficult for meaningful partnerships to be formed.</li> </ul>

Enablers
<ul style="list-style-type: none"> <li>• <b>Champions</b> (i.e. staff who are dedicated, knowledgeable and enthusiastic about the involvement of older residents and social isolation and loneliness)</li> <li>• <b>Existing links</b> Successful collaborative relationships were developed over longer periods of time</li> <li>• <b>Having a legacy plan</b> in place clarified goals and made explicit the collaborative work needed to sustain the programme’s impact.</li> <li>• <b>Specific funding for collaborative work</b></li> <li>• <b>Shared goals with clear expectations</b> for what each partner will contribute</li> <li>• <b>Political support</b> (e.g. Mayoral role for Ageing)</li> <li>• <b>Data and analysis</b> on collaborative working (e.g. on referrals, stakeholder attendance at events)</li> <li>• <b>Awareness of power dynamics</b> (e.g. Differences in power between each organisation may need to be made explicit and reflected upon. For example, smaller organisations have less capacity and resources for collaborative work; there may be a history of mistrust between organisations.</li> <li>• <b>Ability to be flexible</b> to collaborating partners needs (e.g. women only groups)</li> </ul>

### 4.3 Strengthening older people’s involvement in decision-making

Interviews with members of the Older People’s committee and those from the Connect Hackney team supporting the committee revealed a number of lessons learned to consider in future work to increase the involvement of older people in decision-making (Table 4.2).

**Table 4.2: Recommendations to increase the involvement of older people in shaping policy**

Recommendation	Further detail
Dedicated time and resources are needed to build trusting relationships	<ul style="list-style-type: none"> <li>• Getting to know people well is important as they will require different levels of support and options for engagement. There will be differences in motivations for getting involved, types of knowledge and skills, levels of confidence, commitment and flexibility.</li> <li>• Stay in touch with participants between meetings, send meeting reminders, and provide opportunities to debrief after meetings</li> <li>• Processes and decision-making need to be transparent and consistent. Reaching a consensus may mean that some people may not agree but they should be able to understand how a decision has been reached.</li> <li>• Following-through on commitments made helps to maintain trust (for example, returning phone calls, opportunities to speak one-to-one).</li> </ul>

Overcome the challenges of reaching and engaging with a wide diversity of perspectives	<ul style="list-style-type: none"> <li>• Ensure provision to reach and engage residents with additional needs, for example, those who need assistance from a support worker or an interpreter or transport support.</li> <li>• Residents that are less often engaged in institutional committees and boards need to be actively sought out and encouraged to engage.</li> </ul>
Ensure skilful facilitation of groups and committees	<ul style="list-style-type: none"> <li>• The facilitator needs to be able to manage group dynamics, be sensitive to people’s differing experiences and needs, and ensure that all members have a chance to give their input.</li> <li>• Quieter group members may need support to share their views or prefer to speak in smaller groups/give written feedback.</li> <li>• Sometimes the group may not be able to generate ideas and need some scaffolding of options to activate their imagination.</li> <li>• Opportunities for the facilitator and group to reflect on and evaluate engagement in meetings and what could be improved are important.</li> </ul>
Balance remote and in person working	<ul style="list-style-type: none"> <li>• People find meeting and collaborating in person enjoyable, energising and rewarding</li> <li>• Some older residents need additional support to engage in online groups as they lack digital infrastructure and/or skills.</li> <li>• Some older residents may not wish to engage in online groups at all, finding them tiring, frustrating and stressful experiences.</li> <li>• Some older residents might prefer to participate remotely, for example, residents with mobility difficulties.</li> </ul>
Organisations and systems are complicated; terminology, roles and processes need to be explained	<ul style="list-style-type: none"> <li>• Organisations and systems are complex. It is easy for those who work within them to forget or assume that terminology, roles and processes are self-explanatory. However, extensive and repeated efforts to speak in plain English are necessary for people outside of those organisations and systems to meaningfully engage in service and policy development.</li> </ul>

#### 4.4 Update on influencing work

Since the evaluation ended in March 2022, the Connect Hackney Learning Development lead secured a small amount of additional funding from the National Lottery Community Fund to continue to deliver the legacy plan and influencing work in collaboration with members of the Older People’s committee (the ‘Listen Up!’ project). This represented an excellent opportunity to take forward and embed some of the learning from the programme. **Box 4.3** below outlines some of the work achieved to date.

##### **Box 4.3 Update on influencing work**

- All 14 recommendations, based on the learning from the programme, were accepted by the Hackney Health and Wellbeing Board in March 2022.
- The programme has input into the newly commissioned service navigation/social prescribing service which will now include: one home visit, provision in community languages and people with learning disabilities as a target group.
- Working with Hackney People First, Carers First and Carers Centre to engage the learning disabilities service.
- Engaging with the Neighbourhood Providers Alliance Group.
- Working with the Population Health Hub to ensure the programme’s recommendations are included in the Health and Wellbeing Strategy action plan.

