

## Neighbourhoods Connect Community Development Pilot

### 1. Summary

This is a contract monitoring report on a Neighbourhoods Connect Community Development Pilot, co-produced with colleagues from Living Under One Sun, and delivered between October 2013-March 2014.

An interim report to Keith Sides, LBH Contract Manager and Sue Southgate, LBH Interim Head of Service Assessment and Personalisation was made on 7<sup>th</sup> March 2014.

The offer, devised together with Living Under One Sun, was delivered by Age UK Haringey in West and South East collaboratives. Initial analysis suggest that it has worked well and significant learning has been possible in relation to mapping the 'assets' and 'needs' of diverse populations of Haringey's local older residents.

Activity exceeded target numbers with 272 motivational conversations held with residents aged 50+ .

As a direct result of Neighbourhood Connector conversations individuals have identified and are pursuing activities and services that help them to be proactive in their health and wellbeing. Service providers including social landlords and primary care practitioners have engaged in the pilot and embraced the opportunities that motivational conversations can offer.

Skills have been developed (by Connectors and across Age UK Haringey's volunteer and staff team more generally) with which to assist individuals to access relevant support or to attend activities in the wider community.

Mapping of local activities and services has been carried out and partnership working involving more than 30 organisations helped to enhance local tactics for addressing the issue of loneliness and isolation in later life.

Evaluation has been limited to an initial analysis of the output data captured, a de-brief workshop with Age UK Haringey's Neighbourhood Connectors and a film capturing the views of two residents with whom we held motivational conversations.

Within the time constraints of the pilot project we began to capture outcome information from follow up conversations with individual to track their 'wellbeing gain'. Initial findings using data from 32 individuals show that, for this small number, 40% perceived that both their health and community connectedness had improved.

### 2. What was commissioned?

The purpose of the Neighbourhood Connects pilot was:

- To **learn *how*** residents can take steps to making positive choices about their well being
- **To increase use of activities** and services currently available
- **To contribute to reducing isolation** and loneliness that can be experienced in later life
- **To help local health and social care providers** (e.g. reablement services and care agencies etc) **increase links with local community organisations** who focus on 50+

It was a pilot that was commissioned across two third sector agencies and co-produced with full support from LBH's Commissioning Manager.

