Community Connectors Data Summary – February 2022

What do we know about who accessed the Connector service and how they engaged?

The Community Connectors team, funded by Ageing Better in Camden, provided time-limited, person-centred support to Camden residents aged 60+ who have complex needs which make it difficult for them to build social connections essential for their health and wellbeing. ABC funded a range of community activities in Camden, but this service recognised that for many it is not straightforward to go and join an activity, and that support is required to enable that.

The team helped clients establish attendance at activities or groups which matched their interests. They also helped clients to access support from other services in order to address barriers to social engagement: they might have referred someone with mobility problems for physiotherapy or someone who has suffered a bereavement to counselling, for example.

This paper sets out data we have collected which highlights the needs of this group, including by examining the barriers they face, and how they engaged with the service.

1. Analysis of data collected before Covid 19

Survey data collected before the pandemic highlights the particularly high levels of need in the Community Connectors' client group.[1] 59% were in the moderate or most lonely category of older people when they started working with the Community Connectors. This compared with 48% of all older people joining ABC-funded groups activities and services in Camden (i.e. including people who started to attend independently or without intensive support). 71% of Community Connectors' clients reported that they were in poor health compared to 49% of all those joining the ABC programme; and 70% lived alone

[1] Figures are taken from analysis of questionnaires collected from clients/members by partners funded by Ageing Better in Camden as part of the Ecorys/TNLCF Ageing Better Common Measurement Framework (CMF) at the point they first became involved with an ABC-funded group, activity or service.

compared to 58% of the whole group. Both poor health and living alone are associated with higher levels of loneliness[2].

Community Connectors' clients were also more likely to report:

- Very low levels of well-being (47% compared to 27% of the whole group)
- Poor quality of life or significant issues (e.g. problems with mobility, self-care, pain or anxiety and depression) impacting their quality of life (40% compared to 27%)
- That they had a disability (82.6% compared to 57.5%).

68% compared to 43% of the whole group judged themselves to take part in social activities less or much less than other people of their own age.

Barriers to connection

There is much existing evidence as to the problems of social isolation and loneliness and the detrimental affect it has on people's health and wellbeing. The Community Connectors provided essential support to people who struggle to make social connection who often have complex lives and face many barriers.

In order to understand what barriers were in place for clients, the Community Connectors team categorised them. Main barriers were classified as either

- physical
- mental/emotional
- multiple/other - this included social factors such as carer responsibilities.

Main barrier	**Amongst 236 registered episodes with data [4 had missing data]**
Physical	87 (37%)
Mental/emotional	68 (29%)
Multiple/other	81 (34%)
Total	236

[2] For example, see Traverse (forthcoming) *Ageing Better in Camden: CMF analysis of data up to March 2020.* (Once published, this can be accessed at http://www.ageingbetterincamden.org.uk/)

Barriers were then classified in more detail so as to create greater understanding of the issue being faced within the broad categories.

Specific barriers noted	**Amongst 240 episodes**
Frailty, mobility	113 (47%)
Physical condition, illness	109 (45%)
Any physical	164 (68%)
Depression, low mood, anxiety	85 (35%)
Dementia, cognitive, memory	69 (29%)
Mental health, behaviour	36 (15%)
Any mental or emotional	152 (63%)
Other barriers	102 (42%)

This data shows that:

- Physical barriers were recorded slightly more than mental/emotional barriers – in just over two thirds of episodes versus just under two thirds.
- Depression/low mood/anxiety was recorded a little more than dementia/cognitive/memory issues – in just over a third of episodes versus a bit under a third.
- Mental health/behaviour barriers were less common

Whilst it is helpful to understand the barriers this group are facing - often the key issue is simply the number of different difficulties which people are living with which, when combined, become completely overwhelming and so prevent them from being able to engage with services and community activities.

No of barrier type(s)	Barrier type	Number of 236 episodes	% of 236 episodes
1 (86 – 36%)	1. Physical only	39	16%
	2. Mental/emotional only	23	10%
	3. Other only	23	10%
2 (119 – 50%)	4. Physical and mental emotional	73	31%
	5. Physical and other	20	8%
	6. Mental/emotional and other	25	11%
3 (33 – 14%)	7. Physical and mental/emotional and other	33	14%
	TOTAL	236	100

This shows that 64% - two thirds of episodes – involved clients experiencing more than one type of barrier with this breaking down into 50% facing two barriers and 14% facing three.

Length of support from the Community Connectors

The table below looks at how long each episode of support lasted. This shows that the majority of clients were supported for between 10 and 30 weeks, with some requiring less input and others being engaged for a more significant period of time. The average length of support from the service was 21 weeks.

Weeks of connector work	Proportion/Number of Episodes
<10	17% (41)
10<20	37% (89)
20<30	26% (64)
30<40	11% (25)
40<50	8% (18)
50<60	1% (3)
Total	**100% (240)**

There were also differences depending on the main type of barrier the client was facing. There seems to be slightly longer duration of episodes where the main barrier was physical compared to others (22 weeks vs 20).

