

Role of Connectors during Covid-19 – learning from Ageing Better

Background

Covid-19 is an unprecedented situation affecting the lives of people across the globe, but which is particularly impacting on the older and those classed as “vulnerable”.

Since March 2020, when the initial Covid-19 “lockdown” restrictions were introduced, Ageing Better has produced a series of briefings capturing real “in-time” learning. These are aimed at practitioners, funders and third sector organisations. They aim to share learning and insights from the Ageing Better network about the issues and challenges faced by those supporting people aged 50+ who are experiencing social isolation and loneliness. We also aim to showcase what is working well and to highlight some of the innovation and good practice which this sector continues to bring to individuals and communities coping with the impact of Covid-19.

As we went into lockdown, we wrote a paper highlighting what we thought were the likely implications of the cessation of face to face delivery and the transition to telephone and online delivery, based on 5 years Ageing Better learning. During the lockdown phase (March - July) we looked at two specific themes from within the Ageing Better Programme resulting in our reports on Telephone Befriending and Bridging the Digital Divide.

Our “Transition” paper in July revisited the work of the 14 areas and Programme nationally as national restrictions began to lift, the economy pause button shifted and the guidance changed for those who had been asked to shield together with the withdrawal of central support to those individuals. This reflected the change from people being mostly in their homes to a situation where people were circulating more and with different people.

A key message highlighted in the July paper was the need to adopt and develop a blended model of delivery in order to adapt to the transition. This blended delivery model is person centred and allows increased flexibility to best meet the needs of

the individuals being engaged with. This blended model of delivery includes digital, telephone and face to face offers. Online resources and activities have been a lifeline for many people but online is just not possible for some and we therefore advocated for the provision of activity and resources via hard copy as well as through telephone, digital and face to face connections.

The situation with Covid-19 is constantly changing and evolving. This is particularly the case as we move into the autumn and winter of 2020 with a new national lockdown and a likely scenario thereafter of different parts of the country continuing to face different and varying levels of restrictions throughout the winter and into spring.

In this paper we explore how the connector role continues to evolve against this backdrop of uncertainty. We also share and highlight key insight and learning from early Ageing Better delivery about the importance of this connector role as well as discussing what can still be achieved via that role despite the current challenges and uncertainty which people and organisations face.

What do we mean by a “Connector” role?

A connector helps make connections - within Ageing Better it is an approach to help identify, reach and connect with socially isolated people and through a person centred approach, connect them to activities and support that is right for them in their local area.

Social prescribing is a model of connector work. It has particular resonance within the health sector as an approach whereby a health professional can make a referral to or “prescribe” 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.

Importance of the Connector role during Covid-19

Context

Throughout Covid-19 Ageing Better areas have continued their work connecting with people aged 50+ albeit in a variety of different ways. Ageing Better areas were well positioned to respond from the outset, having developed effective networks and partnership working in their own localities over the previous 5 years and all had built up databases of people with whom they had worked. Relationships were in place with key local stakeholders so that areas were part of coordinated local emergency responses.

As at winter 2020 we have identified that the following elements in relation to Covid-19 support remain in place to some extent across all the Ageing Better areas:

- Emergency response structure - in each area some form of the initial emergency response structure remains in place and active. There has been a shift from the early priorities of providing food and medicine towards more emotional and wellbeing support. In particular we have been told this now includes specific work and support around bereavement and mental health. Importantly these structures once in place are proving to be flexible and adaptable - to evolve with the changing requirements of the situation and people using them. So they have been able to begin to link into wider services

but can also flex back to the emergency service provision as required. In some areas the structure and ways of working have been so effective that there is appetite to continue and develop the initial hub working as the “route” into local provision and support in the future.

- Telephone befriending - this is proving to be an important service and in each area some form of telephone support/befriending service remains in place. These may include wellbeing checks as well as the more traditional models of befriending as well as peer support and specific mental health support. Many areas recognise this is an important offer which is meeting needs and so plan to continue delivering this for the foreseeable future.
- Digital support - Support provided here is varied and includes both the provision of activities e.g. yoga online or for groups to continue meeting online, as well as the support to people who want to become more digitally connected through actual provision of equipment, guides as well as one-to-one support to access online services.

Impact of Covid-19 on the “Connector” role

The “Connector” role has emerged as being a fundamental role from all our Ageing Better learning to date. We have highlighted how those people 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.