### 3. What happened – set up, results so far (numbers and narrative) and lessons learned

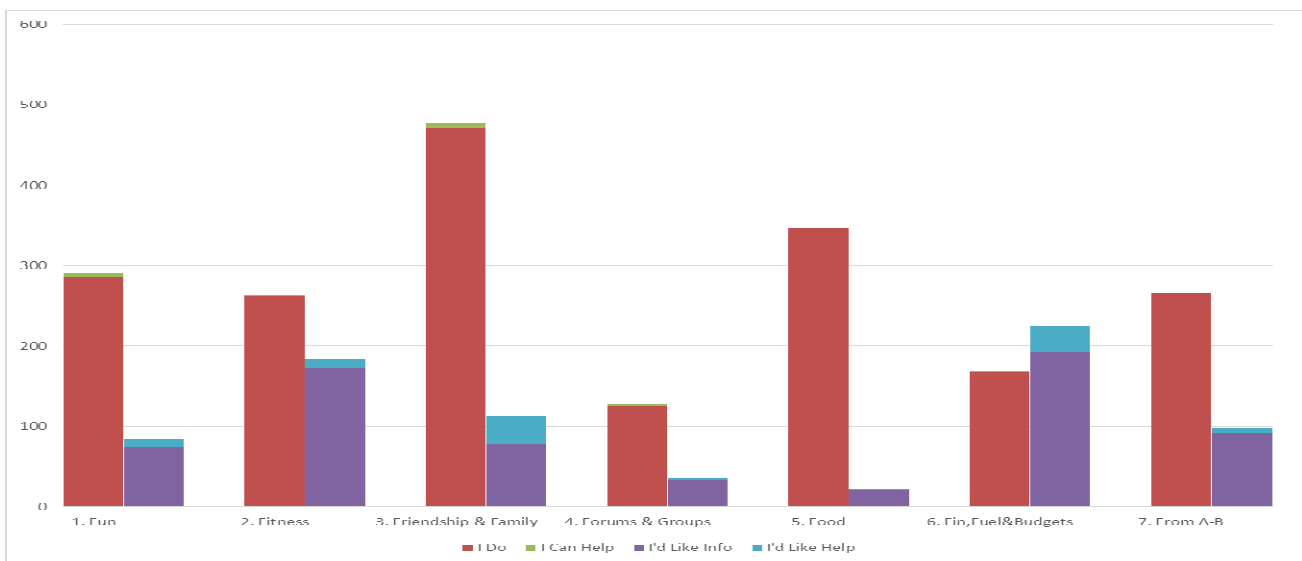
#### a. Setting up

A series of exploratory meetings were convened by LBH's Head of Personalisation, Assessments and Occupational Therapy Services and an offer constructed to map / community resilience (i.e. local organisations, individuals and businesses delivering age friendly activities and services); hold motivational conversations (target of 50 resident conversations per collaborative) and host awareness raising events around the theme of celebrating 50+, building social capital (e.g. of older volunteers) and addressing social isolation.

#### b. Results so far – connector conversations held

Age UK Haringey's Neighbourhood Connectors held 272 face to face motivational conversations to a diverse range of older individuals.

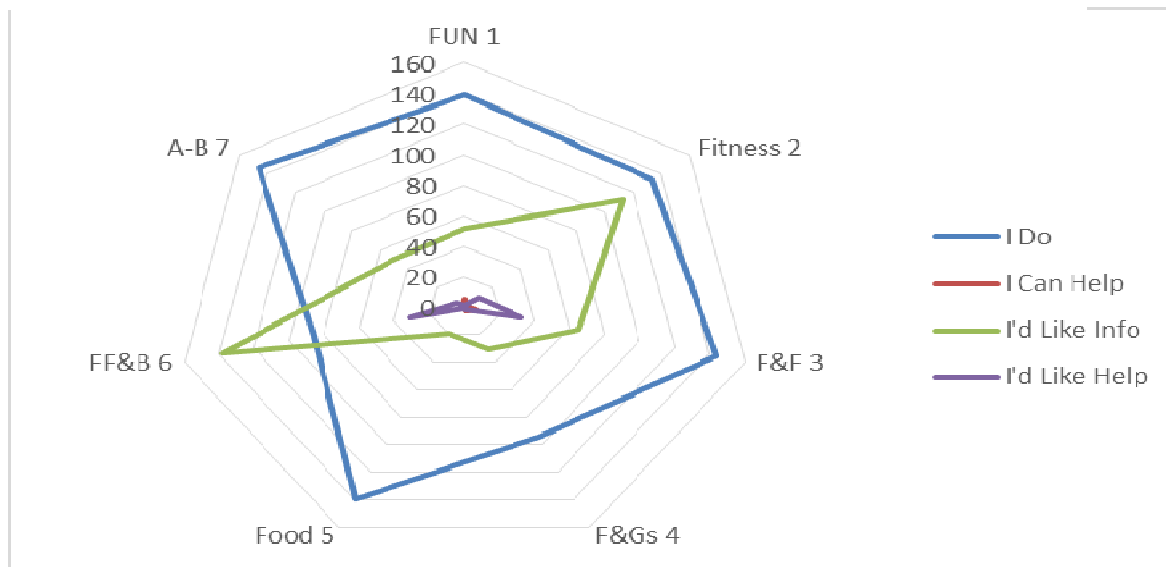
Figure 1: Assets and Needs of Older People Age UK Haringey Connector Conversations Dec 2013-Mar2014



Analysis of the 272 face to face conversations held showed us that most people identified both 'assets' and 'needs'. They were involved ('I do') across a broad range of 7 wellbeing indicators, however, they wanted information ('I'd like info') on two particular categories:

- fitness (including accessing local classes / opportunities for physical activity)
- and
- finance, fuel and benefits

Figure 2: Assets and Needs by wellbeing theme Dec 2013-Mar2014



96 requests for help resulted from our Neighbourhood Connects wellbeing conversations.

