

Connecting people to people - places - possibilities - potential

Leicester Ageing Together: The Community Connectors initiative

Final evaluation report

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31 July 2019**

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ACKNOWLEDGEMENTS

This evaluation report would not have been possible without the cooperation and generous contributions of all the beneficiaries and representatives of local organisations who participated in the focus groups, discussions and interviews – thank you all. Thank you also to the members of the Leicester Ageing Together (LAT) core team for their support, input and encouragement – it has been a pleasure working with all of you:

- Anna Walsh, Community Connector
- Bharti Mistry, Community Connector
- Debs Harris, Community Connector
- Monica Hingorani, Learning Officer
- Rob Hunter, LAT's Chair
- Ruth Rigby, LAT Programme Lead.

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31/7/19

SECTION 1: EXECUTIVE SUMMARY

1.1 PURPOSE

This is the final report of the external evaluation of the role, function and interventions of the three Community Connectors deployed by Leicester Ageing Together (LAT). The report summarises and analyses the outcomes of the consultations that took place with beneficiaries (50+ aged residents), local organisations and the LAT team.

1.2 OBJECTIVE, SCOPE AND APPROACH

The primary objective of the evaluation was to gather data and evidence about the outcomes and impact of the practice interventions made by the Community Connectors during the period April 2018-July 2019. The evaluation was conducted in two phases. Phase 1 (December 2018–January 2019) involved internal consultations leading to the submission of an interim report (18/2/19). Phase 2 (February-July 2019) involved consultations with external stakeholders, leading to the submission of the final report. In both phases, a participatory, dialogical approach which would enable participants to reflect critically on their experiences, was used to gather the evidence. The summary findings of the evaluation were presented at LAT’s learning event in July 2019.

1.3 CONTEXT

LAT is funded through Big Lottery’s Ageing Better programme to reduce and prevent social isolation and loneliness amongst people aged 50+ in five Leicester city wards. The Community Connectors provide a personalised, human interface between LAT, its partners and local communities and are key to helping LAT to accomplish its mission.

1.4 KEY INTERVENTIONS AND APPROACHES

The interventions developed and used by the Community Connectors have included listening benches, street gatherings (Close Encounters), skill sharing, outreach and street work and, individual and organisational capacity building.

1.5 OUTCOMES: BENEFICIARIES

- Boosting individual and collective confidence to participate in local communities
- Motivating individuals and groups to exercise their rights to services and provision
- Encouraging and enabling residents to manage their social isolation and loneliness by creating spaces where their stories could be heard
- Improving the general health and well-being of local residents by enabling them to get involved in communal activities
- Facilitating or staging learning and knowledge exchanges about social and health care issues such as dementia and mental health.

1.6 OUTCOMES: LOCAL ORGANISATIONS AND SERVICES

- Working alongside and complementing the work of existing organisations and services rather than competing or establishing rival provision
- Enabling and building the confidence of local residents to access established organisations and services
- Adding value, minimising duplication and maximising resources by working collaboratively with local groups and organisations to promote events, activities and services
- Building local capacity and contributing to project sustainability by supporting and training volunteers to maintain facilities such as the listening benches and Close Encounters
- Signposting and upskilling individuals, groups and organisations to access information and support about funding to enable them to develop and sustain their work.

1.7 OUTCOMES: SOCIAL ISOLATION AND LONELINESS

- **Raising awareness** about the work of local organisations and services and social and healthcare issues such as mental health, isolation, loneliness, diversity and inclusion
- Carrying out **outreach, neighbourhood and street work** to get to know local residents, understand local needs and issues, provide information, signpost and publicise community initiatives
- Complementing the work of existing agencies and offering **practical support and advocacy** to access transport, housing improvement services and funding
- **Strengthening communities** by publicising or developing inclusive, communal spaces for residents to meet, get to know each other and plan and execute joint activities
- **Enabling and empowering** local residents to understand their rights, what services and organisations were available to them and giving them the confidence to have a say.

1.8 CONCLUSION

The evidence shows that there was overwhelming support for continuing the Community Connectors initiative. Based in the voluntary and community sector, LAT's Community Connectors initiative was seen as a complementary approach to connecting local communities, enabling Asset-based Community Development to be realised, without being constrained by local authority/public sector policies, priorities and practices. However, sustainable community connecting and community development interventions involving voluntary and community organisations are only going to be possible if further investment is made in the sector. Without this and despite the vital role that the sector plays in the lives of people aged 50+, the challenges of addressing social isolation and loneliness will remain.

SECTION 2: INTRODUCTION

2.1 PURPOSE

This is the final report of the external evaluation of the role, function and interventions of the three Community Connectors deployed by Leicester Ageing Together (LAT) and builds on the evaluator's interim report (18/2/19). The final report summarises and analyses the outcomes of the participatory consultations that took place with local beneficiaries (50+ aged residents), voluntary, community and public sector organisations, an infrastructure body and a local authority as well as desk-based, secondary research. The report covers the interventions and activities undertaken by the Community Connectors during the period April 2018-July 2019.

2.2 THE OBJECTIVES OF THE EVALUATION¹

The objectives of the evaluation were to gather data and evidence about:

- a) The impact of the Community Connectors on local beneficiaries, service providers and key voluntary and community sector organisations in the five wards and potentially wider.
- b) The knowledge, skills, attitudes and processes that enable connective and sustainable relationships to be formed between and amongst the Community Connectors, beneficiaries and other stakeholders.
- c) The practice-based experiences, insights and learning of the three Community Connectors and, how these could be built upon to facilitate and enhance the delivery of the second half of the project.
- d) The lessons learnt, examples of practice and the internal and external conditions necessary for connecting communities and community capacity building initiatives to work.
- e) How the Community Connectors initiative could become more sustainable and if desired, replicated.

2.3 METHODOLOGY

The external evaluation was undertaken in two intertwined phases. Phase 1 took place December 2018–January 2019, leading to the submission of an interim report (18/2/19). The interim report was based on one-to-one, semi-structured interviews with the three Community Connectors, their line manager, LAT's chair, LAT's Learning Officer as well as an examination of project documents and other secondary sources. The Phase 1 report offered an interim analysis of the practice interventions made by the Community Connectors and highlighted areas for further consideration and action by the project team.

Phase 2 of the evaluation took place February-July 2019, resulting in the submission of the final evaluation report. Summary findings of the evaluation were presented at LAT's learning

¹ Adapted from the "External evaluation framework" (12/12/18) which was submitted by the evaluator following exploratory and contracting meetings with LAT's chair, the Programme Lead and the Learning Officer.

event for internal and external stakeholders in July 2019. Phase 2 was also a qualitative evaluation involving:

- a) Three focus groups (23 participants) with local beneficiaries (Appendix 1).
- b) Semi-structured interviews (six agencies) with voluntary, community and public sector organisations in the five wards (Appendix 2).
- c) Semi-structured discussions with a Senior Local Area Coordinator employed by a local authority and a development worker in an infrastructure body.
- d) Email communications and face-to-face dialogues with the project team.
- e) A study and analysis of project documents and secondary materials.

The interviews, focus groups and discussions with key stakeholders were dialogical. They sought to elicit participants' perspectives, experiences and interpretations of social isolation and loneliness as well as reflect critically about how such issues could be addressed locally.

2.4 THE AGEING BETTER PROGRAMME

LAT began in April 2015 and is due to end in its current form in autumn 2019. LAT was set up to reduce and prevent social isolation and loneliness² amongst people aged 50+ in five Leicester City wards. LAT is funded through Big Lottery's Ageing Better programme³, a six year, England wide £78 million initiative which runs from 2015 to 2021. LAT is one of fourteen voluntary and community sector led partnerships across England that is delivering the programme. Ageing Better seeks to enable 50+ aged people to manage their social isolation and loneliness by improving their social connectivity, becoming more active in communities and contributing actively to the design of local services. A key aspiration of the Ageing Better programme is to establish greater acknowledgement and appreciation of the positive role played by older people in society.

Ageing Better funded partnerships have been encouraged to take a "test and learn" approach, working to older people's strengths and capitalising on local community assets. The expectation is that older people should drive the decision-making and governance in each partnership by co-designing and delivering project activities. Through the active participation of older people, the aspirations are to improve existing service interventions to tackle social isolation and loneliness and build an evidence-base to inform future service developments.