Everyone’s awareness of social isolation and loneliness has increased as a result of Covid-19 and we have heard how some of the stigma attached to loneliness and social isolation has lessened as a result meaning more people have been willing to reach out and connect to services.

But Covid-19 has also made the functioning of the “Connector” role more challenging because it has:

- Changed the ecosystem that people experiencing social isolation and loneliness can be connected into. By this we mean that the interventions, activities and places that people would have been connecting with are either not there or not as accessible as they were prior to the pandemic.
- Influenced the outcomes that people can achieve. The exit routes for people into new hobbies and new social connections are either missing or not currently active.
- Changed how connection can happen. Not all connections can now take place face to face and what is possible varies considerably between different parts of the country.

The scope of the connector role has also further developed during the pandemic so adding to its importance. We have identified two areas of operation where the connector role has emerged as new or with an increased level of importance:

- “Shielding” connector - A large number of the 50+ population were either asked to shield or took the decision for themselves at an early stage of the lockdown. Even as restrictions began to be lifted and a proportion of the wider population began to mix more and return to a level of “normality” Ageing Better areas were very aware of the number of people who were still effectively in “lockdown” and for whom the world had moved on without them. They were extremely nervous and unsure about the rules and anxious about going shopping or even visiting the local park. Areas have developed a range of ways of helping people to “connect” back to their local environment

- this includes buddying with someone to go to the local shops for the first time.

- Digital connector - In the current Covid-19 situation there is a heightened need and opportunity for this role and function. Many could benefit from being given the opportunity and support to increase their access to technology and online services. Our insight and learning is that the digital connector function has a specific role helping people identify where they are on the “digital spectrum”. Part of this involves understanding the “push & pull” to go from offline to online and helping to identify the specific “digital hook” for that individual and then supporting them through the process.

Key Message: Although each part of the country provides a different local response there are some common features including practical, telephone and digital support. The role of “connector” continues to be of fundamental importance and has shown itself to be a model capable of evolving to the changing situation. The outcomes the role can achieve have shifted as not all the usual exit routes are available, however the importance of the role remains. Two key roles we have found “connectors” playing are: supporting those who have shielded to reconnect back to their local environment and supporting people to access and use digital technologies

Different groups of people the “Connector” role needs to work with during Covid-19

Our insight from Ageing Better is that the need for a connector role remains and demand for activity remains high. Broadly speaking a “Connector” role in the current context is working with three different groups of people, each of whom brings a different set of challenges:

- *People who are new to social isolation and loneliness as a direct result of the pandemic* - this group may have never previously experienced social isolation and loneliness but are newly isolated because of the need to shield or other Covid-19 restrictions or anxiety. As well as any regular groups or sessions they may have been part of, there is also a reduction in “bumping spaces”. These are informal opportunities for people to connect to each other or their local community in places like shops or open spaces. This new social isolation and loneliness is challenging as people do not have the usual tools available to them to help manage it themselves.
- *People who have long standing social isolation and loneliness and are maybe making a connection for the first time during the pandemic* - this group will often have entrenched social isolation and loneliness alongside low mood and anxiety. We know from our earlier Ageing Better learning that the reasons for entrenched social isolation and loneliness are complex and personal to each individual. As a result, working with that individual in a person centred way is crucial, as is developing a relationship of trust. There can often be additional challenges to forming relationships as a result of mental health support needs. Building relationships with this group can take time and there is a need to focus on short term goals as part of the strategy.
- *People who are reconnecting to support because of the impact of the pandemic* - this group may have been previously supported out of social isolation and loneliness but the loss of the wider network of groups and activities, added to feelings of anxiety and fear may have caused it to return.

In some ways this group are easier to work with as it may be possible to link them back to their long standing relationships or networks through other means such as online or telephone.

Evolution of the Connector role during Covid-19

The restrictions of Covid-19 mean the connector role has inevitably adapted and evolved. Not all of these changes or adaptations have been negative or to the detriment of the offer to people aged 50+.

Middlesbrough found that the constraints of Covid-19 had actually helped them develop a more responsive and effective social prescribing service at speed. For example, they are able to provide people with more varied ways in which they can engage with a connector. When the model was first developed it was envisaged that all the appointments with a connector would take place in the GP surgery. As this is no longer an option a much broader range of ways to engage are offered which include garden visits, “walk and talk” alongside digital and telephone options.