## 5. Discussion

This report draws on research undertaken to evaluate ‘Connect Hackney’, a community-based programme addressing social isolation and loneliness amongst older people called. The programme commissioned new projects from the community and voluntary sector to provide a variety of creative, fun, and practical group activities as well as one-to-one support for residents over age 50 living in the London Borough of Hackney. The programme ran for seven years from April 2015 in three phases. The local evaluation focused on Phases 2 and 3 (2018-22) of the programme and sought to determine how the programme made a difference in Hackney through documenting the experiences of older residents, project staff, and wider stakeholders<sup>41,42</sup>. This report synthesises the findings of the different components of the evaluation to assess how well the programme met its overall objectives. This chapter discusses the key findings in the context of previous relevant research, reflects on the strengths and limitations of the research and, in conclusion, addresses the extent to which the programme met its objectives and considers lessons learned for future policy, practice and research.

### 5.1 Summary of key findings

#### *a) Reach, engagement and participant impact*

The first two Connect Hackney Programme outcomes related to a) reaching and engaging older people at risk of or already lonely and/or socially isolated in meaningful activities and b) improving the quality of their lives through strengthening social connections and fostering new friendships (**Box 5.1**). These outcomes focused on already socially isolated older people (outcome 1) and those at risk (outcome 2).

#### **Box 5.1: Connect Hackney programme outcomes 1 and 2**

**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.

The programme was successful in reaching and engaging older people in a variety of new community activities and attracted approximately 3,822 residents<sup>43</sup>. Insights from the qualitative research revealed that, across projects, the offer to connect with others through

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<sup>41</sup> A full list of evaluation reports addressing different aspects of the programme is listed in **Appendix A**.

<sup>42</sup> The data consisted of 168 qualitative interviews with project providers and participants, the central programme team, and stakeholders conducted between July 2020 and December 2021 and a participant survey with 940 participants at project entry and 219 participants at follow-up collected prior to the onset of the COVID-19 pandemic.

<sup>43</sup> 3,505 residents in phase 2 and a further 317 in phase 3.

meaningful activities was an important driver of initial engagement and ongoing retention. What constituted meaningful activities varied across different groups and demonstrated the importance of providing a diverse profile of projects (e.g., practical and purposeful activities through which men could share skills). Other factors that engaged participants and kept them coming back were: a safe, inclusive and welcoming environment, the personal qualities and skills of project staff, and flexibility to drop in and out of activities.

The programme was successful in reaching older people who were already socially isolated and/or lonely and those at risk or who faced barriers to accessing services; amongst Phase 2 participants there were higher proportions of residents with these characteristics than older Hackney residents in general. This was achieved through commissioning projects which targetted already socially isolated and lonely older residents (e.g., the community connector project and projects for those with complex needs and ethnically minoritised groups) and through strategies to reach potential participants from marginalised and under-served groups, including outreach, referral partnerships and word of mouth through social networks. Such strategies underline the importance of trusted relationships and reflect other recent research on social isolation and loneliness which suggests explicit targeting strategies are required to reach those most likely to be affected by loneliness<sup>44,45</sup>. The findings on reach, engagement and retention from Connect Hackney also resonate and extend research on marginalised groups from across Ageing Better programmes more generally<sup>46</sup>.

The overall aims of Connect Hackney were to address loneliness and social isolation amongst older residents. Social isolation is conceptualised as an objective measure relating to the quantity of social contacts someone has. In contrast loneliness can be understood as a subjective state, an unwelcome feeling of a lack or loss of companionship<sup>47</sup>. These concepts are related but distinct and a person can still feel lonely even if they have lots of social contact and vice versa<sup>48</sup>. Social isolation and loneliness both have independent adverse effects on health and wellbeing. Evaluation findings suggested a significant reduction in loneliness amongst survey participants at follow-up (between 6 and 12 months after joining the Connect Hackney) but no significant change in levels of social isolation. As noted earlier, however, these findings should be treated with caution due to data limitations. Also, findings from the national Ageing Better evaluation found the reverse –

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<sup>44</sup> Fakoya, O.A., McCorry, N.K. & Donnelly, M. Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC Public Health* 20, 129 (2020).

<sup>45</sup> Wigfield A (2019). Understanding barriers faced by BAME communities in accessing loneliness services. London: British Red Cross & Co-op. <https://www.sheffield.ac.uk/socstudies/research/centres-and-networks/centre-loneliness-studies>

<sup>46</sup> British Red Cross and Co-op. 2019. Barriers to belonging: an exploration of loneliness among people from Black, Asian and Minority Ethnic backgrounds. <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/barriers-to-belonging>

<sup>47</sup> Victor, Christina, Scambler, Sasha, Bond, John and Bowling, Ann (2000) *Being alone in later life: Loneliness, social isolation and living alone. Reviews in Clinical Gerontology*, 10 (4), 407 – 417

<sup>48</sup> Perlman, D., & Peplau, L. A. (1981). *Toward a Social Psychology of Loneliness*. In R. Gilmour, & S. Duck (Eds.), *Personal Relationships: 3. Relationships in Disorder* (pp. 31-56). London: Academic Press

significant increases in frequency of social contact but no significant reduction in change in loneliness<sup>49,50</sup>. Loneliness is notoriously difficult to shift especially using community-based approaches<sup>51</sup>. In comparison to psychological therapies, community-based approaches which increase the availability of opportunities for meaningful social interaction show much lower effect sizes in reviews of research<sup>54</sup>

Programme outcomes 1 and 2 hypothesised that participants would experience increased confidence and resourcefulness and a better quality of life. Analysis of participant survey data found improvements in self-reported overall health, mental wellbeing and quality of life at follow-up (with the caveat as above that these results are based on limited data).