For these individuals who expressed needs, 'I'd like help', two main areas arose in connector conversations:

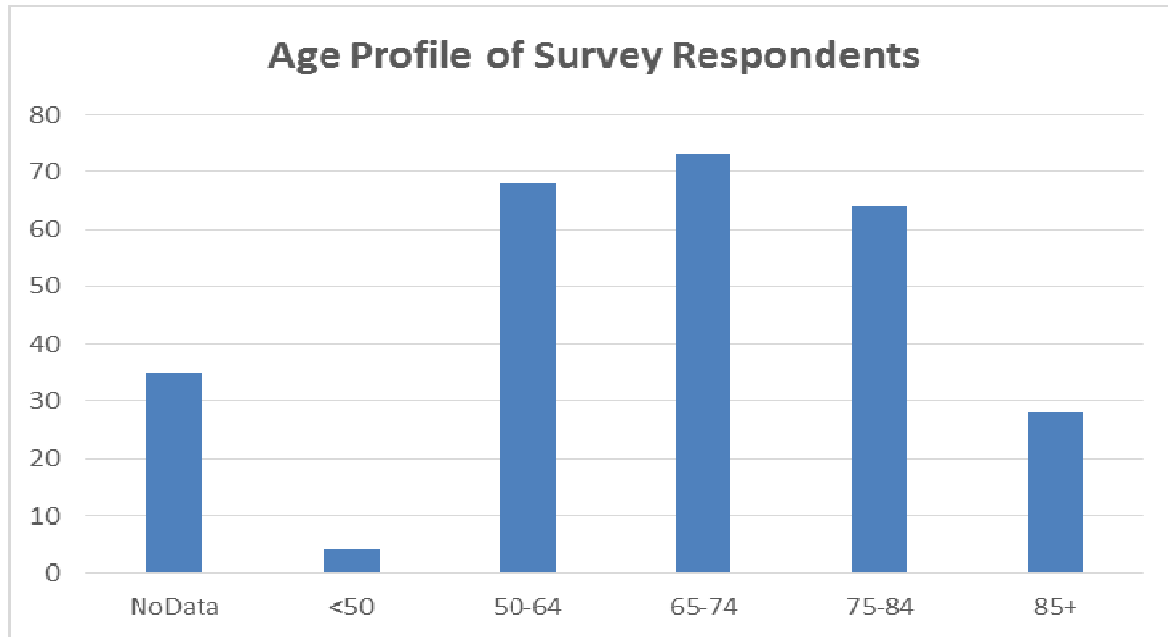
- requests for help related to finance, fuel and benefits
- and
- requests for help related to family and friends (a category that covered different issues including caring responsibilities and tactics to address social isolation)

Table 1: Age UK Connector Conversations Assets and Needs by wellbeing category Dec 2013-Mar2014

URNs 7001-7272 (nb no data 7067, 7164, 7165)					
	'Assets'		'Needs'		
	I Do	I Can Help	I'd Like Info	I'd Like Help	All Types
<b>FUN 1</b>	285	5	74	10	374
<b>Fitness 2</b>	262	1	173	10	446
<b>F&amp;F 3</b>	471	7	78	35	591
<b>F&amp;Gs 4</b>	125	3	33	2	163
<b>Food 5</b>	347	1	21	1	369
<b>FF&amp;B 6</b>	168	1	193	32	394
<b>A-B 7</b>	265	1	92	6	364
<b>Total</b>	<b>1923</b>	<b>18</b>	<b>664</b>	<b>96</b>	<b>2701</b>

Connector conversations were successfully held with a broad demographic of older people reflecting the age profile of the borough.

Figure 3: Age profile of residents engaging in Connector conversations Dec 2013-Mar2014



For further summary of demographic information captured from participants see appendix.

### c) Results so far – local events

In addition to the motivational connector conversations held during the pilot period we also worked with 22 colleagues representing 18 organisations who helped us host 11 local events.

27 staff from Health and Social Care provider organisations were involved in a series of ‘Get Connected’ events.

‘Get Connected’ events were attended by local older residents, carers, volunteers, local councillors and paid staff including:

Community matrons; Whittington Health Integrated Community Therapy Team (Physiotherapists and Occupational Therapists, Bridge Renewal Trust; representatives of Social Landlords; Hornsey Pensioners Action Group, Haringey Residents Federation and Haringey Allotment Federation, Holy Trinity Church.

