



**CONNECT
HACKNEY**
ageing better

What we learned: Connect Hackney phase one



**NATIONAL
LOTTERY FUNDED**

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CVS

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Introduction

Connect Hackney is a programme aimed at improving the wellbeing of people aged over 50 by preventing loneliness and isolation. It is one of 14 schemes funded through the Big Lottery Fund's Ageing Better programme and will receive £5.8m over six years.

We are working with older people and our partners to understand the different things that can help over 50s stay connected and active in their communities in ways that suit them. It is managed by Hackney CVS.

In phase one of the Connect Hackney programme, covering the period from 2015 to 2018, we invested in 23 projects to reduce the social isolation of older people. These projects tested different interventions, aimed at different client groups and using different approaches and delivery models. The projects included a peer support project for people with hearing loss, activities at lunch clubs, mindfulness classes and an art group for older LGBT people.

Investing in such a wide range of projects brought challenges, but this approach also allowed us to identify common themes from a broad spectrum of projects, as well the successes and challenges of each project.

The 12 recommendations in this report are drawn from the insights of the provider organisations that ran the projects, the findings from data collected through the common measurement framework (CMF) used by all the Ageing Better programmes and the local evaluation of Connect Hackney led by the Tavistock Institute.

We will continue to use the evidence gathered through our work, and our knowledge of social isolation, to influence the way services and activities for older people are designed in future.

Connect Hackney is part of the National Lottery funded Ageing Better programme set up by the Big Lottery Fund, the largest funder of community activity in the UK.

Ageing Better aims to develop creative ways for older people to be actively involved in their local communities, helping to combat social isolation and loneliness. It is one of five major programmes set up by the Big Lottery Fund to test and learn from new approaches to designing services that aim to make people's lives healthier and happier.

Executive summary

Time and organisational capacity were central issues across the projects we commissioned. Engaging isolated older people, encouraging them to talk about their interests and the challenges they face and helping them reconnect with the world takes a substantial amount of time. Given the fact that social isolation is characterised by a lack of relationships it is to be expected that reconnecting with others occurs gradually, requiring time for people to feel confident and supported enough to open up.

Another key finding is the need to design flexible models of provision that can be adapted to the various causes and effects of isolation as they unfold. This includes being able to provide low-level practical support, such as form-filling or following up health referrals, as well as emotional support with opportunities for frontline staff to actively listen to people who may not have opened up to another person for a long time.

The emotional complexity of isolation and its psychological effects were noted by many projects and, as our data also shows, therapeutic interventions had the most positive impact on wellbeing.

Finally, the most successful interventions in terms of raising self-confidence were those that cultivated a nuanced approach to the situations they encountered, striking a balance between recognising the serious challenges that people faced while also expanding their horizons and raising their expectations of later life.

Introducing a more optimistic concept of ageing, which recognises both the challenges and opportunities of later life, is a crucial element of empowering isolated individuals and helping them make the most of life.

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Participants

We captured demographic data about our participants through the common measurement framework (CMF) used by all the Ageing Better programmes. A total of 2,611 people were involved in the Connect Hackney projects in total, including 522 overwhelmingly older people who took part as volunteers, rather than solely as consumers.

For 1,130 participants, we have outcomes data as well as the initial baseline information, allowing us to track how participants' health and wellbeing changed during the time they were involved.