Findings from the qualitative research offer insights into how participants experienced the programme and how benefits might be achieved (or not). Interviews documented perceived benefits of taking part in the programme across all project themes and there were no perceived negative impacts of taking part reported. Perceived benefits were expressed by participants in terms of improved sense of purpose and achievement, increased confidence, a sense of control, and a sense of belonging. New social connections and networks were also described by participant interviewees across all project themes. Whether or not new social connections turned into friendships within and beyond projects varied and reflected the different circumstances and needs of participants. New friendships can take time to develop and not all participants sought new friendships. With the onset of the pandemic, the programme became an anchor for participants and those who were able to join remote activities were able to develop their knowledge and skills of digital technology as well as maintain and extend their social connections which, in turn, enhanced aspects of wellbeing and resilience such as confidence and a sense of pride<sup>52</sup>.

Insights from the qualitative research identified four main ways in which project participation (either in person or remotely) could lead to these reported benefits: regular participation in meaningful activities; undertaking activities together either individually in a shared space or through working towards a common goal; the qualities, skills and support of project staff and; project activities as a bridge to activities outside the project. These highlight critical features for future community-based programmes addressing social

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<sup>49</sup> Campbell-Jack D, Humphreys A, Whitely J, Williams J, Cox K (2021) Ageing Better: Impact Evaluation Report. London: Ecorys.

<sup>50</sup> Participants did become less lonely over time, but this could not be linked to programme participation as the same pattern was observed amongst a comparison group who did not take part in the programme.

<sup>51</sup> Community based approaches which increase opportunities for social interaction are suggested by Masai et al. (2011) to address social isolation rather than loneliness. Connect Hackney also has elements that are similar to one-to-one psychological therapies such as the coaching within the Community Connector project.

<sup>52</sup> Salisbury C, Harden A (2022) Addressing loneliness and social isolation amongst older people within the ongoing COVID-19 pandemic: London: HCVS



isolation and loneliness amongst older people and add to the relatively small existing evidence base on implementing these types of interventions<sup>53</sup>.

### **b) Co-production and asset-based working**

The third intended outcome of the Connect Hackney Programme related to co-production and asset-based working (**Box 5.2**).

#### **Box 5.2: Connect Hackney programme 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.

The programme identified, unlocked and built on the strengths of older people in two main ways: organisations bidding for project funding were asked to specify how older people would be involved in co-producing the project; and an Older People's Committee was set up to engage and involve older people in the governance, design, delivery and evaluation of the programme. Although co-production and asset-based working were central to programme aspirations and examples of good practice were found, there was little evidence to suggest that these ways of working had become fully embedded across the Connect Hackney programme itself. Co-production within projects tended to take the form of co-design and co-delivery. Delivery partners were less familiar and less experienced with engaging older people in co-governance and co-evaluation. . This finding reflects the current weight of previous research on co-production activities, with the majority focused on co-design and to some extent, co-delivery, albeit in its more traditional form of volunteering and peer delivery<sup>54,55</sup>.

Furthermore, whilst all projects were assessed as operating at the 'involve' level of co-production (across a spectrum of depth spanning inform, consult, involve, collaborate or empower), few projects were working at the higher levels of collaborate or empower. These

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<sup>53</sup> For example see: Milligan, C., Neary, D., Payne, S., Hanratty, B., Irwin, P. & Dowrick, C. (2016). Older men and social activity: a scoping review of men's sheds and other gendered interventions. *Ageing & Society*, 36(5), 895-923. <https://doi.org/10.1017/S0144686X14001524>; Boulton, E, Kneale, D, Stansfield, C, Heron, PN, Sutcliffe, K, Hayanga, B, Hall, A, Bower, P, Casey, D, Craig, D, Gilbody, S, Hanratty, B, McMillan, D, Thomas, J & Todd, C 2020, 'Rapid systematic review of systematic reviews: what befriending, social support and low intensity psychosocial interventions, delivered remotely, are effective in reducing social isolation and loneliness among older adults? How do they work? [version 1; peer review: awaiting peer review]', *F1000research*.

<sup>54</sup> Fusco, F.; Marsilio, M.; Guglielmetti, C. (2020) Co-production in health policy and management: A comprehensive bibliometric review. *BMC Health Serv. Res.* 20, 1–16.

<sup>55</sup> Loeffler E. (2021) Co-production in Health, Social Care and Public Safety. In: *Co-Production of Public Services and Outcomes*. Palgrave Macmillan, Cham.

findings are consistent with the wider research literature<sup>56,57,58</sup> and research from other Ageing Better areas<sup>59,60,61</sup>. Insights from projects demonstrating the higher levels of co-production (e.g. the Older People's Committee) suggest conditions that need to be in place (e.g., adequate time and resources, skills and expertise). Connect Hackney did not centrally monitor co-production within projects so it was not possible to record this learning. Findings on the impact of the COVID-19 pandemic on co-production and asset-based working highlighted both challenges (e.g., digital exclusion, additional resources) and opportunities (e.g., examples of older people taking the lead in projects when project staff were unable to).

