Connector role Projects

Introduction

Ageing Better is a test and learn programme. It is collecting information and insights from across 14 partnerships to identify learning useful for other programmes and organisations delivering activities aimed at reducing social isolation in people aged 50+.

We have grouped our national learning from Ageing Better into three themes:

- CONTEXT - We know from Ageing Better that the reasons for social isolation are many and varied and happen for a myriad of reasons including macro issues such as inequalities and deprivation as well as personal circumstances. These often occur in combination meaning people's situations are complex.

- CONNECTIONS – The people who are most socially isolated (where isolation is entrenched and embedded) will need some level of one-to-one support to help address their isolation.

- ECOSYSTEM – The Ecosystem is fundamental to addressing social isolation as it is the space where individuals connect with the community. It works preventatively to keep people socially connected and steps in when social isolation occurs. It includes interventions that people 'need'; activities and groups people 'want' to engage with; opportunities and provision for people to set up their own groups and community development, which includes age friendly activity.

This paper focuses on our learning from the different types of connector projects Ageing Better has supported. It links into our national learning in the following ways:

- Understanding CONNECTIONS – identifying the features of one-to-one support that can be valuable in helping people make the first steps out of social isolation and loneliness.

- Identifying the role of the ECOSYSTEM – understanding the different ways the ecosystem of opportunities and activities interacts with the connector role.

It is based on the learning and insights from all 14 Ageing Better Areas. The paper provides learning for organisations who are delivering a Connector type project or who are looking to develop a similar approach.

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The "Connector" role

The reasons for entrenched social isolation and loneliness are complex and personal to an individual. Those who are the most socially isolated (where social isolation is entrenched and embedded) will need some level of one-to-one support to help address their social isolation and so help to improve their wellbeing, life satisfaction, financial situation, loneliness etc. through connecting them to activities, services or opportunities that are right for them locally. Many will need a "connector" role to help them do this.

This "Connector" has emerged as being a fundamental role within Ageing Better learning to date and as a model capable of evolving to meet the challenges of the last few years. All projects and programmes depend on making connections between people to encourage them to take part. Latterly we have seen the development of a range of more formal "Connector" roles such as social prescribing, digital connector or community connector roles.

Social prescribing is a specific model of connector work. It has particular resonance within the health sector as an approach whereby a health professional makes a referral to or "prescribes" a person to a connector. Social prescribing connector schemes employ individuals (Link Workers) who take referrals from local agencies (including GPs), and work with people to produce a tailored plan to meet their wellbeing needs. They help people to overcome social isolation and feelings of loneliness. This can involve a range of activities from arts participation, befriending and sport or exercise, as well as debt, housing or employment advice.

Understanding the role

This formal connector role has a specific focus on purpose and progression. The role is to facilitate or support an individual to achieve something specific or to make the move into something else – to help solve a specific barrier or issue.

The Connector builds rapport, helping someone identify and then achieve a personalised set of goals. This is often managed by offering either a time limited intervention or a fixed number of sessions of support. One of the key insights from across our Ageing Better learning has been *to allow a relationship of trust not dependency to build which even at the start is looking and planning an exit route*. So there needs to not only be a clear route into the support but also an equally clear route out. There will also need to be a substantial amount of flexibility around the length and method of contact.

The Connector and participant aim to mutually agree what the focus of work will be. This process can take time and involves building trust to help identify the range and complexity of barriers and issues for an individual. The process of building a relationship is critical to helping the complexity emerge. There may be additional challenges to forming relationships as a result of an individual's mental health support needs and here it can help to focus on short term goals as part of the strategy.

Part of the Connector role can be supporting someone to understand and manage expectations as to what is ultimately achievable. This can be done by setting small goals but also by starting the conversation thinking about an individual's strengths and goals. It can also be done by setting a framework, identifying where a Connector role can help and importantly where it can't. A good Connector is thinking from the start about the end of the relationship and building skills to support that exit.

The Connector needs to know what options are available for a participant, what exists in their community as well as the specific functions of the social care sector in their area. Many of the people the Connector works with will have specialist requirements such as mental health, financial or benefits advice but the Connector does not need to have this specialist knowledge themselves as long as they are able to link people up to the places and agencies who do.

Key message: The Connector role is to facilitate or support an individual to achieve something specific or to make the move onto the next stage. They should allow a relationship of trust not dependency to build which even at the start is looking and planning an exit route or to link the person into a further source of support, group or activity. They don't need to be the expert or specialist themselves but be well linked into those places or agencies who are.

A relationship built on trust

The first contact with the Connector is crucial. Our learning through Ageing Better has highlighted just how important this first connection is, the importance of developing a relationship of trust and the value of this happening in a "safe place".