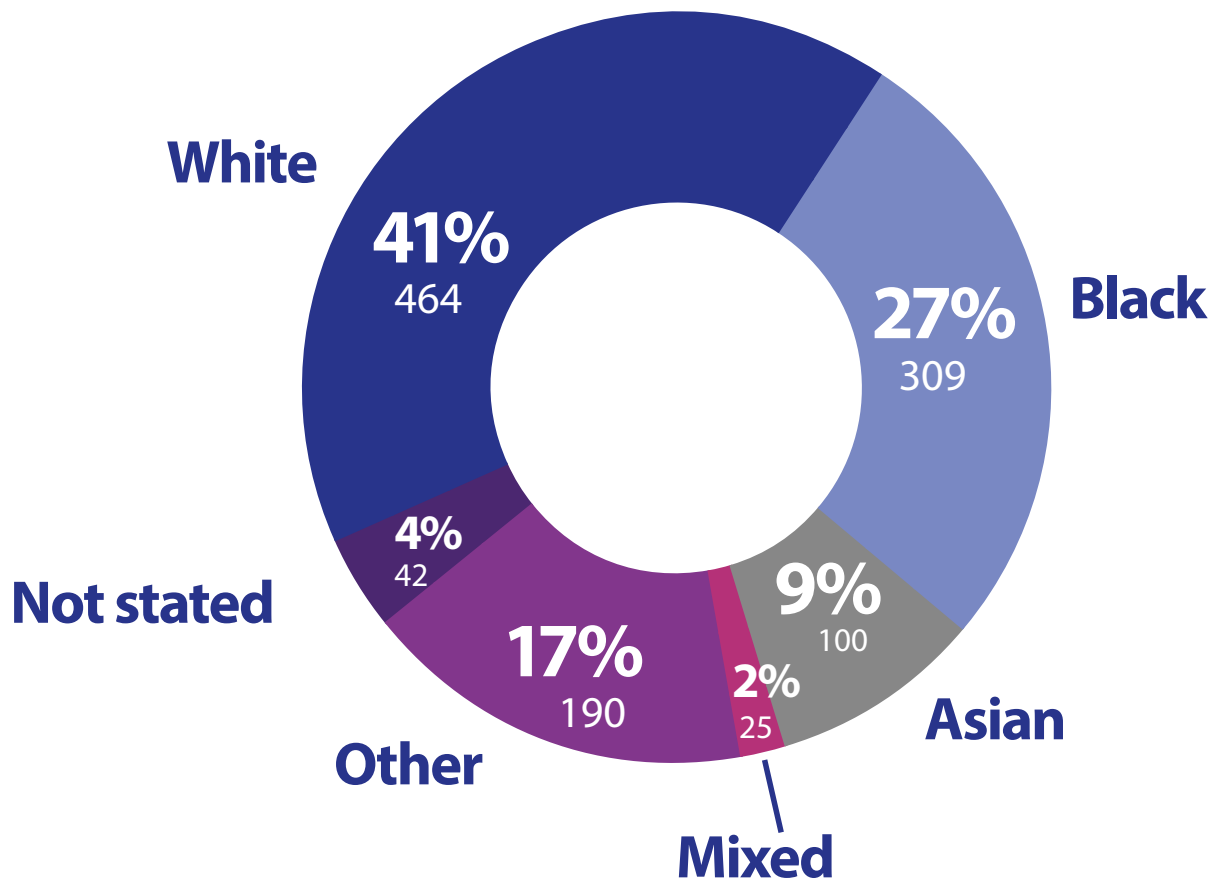
The charts overleaf show a demographic breakdown of our participants.

Ethnicity

Participants who identified themselves as white – including those with UK, Irish, Gypsy, Irish Traveller and other white backgrounds – were the largest group, with 464 people (41%). The second-largest group was made up of participants who identified as black – including African, Caribbean, black UK and other black backgrounds – with 309 people (27%).

The next largest group was those who ticked “other” to describe their ethnicity, with 190 people (17%). Hackney has substantial numbers of people with Turkish, Kurdish and Cypriot backgrounds and a large Charedi Jewish community. The “other” ethnicity category includes these groups.