Main barrier	**Average length of engagement in weeks (From 236 episodes where the main barrier was recorded)**
Physical	22
Mental/emotional	20
Multiple/other	20

The length of engagement also differed slightly depending on the number of barriers clients were facing. Unsurprisingly those with three barriers required longer support at 26 weeks compared to 19 or 20 weeks for one or two barriers.

Number of barriers	**Average length of engagement in weeks**
1	20
2	19
3	26

Outcomes

There are eight categories which represent both the outcomes which the Community Connector team were working towards, but also the most common reasons for connection not being made. Many older people who engage with this service have very complex needs and are often referred to the Community Connectors when other services have been unable to help.

Outcome	**Amongst 240 episodes of support***
Connection to activity	79 (33%)
Connection, personal signposting	30 (13%)
Connection to other services	56 (23%)
Connection to accessible transport	22 (9%)
Case closed, too complex	38 (16%)
Case closed, client disengaged	33 (14%)
Case closed, client ill	12 (5%)
Case closed, client moved or died	6 (3%)
***Note:** Usually, there is just one outcome per episode (206), but in 32 episodes there are 2 outcomes and in 2 episodes there are 3 outcomes.	

As you can see 151 episodes (63%) result in a connection, with the highest proportion, 33%, being connected to an activity. The connection outcome categories are explained in detail next.

- **'Connection to an activity'** refers to episode outcomes for clients who had been to an activity on more than one occasion and intended to continue attending on an ongoing basis. They had usually signed up to the centre/organiser as a member but were certainly in touch with the provider who would be their ongoing contact as the support of the connector ends. In most cases, the client had been accompanied to the

centre by a connector and personally introduced to the class leader or key contact. The number of occasions they were accompanied varied depending on how quickly they felt comfortable attending independently. The connector focused on supporting the individual to overcome the relevant barrier: building the physical strength to manage the walk to the centre or facilitating conversations with other attendees to build social confidence, for example.

- **'Connection, personal signposting'** refers to episode outcomes for clients where a connector had spent time working with someone to find appropriate activities and provide them with options pertinent to their interests and circumstances. The client may have tried different activities but ultimately not joined any. However, if through working with their connector they felt they had gained what they needed to engage when they were ready, these cases were classed as personalised signposting. In these cases what was key was actively listening, providing personalised information and the motivational support to help someone build confidence and get to a position of feeling like they can engage. They may, for example, have gained knowledge of their local community centre, where it is, how they themselves would get there and know the key contact to call, but not joined up yet as they are supporting a family member through an issue which is taking precedence.
- **'Connection to other services'** refers to episode outcomes for clients who needed support from another service before they were able to engage with social activities. If this was apparent at the point of referral, it was often possible to refer directly to the appropriate service and these cases did not turn into connector episodes. However, in many cases it was through working with someone that other issues become apparent. As trust was built with the connector, individuals may have revealed barriers which they would not feel comfortable asking a stranger for help with. Over time a person may have consented to a referral to counselling, for example, where previously they would have flatly refused such a service. Alternatively, some individuals distrusted other services having had negative experiences in the past and the connector may have been able to link individuals with support to overcome these issues, for example, linking with an advice service to help someone navigate the benefit system. Finally, it may have transpired that individuals were unable to get out to activities and the

best option for increased social interaction was via a befriending service. These services are often overwhelmed with demand and sometimes it was necessary to regularly chase providers to ensure that referrals were picked up. Where individuals had been supported to engage (and began engaging) with services which can help them deal with their primary concern, connectors classed them as connected to another service.

- **'Connection to accessible transport'** refers to episode outcomes where the connector supported the client to access transport. Individuals are often isolated if they find it difficult to physically get around and the process of applying for an accessible transport solution can be a significant barrier. Individuals may find it difficult to fill in the long forms and attain the required information. For example, they may be unable to get out to a shop to take a passport photo for a 'Taxicard'[3] membership. A connector supported them through the process including taking a picture in their own home and chasing up applications, which often takes time. Once they were connected with an accessible transport solution, they could travel around to see friends and family that they could not before, or spend more time out and about in their community and feel more connected to their neighbours and local area.

The 'case closed' outcome categories refer to episodes where connections were not possible explained as follows:

- **'Case closed, too complex'** refers to episode outcomes where the client wanted to make a social connection but was experiencing complex challenges which meant they could not do so at that time. They may have had physical health issues that they were dealing with along with other practical issues which left little time to concentrate on social activities. For example, an individual might be very aware of their isolation and the detrimental effect it is having but, on the day, when they were going to try an activity with their connector they had a flare up of osteoarthritis so couldn't attend; and the next week the activity clashed with a housing appointment; and on another occasion they were feeling very down and not up to going. Their connector would have suggested different days/times and would aim to motivate them.

[3] See information about the Taxicard here https://www.camden.gov.uk/taxicard#dfmo

However, sometimes complex barrier meant that it was not possible to make progress at that time.