### **c) System influence**

The final intended outcome of the Connect Hackney Programme related to its influence within the wider system of public, private and voluntary sector organisations in Hackney that provide services to promote the health and wellbeing of older residents (Box 5.1).

#### **Box 5.1: Connect Hackney programme outcome 4**

**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.

Outcome 4 was explicitly focused on increasing the direct involvement of older people within this system. In addition, the ambition within the programme's legacy plan was to influence the system so that organisations continue to collaborate with older people to address social isolation amongst older residents.

Within the timescale of the evaluation, the influence of Connect Hackney on the system was limited. Moreover, other policy levers such as Age Friendly Cities and the Government's Loneliness strategy were being actively promoted in tandem to Connect Hackney activities. Therefore it is not possible to attribute system influence in Hackney solely to the programme. In the context of the pandemic which de-railed legacy plan activities, Connect Hackney's work on influencing the local system was still at a relatively early stage at the time of the evaluation. Overall, there was evidence that the programme had tapped into the local health and social care network and established a reputation in which to share its

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<sup>56</sup> Buffel T. (2018) Social research and co-production with older people: developing age-friendly communities. *Journal of Aging Studies* 44: 52– 60.

<sup>57</sup> King A. (2020) Participatory Design with Older Adults: Exploring the Latent Needs of Young-Old and Middle Old in Daily Living Using a Universal Design Approach. In: Di Bucchianico G. (eds) *Advances in Design for Inclusion*. AHFE 2019. *Advances in Intelligent Systems and Computing*, vol 954. Springer.

<sup>58</sup> Slattery, P., Saeri, A.K. & Bragge, P. (2020) Research co-design in health: a rapid overview of reviews. *Health Res Policy Sys* 18, 17.

<sup>59</sup>For a summary of this literature see Appendix B in Harden A, Salisbury C (2021) *An evaluation of co-production and asset-based working within the Connect Hackney programme*. London: HCVS.

<sup>60</sup> Rembiszewski, P, Bidey, T, Vanson, T, Goterfelt, F., (2019) Ageing Better in Camden Mid-point evaluation report: Review of participant contributions in later life.

<sup>61</sup> CFE Research (2020) Ageing Better in Birmingham Involving older people in creating services and activities.

learning and promote practices to address social isolation and loneliness and support the involvement of older people in service and policy development. There were also some notable key achievements including supporting Hackney Council to involve older people in the development and implementation of its Ageing Well strategy, a commitment from the Hackney Health and Wellbeing board to adopt 14 recommendations based on the learning from the programme, and an example of programme learning helping to shape a new commissioning brief for the social prescribing service in Hackney. However, follow up on these commitments and activities was beyond the scope of the evaluation. Therefore it was not possible to fully monitor system influence.

The evaluation identified a number of barriers and enablers to collaborative working (Table 4.1 ) including: the time and resources needed, power dynamics between organisations, and the complexity and fluidity of the system and the organisations within it. A lack of time and resources was a consistent finding across all Ageing Better areas which led to additional funding for legacy work<sup>62</sup>. Another factor that may have limited the system influence of Connect Hackney was that, aside from the legacy plan, which was developed halfway through the programme, there were limited programme inputs that were dedicated to system influence.

## 5.2 Strengths and limitations

The evaluation of the programme drew on the strengths of both qualitative data collected through interviews and quantitative data collected through a participant survey administered at programme entry and follow up. It collected qualitative data from multiple stakeholders – the project providers, participants, and individuals from other local organisations – gaining in-depth insights into the operation and impact at both a programme and project level from a number of different perspectives. Data from interviews were supplemented by project monitoring data to add breadth and detail to the qualitative findings. The local evaluation team liaised closely with the Connect Hackney team, including members of the Older People’s Committee, in the design of the evaluation. This helped to ensure that the evaluation was responsive to the needs of the programme and included the perspectives of older people. Preliminary findings were also fed back regularly to the team and wider stakeholders at forums such as the Evaluation Advisory Group and Learning Networks. This offered the opportunity for programme adaptations to be informed by evaluation findings. Like the programme itself, the evaluation was able to adapt following the onset of the Covid-19 pandemic with additional research questions to explore the impact of the pandemic and switching to remote methods of data collection.

The survey sample size for assessing programme impact was smaller than originally anticipated and was unevenly distributed across projects due to survey administration stopping earlier with the onset of the COVID-19 pandemic and limiting data analysis to

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<sup>62</sup> McKenna K, Williams J, Humphreys A, Campbell-Jack D, Whitely J, Cox K (2022) The Ageing Better Programme: Summative Report. London: Ecorys.

Phase 2 of the programme<sup>63</sup>. Therefore, the participant survey findings do not represent all project themes. Findings based on smaller sample sizes can be less reliable and the lack of a control or comparator group for the local evaluation makes it impossible to rule out regression to the mean as an explanation for the observed improvements in loneliness and health and wellbeing. However, the fact that the national evaluation of the Ageing Better programme, which did have a comparator group and a large sample size, found positive impacts in wellbeing lends confidence to the positive impacts on wellbeing observed in the local evaluation. Furthermore, previous research using stronger evaluation designs with control groups have found interventions similar to those used in the Connect Hackney programme to be effective in reducing loneliness<sup>64</sup>. A final limitation of the impact evaluation is that data were collected over a relatively short follow-up period and there were no data to indicate whether or not the observed positive impacts will persist.