In Ageing Better, we did find it helpful to offer the first visit as a home visit. Covid 19 impacted on the opportunities to build connections through a home visit, although many connectors continued to make doorstep visits. A home visit (where possible) means the person may be more relaxed and can also help to give the Connector a 360-degree view of the person and their issues.

However, Covid-19 has highlighted the value in having a range of options available to participants. For some, a walk or a telephone call can be more helpful for building an initial connection than a visit. Options that should be offered for this first connection include telephone, online, home visits, using other community locations or whilst walking outside together.

Our experience of the connector personalised planning element is that it needs to work with the person holistically. It takes time to build a relationship between the Connector and person and for trust to be built. This relationship building phase is a key part of achieving good outcomes - setting the relationship off in a positive way and then tailoring the frequency, type and content of support to meet their identified needs.

We know for people who are socially isolated, having the confidence to take part in an activity is often a huge barrier to overcome in the first place. A Connector plays a vital role here in exploring the support needs a person has in order to engage or connect with any activity, very often going with them to the first or first few sessions.

Key message: Offering a first meeting as either a home visit or in a "safe" place for the individual can be very beneficial to help build the relationship. Covid-19 also showed the value of offering people choice about where this first visit takes place. A personalised plan needs to be person-centred and built on what that individual wants to achieve.

Time Bound

As we have already set out, a Connector role works best when it is time bound and concentrates on specific goals and outcomes. We have found the time limited nature of support can often be key to helping the real issues emerge. This is because it gives a focus to the support but then also identifies an end point.

Although we are clear on the importance of the Connector activity being time limited, this has to be done in a flexible way. Ageing Better found that a fixed number of sessions over an "open" period of time worked better than a fixed amount of time because people often have other problems or issues that may make engagement stop and start.

We also found that support does not necessarily need to end after the initial period is complete. But it will only continue if there is another clear goal and outcome that can be achieved. All of this work helps to prevent a dependency culture being built.

> **Key message**: There is value in the time limited nature (with flexibility) of the connector role. This supports people to set goals and make positive changes, to help an individual cope within their individual and broader context.

The role of volunteers and importance of effective support structures

Volunteers can and do play an important role, particularly in providing peer support. But we have key learning about the role of volunteers in these Connector type projects and any dependency on volunteers as a workforce.

Connector projects are usually working with people with high levels of complexity, and it is often inappropriate for this complexity to be passed onto a volunteer. Using volunteers as part of a Connector service does not necessarily save time or resource. Volunteers can add considerable value but will need and deserve good levels of support and will require time to recruit and manage.

Where volunteers are involved this should be towards the end of the Connector's work. Our learning from Ageing Better highlights the importance of having a paid professional (with all the support structures that sit around them) to build the relationship, identify and understand the issues and to work with the individual in setting the goals and outcomes.

We also found within Ageing Better that there was often a blurred line between participant and volunteer. This links to our learning around the fact that people are more likely to volunteer to help with activities or groups badged as being for people who are lonely or socially isolated than they are to attend them as well as insights around the importance of reciprocity. Any use of volunteers needs to factor this in.

The Connector needs skills in managing the relationship to ensure it is a relationship of support rather than dependency. In Ageing Better some areas have used Boundary Training to help a Connector understand and manage this relationship. Good Boundary Training needs to consider how to identify unhealthy relationships including what to do if you are worrying about someone out of work time. Training and support should be nuanced and role specific and not just about managing professional relationships.

The complexity of the people a Connector works with means it is hugely important to have the appropriate level of support in place for both staff and volunteers. This includes management time and often formal supervision. This will be a necessary overhead to the effective operation of a Connector project.

> **Key message**: Volunteers have a role to play but ideally later in the journey once the issues have been diagnosed and a plan is in progress. It would not be appropriate in the early stages of a Connector role where there is too much pressure on the volunteer. Volunteers are not a low cost solution - there is considerable time and resource needed in providing the supervision and support they deserve.

Developing the ecosystem

A Connector, is, by definition looking to connect a person into something and so cannot work independently of the local ecosystem. This is a key element of a planned transition as it is vital that there are the "spaces", activities or groups for someone to be able to move into, connect with and belong to. It is important that there is the investment in time and resources necessary to ensure the community offer is broad, mixed and accessible.

A community that has a wide range of activities that people want to do creates an environment where people can feel connected. The activities themselves can be the "hook" for people wanting to get engaged and involved, which then builds confidence allowing people to make those natural friendships which are so powerful. These connections and groups act in both a preventative way to reduce social isolation, and as an exit route for those people with entrenched social isolation. These activities and groups are vital for a connector to be able to link people into.