- **'Case closed, client disengaged'** refers to an episode outcome where the client stopped communicating with their connector or advised they no longer wanted to continue.
- **'Case closed, client ill'** refers to an episode outcome where the client became too unwell to engage.
- **'Case closed, client moved or died'** refers to an episode outcome where the client died or moved out of the borough.

Note: In some cases, individuals returned to the service for another episode of support and the subsequent intervention might then have been successful, in part due to the trusted relationship that was previously established. Conversely, someone who has previously connected with an activity may have a change in circumstances and require a further episode of intervention to re-establish a connection.

2. Analysis of data collected between March 2020 and June 2021 covering Covid-19 and lockdowns.

The following includes data from 15 post-pandemic referrals who had been supported by the Community Connectors pre-pandemic and 15 post-pandemic referrals without earlier involvement with the team.

There were changes in the way the team worked due to there being many fewer face-to- face activities to connect clients to. However, the Connectors were able to offer a new option of meeting for regular walks. For full details of how the work of the team changed please see the following ABC report: *'Community Connectors during Covid-19: adapting to support older people out of isolation'.* [4]

However, the data shows that there was much which remained similar. Some comparisons are summarised here. The table below presents the pre-pandemic baseline first, then the episodes which involved Community Connector support post-pandemic.

[4] https://static1.squarespace.com/static/568a6b7425981d3d913a52c1/t/61431c728b2ce51b22e2cd3e/1631788148648/Community+Connectors+in+Covid-19.pdf

	Pre-pandemic norm (of 240 episodes)	**Post pandemic (of 32 episodes – 16 with pre-covid involvement/ 16 post-Covid only)**
Duration		
Length of time engaged with service (average)	21 weeks	17 weeks
Main barrier		
Physical	37%	34% (10)
Mental/emotional	29%	38% (13)
Multiple/other	34%	28% (9)
	100%	100%
Barriers – detail		
Frailty	47%	47% (15)
Any physical	68%	72% (23)
Depression/low mood/anxiety	35%	78% (25)
Dementia/cognitive/memory	29%	25% (8)
Mental health/behaviour	15%	16% (5)
Number of barrier types faced – Any physical; Any mental/emotional (please see table below for further details)		
1	36%	28% (9)
2	50%	59% (19)
3	14%	13% (4)

The following can be seen from this data:

- The percentages of clients facing main barrier types look much the same as pre-pandemic, although somewhat higher for mental/emotional difficulties (38% compared to 29%)
- There was an increase in depression/low mood/anxiety in post-pandemic episodes, as might be expected (78% vs 35%).
- There was some rise in those experiencing two barriers from 50 to 59% (mainly due to an increase in those experiencing mental/emotional difficulties alongside another barrier).

The next table is the full information for number of barriers faced by clients during post-pandemic episodes, providing more detail to 'Barrier Number' data presented above.

No of barrier type	Barrier type	Number of episodes	% of episodes
1 (9 - 28%)	1. Physical only	2	6
	2. Mental emotional only	7	22
	3. Other only	0	0
2 (19 – 59%)	4. Physical and mental emotional	15	47
	5. Physical and other	2	6
	6. Mental/emotional and other	2	6
3 (4 – 13%)	7. Physical and mental/emotional and other	4	13
	TOTAL	32	100

3. Comparison of pre and post pandemic data

This final table presents a comparison of pre- and post- pandemic outcomes:

Outcomes		
	Pre-pandemic norm (of 240 episodes)	**Post pandemic (of 32 episodes – 16 with pre-covid involvement/ 16 post-Covid only)**
Connection to activity	33%	16% (5)
Connection to other services	23%	38% (12)
Connection to accessible transport	9%	0% (0)
Connection with Community Connector walks	-	38% (12)
Connection, personal signposting	13%	3% (1)
Closure without connection	38%	34% (11)

Differences in pre- and post-Covid-19 outcomes reflect changes to services as a result of the pandemic. For example, there were far fewer group activities on offer to connect clients to and accessible transport services were largely closed. Some new services emerged: many of the 'Connections to other services' outcomes post-pandemic were to the new Age UK Camden Telefriending service, for example. This type of connection was particularly important for the rising proportion of clients experiencing depression, low mood and anxiety. Similarly, it became necessary for Connectors to start delivering an activity – walking – to fill some of the gap in group activities while they were paused. This addressed feedback from clients who stressed their needs for face-to-face contact, particularly from, but not limited to, those who were digitally excluded.

However, after the start of the pandemic, the fundamental needs of Community Connectors' clients remained unchanged. They continued to face complex and interplaying barriers to connecting socially and to require comprehensive support to overcome them and to help improve their lives. Barriers were highlighted and, in many cases, heightened by the pandemic but existed before and will inevitably continue. The key therefore is for services to remain flexible, reactive and responsive to future challenges; to continue to meet people 'where they are at'; and to work with them to enable and inspire community connections.