As a result of the small sample size and limited representativeness of participant diversity within the programme, it was not possible to analyse impact by programme theme and type of programme activity, or to identify mechanisms for change. The qualitative parts of the local evaluation have, however, generated important insights into potential mechanisms based on project providers' and participants' perceptions of impact.

For the qualitative work conducted to explore the influence of Connect Hackney on the wider system, the stakeholder sample was limited to those within the health and social care system (e.g., the NHS and the local authority), many of whom were linked to the programme through the Connect Hackney Strategic Partnership Board. The research exploring system influence may therefore not have captured any influence outside of health and social care and perspectives of stakeholders outside the programme were limited. In addition, the evaluation timescale did not cover longer-term monitoring of Connect Hackney influence on the wider system.

Qualitative findings may have been further enriched through formal observations of project activities which would have allowed for investigation of, for example, how participant and project staff interacted. Some of the qualitative findings would have been further strengthened by collecting data from a more heterogeneous sample (e.g., including those who dropped out of the programme or who did not want to take part) but in the main the sample was diverse and benefitted from the inclusion of participants who did not speak English as their first language.

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<sup>63</sup> As noted in the background the programme was run in two phases and local evaluation was aligned with phase 2. This meant that the time period for assessment of impact was over a three year rather than a six-year period.

<sup>64</sup> See for example: Masai C, Chen H, Hawkey L, Cacioppo J (2011) A meta-analysis of interventions to reduce loneliness. *Pers Soc Psychol Rev* 15(3) doi: 10.1177/1088868310377394.

### 5.3 Conclusions

The Connect Hackney programme for people aged 50 and over employed a community-based approach to addressing social isolation and loneliness and its adverse consequences for health and wellbeing. The projects delivered with the programme provided a wide range of social activities combined with practical and emotional support and skill development. This report has brought together findings from across a number of Connect Hackney evaluation reports (refer to Appendix A) to assess how well the programme met its four intended outcomes.

There were significant achievements in relation to the first two outcomes – engaging and improving the wellbeing of socially isolated older people, and those at risk. Over 3,822 older people were reached and engaged in meaningful activities, including higher proportions of those already socially isolated and those from under-served and minority groups. The research also reported perceived improvements in quality of life and mental wellbeing. Taking into consideration the strengths and limitations of the evaluation methods and findings from existing literature, the national and other local evaluations of Ageing Better programmes, these promising findings provide evidence to support the continued commissioning of community-based projects for older people to address loneliness and social isolation.

Connect Hackney was less successful in meeting its remaining two outcomes concerning co-production and system influence. These activities were also curtailed by the pandemic. Although co-production was encouraged centrally, in practice it was limited in scope as most projects did not have the capacity nor resources to fully involve older people. Similarly, the programme's influence on the wider system (primarily organisations supporting the health and wellbeing of older Hackney residents) was limited within the timescale of the evaluation. Given the limited resources for working with organisations in the wider system, the legacy plan adopted by programme management was ambitious.

Final reflections from the evaluation suggest a number of recommendations concerning the commissioning and design of community-based programmes to address loneliness and social isolation among older people (see also **Appendix B**):

- To improve diversity and inclusivity, commission targeted projects for underserved and underrepresented groups .
- Involve older people in programme design and commissioning to support a relevant, meaningful and balanced portfolio.
- Build in sufficient resource for collaboration between projects and with other organisations and stakeholders within the wider system in which the programme is nested.
- To maximise programme learning, ensure project monitoring covers critical features for reaching, engaging and retaining a diverse range of older people in community activities and co-production practices.
- Co-production and asset-based working should be explicitly embedded at all levels throughout the programme, with dedicated support and resourcing to ensure

programme staff, stakeholders and delivery partners have a sound understanding and the necessary skills to implement these approaches at greater depth.

- Provide sufficient resource to promote best practices that involve older people in shaping policies and services that matter most to them.

## Appendix A: Related Reports

- Harden A, Sharpe D (2019) Reach, engagement and retention of participants in phase two Connect Hackney projects: findings from project providers. London: Hackney Community and Voluntary Services.
- Harden A, Brimicombe A, Netuveli, G (2020) Connect Hackney Phase Two Baseline Profile Report. London: HCVS.
- Harden A, Salisbury C, Herlitz, Lombardo C (2020) Reducing social isolation and loneliness amongst older people in Hackney: Interim findings from the phase two programme evaluation. London: HCVS.
- Herlitz L, Harden A (2021) An in-depth study of the Community Connector project for older people in Hackney before and during the COVID-19 pandemic. London: HCVS.
- Herlitz L, Harden A (2021) An in-depth study of digital inclusion projects for older people in Hackney before and during the COVID-19 pandemic. London: HCVS.
- Harden A, Salisbury C, Herlitz, Lombardo C (2021) Addressing social isolation and loneliness amongst older people before and during the COVID-19 pandemic: in-depth report on projects for men, people with learning disabilities, ethnically diverse groups, and complex needs. London: HCVS.
- Harden A, Netuveli G (2021) Connect Hackney Phase 2: Programme reach and impact prior to the COVID-19 Pandemic. London: HCVS.
- Harden A, Salisbury C (2021) An evaluation of the co-production and asset-based working within a programme addressing loneliness and social isolation amongst older people. London: Hackney CVS .
- Salisbury C, Harden A (2022) Addressing loneliness and social isolation amongst older people within the ongoing COVID-19 pandemic: London: HCVS.