We also engaged with Tottenham Traders and a local social care recruitment agency who attended the South Tottenham event.

All of the above were robustly supported (and often attended) by LBH’s Adult Services Commissioning Officer.

200 local activities and organisations were mapped across the two collaboratives.

### d. Results so far - how connections were made and what we began to find

We recruited a team of one part-time development worker and six sessional Neighbourhood Connectors (each working 15 hours per week). This was replicated by Living Under One Sun who also led on a training and capacity building programme which, through an iterative and participatory process evolved a

Neighbourhood Connects offer. We deployed Connectors across two collaboratives West Haringey and South East Haringey. This was mirrored by Living Under One Sun who deployed their team in Central and North East Haringey collaboratives.

Activity exceeded target numbers with 272 motivational conversations held with residents aged 50+ .

Connectors found willingness among residents to talk openly and honestly about their concerns as well as embrace possible ways of re-connecting with their communities. They also conveyed to us the variety and depth of involvement that they already had as active contributors to the borough. As paid workers, as volunteers and as participants in friendships, family and fun activities.

We found that the Age UK Haringey brand was well received by people and that they were comfortable talking to Connectors.

Information and advice about money matters, state benefits and addressing rising fuel bills was sought by individuals during their connector conversations. In excess of 70 individuals were signposted to relevant support agencies.

*Hannah, 60, N4 identified in the course of her connector conversation that she had multiple financial issues and was having difficulty coping. She also explained her full time carer responsibilities for her husband, Amin, who has suffered several strokes and is HIV positive.*

*Our Connector made a referral to the Food Chain who visited the couple and provided them with free food vouchers to last for 9 weeks. Mrs H attended an advice drop-in service and accessed information on her entitlement as a carer.*

Getting out and about, and the problems associated with mobility, featured regularly in conversations. Connectors found many residents were unaware of their options when it came to free transport, such as dial-a-ride and the eligibility criteria. Connectors provided some 30 dial-a-ride and Capital Call application forms, and in some instances assisted residents to complete the form.

Neighbourhood Connectors forged strong relationships with partner organisations including faith groups, Primary Care NHS staff, local traders, social housing scheme managers, voluntary and community organisations. All welcomed the pilot and responded positively to Connectors. These organisations contributed to two 'connect' events that we hosted offering organisations and individuals the opportunity to explore, in group discussions service delivery methods that could best promote wellbeing outcomes with local older residents.

Fifteen social housing schemes were visited during the project term with connectors holding approximately 60 conversations with residents. Non-English speaking residents were approached sometimes accompanied by an interpreter but more often with assistance from another resident. Individuals were signposted to advice agencies including the Turkish Cypriot Women's Project and Haringey Asian Centre.

Connectors worked with residents at Abyssinia Court supported housing scheme, N8, to host a "Shared Memories" information day. Staff from Hornsey Housing Trust combined with connectors and as well as being a day of reminiscence, visitors were introduced to the connectors offer. Of the 30 residents and visitors that attended the event, 3 have since offered to volunteer at the Hornsey Vale Community Centre (HVCC) lunch club, next door to Abyssinia Court, and 1 person has joined an afternoon chair-based yoga class at the community centre.

Connectors who were based at Hornsey Neighbourhood Health Centre referred residents to the monthly lunch club at the HVCC. We are aware that 10 members of this new club (launched in January 2014) originated from a connector conversation. HVCC also partnered us to host 'Get Connected', a Neighbourhoods Connect information event. Following a connector conversation, one visitor went on to join the HVCC lunch club.

Practice managers were contacted at the start of the project in order that we develop a working relationship with GP collaboratives to provide a source of referrals to the project. Whilst actual GP referrals were low, there is much to be gained by developing stronger relationships with them and especially also with their practice managers and teams. There is evidence of a willingness to allow Connectors access to surgery waiting rooms to connect with patients on a wider wellbeing and self care agenda (i.e. non-clinical interventions).