2.5 THE ORGANISATIONAL CONTEXT

² "There is no single agreed definition of social isolation or loneliness. In general, social isolation refers to the number and frequency of contacts with other people that a person has, and loneliness refers to the way that a person views this contact (for example whether it is a fulfilling connection). Social isolation is an objective state, whereas loneliness is subjective" (Big Lottery Fund, 2018. Ageing better: Learning report No. 2: Community Connectors, p. 27).

³ https://www.tnlcommunityfund.org.uk/media/documents/ageing-better/prog_fulfilling_lives_ageing_better_briefing.pdf?mtime=20181219102826: retrieved 11/6/19

LAT was set up to work in five wards in the city of Leicester: Belgrave, Evington, Spinney Hills, Thurncourt and Wycliffe with an element of citywide networking and collaboration. Managed and coordinated by Vista, LAT and its seventeen voluntary and community sector delivery agencies work in partnership with older people, the City Council and health and social care organisations. The Community Connectors provide a personalised, human element to LAT's core mission of reaching out to local communities, gaining a better understanding about local needs and, sign-posting beneficiaries to services, agencies and activities.

Although, LAT started in April 2015, due to internal reasons, the Community Connectors were not appointed until March 2018. Their appointment followed a review of LAT's outreach and community intervention strategy. All three Community Connectors were employed previously by LAT's partners and originally appointed as secondees on varying contractual hours. The three Community Connectors were appointed to work geographically in five targeted Leicester City wards: Belgrave, Evington, Spinney, Thurncourt and Wycliffe (Table 2.1).

	Belgrave	Evington	Spinney	Thurncourt	Wycliffe
Anna Walsh				✓	
Bharti Mistry	✓		✓		✓
Deborah Harris		✓	✓	✓	✓

The objectives of the Community Connector role (adapted from the job description dated 20/12/17) were to:

- a) Reduce the number of people aged 50+ in the relevant Leicester Ageing Together wards who were lonely or socially isolated by supporting them to locate, engage and connect with LAT partners, support services, community groups, schools and health professionals and in doing so, promote their wellbeing and resilience.
- b) Support the development and empowerment of community groups, support services, schools and the voluntary sector in the Leicester Ageing Together wards, in order to increase community connectedness and to further place-based social action.
- c) Capture the learning around addressing loneliness and social isolation in older age.
- d) Promote the Leicester Ageing Together programme and its work amongst stakeholders.

2.6 KEY PRACTICE INTERVENTIONS

The three Community Connectors developed and implemented a range of practice interventions to reach local residents, groups and organisations. These interventions were designed to enable local residents to access existing provision and services as well as offer new ways of engaging and taking action with others. Table 2.2 summarises the key practice interventions that the Community Connectors have undertaken.

Table 2.2: Key practice interventions		
Practice interventions	Activities	Location
Listening benches	<ul style="list-style-type: none"> The design and production of knitted ears and lips by a knitting group to help advertise the listening bench 	Belgrave
	<ul style="list-style-type: none"> A trial listening bench in a local library 	Belgrave
	<ul style="list-style-type: none"> A listening bench on a street bench and in the main (and only) community centre 	Thurncourt
	<ul style="list-style-type: none"> A listening bench on a park bench and in a local café, which also offers a Chat 'n' Natter table as part of a national scheme 	Evington
Close Encounters	<ul style="list-style-type: none"> A facilitated space for local residents to interact in the open during the summer and a parked mini-bus in the winter 	Thurncourt
Skills sharing	<ul style="list-style-type: none"> A knowledge, information and skill sharing event to enable local groups to find out about each other, what was happening locally and identify sources of help and support for local residents 	Thurncourt
Using existing platforms	<ul style="list-style-type: none"> Publicising wellness and exercise classes at a Navratri (a Hindu religious festival) event in a local community centre 	Belgrave/Wycliffe
Building on previous interventions	<ul style="list-style-type: none"> The pop-in café was started first in another centre as part of the work of the Workers' Education Association, a LAT partner 	Thurncourt
Outreach work	<ul style="list-style-type: none"> Facilitating opportunities for workers and residents from a care home to drop in to the local church for a chat and coffee 	Thurncourt
Organisational capacity building	<ul style="list-style-type: none"> Facilitating partner engagement (Pakistan Youth and Community Association) to deliver ICT training to a user group outside its usual constituency (a Sikh women's group) 	Spinney/Wycliffe
Individual capacity building	<ul style="list-style-type: none"> Interview with a local resident > a transcription was produced of the interview > interviewee read and reflected on the transcribed text > interviewee felt they were being heard and began feeling a sense of validation > through this process, the possibility emerged of the interviewee becoming involved in other initiatives including a spin-off animated film about their experiences 	Thurncourt

2.7 THE APPROACHES USED BY THE COMMUNITY CONNECTORS

The three Community Connectors have used both outreach and centre-based strategies to engage with local residents. In line with the philosophy adopted by the Ageing Better programme, the Community Connectors have based their interventions on the developmental principle of “test and learn”, giving them the scope to experiment, experience,

reflect and adjust. Illustrated with some examples of practice, Table 2.3 summarises the main approaches that have been used:

Table 2.3: Approaches in use	
Approach	Example(s)
50+ age group focus	<ul style="list-style-type: none"> Maintaining a disciplined focus on LAT's mission to reduce isolation, loneliness and vulnerability in the 50+ age group in the targeted wards
Connecting communities	<ul style="list-style-type: none"> Gathering intelligence, making connections, networking and sign-posting local residents to groups, organisations and services Building relationships and trust with a wide constituency of residents and not becoming over-associated with one building or group Working with other local organisations and socially conscious businesses to support their work such as the listening bench
Building capacity and resilience	<ul style="list-style-type: none"> The involvement of partners such as the Royal Voluntary Service in providing infrastructure support (e.g. becoming constituted) to build the capacity of and strengthen local groups and organisations Using organisational learning to develop or sustain initiatives such as the pop-in café which was initiated by one of LAT's partners
Patch walking and outreach work	<ul style="list-style-type: none"> Walking around, mapping and scoping neighbourhoods to identify local resources, meet residents and get an impressionistic overview of the locality Capturing information from posters and flyers displayed in shop windows to understand more about local news and events Adopting outreach strategies such as the external listening benches, street-work, casual encounters in local shops and cafes and street gatherings to interact with local residents
Approachability and accessibility	<ul style="list-style-type: none"> Being visible in the neighbourhood, making connecting smiles and eye contacts and coming across as being available for an approach by passing residents
Promotional work	<ul style="list-style-type: none"> Handing out material forms of communication such as newsletters for residents to take away, read in their own time and learn about local activities including LAT's offer
Validating knowledge and abilities	<ul style="list-style-type: none"> Employing Community Connectors with knowledge, skills and experiences of community development work Using their own prior knowledge, skills and experiences and local intelligence to develop test and learn initiatives
Team work	<ul style="list-style-type: none"> Establishing trust and openness within the team Communicating the outcomes so that the developmental interventions of the Community Connectors can inform the work of the core team and vice versa The core team encouraging and being open to experimental "test and learn" approaches

The next section discusses the outcomes of the discussions with the beneficiaries.

SECTION 3: OUTCOMES: BENEFICIARIES

3.1 INTRODUCTION

This section summarises the outcomes of the consultations with beneficiaries. In the context of this report, beneficiaries are the local people or residents in the five Leicester city wards who had any form of an encounter with the three Community Connectors. The issues that

are discussed in this section are based on the outcomes of the three focus groups that were held with beneficiaries in Belgrave, Evington and Thurncourt. In total twenty-three beneficiaries took part: nine in Belgrave, nine in Evington and, five in Thurncourt. The focus group in Belgrave comprised all Asian women and as requested by them, the session was conducted largely in Gujarati whilst the focus groups in Evington and Thurncourt were conducted in English. Flipchart paper was used to record the discussions and in all three cases, key discussion points were recorded in English (Appendix 2).

3.2 INITIAL CONTACT

Participants were asked to explain how they had had their first encounter with a Community Connector. Participants had come across the Community Connectors in three ways: at an activity or event in which the resident was participating already, through an activity or event organised by the Community Connector or, through the Community Connector’s outreach work. Table 2.1 provides an overview of the specific outlets through which initial contact was established between local residents and the Community Connectors. The table is broken down into ward-specific activities to highlight the particularities of the community infrastructure in each area. The responses in Table 3.1 summarise what focus group participants had said and does not include other initiatives in which the Community Connectors were involved or had initiated.