## Appendix B: Connect Hackney Recommendations

These recommendations were compiled by the Connect Hackney learning development lead based on learning from programme delivery and the results of the ongoing evaluation.

Connect Hackney

## Recommendations



These 14 recommendations are based on the evaluation of the Connect Hackney research programme which aimed to reduce the social isolation of older people.

1

Consider how local, free (or very low cost), accessible leisure activities designed by and for older people can be integrated into health and wellbeing commissioning plans/strategies.



2

Consider how commissioning plans/strategies can support older people's digital inclusion.



3

Consider how commissioning plans/strategies can resource community organisations working with ethnically minoritised communities.

5



Include home visits in the design of system navigation services.

4



Commission service navigation schemes that include provision for people who do not speak English in order to reach communities known to be at high risk of social isolation.

6

Adopt a person-centred approach in the delivery of services working with isolated older people.

7



Identify, and find ways to overcome, barriers between LBH social prescribing services and voluntary and community sector activities.



8

Identify, and find ways to overcome, barriers to referrals between the LBH learning disabilities service and voluntary and community sector activities.

9

Ensure that social care packages include support for older people with learning disabilities to attend community activities.



10



Use Ageing Better Camden's outreach toolkit to train staff undertaking resident engagement work.

11

Use Ageing Better Camden's warm welcome toolkit to train staff working with older people.



12

Consider how libraries can be used as venues to promote voluntary and community sector projects.



13



Include 'increased social connections' as a default outcome of all commissioned community activities.

14

Embed Connect Hackney learning on how to maximise opportunities for social connections into the design of all commissioned community activities.



All 14 recommendations were accepted by the Hackney Health and Well-being Board in March 2022.



## Appendix C: Methods used to explore system influence

### C.1 Aims and research questions

The broader evaluation of the Connect Hackney programme was guided by a set of eight “test and learn” questions. The research to explore system influence addressed the following questions:

*How has the system been influenced as a result of the Connect Hackney programme?*

*How does the programme plan to sustain and/or scale-up?*

The ‘system,’ in this case, is the network of public, private and voluntary sector organisations in Hackney that provide health, social care, transport, wellbeing and other services to older residents (aged 50+).

Indicative research questions and lines of inquiry for the research were co-developed with the Connect Hackney programme team and wider advisory group.

1. How has the Connect Hackney programme influenced the capacity of the system in Hackney to a) support older people who are experiencing, or are at risk of, social isolation and loneliness and b) support older people to be directly involved in decision-making about local services and policies that affect their lives? In particular examining:
  - Contribution to the Ageing Well strategy<sup>65</sup> and working towards Age Friendly status;<sup>66</sup>
  - Involving older people in local service and policy development and accountability; structures;
  - Commissioning, developing and supporting the sustainment of projects for older people;
  - Connecting and strengthening relationships and networks within Hackney;
  - Communicating what projects and approaches work to reduce social isolation and loneliness;
  - Communicating the assets that older people bring to the community.
2. What are the facilitators and barriers to collaborative working across the sector to support socially isolated older people?
3. What challenges need to be addressed to further strengthen the involvement of older people in local service and policy development?

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<sup>65</sup> In 2019/20, Hackney Council developed their Ageing Well Strategy with the aim of being “an age-friendly borough and for Hackney to be a great place to live and grow old in”. The strategy focuses on: more age friendly council policies; enhanced community partnerships; barriers in access, attitude and services removed; and creative solutions with stakeholders and older people themselves.

<sup>66</sup> The World Health Organisation (WHO) Age-friendly Cities Framework proposes eight interconnected domains that can help to identify and address barriers to the well-being and participation of older people.

Capacity is defined as<sup>67</sup>:

- **Collective understanding** that older people contribute assets to the community and also have particular needs.
- **Community roles or bodies** with responsibility and authority to address older people's loneliness and social isolation.
- **Knowledge, skills and evidence** about how to engage older people in community activities and community decision-making, deliver activities and services that harness older people's knowledge and skills and address their needs.
- **Material resources** (for example, funding, community spaces, equipment).
- **Social resources** (for example, partnerships and referrals between organisations).
- **Emotional resources** (for example, trusting relationships, a community identity that includes older people).

In the public health literature<sup>68,69,70,71</sup>, a programme can influence the system to build communities' capacity to address a problem by:

- Changing the structural position of people and organisations in the system's network;
- Developing or transforming a community's resources – their social networks, social relationships, information channels, emotional resources (feelings of hope, trust, self-efficacy, identity), and material resources (funding, equipment, physical spaces);
- Strengthening social bonds between different groups of stakeholders;
- Sustaining attention to programme principles and values;
- Displacing existing practices that do not contribute to or work against programme goals.