Ethnicity – percentage and number

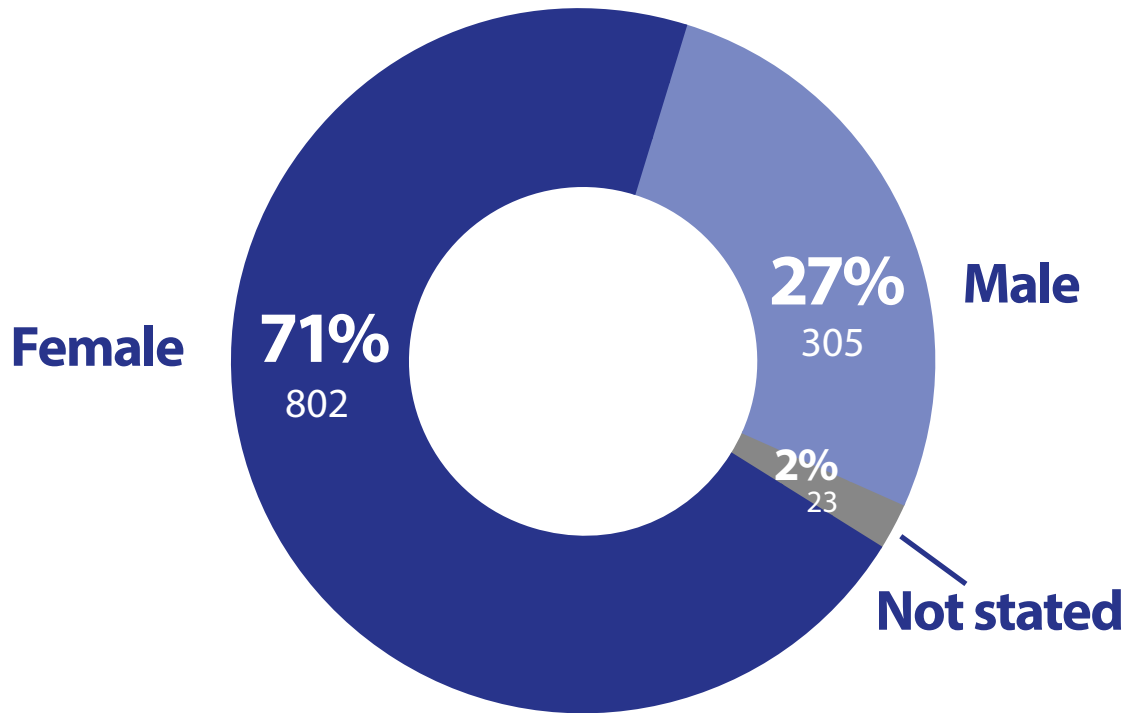


Participants who identified as Asian – including Bangladeshi, Chinese, Indian, Pakistani, UK Asian and other Asian backgrounds – accounted for 100 people (9%), while participants who said they had mixed ethnicity were the smallest group, with 25 (2%). Another 42 participants (4%) did not answer the question or preferred not to say.