Table 3.1: Contact initiation points			
Initial contact point			
	Existing activity or event	Community Connector initiated activity or event	Outreach work
Belgrave	<ul style="list-style-type: none"> The knitting group Pukaar group – Little Hearts Charity Yoga 	<ul style="list-style-type: none"> Ladies wellness and fitness group The listening bench(es) 	<ul style="list-style-type: none"> The Mahatma Gandhi House
Evington	<ul style="list-style-type: none"> The Secular Society Evington Echo 		<ul style="list-style-type: none"> Evington Echo, a local newsletter Friends of Evington Park group The “In Bloom” group The Horticultural Society
Thurncourt	<ul style="list-style-type: none"> A family history group A poetry group Previous encounter at another community centre The church pop-in café 	<ul style="list-style-type: none"> Close encounters 	

3.3 REASONS FOR GETTING INVOLVED WITH THE COMMUNITY CONNECTORS

Participants were asked why they had made contact with the Community Connectors and/or participated in one of their initiatives. Some participants made contact because they had found out that the Community Connectors were able to provide knowledge and information about local issues, services and opportunities as well as practical support. Through the Community Connectors, residents were able to access activities, support services and

organisations which in turn, could help them to manage their social isolation and loneliness. Some participants commented on the fact that the Community Connectors were knowledgeable, skilful and resourceful and were personable (approachable, affable and sociable) which had made it easier to talk to them and start a relationship.

3.3.1 The Community Connector's qualities

Some participants became involved in various activities because of the personal and professional abilities which the three Community Connectors displayed in their interactions with them:

- **Personal qualities:** infectious enthusiasm, calm, friendly, smiling and caring
- **Communication skills:** good listeners, bilingual communication in language(s) other than English, personal touches such as remembering residents' names
- **Knowledge and information conduit:** sources of reliable information
- **Being there:** available for face-to-face meetings, supporting residents at meetings with other services such as the police, accompanying residents when they visited their friends in hospital, providing a "teko"⁴
- **Values and principles:** helpers and enablers, equal treatment of everyone, did what they promised, were enthusiastic about their work and not treat it just as a job.

3.3.2 Managing social isolation and loneliness

The interventions of the Community Connectors helped residents to manage their social isolation and loneliness by:

- Creating opportunities to get to know neighbours especially individuals who had arrived recently into the area, felt isolated and wanted to meet other people
- Undertaking outreach work in the neighbourhood to reach individuals who were socially isolated and lonely
- Creating social spaces for residents to meet and chat including residents of diverse ethnic, linguistic, cultural and religious backgrounds.

3.3.3 Knowledge and information exchange

The Community Connectors were a conduit for communicating information about local events, places where residents could meet and ways in which residents could get involved in local initiatives.

3.3.4 Practical support

⁴ "Support" or "backing" in Gujarati.

The Community Connectors were able to provide practical support to local groups to access information about funding opportunities to enable them to become more sustainable. Also, they were able to provide practical support to individuals and groups by putting them in touch with key agencies such as social services.

3.4 THE BENEFITS OF TAKING PART

Participants were asked to describe and discuss the benefits that they or other people around them had gained from being in contact with the Community Connectors:

3.4.1 Personal development

Engagement with the Community Connectors had given residents:

- **Confidence:** a little push which enabled one person “to fly” and who was now able to go on stage and conduct exercise classes in English; another was able to leave their room in the residential home and go and sit in the common room; gave self-confidence and belief in their own skills to another; one was able to increase their self-esteem and felt confident to meet new people at gatherings
- **Managing social isolation and loneliness:** reduced loneliness as a result of joining local groups and meeting other people; strengthened relationships with other people; helped individuals to come out of their shells and live better lives; achieved a greater mix of men and women talking more openly about sensitive issues
- **Health and well-being:** improved health by becoming more mobile and less isolated; taking time out and realising that carers need to take care of themselves too
- **Motivation:** created excitement in residents’ lives to the extent that they looked forward to meeting up again
- **Education and learning:** increased self-awareness about disability, mental health and depression and the needs of different sections of the community such as Asian men.

3.4.2 Knowledge and information exchange

Participants stated that engaging with the Community Connectors had enabled them to:

- Develop knowledge of other local groups and services including GP services
- Get to know about each other’s skills, exchange skills and learn from each other
- Link up and build stronger relationships with other local individuals and groups
- Network with other groups to communicate and share deeper messages such as the need for religious diversity and co-existence.

3.4.3 Accessing professional support

The Community Connectors were in a prime position to signpost, offer practical support and give confidence to individuals and groups to negotiate and access:

- Funding information
- ICT support
- Local businesses for support to help sustain their activities
- Meeting rooms and storage spaces on the premises of local organisations

- Professional services that could help them to manage their social isolation and loneliness.

3.4.4 Community capacity building

In terms of embedding practice, the interventions of the Community Connectors were judged to have strengthened local communities by:

- Providing access to an active listening skills course
- Developing a pool of trained volunteers to staff and continue the listening bench
- Enabling local communities to access information, knowledge and skills
- Encouraging learning through events such as health fairs
- Providing residents with information and advice about what to do in a crisis through talks and presentations by police and fire services
- Giving confidence to individuals to think positively, grow stronger and make a difference in their communities
- Promoting greater skill sharing such as doing odd jobs in exchange for getting some cooking done or fixing a mobility scooter
- Encouraging and motivating older people to keep busy, engage in activities, act on their ideas and maintain an ongoing purpose in life
- Enabling and supporting local individuals and groups to get access to funding to set up initiatives such as the pop-in café
- Generating ideas for new initiatives such as a bric-a-brac exchange initiative in the local church
- Supporting a local resident(s) to continue providing a repair service for hearing aids, a service which was provided formerly by another organisation.

3.4.5 Relationship building

Participants commented on how the Community Connectors' interventions had enabled local individuals and groups to form and develop relationships with each other by:

- Acting as a "neutral" interface to enable residents to get to know each other without feeling that they were spied upon
- Facilitating opportunities for residents to get to know each other and plan activities such as a summer BBQ
- Meeting and greeting each other and extending relationships through say, doing odd jobs for each other
- Learning about local history, places and people
- Putting residents in touch with existing services and groups
- Encouraging group activities such as poetry writing, reading and litter picking.

3.5 WHAT DID NOT WORK SO WELL

There was an overwhelming consensus amongst participants in all three focus groups that the Community Connectors had been effective in their roles and should continue what they were doing. Of the minor concerns that were raised, one related to the lack of follow-up by a LAT partner prior to the Community Connectors taking up their posts, another related to the lack of revenue funding from LAT for small community organisations to pay for say, photocopying and, another was the need to advertise facilities such as the listening bench more widely. Finally, one participant expressed regret that they had not met the Community Connector until quite recently and felt that they could have benefited a lot more if this had been the case.

3.6 HOPES AND ASPIRATIONS FOR THE FUTURE

Participants were asked to comment on what more they wanted from the Community Connectors, if this element of LAT was to continue (at the time, continuing funding of the Community Connectors' posts was unresolved but since then, the workers' contracts have been extended for a further year).

3.6.1 Keep the Community Connectors in post

There was an overwhelming consensus and plea for further funding to be found to keep the Community Connectors in post. It was believed that the Community Connectors initiative was still in its infancy and needed to continue. In particular, the Community Connectors' knowledge, information and contacts were vital for developing and strengthening local communities. Some participants were anxious that if the initiative came to a halt, then residents would retreat back into their own homes and withdraw from any further community engagement.

Participants wanted more of the same from the Community Connectors and to continue sharing information about local groups, facilities and services as well as enable individuals and groups to think through new ideas and different ways of doing things. They wanted the Community Connectors to build on the approaches and the interventions that had been used already and were proven to work (e.g. the bric-a-brac exchange, the Thurncourt donation scheme and the listening benches). Some participants commented on how they had learnt about the art of connecting communities just by watching and interacting with the Community Connectors.