The project required that we carry out a mapping exercise to map and develop a directory of available community support and create/consolidate stakeholders networks in each of four collaborative areas. Connectors identified a wealth of information about local services and activities available to over 50's in Haringey. Connectors visited groups, communities, local businesses and organisations to gather information about what is available for older adults in Haringey. This information is currently stored on Google Maps and has the potential to be widely available. Partner organisations and local residents who we spoke to have indicated a desire to access this resource, and share in its upkeep, agreeing that it is a much needed tool for helping individuals to identify opportunities to combat loneliness and social isolation.

The mapping exercise also highlighted the problems faced by many social landlords who are finding themselves with more diverse resident populations and less staff / warden resources available to support resident engagement. Connectors observed that while many schemes provide social areas for residents to congregate, the individuals they spoke to highlighted the under use of amenities and lack of activities in their housing scheme; scheme managers seemed either unable to use the space creatively or lack the resources to address the issue. However, connectors did find one or two schemes where residents groups used the available communal space productively, hosting coffee mornings, social gatherings, events and computer classes. Connectors were also able, in the conversations with residents, to be proactive in suggesting tactics that individuals could use to redress this perceived lack of meaningful activity.

*Mary, 65, N15 spoke to a connector while visiting her local health centre. She expressed an interest in current affairs, local history and the arts and wanted to find like-minded individuals to meet regularly and perhaps visit a museum occasionally. The connector enabled Mary to set up a group within the extra care housing scheme where she lives and the group now meet regularly in one member's home.*

Connectors also found community centres, previously used by older people, were now being shared by young people groups, or are no longer providing activities for older residents. Centre workers saw our Neighbourhood Connects approach as a way of re-connecting older people with their facility and engaging them in activities. An example was Milton Road Community Centre, N15, where a residents committee were looking for volunteers to re-activate a computer group for older people, the Bridge Renewal Trust meanwhile were keen to offer the facility of their 'community hut' to older people to utilise for activities such as exercise classes or community events.

#### **4. What was Age UK Haringey's experience of running the pilot – what we have gained**

By hosting outreach events we were able to speak to older Haringey residents across the borough and get their views on community development and the issues that concern them. Residents told us that information and communication were two of the most essential ingredients in maintaining their health and wellbeing. Our range of [information guides and factsheets](#), a services leaflet and [quarterly newsletter](#) provided residents with current and relevant information.

Our healthy living and volunteering services team within Age UK Haringey met routinely throughout the project to progress the more complex resident issues that connectors identified. This enabled the development worker to respond in a timely manner allowing the connector to address resident's needs.

*Mrs B was referred by her son who was concerned about her deteriorating mental health. Connectors visited Mrs B in her home and found she had multiple health problems that were making her depressed, including her gradual loss of sight which had caused her to fall. The team met to*

*discuss the case and were able to provide connectors with a higher level of support enabling them to help Mrs B address a range of issues. 'I can feel my depression lifting' – Mrs B*

We reaffirmed our relationship with key support agencies e.g. LBH's Integrated Access Team (IAT) and also enhanced our reciprocal referral arrangements with specialist organisations offering interventions such as referrals to HAGA (Haringey Advisory Group on Alcohol's Connectors) and to Hearhstone, Haringey's domestic violence advice & support centre.

### **Lessons learnt can be themed under the following headings**

#### ***To increase use of activities & services currently available:***

- We said that we would provide opportunities to increase social interaction, community involvement and participate or lead in the development of community activities and events. As described previously we visited 15 housing schemes where we met residents in a group setting or in one-to-one conversations to make them aware of what services and activities were available in their communities. We hosted 5 (two hour) NC drop-in stands each week which amounted to 78 drop-in's in total. We also held 'one-off' Neighbourhood Connector information events during each month of the project which we partnered with other stakeholders to address loneliness and isolation.
- We said we would invite residents to speak about their lives and help them identify services that may be useful. In addition to referring to a range of local services and activities, Connectors referred individuals to our own services. This included befriending, Caring Connections friendship groups, exercise classes and Information & Advice drop-in sessions.
- 37 direct referrals were made to friendship groups of which 6 have already regularly participating and thereby increased their friendship circles, while one joined as a volunteer. A further 6 people who were less able to get out and about from their homes were referred to befriending services, all of whom have already been matched with a volunteer befriender now visiting them on a weekly basis.
- We continue to be able to track further enquiries to our services that originated from connector conversations.
- Connectors found during conversations a willingness among individuals to discuss their problems and concerns in great detail. Whilst this meant at times that boundaries to the offer had to be reaffirmed, the contact with AUKH was seen by participants to act as a gateway for contact with further services and information, making their initial contact important.