## C.2 Methods

### *Study design*

A qualitative design was employed consisting of semi-structured remote interviews with: stakeholders from local government, health and social care in Hackney, members of the Connect Hackney programme team, project providers and project participants. The interviews with provider and participants did not focus solely on system influence but collected data on a broader range of topics as part of the overall evaluation of the Connect Hackney programme. Interviews with stakeholders and the Connect Hackney programme

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<sup>67</sup> Adapted from capacity as described in the General Theory of Implementation (May, 2013) and Kavanagh et al (2020 – reference ft note 1). May, C., 2013. Towards a general theory of implementation. *Implementation Science* 8. <https://doi.org/10.1186/1748-5908-8-18>

<sup>68</sup> Kavanagh, S., Shiell, A., Hawe, P., Garvey, K. 2020. Resources, relationships, and systems thinking should inform the way community health promotion is funded. *Critical Public Health*, <https://doi.org/10.1080/09581596.2020.1813255>

<sup>69</sup> Hawe, P., Shiell, A., Riley, T., 2009. Theorising Interventions as Events in Systems. *American Journal of Community Psychology* 43, 267–276. <https://doi.org/10.1007/s10464-009-9229-9>

<sup>70</sup> Green, L.W., 1989. Comment: Is Institutionalization the Proper Goal of Grantmaking? *American Journal of Health Promotion* 3, 44–44. <https://doi.org/10.4278/0890-1171-3.4.44>

<sup>71</sup> Green, L.W., 1989. Comment: Is Institutionalization the Proper Goal of Grantmaking? *American Journal of Health Promotion* 3, 44–44. <https://doi.org/10.4278/0890-1171-3.4.44>

team has a sole focus on system influence. Interviews were supplemented with analysis of the minutes from the Connect Hackney Strategic Partnership Board meetings and Learning Network meetings. The Learning Network is the community of practice of Connect Hackney's delivery partners

### ***Sampling and recruitment***

**Stakeholders:** The programme's Strategic Partnership Board was used as the main sampling frame. Participants were purposively sampled for diversity in their positions and roles in the system of support for older people in Hackney. Members of the Board were contacted by email and invited to participate. Twelve stakeholders were invited to interview from local government, health, public health, social care and the voluntary sector, of who seven participated in interviews between November 2021 and January 2022. Three stakeholders were from local government, two from public health and two from health and social care organisations. No members of primary care organisations or the invited voluntary sector organisations agreed to participate. These interviews were focused on how the Connect Hackney programme had impacted on the local health and social care system's capacity to: a) improve outcomes for older people; b) increase opportunities for older people to influence local systems and c) view and involve older people as important assets within the system.

**Members of the Connect Hackney programme team:** All five members of the central programme team were interviewed between May and July 2021. Interviews focused on how the Connect Hackney programme had impacted on the local health and social care system's capacity to: a) improve outcomes for older people; b) increase opportunities for older people to influence local systems and c) view and involve older people as important assets within the system. Two additional interviews were conducted in November and December 2021 with staff members at Hackney CVS who led the Connect Hackney Senior Media Group project. Older people taking part in the media group received training in computer, photography, interviewing and writing skills and produced stories, photos and audio for the Connect Hackney website and Hackney Senior magazine. These interviews covered similar topics as for the central programme team.

**Providers:** As part of the overall programme evaluation, semi-structured interviews had been conducted with 38 providers representing all 24 projects in Connect Hackney Phase 2, between May and September 2020. Not all these interviews were analysed for the systems influence research; 15 interviews were selected at random within each of the project themes, covering a total of 14 different projects, including those focused on digital inclusion, community connections, men, learning disabilities, community activities, complex needs, and ethnic minority groups. These interviews included questions relevant to system change (see below under data collection).

Additional relevant information from project providers was also sought in interviews carried out in Phase 3 of Connect Hackney, undertaken during September and November 2021. This pool of interviews was with a total of twelve providers, covering projects focusing on digital inclusion, community connections and ethnic minority groups. These interviews focused on changes in response to the pandemic, however, providers were also asked whether the programme had influenced or led to any new or different ways of working for them or their

organisation, and whether the programme and/or the pandemic had influenced their approach for future funding applications.

**Participants:** Nine interviews were conducted with participants from the Older People’s Committee (OPC) and/or Media Group between November and December 2021. The OPC is an advisory group made up of Hackney residents aged 50 plus who oversee the programme and shape its priorities. Three members of the OPC had been previously interviewed in March 2021 for a report focused on co-production and asset-based working<sup>72</sup> and these data were also included in the analysis. These interviews focused on participants’ experiences of involvement in the OPC and Media Group, motivations for taking part, what participants had gained from taking part, what they had enjoyed, what the felt could be improved and whether they would like more opportunity to be involved in designing, developing community projects, activities, and services for older people in Hackney.

**Strategic partnership board and Learning Network meeting minutes:** Both sets of meetings were conducted on a quarterly basis. The programme team were responsible for organising, chairing and minuting the meetings. The programme team provided minutes from phase 2 of the programme (April 2018 – December 2021) to the evaluation team.

Table C.1 presents how each data source contributes to answering the research questions.