“...we need people like the Community Connectors....they are a font of knowledge and able to connect communities. They are accessible, listen to what we think and help us to think through our project ideas such as the exercise classes...” (Focus group participant)

3.6.2 Managing social isolation and loneliness

As a matter of principle, participants emphasised the need to recognise the needs of older people and the support they needed to manage social isolation and loneliness. This was especially so for those individuals whose families had moved away or did not make regular contact. Participants highlighted a number of other issues and challenges which exacerbated older people's experiences of social isolation and loneliness:

- Increasing pressures to pay for services
- Mental and physical health concerns
- The difficulty of accessing or paying for suitable transport especially for disabled residents
- The ability to access services locally within neighbourhoods rather than travelling elsewhere.

The Community Connectors were seen to be a vital means of supporting older people as well as raising awareness about issues such as social isolation and loneliness, mental health and dementia. Furthermore, Community Connectors were thought to have enabled older people to become more involved in local communities, get to know their neighbours as well as improve cross cultural relationships.

3.6.3 Project ideas

Participants identified activities which could be extended and/or new ones that could be introduced with the support of the Community Connectors including:

- A pop in café in Evington
- Securing a community base to help build a strong, diverse and vocal community
- Adopting a hub model with a central resource and a number of smaller, more localised spaces
- Creating more joint spaces for men and women to meet to encourage more isolated men to seek support
- Setting up initiatives such as a swimming group and a befriending scheme to encourage residents to get involved and do things together
- Establishing an skills exchange platform through which individuals can use their knowledge, skills and experiences to help others with say, communicating in English or form filling
- Setting up a directory ("trust a trader") of recommended service providers and tradespeople
- Continuing the support needed to negotiate "the system" and deal with concerns such as the legal aspects of setting up and running groups
- Advocating for individuals and groups when people were unable to advocate for themselves when dealing with bodies such as social services
- Extending and spreading the Community Connectors initiative wider across the wards connecting residents from different neighbourhoods.

The next section discusses the outcomes of the discussions with local organisations.

SECTION 4: OUTCOMES: LOCAL ORGANISATIONS

4.1 INTRODUCTION

This section discusses the outcomes of the semi-structured interviews with local voluntary and community sector organisations (3), public sector organisations (2) and an e-questionnaire that was returned by a ward-based statutory service provider.

4.2 CONNECTING WITH THE COMMUNITY CONNECTORS

Participants were asked about how contact was initiated between the Community Connectors and their organisations. Some were familiar already with LAT (e.g. through meetings of the Belgrave Network) or had had previous dealings with LAT's delivery partners such as the Workers' Educational Association and the Confederation of Indian Organisations. Some groups had been approached directly by the Community Connectors to discuss their roles and the work of LAT, seek/offer local support and/or secure access to facilities (e.g. the local church in Thurncourt). In other cases, Community Connectors joined in with existing activities such as the pop-in café (Thurncourt) and exercise classes (Belgrave), were invited to facilitate talks on issues such as mental health (Belgrave and Thurncourt) and/or attended group sessions to publicise initiatives such as the listening bench and chat 'n' natter. In one instance, a volunteer made contact with the Community Connectors when an initiative that had been run by one of LAT's partners, came to an end. In another instance, one agency shared premises with the pop-in café and had met the Community Connectors when they had come to the café.

Participants were asked to outline the means by which their group members and service users had established contact with the Community Connectors:

- A volunteer-led pop-in café which provides a recreational space enabling residents to get out of their homes, be in the company of other people and become less isolated and lonely
- A volunteer-led pop-up charity shop which operates at a local church on a weekly basis and relies on donations (clothes, shoes, bags, bedding and toys) from the local community and sells these at a small charge
- Signposting individuals to seek help and support from outlets such as the pop-in café
- Hosting initiatives such as the listening bench by local organisations e.g. the library
- Securing infrastructure support and seed money through a third party (the Royal Voluntary Service) to enable one user group to become constituted and another to become better organised and more effective
- Working with a user group to set up supplementary exercise classes for Asian women to manage the long waiting list for existing classes
- Visiting an existing user group (a lunch club) and interacting, signposting and supporting diners on physical and mental health issues leading to diners starting to use other services.

4.3 THE BENEFITS OF ENGAGEMENT

Participants were asked about how group members and service users had benefitted from the interventions made by the Community Connectors and the difference that these had made.

4.3.1 Information dissemination

The interventions of the Community Connectors had boosted the outlets available for sharing and exchanging information including:

- The information table that was a regular feature of the pop-in café
- The LAT newsletters which provided useful information about local groups, services and events especially for many older people who did not use social media or the internet
- The Community Connectors themselves as useful sources and pointers of information and local knowhow.

4.3.2 Supporting existing services

The role of the Community Connector included enabling and empowering local people and groups and strengthening the community infrastructure. The Community Connectors were able to:

- Use their prior experiences and skills to advise and support the establishment of the pop-up charity shop
- Support existing activities such as a mum's group at a local church
- Provide practical support to a local resident to access support, secure their identity papers and get directed to the local food bank
- Support and strengthen existing groups such as the card players' and the women's exercise groups, important social outlets for older Asians to help them to manage their social isolation and loneliness.

4.3.3 Managing social isolation and loneliness

Community Connectors were able to contribute towards the management of social isolation and loneliness by:

- Encouraging residents to talk more openly about issues such as dementia through activities such as "let's talk sessions"
- Supporting local initiatives such as the pop-in café which enabled residents to socialise, access information and advice and be sign-posted to relevant agencies and services
- Providing practical support to residents who were housebound or were less mobile
- Giving confidence to residents to become more assertive and getting themselves heard.

"The pop-in café has been a benefit to its members in that it gives them a place to go where they can socialise with their community and form relationships within the community. The group offers its members friendship, help, support and advice....this service is invaluable as so many of the members have no other social interaction and it stops people becoming isolated and lonely. This has a positive impact on the community as a wholeIt has offered a service which has improved the sense of community that people feel. Through the events organised by the Community

Connectors, people have had the opportunity to get to know people in their community and to develop a real sense of belonging and being a part of something. I believe this has improved the wellbeing of the community as a whole.” (Statutory sector participant)

“...we need to encourage people to get involved in activities....the whole idea is to engage and develop mental and physical skills including motor skills....” (Voluntary and community sector participant)

“...the more people that do the Community Connector type work, the more this has to be beneficial to people....the locally based solutions and interventions have reduced isolation....” (Statutory sector participant)

4.4 WHAT WORKED WELL

Participants were asked to comment on what had worked well with the Community Connectors initiative.

4.4.1 Practice interventions

The practice interventions that were deemed to have worked well included:

- The listening bench as a reflective, problem solving and signposting facility
- Close Encounters as a means of reaching out to socially isolated and lonely older people by bringing events to where they lived and enabling them to connect with their neighbours
- Hooking up individuals to other services through the coffee “n” chat sessions
- Group events such as exercise classes and the poetry sessions in the pop-in café.

“...The strategies used have not been complicated and they do not need to be. The simple act of bring people together is often enough and that is what has been done so well and effectively by the Community Connectors....” (Statutory sector participant)

“...as neutral workers, the Community Connectors are able to bring diverse even conflicting communities and interests together....they provide an opportunity to learn how to bring groups together....” (Voluntary and community sector participant)

“...feels like the Community Connector has been there longer because they have achieved a strong momentum in a short spell of time....” (Voluntary and community sector participant)

4.4.2 Infrastructure support

The Community Connectors ability to offer support to individuals and groups has been appreciated. Examples include:

- Helping a local group to secure ward funding from the Leicester City Council to pay for rent in order to sustain the group and its activities
- Actively approaching groups in local centres to talk to them about ideas for sustaining their services in a climate of public sector cutbacks and austerity measures

- Working collaboratively with different groups to promote local events and widening reach and participation.

4.4.3 Capacity building

The Community Connectors were deemed to have played a role in local capacity building by:

- Supporting and training volunteers to maintain facilities such as the listening bench and Close Encounters
- Role modelling with local people learning directly from the Community Connectors about working with communities, bringing together diverse groups and making an impact
- Being a catalyst in transforming some residents from being passive service users to inspired volunteers who have become involved actively in existing initiatives such as the pop-up charity shop and even gone on to set up their own projects
- Working with local individuals and groups to put in funding bids to help to strengthen and sustain the activities of local groups.