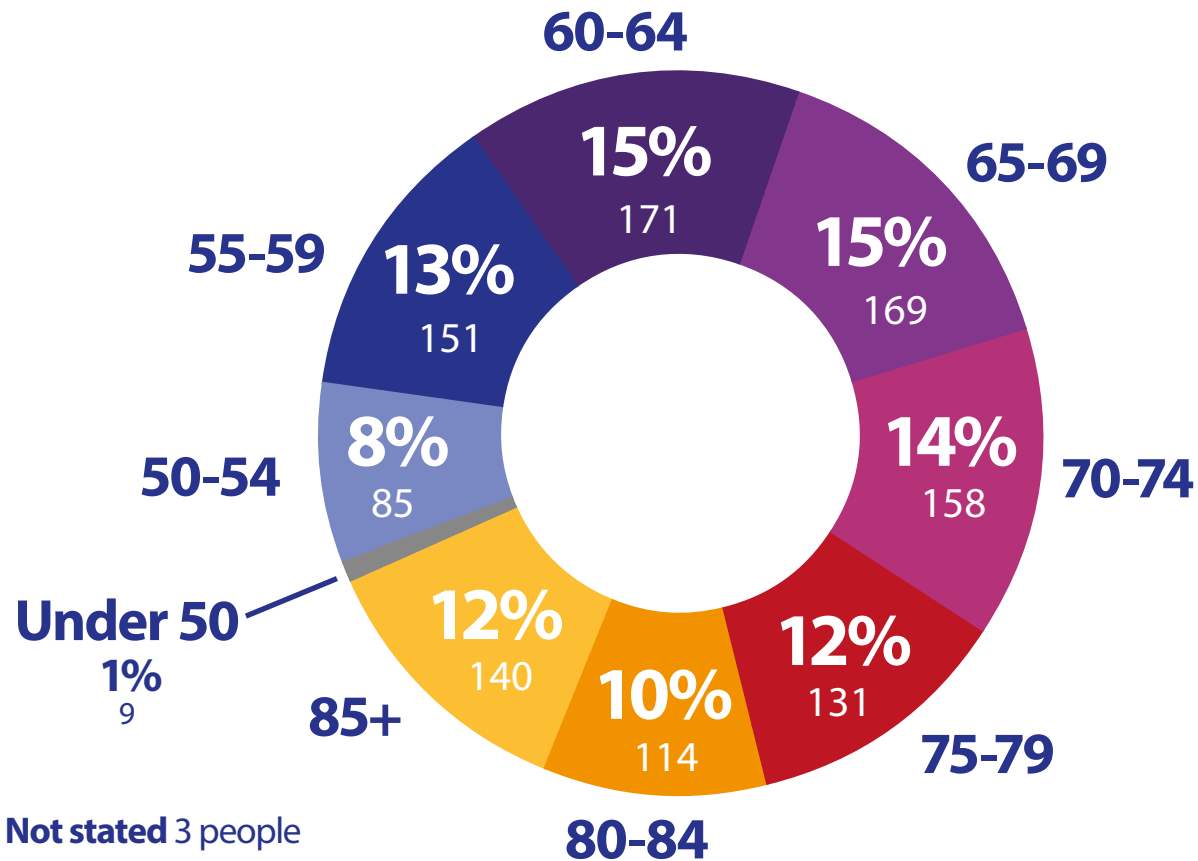
Gender

There were more than twice as many female as male participants, with 802 saying they were female (71%), compared with 305 who were male (27%).

Gender – percentage and number



Age band – percentage and number



Another 2% gave no response or preferred not to say.

Age

There were fewer participants from the youngest age group, from 50-54 years old, with 85 people (8%) of the total. But participants were quite evenly split between all the other age groups, with between 114 people (10%) and 171 people (15%) in each five-year age band.