**Table C.1: Research questions mapped to data sources**

Research question	Data source
1. How has the Connect Hackney programme influenced the capacity of the system in Hackney to support older people who are experiencing, or are at risk of, social isolation and loneliness?	<ul style="list-style-type: none"> <li>• Stakeholder interviews</li> <li>• Connect Hackney programme team interviews</li> <li>• Provider interviews</li> <li>• Participant interviews</li> <li>• Strategic partnership board minutes</li> <li>• Learning Network meeting minutes</li> </ul>
2. What are the facilitators and barriers to collaborative working across the sector to support socially isolated older people?	<ul style="list-style-type: none"> <li>• Stakeholder interviews</li> <li>• Connect Hackney programme team interviews</li> <li>• Provider interviews</li> <li>• Strategic partnership board minutes</li> <li>• Learning Network meeting minutes</li> </ul>
3. What challenges need to be addressed to further strengthen the involvement of older people in local service and policy development?	<ul style="list-style-type: none"> <li>• Stakeholder interviews</li> <li>• Connect Hackney programme team interviews</li> <li>• Provider interviews</li> <li>• Participant interviews</li> </ul>

<sup>72</sup> Harden A, Salisbury C (2021) An evaluation of the co-production and asset-based working within a programme addressing loneliness and social isolation amongst older people. London: Hackney Community and Voluntary Services.

### C.3 Data collection

**Stakeholder interviews:** All interviews were conducted via remote methods (phone or videoconferencing). One interview was jointly conducted with two stakeholders from local government; the remainder were individual interviews. Interviews covered: key concerns around social isolation and lonely older people in Hackney at the start of phase 2 of the programme (April 2018), expectations as to how the programme could influence the local system, key impacts of the programme, barriers/facilitators to impact and influence and collaborative working, new relationships or partnership formed, older people's involvement and influence on the local system, resources and capacity to continue to address social isolation and loneliness once the programme ends. Interviews lasted between 20 and 60 minutes. All interviews were digitally recorded and transcribed verbatim.

**Provider interviews:** All interviews for the broader evaluation had been conducted via remote methods (phone or video conferencing). The two additional interviews with Media Group leaders/facilitators covered similar topics to the stakeholder interviews but focused on the specific impact of the project and covered expectations as to how the media group could influence the local system, key accomplishments of the media group, barriers/facilitators to impact and influence for the Media Group, the ways in which older people have been able to influence the wider local system as a result of the media group, the challenges need to be addressed to further strengthen the involvement of older people in local service and policy development, resources and capacity to continue to work of media group once the programme ends and the impact of COVID on the media group's work. For the remaining provider interviews conducted as part of the overall programme evaluation, data were extracted relating to the questions on systems change, sustainability, co-production and volunteering. Topics covered: level of involvement, value and impact of the Learning Network, collaborative working, new relationships or partnerships formed, plans for and support needed for sustaining projects once programme funding ended, how older people were involved in developing and running the project; the contribution they made; the support that was offered; the impact of their involvement; challenges and what worked well.

**Participant interviews:** Of the nine interviews, one was conducted with two participants and a support worker in person at Hackney CVS offices; the remaining seven were individual interviews – of which six were conducted via remote methods (phone or video conferencing) and one was conducted in person at Hackney CVS. Interviews covered: how participants found out about the OPC and/or Media Group, reasons for joining, activities and co-design opportunities in which participants have been involved, training received, experience of involvement during the COVID-19 pandemic, aspects enjoyed, and recommendations for improvement. All interviews were digitally recorded and transcribed verbatim.

**Strategic partnership board minutes:** Six sets of minutes dating between June 2019 and March 2021 were analysed.

**Learning Network meeting minutes:** Eight sets of minutes dating between May 2019 and June 2021 were analysed.

#### **C.4 Data analysis**

For new interviews with stakeholders, the programme team, providers and participants, data collection and analysis were carried out in parallel and facilitated through the use of rapid assessment procedure (RAP) sheets<sup>73</sup>. Two sets of RAP sheets were developed, one for stakeholders, providers and the programme team, and one for participant interviews. The categories used in the RAP sheets were based on the questions included in the interview guide. RAP sheets, primary data collected in 2020, and secondary data were imported into qualitative analysis software (NVivo12). Framework analysis was carried out, coding the data deductively under higher order themes derived from the research questions and sub-questions. Where data did not fit an existing higher order theme it was coded under a new higher order theme. Data under each higher order theme were read and re-read, getting a feel for the range of participants' accounts, recurring experiences, views and problems, and inductively coded into lower order themes. Each code's data were checked for consistency of interpretation and re-coded as necessary. Quotes were extracted from the original transcripts where RAP sheets indicated a theme was salient.

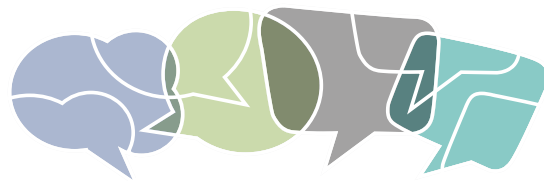
#### **C.5 Ethical approval**

Ethical approval was granted for the overall evaluation by City, University of London and the UEL Ethics Committees (ref ETH1819-0216). An amendment to the ethics application had been sought and approved to accommodate new research questions, data collection tools and remote working methods in light of COVID-19, including obtaining oral rather than written informed consent before interviews. Oral informed consent was received and recorded from all research participants who were interviewed remotely and written consent was received from those interviewed in person. Findings and quotes are pseudo-anonymised to minimise the risk of identifying participants.

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<sup>73</sup> As explained in Vindrola-Padros et al (2020). Carrying out rapid qualitative research during a pandemic: emerging lessons from COVID-19. *Qualitative Health Research*, 30(14), 2192-2204.





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