4.4.4 Impact

The Community Connectors had made a local impact by:

- Reinforcing a sense of community
- Fostering more inclusive communities by ensuring that all sections of the population were regarded as being part of the community and not stigmatised (e.g. people with mental health issues)
- Giving confidence to local people that they could change things by working collectively with others and widening their spheres of influence
- Promoting local events, services and agencies thereby raising awareness of what was happening and available locally
- Adding value to the work of existing agencies and services by extending reach and sharing information on issues such as funding.

4.5 WHAT DID NOT WORK SO WELL

Participants were asked to identify any areas of the Community Connectors' work which they thought needed to be done differently or improved and the challenges and issues that had arisen. For some of the participants there were no specific concerns about the work and interventions that were carried out by the Community Connectors. Others commented on:

- **The listening bench:** some residents had expressed slight concerns about client confidentiality and the fear of public exposure when considering whether or not to use the listening bench especially when the sessions were held in public settings. Some residents had expressed the need for and expected more practical support and direct interventions by the Community Connectors beyond providing a listening space or emotional support
- **Managing expectations:** some residents expected the Community Connector to continue advocating for them after the initial advocacy intervention on issues such as disabled access
- **Access to information:** overwhelmingly, LAT's newsletters with details of local news, events and organisations had been received well especially as older people tended not to use or rely on social media for their news, information and social interaction. Having

raised this expectation, the concern was about sustaining such an information medium especially given the under-resourcing of local organisations and the resource, time and logistical demands of compiling and distributing regular newsletters

- **Budget and lack of money:** the lack of revenue funds for Community Connectors to use for project work was of some concern especially given the overstretched finances of local organisations and the time pressures on existing paid staff and volunteers.

“...the Community Connectors are compensating....it is like sticking plaster on gaps created by the loss of funding and demise of many voluntary and community sector organisations...” (Statutory sector participant)

“...it will be a big loss if the Community Connector goes or is not replaced....the funding cuts are causing small groups to fold....this can lead to greater social isolation for older people....we need to be able to energise sustainable services and groups....glad I have met them....” (Statutory sector participant)

- **Earlier appointment and encounter:** concern was expressed about the late appointment of the Community Connectors and the difference that their earlier appointment could have made as they had good ideas, been able to bolster local services and motivated and empowered residents
- **Broader concerns:** it was recognised that despite the resourcefulness and skills of the Community Connectors, in some wards, they had to operate in a climate of misapprehension and suspicion because of the doubts raised about the added value of LAT and its partner agencies.

“...sometimes the Community Connector workers are working in neighbourhoods where there may be antagonism towards other LAT funded projects....” (Statutory sector participant)

4.6 FUTURE SUSTAINABILITY

Participants were asked to give their observations about how the work of the Community Connectors could be carried forward and sustained. There was overwhelming consensus for the Community Connectors initiative to continue providing support and doing more of the same in the five wards. Suggestions for further developments included:

- **Project ideas:** Community Connectors’ support with a pop-in café as a social enterprise in another venue and locality, the Coleman Road Neighbourhood Centre and one more in Evington, localities where issues of social isolation, loneliness, mental health and economic deprivation also prevail
- **Information:** an online facility and resource with information such as food bank opening times
- **The listening bench:** extension of the listening bench to other libraries such as Rushey Mead where volunteers were planning already to approach regular users who came to read newspapers to start conversations and chat groups

- **Language skills:** apart from being approachable, friendly and with well-developed communications skills, in some areas and communities, having Asian language skills and cultural and religious insights were seen to be essential
- **Social prescription:** some local services such as libraries had health related briefs opening up possibilities for social prescribing and wellness workshops.

“...it would be a shame if the project ended...” (Voluntary and community sector participant)

“...the project should continue....it is an asset to the community...” (Voluntary and community sector participant)

“...the project should continue....it would be a huge loss if the project goes but the time to find extra funding it is running out...” (Statutory sector participant)

“...we need Community Connector type workers....they understand the community....I have seen how they support local communities and they understand society and the context...” (Voluntary and community sector participant)

“...it is a resounding yes for the project to carry on....” (Voluntary and community sector participant)

The next section provides an overview of and discusses the main themes that have emerged from the focus groups and interviews.

SECTION 5: EMERGING THEMES AND DISCUSSION

5.1 INTRODUCTION

This section presents an overview of the main themes that have emerged from this evaluation including selected aspects from the interim phase⁵. The objectives of the evaluation (section 2.2) provide the subheadings for this section.

5.2 IMPACT ON BENEFICIARIES, SERVICES AND LOCAL ORGANISATIONS

Participants have affirmed unequivocally that the three Community Connectors had a positive impact on their lives and those of other people around them (Appendix 6). The responses from the focus groups and the semi-structured interviews, clearly point to the Community Connectors adding value to local services and people's lives:

5.2.1 Impact on beneficiaries

The appreciative impact on beneficiaries has included:

- Boosting individual and collective confidence to participate in local communities
- Motivating individuals and groups to exercise their rights to services and provision
- Encouraging and enabling residents to manage their social isolation and loneliness by creating spaces where their stories could be heard
- Improving the general health and well-being of local residents by enabling them to get involved in communal activities or signposting them to such activities
- Facilitating or staging learning and knowledge exchanges about social and health care issues such as dementia and mental health.

5.2.2 Impact on local organisations and services

The appreciative impact on local organisations and services has included:

- Working alongside and complementing the work of existing organisations and services rather than competing or establishing rival provision
- Giving hope and confidence to local residents to access established organisations and services
- Adding value, minimising duplication and maximising resources by working collaboratively with local groups and organisations to promote events, activities and services
- Building local capacity and contributing to project sustainability by supporting and training volunteers to maintain facilities such as the listening benches and Close Encounters
- Signposting and upskilling individuals, groups and organisations to access information and support about funding to enable them to develop and sustain their work.

⁵ Chauhan, V. February 2019. Leicester Ageing Together: Community Connector project: Interim evaluation report.

5.2.3 Impact on social isolation and loneliness

In relation to LAT's mission to combat social isolation and loneliness, the Community Connectors provided the human interface that brokered relationships between LAT, its partners, local organisations and residents. The evidence from the beneficiaries and the local organisations shows that the interventions of the Community Connectors and their joint enterprises were instrumental in enabling older people to manage their social isolation and loneliness by:

- **Raising awareness** about the work of local organisations and services and social and healthcare issues such as mental health, isolation, loneliness, diversity and inclusion
- Carrying out **outreach, neighbourhood and street work** to get to know local residents, understand local needs and issues, provide information, signpost and publicise community initiatives
- Complementing the work of existing agencies and offering **practical support and advocacy** to access transport, housing improvement services and funding
- **Strengthening diverse communities** by publicising or developing inclusive, communal spaces for residents to meet, get to know each other and plan and execute joint activities
- **Enabling and empowering** local residents to understand their rights, find out more about the services and organisations that were available and, develop their confidence as active citizens.

These outcomes concur with the findings of the evaluation of Community Connector projects in fourteen Ageing Better partnerships. The report⁶ (2018) found that “...some people involved in a Community Connector project experience reduced social isolation and loneliness and positive health and **wellbeing** outcomes....Community Connector approaches can reduce demand for local statutory services responsibly, by empowering people with the skills and self-confidence to live independently for longer and better manage their own health, whilst knowing who to ask for support when they need it” (p. 2).

5.3 KNOWLEDGE, SKILLS, ATTITUDES AND PROCESSES FOR CONNECTIVE RELATIONSHIPS

Practice was at the heart of the work undertaken by the Community Connectors for it was through practice that they were able to demonstrate their skills, knowledge and abilities and make an impact. National evidence⁷ gathered by the Ageing Better programme, found that the depth and intensity of the work of Community Connectors can be classified into three categories: low, medium and high (Figure 5.1).

⁶ Williams, J., Curtis, S., Whitley, J. & Cox, K., October 2018. *Ageing Better: Learning Report No.2: Community Connectors*, p. 16. London: Ecorys.

⁷ Williams, J., Curtis, S., Whitley, J. & Cox, K., October 2018. *Ageing Better: Learning Report No.2: Community Connectors*, p. 16. London: Ecorys.