A further “improvement” during Covid mentioned to us was that of professionals linking up more successfully partly as a result of working more online. We heard that for one aspect of Social Prescribing work where an individual is provided with a package of medical/care support this had been able to happen more effectively. There had been one point of access to a virtual meeting involving a variety of professionals (which would have taken weeks to arrange face to face) to talk about an individual’s package of support and access to equipment. This was highlighted as something to develop and build on post Covid-19.

Areas are continuing to use and develop a variety of routes and ways to reach and connect with people. Cheshire as part of its social prescribing work takes referrals from a network of GPs and other partners and during the summer began to explore ways to continue meeting people face to face through what they refer to as “fence time”. Other areas have also been exploring how to try and meet outdoors where possible. Camden’s “outdoor outreach” work involves outdoor park and street based activities to reach people (especially men) who aren’t engaging with other services. In Torbay they are using particular parks and other outdoor spaces for specific timed and supported meetings to help previously “shielded” people begin to connect with the outside world again.

As identified earlier in this report, areas are also well connected into local established ongoing emergency hub response models. The work here even at the height of the first lockdown involved adopting and evolving elements of the connector ways of working. This included receiving referrals from delivery partners in the hub, working with the person to identify their wider support requirements and then ensuring people could connect to the right service/s for them via the skills and expertise of the network of other agencies operating in the hub.

The first contact with the connector remains crucial. Our learning through Ageing Better has highlighted how important this connection is, the importance of developing a relationship of trust and the value of this happening in a “safe place” which can include a person’s home. Clearly Covid-19 has impacted on the chances of this taking place face to face and moved the focus towards adapting to a reduced variety of options. Importantly, however, these remain person focused and for telephone and online will still mean the person is in their own home at the time.

Across Ageing Better, areas understand and appreciate the value in, where possible, continuing to offer the opportunity for face to face connections albeit often in reduced numbers. These usually have to be prioritised e.g. focusing on visits for

those people who have struggled to connect via the phone or are not online or where there is an underlying issue that means a home visit is really needed. Areas are making use of PPE and dynamic risk assessments to make this possible.

Key Learning: The need for and importance of the connector role has been further heightened. Covid-19 has increased awareness of social isolation and loneliness. It has also brought people back into social isolation and has introduced a new set of people to social isolation as a result of the loss of the set of networks, groups and interventions (local ecosystem) which was previously preventing their social isolation and loneliness. A range of ways for that first vital contact with people to take place is important. Where possible, we found face to face needs to remain a valuable component but this is proving difficult.

Providing support in a context of reduced “exit routes” for connection

As we set out above the normal rules and learning around reducing social isolation and loneliness cannot all continue to apply in the current pandemic. The activities, groups and interventions that would normally provide a vital part of the offer from a “connector” to the person to move on into (effectively the exit route) are not operating as “normal”. The type of support the connector role can offer has therefore also had to shift.

One of the key insights from across our Ageing Better learning in relation to the operation of Community Connector or Social Prescribing models has been *to allow a relationship of trust not dependency to build which even at the start is looking and planning an exit route*. This is often managed by offering either a time limited intervention or a fixed number of sessions of support.

We would stress that the fundamentals of the connector role approach have not changed for those delivering the support. The focus of a connector role remains that of helping someone identify and then achieve a personalised set of goals. As discussed, however, there is, of necessity a substantial amount of flexibility around the length and method of contact.

The key learning from this phase of Covid and of Ageing Better delivery is around the extent and scope of these personalised goals and their need to shift in the current context. Personalised goals at the moment likely mean helping a person aged over 50 understand and explore the opportunities presented by the digital offer and helping them understand what is realistic and possible for them now. In addition this will often also involve looking at personal coping strategies and managing anxiety - acknowledging that it may not currently be possible to join a group and so looking at helping an individual develop and manage a routine, provide a structure to and manage life in the interim.

Our experience of the personalised planning within Social Prescribing and Community connector models 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. Our experience is that 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. Traditionally a connector has played a vital role here in exploring the support needs a person had in

order to attend a first session, very often going with them to the first or first few sessions. Physical distancing and limits on numbers of people attending any activities effectively mean that this is almost impossible at the moment. The connector can still help someone sign up to and help provide remote encouragement, when these are available.

This need to be person centred has a particular added Covid-19 dimension for the connector role in recognising that there are a huge range of different attitudes towards Covid-19 which will vary for each individual and at different times. It is important to take the time to understand and hear where each person is at as understanding this is key to connecting with that person as effectively as possible.