One important element of community development is knowing what is happening locally and how to link into those groups etc. Our learning is that "asset mapping" takes a lot of work, much is informal, and that the map is constantly changing. Connectors often just know (from experience and from being embedded in local communities) about the groups that exist locally, which are "open" as well as how suitable they are for people with more complex needs.

Community groups are dynamic and so information can quickly become out of date. This is even more of the case as a result of Covid-19. Connectors hold lots of information in their heads but can struggle to prioritise getting the information onto a system. Across Ageing Better we have trialled different tools to help make this information more widely accessible but have not yet found a magic bullet. Equally we have also found that "Word of Mouth" is what is trusted most when someone is deciding whether or not to join a group.

> **Key message**: The Connector role needs to be able to provide short term interventions that help tackle immediate needs. They also need to be part of a vibrant, varied and accessible network of community agencies and opportunities to link into.

Managing referrals

One of the biggest challenges for Connector projects is in managing the referral process. Organisations need to be clear on who and how they can support and who they can't. It will take time at the start of a project to build up these referral connections and to get the "right" referrals arriving at the project. It will then take

time to develop the relationships and to feedback to the referral partners. These relationships do not stand still and in many of the "referring" sectors there can be a high turnover of staff and reorganisation of roles and so throughout the project, time needs to be allowed to enable partners to be continuously communicated with and relationships refreshed.

The Connector also needs to be seen as an "honest broker" by all partners. They need to be able to communicate at a range of different levels and use the appropriate language and terminology for each audience. They need to be able to both liaise with others and be assertive. Where needed they need to work closely with other partners to get the job done. The Connector also needs to recognise the value of providing feedback to partners and to initiate and maintain this communication flow. There can sometimes be tensions between health and social care and the Connector has an important role here in identifying the right person to provide the right support for their "clients".

We have found within Ageing Better that many people are often referred to a Connector service because they have nowhere else to go or they have reached the end of the "referrer's" service. This means people will arrive with a degree of complexity which may often require access or referral to good mental health services. We found that training such as Mental Health First Aid and Asist (applied suicide prevention) are useful and have a role to play but are not a replacement for being able to refer to specific mental health support services. Specialist mental health support is beyond the expertise and role of the Connector.

This complexity is also likely to lead to challenges in completing any required paperwork. Paperwork will be essential for tracking participants and in understanding the impact of the work. In general, the greater the complexity of the participant, the greater the complexity involved in collecting any data.

> **Key message**: The referral network needs time and resource to develop and is never 'done'. It requires constant review and updating, and the relationships need constant input and work. In order to be effective, the Connector also needs access to specialist services such as mental health, advice services as well as longer term support in order to complement their delivery.

Covid challenges to the Connector role

The Connector role has continued to have a hugely important role throughout Covid-19, with greater demand for digital connectors and "shielding reconnectors" for instance. The role has had to adapt both in terms of the methods used to connect with people and also in relation to the expectations for the types of outcomes that could be achieved.

Covid-19 effected the local ecosystem that people experiencing social isolation and loneliness could be connected into. By this we mean that the interventions, activities and places that people would have been connecting with were either not there or not as accessible as they had been prior to the pandemic. So that the exit routes for people into new hobbies and new social connections were either missing or "on hold".

The Connector role continues to evolve. There is a gradual return to elements of face-to-face activity whilst also looking to integrate and build on the expanded use of digital and online opportunities developed as part of the Covid response.

> **Key Message:** The role of "connector" continues to be of fundamental importance and has shown itself to be a model capable of evolving to meet the changing environment. The outcomes the role can achieve have shifted as not all the usual exit routes are available, however the importance of the role remains. Connectors are also proving to be flexible and innovative in adapting to the changing situations such as in developing ways to support people remotely.

Further information

Ageing Better National Learning

- Digital delivery
  Learning snapshot - Key messages

- Social Prescribing
  Learning snapshot - key messages

- Learning from Community Connectors – Time Limited Interventions
  Learning snapshot - key messages

Ageing Better partnership resources and learning

- Ageing Better in Camden - Community Connectors in Covid 19

- Ageless Thanet - Covid-19 Reacting to a Crisis
  Social Prescribing pilot

- Ageing Well Torbay - Social Prescribing Ecosystems
  Community Building - connecting people and place to build community & reduce social isolation

- Brightlife (Cheshire) – Social Prescribing

- Bristol Ageing Better - Community Navigators

- Connect Hackney - Community Connectors

- Leicester Ageing Together – Community Connectors

More information on the Ageing Better Programme together including insights from across the programme are available at Ageing Better