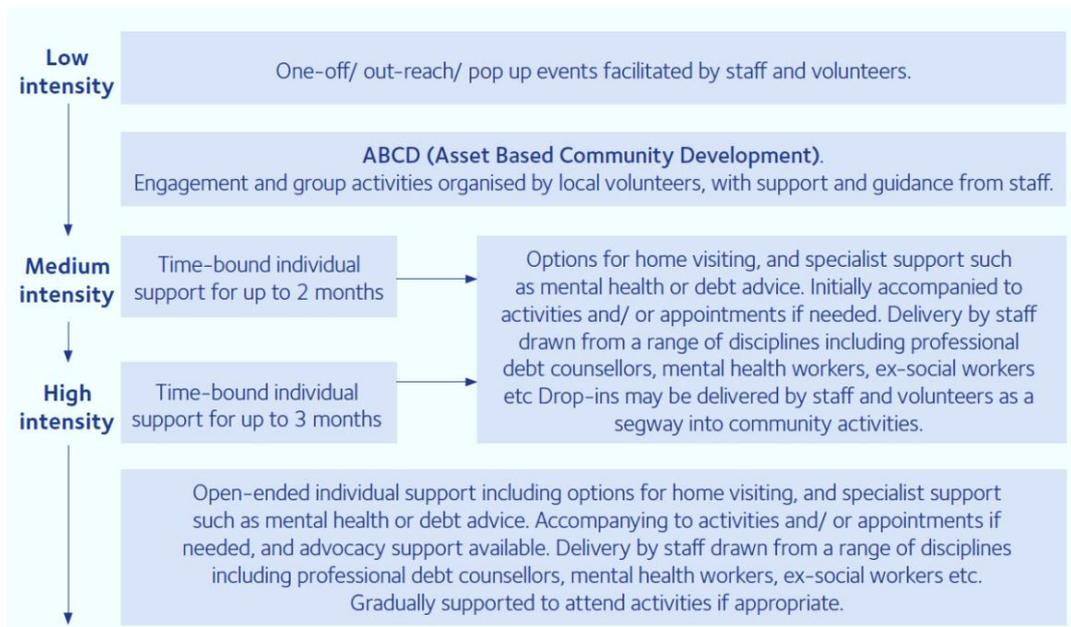


Figure 5.1: Community Connector Models

As verified in its report⁸ (2018), LAT’s Community Connectors “...follow a low-intensity model shaped by local need through ‘test and learn’ approaches” (p. 7). As illustrated in Figure 5.1, the low intensity intervention involves the use of ABCD approaches to reach out to communities and enable local staff and volunteers to facilitate one-off or a series of events and activities such as Close Encounters, listening benches, pop-in cafes and exercise classes. Working at a low intensity level did not mean that LAT’s Community Connectors were under-utilising or being minimalist in the application of their knowledge, skills and abilities. What was evident was that even working at a low intensity level, to operate effectively as locality-based enablers, the Community Connectors had to use an array of skills, knowledge and abilities to inform and shape their practice interventions aligned to the ABCD framework. What was evident also, is that some of the Community Connectors’ practice interventions especially those that were undertaken in consultation or partnership with other local organisations, were of medium and high intensity. The main difference between the medium and high intensity practice interventions of the Community Connectors and the framework illustrated in Figure 5.1 was that, time limitations on the length of individual interventions were not enforced by the Community Connectors.

The Community Connectors had to display their skills, knowledge and abilities in a range of contrasting community scenarios ranging from street work in a local supermarket to centre-based work in a care home. Moreover, the Community Connectors were required to exercise these attributes to differing degrees of intensity and complexity depending on the status of existing relationships and whether these were being forged anew, still maturing or tense. Through their routine work and interactions with local residents and organisations, the three

⁸ Leicester Ageing Together., December 2018. *Close encounters: Of the Community Connectors’ kind*. Leicester: LAT.

Community Connectors were able to apply a range of skills, knowledge and abilities (Figure 5.2):

Skills	Knowledge	Abilities
<ul style="list-style-type: none"> • Working with people • Problem-solving and working out what to do • Connecting people with each other • Pastoral care • Relationship building and getting to know people • Sign-posting • Working with individuals and groups to enable them to develop their ideas • Bi/multi-lingualism in some community contexts 	<ul style="list-style-type: none"> • Local intelligence and knowhow • Knowledge of and contacts with people, agencies and services, locally and wider 	<ul style="list-style-type: none"> • Responsiveness to what was being presented • Connecting people and creating chains • Willingness to participate in group activities • Enabling others to come up with practical solutions • Understanding and anticipating needs • Speaking 1:1 and in groups • Committed to working for the interests of socially isolated and lonely older people

Figure 5.2: The knowledge, skills and abilities of a Community Connector

5.4 PRACTICE-BASED EXPERIENCES AND INSIGHTS

The practice interventions of the Community Connectors were rooted in Asset-based Community Development (ABCD) principles. The ABCD framework “....can be understood as an *approach*, as a set of *methods* for community mobilisation, and as a *strategy* for community-based development” (Mathie and Cunningham, 2003, p. 477)⁹. The ABCD framework offers a counter approach to ones where working with local communities starts by focusing on the deficits, problems and deficiencies in localities. The ABCD framework proposes an appreciative approach that seeks to understand, scope and capture thick descriptions about the assets, skills and resources that are to be found in local communities.

On their part, the Community Connectors were effective in applying ABCD principles to their practice by working alongside existing voluntary, community, public and private sector organisations and paid workers, volunteers and local residents. The Community Connectors’ preliminary approaches involved:

- Initial mapping and scoping of the locality
- Relationship building with key stakeholders
- Intelligence gathering about local assets, needs, strengths, limitations and capacities to act.

⁹ Mathie, A. & Cunningham, G., 2003. From clients to citizens: Asset-based Community Development as a strategy for community-driven development, *Development in Practice*, 13(5), pp. 474-486.

Once established, the Community Connectors' practice interventions moved beyond mapping and scoping local assets (the AB elements) and progressed to community development (CD elements) approaches which sought to:

- Empower and enable individuals and organisations to take action
- Network and connect communities, practitioners, organisations and services
- Widen individual and collective circles of influence to create wider ripples and multiplier effects.

The International Association for Community Development (IADC)¹⁰ defines such a community development process as “...a practice-based profession and an academic discipline that promotes participative democracy, sustainable development, rights, economic opportunity, equality, and social justice, through the organisation, education, and empowerment of people within their communities, whether these be of locality, identity, or interest, in urban and rural settings.” The evidence from this evaluation shows that the Community Connectors' practices aligned with the core principles and approaches that underpin the IADC's definition: participation and empowerment, sustainable interventions, rights-based approaches, creating opportunities and possibilities, social justice and equality.

5.5 THE LESSONS LEARNT

The Community Connectors had to operate skilfully and diplomatically in an external environment characterised by austerity measures, public sector cuts, mistrust arising from a competition for funds, shrinking infrastructure support for voluntary and community organisations, diminishing local services and an increasing sense of social isolation and loneliness amongst older people. Despite the limitations of working in such an adverse environment, the Community Connectors were effective in initiating, supporting and participating in a number of community-based initiatives, from which a number of key lessons have emerged:

- **An appreciative approach:** acknowledging and building on existing work, services and resources in the locality
- **ABCD framework:** ensuring that the scoping and mapping of local community assets was followed through with concerted community development work
- **Knowledge, skills and abilities:** employing skilled and experienced workers who were able to work effectively as Community Connectors by synchronising their practices with ABCD principles
- **Being embedded:** Community Connectors being embedded in local communities over a period of time to enable them to build relationships, understand needs and make impactful interventions

¹⁰ (<https://www.iacdglobal.org/about/>: retrieved 21/6/19)

- **Infrastructure scoping:** learning how to make connections from scratch and contributing to community capacity building where the infrastructure was weak or underdeveloped
- **Working with local organisations:** working strategically with local organisations, learning how to manage resistance, learning when to let go and, building alliances with stakeholders who wanted to work together
- **Multiplier effect:** as “outsider-insiders”, brokering relationships between multiple stakeholders to create tangible, multiple and multi-faceted opportunities with and for older people.

5.6 SUSTAINING AND REPLICATING THE INITIATIVE

The outcomes of the interviews and focus groups show that the practice interventions of the three Community Connectors were instrumental in making a difference to the well-being of local residents. This was achieved through working with and complementing the work of existing organisations and services, creating opportunities for residents to co-create, develop and participate in community-based initiatives, sign-posting, offering individualised pastoral support and, exchanging knowledge and information.