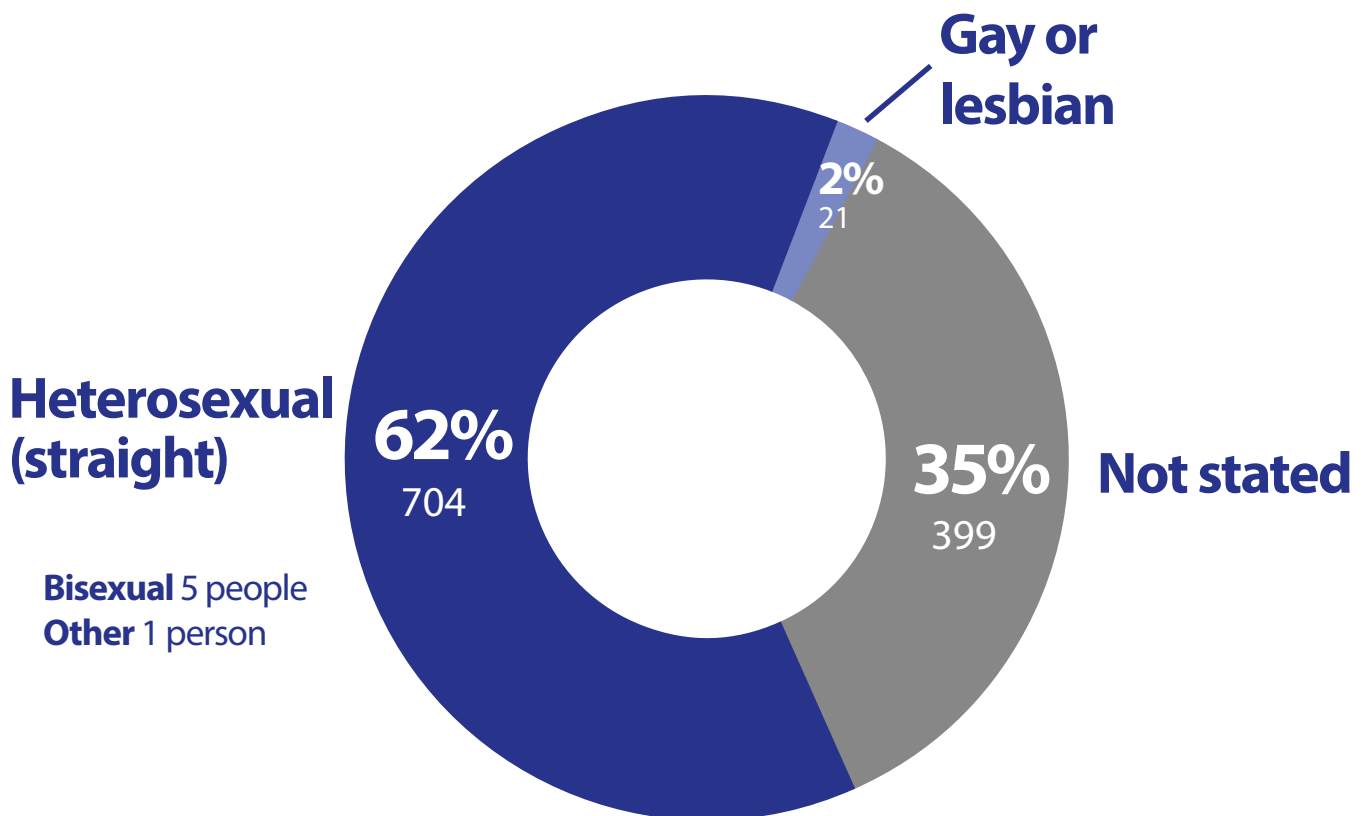
Nine participants (1%) were aged under 50, while three people did not state their age.

Sexual orientation

Our data shows 704 people (62%) who stated that they were heterosexual, with just 21 people (2%) saying they were gay or lesbian. Five people said they were bisexual and one selected "other" as a description of their sexuality. But 399 respondents (35%) did not state their sexual orientation.

It is worth noting that older people are more likely to have grown up when asking questions or making statements about sexuality was less usual. At the older end of the age group, participants will have grown up at a time when gay men could be prosecuted under UK law. These factors might account for the large proportion of participants who did not state their sexuality.

Participants' sexuality – percentage and number



Recommendations for successful projects

We have drawn up a set of recommendations for projects aiming to reduce social isolation among older people, based on phase one of our work.

1) **Reconnecting with other people takes time** For isolated older people, reconnecting with the wider world is often a gradual process that should not be hurried. It takes time for people to open up and discuss the support they need – even identifying the practical issues that need to be addressed can be a slow process. The journey to re-engagement can start with small steps – going for a short walk can be the first move toward reconnecting with the outside.

2) **Relationships are key** Developing a trusted and respectful relationship with the older person is the key to providing appropriate support. This must be in place before other interventions – including motivational coaching – can begin. This relationship should be maintained or re-established in situations when older people become isolated again – for example, because of a period of ill health. Where staff had kept in touch with participants who had dropped out of a project due to health problems, they were able to return more easily after their recovery.

3) **Provide wrap-around support** When someone makes a positive connection with a staff member or volunteer after a period of feeling invisible or ignored, they may turn to this relationship for help in a wide range of areas. Designing a project where those working with older people have both the emotional skills to develop a trusting relationship and practical knowledge of local services is an effective way of addressing both emotional and logistical issues. Providing low-level everyday support with form-filling, health referrals, home removals and so on can free an older person to socialise and enable them to benefit more fully from the emotional support they receive.

