

# Community Connectors - Time Limited Interventions

## Introduction

In August 2018, Ageing Better practitioners involved in delivering a time limited Community Connector service held a workshop to start sharing the learning gained about supporting socially isolated people over 50.

We defined a time limited intervention as any project that is aiming to reach socially isolated people aged over 50 and to connect them to a wider range of opportunities or local activities. There is a fixed amount of time over which the support is provided. The support may include practical problem solving (such as helping people access benefits) but also includes building confidence and encouraging people to access what is available to them.

## What we do within Ageing Better

We are working to address social isolation in people aged over 50 - our programme and delivery is test and learn. We came together to identify the common features of our delivery around Community Connector services.

1. **Central contact point** - we have found models that have a central contact point are able to manage referrals, case-loads and messaging effectively. Referrals can be of variable quality. There will be some referrals that can be supported very simply and others that are too complex. A central point (usually a manager) helps to manage this first contact and to then distribute appropriate referrals.
2. **Initial triage call** - an initial call helps set the scene about the project and helps introduce the time limited nature of the work. It also helps undertake an initial sift of participants to help identify if they are suitable for the service.
3. **Face to face assessment** - most of the examples, used paid staff to undertake the initial assessment. This allows them to assess the complexity of the case and to decide which member of the team (staff or volunteer) to allocate to. At present conducting this assessment face to face is seen as an important first step to building the relationship and in providing a person centred approach. However, some of us are looking at whether this assessment always needs to be face to face and are exploring through their local evaluation the circumstances when a telephone assessment may work instead
4. **Keeping a referral partner informed** - Community Connector projects have a huge range of potential referral routes. This includes formal referrals from agencies such as GPs, Adult Social Care and other statutory and voluntary

services. They also receive self-referrals and referrals from family members and friends. Giving regular feedback to referral partners, even if it is to report disengagement, helps to keep partners involved.

*Brightlife in Cheshire have been piloting using a telephone triage system rather than face to face. This was part of their Test and Learn approach to explore ways they could potentially reduce costs in the delivery model. The learning from the early stages of the pilot is people prefer a face to face contact for the initial meeting as it includes personal and emotional details. They are also finding many people have hearing difficulties and this makes it difficult to undertake triage over the phone.*

### **Particular issues with time limited interventions**

We are realists and know commissioners often want to be able to commission a programme with a set length or a set number of sessions - we also know people don't always fit neatly into boxes but our learning to date suggests:

1. Length of engagement depends on the complexity of the case. There can be an average length of engagement but there has to be some flexibility to account for more complex cases.
2. Time limited does not necessarily need to mean a fixed number of weeks or months and can instead be a fixed number of sessions. Using a fixed number of sessions, instead of time limited number of sessions, allows people to move through the project at their own pace and allows for breaks for ill-health etc.,
3. People with ongoing support needs which cannot be addressed through a time limited intervention need to be acknowledged and accommodated via communication with the original referrer and/or via referral to another service
4. Exit can be difficult. Strong managers are needed to support both staff and volunteers as well as clients to know when the right time to move on is. One of the ways this can be built into the project is shown by Ageless Thanet who start with face to face but then taper support to telephone and then email.

Time limited interventions by their definition have an end point! So the next step in most cases was connecting to the wider community infrastructure. To make this work effectively the learning highlighted a need for:

- High levels of awareness of what is on offer as well as what isn't. This means investing time in attending network events and other activities
- A range of opportunities available to reflect the diversity of people being worked with
- Information and advice
- Opportunities to make links without having to travel

*Ageing Better in Camden have been working with the community infrastructure to provide clearer exit routes into something else following the work with the*

*Community Connector service. They are funding community centres to provide groups that are 'open' to new members and have appropriate support structures to help those with more complex needs. They are also identifying those groups that are 'closed' to new members. This means, at least in theory, people can refer to community sessions with greater ease.*

## **Costings for future commissioning**

We have some indications of the cost per participant. As many of these activities are being undertaken using test and learn principles it is not always possible to identify a cost per participant. But there is some insight into the costs of delivering Community Connector Interventions in a Time Limited way.

Reconnections operate as a Social Investment Bond and are on a Payment by Results model. This sees them receive £460 if they reduce loneliness after 6 months and a further £240 if the reduction in loneliness is maintained at 18 months. This provides an income of £700 per person they achieve an outcome with. They work with volunteers and have a relatively high case load. With 40 people per paid member of staff and 20 to 25 for volunteers.

Ageing Better in Camden have projected a cost of £738 per participant. This includes management and on costs.

There is an interesting caveat to place on comparison of these costs. Reconnections are paid on outcomes. They expect around 60% of the referrals they receive will go on to achieve an outcome.

There is always a danger when comparing costs. For example, Ageless Thanet fund three members of staff but no management costs as this is being provided by the delivery partner, the Citizens Advice Bureau. This is clearly a beneficial and cost effective way for Ageless Thanet to deliver this service. However, including this service in a cost comparison would provide an unrealistic bench mark as most organisations would be unable to deliver a service without the management support.