5.6.1 Social prescribing

Some Ageing Better partnerships have been considering the feasibility of social prescribing as a strategy for sustaining and rolling out their community connecting/linking initiatives. NHS England (undated, p. 7)¹¹ defines social prescribing as process through which local agencies refer beneficiaries to link workers who “...give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support. Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups.” Social prescribing is designed to impact on three sets of stakeholders: the individual, community groups and, the health and social care system. Williams et al (2018)¹² discuss how social prescribing can form a part of community connecting/linking processes defined as:

“Any mechanism that works to identify isolated people over 50 and then works with them to help them transition from isolated to less isolated through person-centred structured support. This includes community navigators, **social prescribing** and approaches that involve people overcoming a specific barrier, for example, mental health” (p. 2).

¹¹ NHS England., Undated. Social prescribing and community-based support: Summary guide. Leeds: NHS England.

¹² Williams, J., Curtis, S., Whitley, J. & Cox, K., October 2018. *Ageing Better: Learning Report No.2: Community Connectors*, p. 16. London: Ecorys.

William et al (2018) define social prescribing as a practice framework which enables medical professionals to refer individuals to a range of non-clinical services and opportunities. As such, social prescribing becomes part of a clinician’s toolkit comprising both medical and non-medical options for patients. In social prescribing, the clinician has the power and authority to refer patients to community-based, non-clinical support facilities (Figure 5.3).

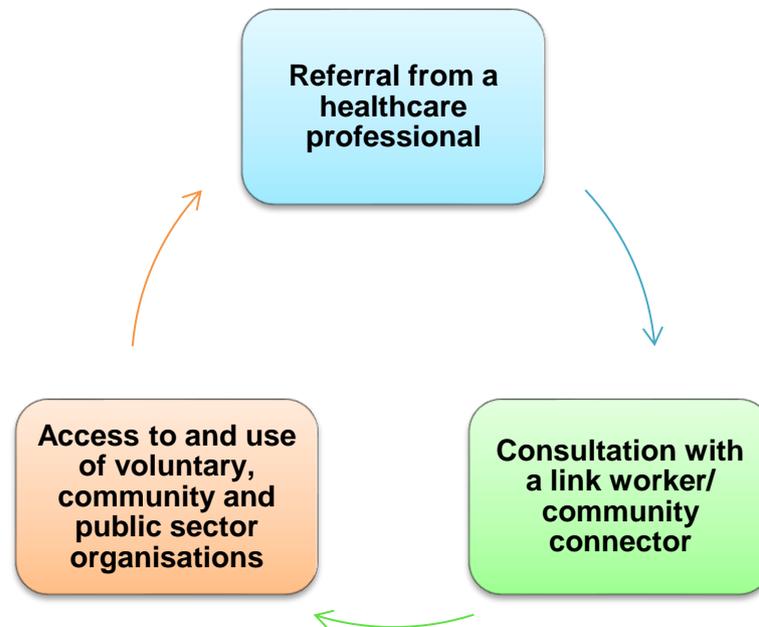


Figure 5.3: Adapted from Polley at el¹³, undated.

A clinician-based social prescription model is contrastable to a community-based connector model. The first has undertones of statutory compliance and formalisation which is sanctioned by health professionals and the other, by contrast, is a self-referred or signposted voluntary arrangement with community-based initiatives (William et al, 2018). The two community connector frameworks are not exclusive as they have the potential to provide beneficiaries with dual options.

Despite the growing interest in social prescribing to help alleviate the pressures on health and social care services and offer more community-based choices, “...current evidence fails to provide sufficient detail to judge either success or value for money” (Bickerdike et al, 2017,

¹³ Polley, M., Fleming, J., Anfilogoff, T. & Carpenter, A., (undated). *Making sense of social prescribing*. London: University of Westminster.

p. 1)¹⁴. Polley et al (2017, p. 6)¹⁵ conclude that “...the evidence that social prescribing delivers cost savings to the health service over and above operating costs is encouraging but by no means proven or fully quantified.” Voluntary Action LeicesterShire (VAL) (Smith, Moran and Smalley, 2016¹⁶) ran a pilot social prescribing project at a medical centre in Loughborough to refer patients to services such as social or lunch clubs, self-help groups, leisure and sports clubs, counselling, mental wellbeing groups and volunteering. The results show that there were some cost savings to the medical centre through a reduction in primary care appointments with the potential of further savings in the future. Evaluation of the social prescription scheme in Tower Hamlets (Ferguson, 2017)¹⁷ found that a different type of financial matter was of concern. In this case, the issue was about the funding plight of the voluntary and community sector and its capacity to respond to requests for support from individuals who had been referred by health and social care services, if a social prescribing service was introduced and institutionalised.

Despite the gaps in evidence about the direct correlation between social prescribing and a reduction in health and social care costs and the financial pressures on the voluntary and community sector, there seems to be an underlying consensus that social prescribing can help to reduce the demands on primary and secondary health care (Bickerdike et al, 2017; Polley et al, 2017). The arguments suggest that link workers such as LAT’s Community Connectors, can help to reduce the demands on health and social care by working with beneficiaries in their own localities using multi-faceted intervention strategies (Polley et al, 2017). Evaluation¹⁸ of LAT’s dual social prescribing services (one was across all Leicester wards and the other, ward specific) found that although there was insufficient evidence to make “...statistical claims about outcomes, particularly in comparing one service to the other...the combined data of the two services is consistent with a positive effect of the services for wellbeing, social isolation and loneliness” (IMH Research Support and Consultancy Service, 2018, p. 4).

5.6.2 Local Area Co-ordination

Local Area Coordination (LAC) is an evidence-based approach that seeks to ensure greater consistency in service outcomes for local communities. Like LAT’s Community Connectors

¹⁴ Bickerdike, L., Booth, A., Wilson, P.M., Farley, K., & Wright, K., 2017. Social prescribing: less rhetoric and more reality: A systematic review of the evidence. *BMJ Open*, 7 (e013384).

¹⁵ Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K., & Refsum, C., June 2017. *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*. London: University of Westminster.

¹⁶ Smith, B., Moran, R., & Smalley, J.,. 2016. *Social prescribing end of project report*. Leicester: VAL.

¹⁷ Ferguson, K., March 2018. *Key findings from the social prescribing survey conducted with voluntary and community sector organisations in Tower Hamlets 2017*. London: Tower Hamlets Together.

¹⁸ IMH Research Support and Consultancy Service., October 2018. *Social prescription models in Leicester Ageing Together*. Nottingham: The Institute of Mental Health.

initiative, LAC is rights-based, advocates person-centred services, adopts a starting-from-strengths approach and seeks to work with communities, build community capacities and find local solutions (Kingfishers (Project Management) Ltd., 2016¹⁹; Rippon and Gamsu, 2018²⁰). Within the county, Leicestershire County Council employs a team of LAC Coordinators who are based in and work with local communities. Although a parallel scheme does not exist in Leicester City, the approaches and lessons highlighted in this report could be used to make a convincing argument for the introduction of a local area coordination scheme in the City. Most of the key elements of the operational roles of local area coordinators and their underpinning principles²¹, coincide with those of the Community Connectors. A key distinguishing feature between LAC and the Community Connectors initiative is that the latter is based in the voluntary and community sector and is not part of the same organisation that may house statutory services such as health and social care.

5.6.3 Reinforcing the evidence base

As discussed in the interim evaluation report²², there is scope to gather more robust evidence about the impact of Community Connectors' interventions on enabling and empowering local residents to manage their social isolation and loneliness and reduce the pressures on health and social care services. One of the ways of doing this is to document systematically verifiable evidence that an intervention has had the impact of reducing social isolation and loneliness. This will help to close the loop between an initial referral (self or otherwise) for community-based support and its (social isolation and loneliness) impact on an individual. If this was to be done, perhaps more conclusive inferences could be drawn about the impact of the Community Connectors' interventions on reducing social isolation and loneliness (Figure 5.4).

The social prescription scheme in Tower Hamlets, for instance, attempted to address a similar challenge by using a MYCaW pro-forma ("Measure yourself concerns and well-being" developed by the University of Exeter, Appendix 4) which scores how an individual is feeling about a concern before and after (twelve weeks) an intervention. The scores are added up providing an indicator of the individual's well-being before and after an intervention.

¹⁹ Kingfishers (Project Management) Ltd., March 2016. *Social value of local area coordination in Derby: A forecast social return on investment analysis for Derby City Council*. Derby: Derby City Council & Think Local Act Personal.