#### ***To contribute to reducing social isolation and loneliness that that can be experienced in later life:***

- We said we would enable meaningful, motivational conversations with residents allowing us to connect people with their neighbours. Whilst connectors hosted 272 conversations, they found that although residents were ready to address their social isolation by joining a group or taking part in an activity, some needed support with taking the first few steps. We captured information of where, across a range of 7 wellbeing indicators, individuals are *already* active or where their assets are being contributed.
- During the course of the pilot an Age UK Haringey Neighbourhood Friends support service was devised. This was in response to the requests for provision of one off volunteer interventions. Existing trained volunteers were solicited and 26 people agreed to register to carry out an additional 'Neighbourhood Friends' volunteering role. So far the service has provided IT/mobile phone support, helping a resident retrieve messages from her mobile phone and setting up the broadband connection for another. A resident was escorted to and from her dental appointment as she had sustained a fall and needed to regain confidence before venturing further afield. Although the number of interventions during the pilot was small the offer has continued post pilot and we are refining this alongside a review of our existing Out and About Befriending practices.

*Rita, 92, N15, recently returned to the UK having spent the past 50 years living in South Africa. She now lives alone, and although her son and daughter-in-law live close by, he has dementia and her daughter-in-law is his main carer. Rita was referred by AUKH advice worker and after an initial telephone conversation she was visited at home by Connectors who identified her as being lonely and socially isolated. They obtained her consent to make a referral to AUKH befriending service. Rita is now being visited weekly by a volunteer, Eda.*

**To help local health and social care providers (e.g. reablement services and care agencies etc) increase links with local community organisations that focus on 50+:**

- There appears to continue to be considerable scope for the creation more community led activities (or to use the jargon increased social capital) both within social housing scheme settings and across the wider community. A Neighbourhood Connects type service offer has the potential to act as a catalyst for increased neighbourhood resilience to be encouraged, creating innovative, low cost and sustainable responses to help combat the social isolation that can sometimes accompany later life.
- Information gathered by connectors and added to Google maps needs to be categorised into activity themes and made accessible on community websites. (See Age UK Lambeth for example of format) with a system to ensure individuals / groups can update their listings.
- Language needs and accessing interpreters – Individuals who spoke English as a second language who we came across (especially in the context of conversations held in General Practices and health centres) highlighted the barriers they face when accessing services. For example, Connectors accompanied by Turkish and Greek interpreters, found that in many instances residents were unaware of local fitness and swimming classes despite these amenities being close by.
- Mobility of residents – A reoccurring theme during connector conversations in South Tottenham and West Haringey was the difficulty some residents had with getting out and about locally. There was evidence of a lack of awareness of local community transport services and how an individual would qualify for free transport.

**Reaching the 50+**

- Figure 3 above shows the age profile of individuals with whom connector conversations were held. Whilst this shows that we were successful in reaching our target audience further work needs to be done to engage with the 50 – 55 year old age group. The following factors could be given further consideration:
  - o Hosting events and drop-in stalls during the early evening to attract working people.
  - o Target marketing in, i.e. in hospitals, GP surgeries, pubs, transport, etc
  - o Further use of the 'age neutral' Neighbourhood Connects brand.
  - o Increased use of social media, i.e. Facebook and Twitter to communicate the service offer and open up conversations.

**Partnership Working**

At the project initiation stage it was envisaged that a steering group including delivery partners, LBH including colleagues from LBH Public Health would be involved in overseeing of the pilot.

Good use was of LBH Organisation Development and Learning offer in the training of Neighbourhood Connectors. However Age UK Haringey had limited dialogue with Public Health as the pilot became operational.