4) **Provide person-centred support** Isolation can be caused by myriad factors, including practical issues such as inaccessible transport or lack of public toilets, social issues such as ageism, racism or discrimination because of class or income, and emotional issues, such as mental health problems, bereavement, shyness and internalised ageism. This means support should be tailored to the individual's needs, opportunities and sensibility.

5) **Address the emotional complexity of isolation** The causes and effects of social isolation may relate to the pain and anxiety of specific issues associated with ageing – such as bereavement, ill health and ageism –

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while at the same time being deeply personal, bound up with issues of self-worth, personal identity and mortality.

Isolation can both lead to and result from mental health problems. We found that where projects adopted a therapeutic approach – for example, through mindfulness classes – individuals saw the greatest increase in feelings of wellbeing. The fact that the offer of emotional support was explicit did not deter older people from participating.

Participants also found less explicit emotional support – gained, for example, by taking part in group craft projects or other activities – to be therapeutic. Involvement in creative activities, such as knitting or painting, and giving to others through volunteering or making gifts all increased participants' feelings of wellbeing.

6) **Embed social bonding into leisure activities** Providing a leisure activity should not be seen as sufficient in itself to reduce social isolation. Instead, the way the activity is delivered should include creating the space for informal one-to-one or small-group relationships to develop. Doing this enables friendships between participants to develop. This should be considered in the design of projects, with resources identified to make it work.

We identified a number of factors that helped make leisure activities fertile ground for more independent contact between participants, outside the structured activities, and for friendships to develop.

- **Frequency** – Projects found that weekly activities enabled bonding between participants, with drop-in activities particularly benefiting carers. Providing time and space for people to mingle afterwards improved the opportunities for individual relationships to grow.

- **Refreshments** – Incorporating food and drink and encouraging participants to set up new projects together created a community around the activity that enabled people to bond and take collective ownership.

- **Group dynamics** – Managing group dynamics is key to enabling friendships and social networks to develop. Projects noted that in most groups there were people who made others feel welcome and helped relationships to grow. But there were also people whose attitudes and social skills disrupted group

activities. This needed to be managed so as not to undermine the relationships that developed and risk people withdrawing.

- **Common goals and creative activities** – Working towards a goal (making gifts, performing in a concert etc) gave structure and purpose to activities and was a way for people to recognise their progress in developing their skills. Engaging in creative activities such as singing, cooking, painting and

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costume making may reconnect people with their capacity to do something positive, improving their self-esteem and expanding their sense of what they can achieve in older age.

● **7) Find out what's behind the "transport" issue** – When someone mentions a problem with "transport" it is essential to draw out the particular issue, as there are many stages to the journey from home to destination and back – any of which could cause difficulties. It is easier to tackle the specific difficulty if it is not hidden under the general phrase "transport problems".

We have identified five headings that cover most of these issues: the individual's physical mobility, navigating the transport system (including ticket bookings), vehicle (or station) accessibility, reliability of transport and seasonal issues, such as wet weather or earlier nightfall.

8) **Befriending** Our projects found that befriending relationships worked well, enabling older people to get involved in different activities and helping them reconnect with friends or acquaintances after losing touch, for example due to periods of ill health.

The relationships worked best and were most empowering for both parties when it was understood to be mutual, rather than seeing one person as "befriending the other".

A "hub" model where a group of pairs of people in befriending relationships can come together at a shared base, such as a sheltered housing scheme or community venue, was found to be a good way of managing resources. The project was more accessible and the fact that groups of people came together created a social network rather than a series of unconnected one-to-one relationships.

9) **Volunteering** Older people's involvement as volunteers rather than solely as recipients of services brought benefits such as increased self-esteem along with a greater level of involvement in the community. Two factors were particularly important.