Key Learning: The fundamentals of the connector approach and model are still important and applicable to the current situation in supporting people remotely. Connectors are also proving to be flexible and innovative in adapting to the current situation and about the socially distanced activities that are on offer. There continues to be 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. Attitudes to risk will vary between people and it is important to continue working in a person centered way to help address this.

Summary and a look forward

The connector role has evolved as a result of Covid, but what we are seeing is that it remains as vital now as during the earlier part of the Ageing Better Programme. The connector approach of providing holistic person centred support built on a relationship of trust is proving vital in continuing to provide that all important connection with people. This is the case even though it is not possible in most instances to support people into making those next step connections into what used to be a wider network of activities and groups (local ecosystem). But the skills and techniques of the connector role and model are proving to be important in “holding” people, dealing with a range of practical issues and helping them to feel connected with in the interim.

In addition, as we have identified above, the connector role has further expanded into supporting people who were shielding or remained in lockdown to connect back into their local community and that of the Digital Connector has become a developing and important role going forward.

Some of the ways of working developed so far during Covid-19 will continue to be relevant to the next phase of the pandemic and well into the future. These include:

- Providing more choice in the ways people connect to activities - prior to the pandemic some people had been excluded from engaging in activities because they couldn't leave their homes for a range of reasons to attend physical activities. This is a group of people for whom the increase and development of online activities has been a lifeline - many commenting that they have never been as connected. We need to ensure that we continue to support this group of people and Covid-19 is encouraging organisations to look at ways of bringing the world to people in their own homes. Ageing Better, as well as the wider sector have also developed a huge range of innovative ways to provide flexible and effective ways to connect with people which include activity packs, online, “fence time”, coffee morning in supermarkets, shared reading, tai chi over the phone and intergenerational pen pals.
- Person centred support - the key learning from Ageing Better is the value of

working in a person centred approach. Learning from the pandemic has only added to the importance of this as an approach. One size or one service does not fit all and it is vital to support and recognise people as the individuals they are. During the pandemic we have learnt that everyone has their own attitude to risk, their own anxieties, their own “hook” to take up digital engagement and their own personal barriers and it is only through taking a person centred approach and getting to know that individual that you can really provide the support that an individual needs.

- Value of face to face connections - across Ageing Better there have been a huge number of innovative responses to Covid-19. But as the option of some face to face interactions have started Ageing Better areas have found people value these enormously. People also value the support that can help them attend groups and build connections.
- Partnerships - although it has differed across different parts of the country, in many areas, the pandemic has “turbo charged” the development of effective partnership working between a variety of agencies. One key part of this has been online meetings to get cross-organisation teams regularly speaking to each other
- Supporting staff - many third sector organisations place a large emphasis on supporting their staff. During the pandemic the need for this has been further emphasised. Staff are working with people who often have complex requirements and are in high need and as discussed above, the range of usual “exit routes” for them within the wider community are not available. As such it is a difficult time to be working in the sector. Providing support to staff will continue to be a high priority and a hugely important investment for all organisations and funders.

Further information

Ageing Better National Programme Learning Reports

- [Telephone Befriending](#)
- [Bridging the Digital Divide](#)
- [Covid-19 Transition Phase](#)

Ageing Better partnership resources and learning

- Ageing Well Torbay - [Social Prescribing Ecosystems](#)
[Community Building - connecting people and place to build community & reduce social isolation](#)
- Ageless Thanet - [Covid-19 Reacting to a Crisis](#)
[Social Prescribing pilot](#)

- Age Better Middlesbrough - [Social Prescribing support during the Covid-19 crisis](#)
- Connect Hackney - [Staying connected - Project ideas for Covid-19 Community Connectors](#)
- Brightlife (Cheshire) - [Social Prescribing](#)
- Leicester Ageing Together - [Community Connectors](#)
- Bristol Ageing Better - [Going out after shielding or self-isolating](#)

[What has the Bristol Support Hub for Older People learnt about online and group activities](#)

- Ageing Better in Birmingham - [Staying connected - Guidance for Ageing Better Groups on adapting to Covid-19](#)
- Ambition for Ageing (Greater Manchester) - [Developing Social Contact Models in a Time of Social Distancing](#)
- Age Better in Sheffield - [Activity Phone Calls - The Ripple Effect's response to supporting older bereaved people during Covid-19](#)

More information on the Ageing Better Programme together including insights from across the programme are available at [Ageing Better](#)