Earlier consideration as to how to articulate a shared 'theory of change' approach to community development might have led partners to placing equal emphasis on capturing measures of local older people focussed community organisations, groups and activities alongside those of personal empowerment / greater social connectedness.

Greater sharing and comparison of data captured across both organisations aims could have led to more effective interventions / offer being made.



Although there was considerable support from Haringey CCG and LBH at the GP practitioner level our referral processes did not readily offer GPs the opportunity to refer individuals at risk of social isolation.

## Conclusions

Neighbourhoods Connect offer has been positively received by residents and practitioners.

Some significant community development outcomes have been achieved within the two GP collaborative areas we were tasked to make connections.

Personal empowerment (eg increased confidence), positive action (e.g. social housing residents' interest groups formed) and community activities (increased volunteering by and for target population of older people at risk of social isolation) can all, in some form, be evidenced as having been achieved in the pilot project period.

Partnership working experience has been positive and there is further opportunity to:

- Share information about what we had learned
- Improve the delivery of our service offer e.g. aligned more closely with emerging 'frail older people' wellbeing health outcomes
- Help individuals make better use of our community services and activities.

and

- Use findings to further engage with the diverse communities of older residents on how they devise strategies to have company and contact irrespective of their health status

For us at AUKH the pilot also suggested the need for:

- a contacts and monitoring service that can track how people take up local community based services and activities across non-traditional providers.
- a further follow up on a sample of individuals to better understand outcomes achieved i.e. after initial Neighbourhood Connects intervention and first follow up conversations.
- Identifying and resourcing a way to disseminate the information of available local services and activities – particularly a way to make local information available to GP and Primary Care staff to make available to older individuals (patients and staff) with whom they are in contact.

Neighbourhood Connects has been a well-received intervention that has piloted an approach that has the potential to be an important “staying well” offer as part of a continuum of wider preventive and early intervention services.

Initial analysis of those individuals who received follow up calls identified a risk that conducting motivational conversations with individuals can increase social isolation for those who hitherto had not reflected on the extent to which they had, through coping with long term health condition(s), begun to find it harder to maintain friendships and access / ask for support.

The need for more robust interventions is suggested for those who need time limited but more intensive non-clinical support interventions to navigate their way to available services. Those finding it harder to ask for support could be empowered by a more systematic peer to peer motivational conversation offer.

Neighbourhood / community based hubs of activity can be built by bringing partner agencies together to offer a more coherent approach to the local preventive offer.

Mapping of the skills and experience (assets) that older people represent alongside acknowledging the creative ways in which they volunteer their time is an important way of celebrating achievements of Haringey's older residents.

Volunteering by older people and their involvement in wider, neighbourhood based, social action can sustain meaningful life roles for longer.

Consideration could be given about how best to continue mapping and disseminating details of the creative ways in which older people focussed wellbeing type offers are available locally.

For local agencies, the integration of a continuum of available local preventive services would appear still to need some 'gluing together'.

For older individuals who may be at risk of social isolation, the offer of a motivational conversation around the theme of helping them to address a deficit (need) in terms of their neighbourhood connectedness appears to be well received.

There is potential to sustain a Haringey neighbourhood connecting role, delivered through a community development approach, to better meet older resident's desires to maintain an independent, enjoyable and meaningful life for longer. The challenge remains to join up communication on available local community offers and further refine health outcome data capture methods with which to evidence individual's gain.

Community development approach is not a short term fix. It does have the potential over a longer timescale to deliver on health outcomes both by accentuating skills and experience that older people represent and by better integrating services and activities to meet individual's non-clinical needs.

May 2014

Age range	50	50 – 64	65 – 74	75 – 84	85+
No. of people interviewed	4	60	78	75	33

Gender

Female	177
Male	95

Household size

Size of Household	1	2	3	4	5
Number of people	82	52	18	7	1
* Data recorded from 31.12.13					

Language

First Language	
African (Arabic/Somali/other)	6
English	121
French	3
Greek	4
Portuguese	2
Spanish	4
Turkish	5
* Data recorded from 15.1.14	

**Trends in Self Perception** n.b. Data only from initial 32 follow up conversations