## **How do we sell our service?**

One leaflet does not fit all.

Our learning is that different messages are needed for both the people you want to recruit to the project and for referral partners who you want to refer people. Not only that, but that you also need to take time building up a relationship with the referral partner/s and that this often needs to be face to face contact.

When recruiting people over 50 our learning is that language used can be crucial - to move away from language around social isolation and loneliness. We found lots of people get defensive or don't recognise they are lonely or isolated.

The types of messages we found worked for people in the projects are:

- Opportunities to do things and ‘get out more’
- Opportunities to meet people your own age
- Personalising the message - using what they have told you or finding out what they want to be involved in
- The positive benefits of getting involved
- How you can help solve a problem (e.g. accessing benefits)
- Things happen to anyone, everyone - people need a hand

Referral partners, however, often use and welcome the terminology used around social isolation and loneliness.

Relationships with professionals will take time to build. One disappointing piece of learning is we found GPs are more reluctant to engage with funded projects that have a fixed life that are short lived (two years or less). They will not get excited about short term interventions and are likely to only signpost people to services they ‘trust’. There is a particular challenge in some of our areas who have a very high number of Locum GPs. Also that there are very mixed experiences of engaging with GPs generally.

*Brightlife in Cheshire help to highlight the challenge of working with GPs and the statutory services for referrals. Even in their relatively modest geographical area different services are available depending on where you live. In some parts of their area there is a Clinical Commissioning Group service focused on wellbeing. In this area GPs first refer into this and expect the service to then refer onto the Community Connector service from Brightlife. In other parts of their area they receive referrals direct. They also acknowledge their model can be confusing as they do not provide interventions for the whole of the city.*

### Putting people first

We know person centred and time limited are two phrases that can work against each other. How can we be person centred if we are saying everything will be solved in a fixed time frame? But we also know open ended engagement isn’t necessarily any more person centred.

What we have learned so far is.....

1. Use the right language - it is important to use positive (strength based) conversations. This means focusing on what people can do and what matters to that person.
2. Recruit the right people - it is important that volunteers and staff have the right approach. This means having a positive mindset, being able to develop effective professional relationships and being perceptive about the person and their environment. They also need skills that support people to do things for themselves.
3. Set expectations - introduce the time limited element from the start and help people plan how they will use the time. Co-produce the action plan but go at the pace of the person

4. Be clear about parameters - be clear on the boundaries of the relationship and when volunteer involvement will end and change. Support volunteers and staff to manage these boundaries
5. Retain flexibility - all time limited interventions need some flexibility to allow people to move through at the pace that suits them. This means some will engage for a longer period or will have breaks in the support.

*Ageing Better in Camden ensure all staff and volunteers make use of guided conversations and have open and active listening skills. They also attend Making Every Contact Count training. They also take a balanced approach to their recruitment. They recruit individuals who may not have a clinical background but who have worked in community settings. The use of a one to one model allows them to work flexibly to meet the needs of the person. This involves 'pausing' the support if someone is unable to engage due to illness.*

*Brightlife Cheshire are regularly reviewing and updating job adverts and role descriptions for staff and volunteers. They provide clear information and expectations around skills. They identify the ability to engage as a critical skill for their work. They are now expanding this work to develop specific roles and adverts for volunteers in each of their target locations to meet the identified needs of those populations. To further help with recruitment a member of the Older Peoples Alliance sits on each interview panel.*

### **Volunteers and staff**

We all know how important people are to any project's success. But we are finding both staff and volunteers are equally important in our community connector models. Volunteers help bridge the gap between professionals and participants. They can understand how it feels to receive the service. Volunteers can add significant value to a service; they can enhance its reach and often provide a more diverse range of backgrounds to the project.

However, the learning showed a volunteer model alone would be challenging. Staff help manage the process ensuring referrals are appropriate and supporting more complex cases. They can take on greater caseloads and allows the service to support more complex cases. Plus it is important to acknowledge that all volunteers need and deserve support.

Our learning to date is the key elements to consider when developing a mixed model of staff and volunteers are:

1. There is likely to be a high turnover of volunteers.
2. There will be challenges matching volunteers.
3. Volunteers and staff will both need support. A practitioner manager can help do this.
4. Volunteers are likely to have a significantly smaller case load (potentially only one) compared to staff.

The learning to date is working with volunteers can be very rewarding. They also bring a wide demographic of different people to the project. This can help the

project connect to the diverse communities in many of the Ageing Better areas. However, it can have its challenges, especially with the older age group. Some organisations are finding the line between volunteer and participant is quite blurred, with some volunteers also needing extensive support and help.

### **Further information**

For more information on the Ageing Better Programme, learning and links to the 14 Ageing Better areas please visit

<https://www.biglotteryfund.org.uk/funding/strategic-investments/ageing-better#section-2>