● **Asset-based volunteer management** – An "asset-based" approach means valuing older people for their abilities, experience and the contribution they can make rather than seeing them as people with problems in need of help or support. An asset-based approach to volunteering can mean project staff are more open to the different ways that volunteers can benefit the project's work and the local community. Staff feel more confident to empower older people to volunteer and to give the volunteers more responsibility. When volunteers feel supported and valued they may be more likely to take the initiative to start their own groups and lead social activities. Taking on elements of service delivery – even informally – gives participants more of a sense of ownership of the project. Some older people may not feel confident

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to volunteer on their own, but can still benefit from volunteering as a group. Getting involved in volunteering at a point of life transition – such as retirement or after bereavement – can help people form new relationships and provide a new sense of identity and purpose. Where projects match volunteers with people who are older than them, this can change the way the volunteer thinks about ageing, make them more aware of the importance of enjoying later life and help them consider the potential opportunities and challenges of the future.

- **Providing sufficient support** – Befriending someone with complex needs who requires a lot of motivation and support can be emotionally draining for volunteers. Project staff need to provide regular support, opportunities to “check in” and debriefing sessions for volunteers working in these situations. This should be embedded into the project design.

10) **Be prepared for complex challenges** It is important to take into account the barriers that can prevent older people building social networks and be ready to find ways to overcome them. These barriers can include:

- Long-term health conditions that reduce mobility and prevent sustained engagement outside the home
- Self-neglect and personal hygiene issues
- Negative self-perception and low self-esteem
- Negative bias – focusing on difficulties and barriers rather than the benefits of making friends and participating in activities and interests
- Challenging behaviour, such as taking offence easily or being aggressive, that can lead to someone being ostracised or isolated and prevent them from making friends
- Hoarding or other housing issues that make someone reluctant or unable to invite someone to their home
- Financial issues, such as debt, low income or not being aware of welfare benefit entitlements

11) **Work to raise expectations** Projects found that participants often gained enormous benefit from taking part in activities that they had assumed weren't for them, such as going to the Hackney Carnival, going fruit picking, having professional photos taken or visiting museums and attractions outside the borough. Participants expressed a sense of gratitude to the project for broadening their horizons. These experiences exceeded their expectations and began to shift their perception of themselves and the things they wanted to experience or contribute to in later life. This approach can help to undermine the sense that older people are unwelcome at museums and galleries or at lively public events and can help older people recognise their right to enjoy the attractions of the city.

12) **Archive learning in an interactive way** People are keen to talk about isolation and can also benefit from hearing others' experiences. Exchanging

views and experiences in this way breaks down the stigma of loneliness and isolation and can counter misplaced feelings of personal responsibility. Projects and their staff can also benefit from hearing about different experiences of isolation and loneliness. Finding interactive ways for people to tell their stories and discuss the issue of isolation, such as setting up a podcast, meant that both the project and the participants got maximum benefit from these conversations. Talking openly about the issue was empowering and enjoyable for the older people, while the project was able to build up an archive of ideas and reflections to inform its future work. Projects that made completing the CMF forms into an activity in its own right, with conversation, tea and biscuits, also reported good results.

Conclusion

The first phase of Connect Hackney's work has provided us with learning we can build on. We recognise that the causes of social isolation vary widely. Some causes are structural: the nature of health and social care provision, transport, ageism and racism in society. Other barriers relate to an individual's own feelings and sensibility, such as a difficulty trusting others, having a negative bias or loss of identity during life transition stages.

This means that addressing the issues requires a nuanced and flexible approach. Over the next three years Connect Hackney will test approaches to overcoming isolation in specific target groups (men, people with learning disabilities, and people from black, Asian and minority ethnic communities). The programme will also test different activities and interventions, such as summer events, micro-projects and digital inclusion schemes as well as looking at ways to reach people who live alone and are already significantly disconnected.

We aim to embed what we have learned so far into our work – and also incorporate the process of continually learning and reflecting into our delivery so we can make well informed, specific recommendations about which interventions are successful in different contexts and with different sections of the community.

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connecthackney.org.uk
020 7923 1962
info@connecthackney.org.uk