²⁰ Rippon, S. & Gamsu, M., May 2018. *Sustainability strategies for local area coordination programmes: A proposed theory for change*. Leeds: Leeds Beckett University.

²¹ <https://lacnetwork.org/local-area-coordination/what-is-local-area-coordination/>: retrieved 24/6/19.

²² Chauhan, V. February 2019. *Leicester Ageing Together: Community Connector project: Interim evaluation report*. Unpublished internal report for LAT.

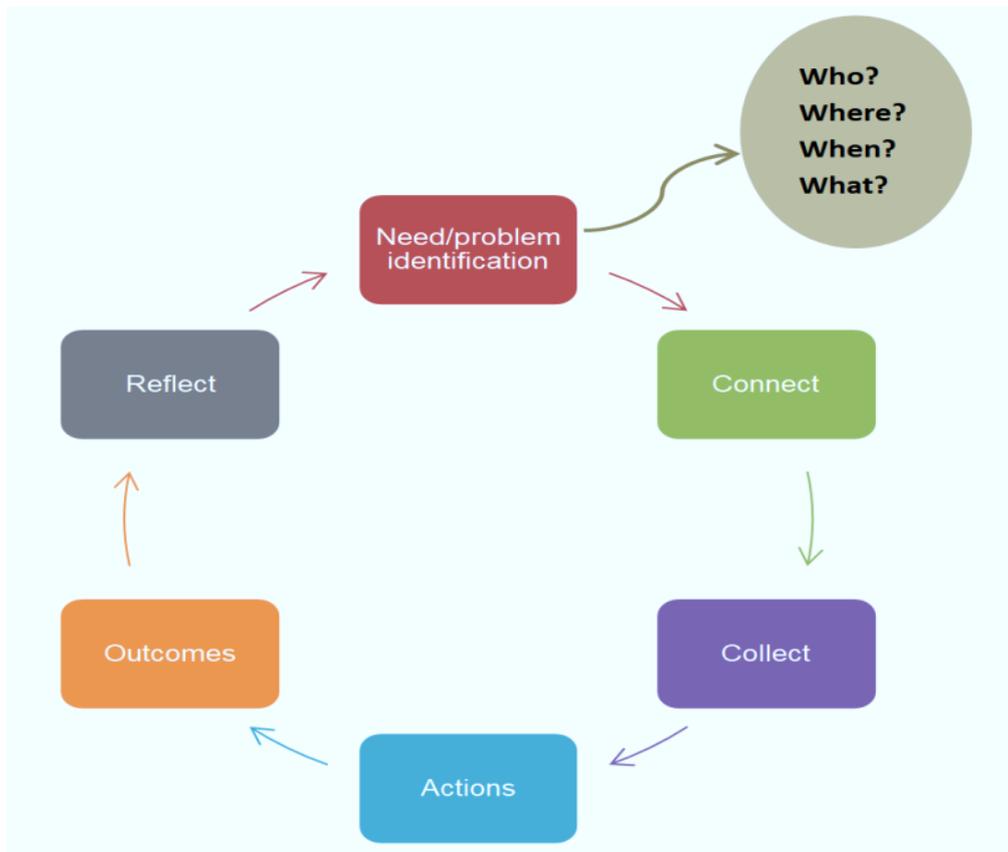


Figure 5.4: Closing the loop: A cyclical intervention process (adapted from the Community Connectors’ tracker sheet)

Another example of attempts to measure well-being especially mental health is the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (2006) commissioned by NHS Health Scotland (Appendix 5). The scale involves individuals scoring themselves at the beginning of an activity or intervention and afterwards, with the total scores providing a subjective self-assessment between the scores of 14-70. The “Campaign to End Loneliness” has produced a useful guide on four comparative scales²³ for measuring the impact of service interventions to reduce loneliness (Figure 5.5).

²³<https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>: retrieved 18/7/19



Figure 5.5: Summary of four different scales to measure social isolation and loneliness

LAT's Community Connectors initiative has been using a "test and learn" approach and there is further scope to collect verifiable evidence to correlate an intervention to a social isolation and loneliness outcome. This is important not just from the point of view of gathering data for administrative and financial accounting but also to verify whether or not Community Connectors are having a longer term impact on social isolation and loneliness. The Community Connectors have been using Excel "Tracker sheets" to record the nature, frequency and outcome(s) of their interventions and this has enabled them to quantify some of the data. So far though, these records have been used primarily as tools for self-reflection, monitoring and planning but there is scope to extract quantitative data and analyse the trends.

Given the different tools that exist for measuring social isolation and loneliness, it is important to exercise some caution. Social isolation and loneliness are not finite states but evolutionary and ever-changing human conditions whose intensity and complexity are contingent upon time, social context and the support available. The fundamental consideration in determining a person's vulnerability is the extent to which their daily life is marked by significant periods

of isolation and loneliness and, the degree to which this has become normalised. Of course, feelings of isolation and loneliness are subjective and based on an individual's own unique, daily life experiences. Nonetheless, they matter because they are real and should be intrinsic to the planning and delivery of effective and accessible health and social care. For professional workers, service providers and commissioners, the challenge is whether the symptoms of such life-changing conditions can be captured sufficiently and accurately through objectified measurement tools and scales, without misconstruing the true impact of social isolation and loneliness on individuals and communities.

The next section comprises the conclusion and recommendations and brings the report to a close.

SECTION 6: CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This section presents some final thoughts on the outcome(s) of this evaluation and offers some advisory recommendations for further consideration and action.

6.2 IMPACT ON BENEFICIARIES, SERVICES AND LOCAL ORGANISATIONS

There is overwhelming consensus that the Community Connectors' interventions have had a positive and beneficial impact on individuals, groups and services. Local residents have been inspired to get involved in their communities and become more active citizens through the support and encouragement they have received. Local groups have benefited from the added value that the Community Connectors have introduced especially by providing infrastructure support and strengthening the capacity of local groups. In a climate of austerity and public sector cuts, local services have benefited from the presence of Community Connectors who have worked with existing providers, shared ideas and developed joint initiatives and, helped to improve the take-up of local services, activities, events and opportunities.

6.2.1 Recommendations

1. Continuing the Community Connectors initiative, desirable as it is, will require LAT and other agencies to provide further funding and support.
2. Lobbying and advocacy must continue with commissioners and funders for the validity and acceptance of qualitative, subjective indicators to gauge the effectiveness of Community Connectors initiatives on the lives of socially isolated and lonely beneficiaries.
3. Partnership work with established bodies should continue including providing infrastructure support to local organisations especially smaller community groups.

6.3 KNOWLEDGE, SKILLS, ATTITUDES AND PROCESSES FOR CONNECTIVE RELATIONSHIPS

The Community Connector is a skilled community development worker with the ability to develop, broker and maintain multi-layered relationships with multiple stakeholders. The evidence from this evaluation shows that LAT's strategy for the recruitment and selection of the Community Connectors was effective in securing the services of three individuals with the right skills, experiences and abilities including one whose bilingual skills added value to beneficiary outcomes. Given the gap between the start of the LAT programme and the appointment of the three Community Connectors, the project was fortunate to have appointed workers who were able to tune in to the requirements of the role and get underway almost immediately. Practice was at the heart of the interface between the Community Connectors and local residents, groups and services for it was through the practice interventions that stakeholders were able to have first-hand interactions, exchanges and experiences with the three workers. The Community Connectors' largely low-intensity

interventions (with varying amounts of medium and high intensity activities) align well to existing practice frameworks for such work (Figure 5.1).

6.3.1 Recommendations

1. Practice needs to continue forming the basis for all interventions as it is through practice that the Community Connectors interact with and make a difference to local beneficiaries, groups and services.
2. Any further rollout of the Community Connectors initiative should be contingent upon LAT's ability to recruit workers who are of similar calibre as the existing workers.

6.4 PRACTICE-BASED EXPERIENCES AND INSIGHTS

Working to ABCD principles requires the ability to undertake sustained community development work not just scope out and map local assets. While scoping and mapping assets are essential to making a preliminary appraisal of local community infrastructures and stakeholders as well as securing buy-in, the outcomes of such intelligence gathering have to be translated into tangible community development strategies. Otherwise, there is the danger that scoping and mapping assets become habitual, academic processes removed from community development processes that are fundamental to working with and empowering communities.

6.4.1 Recommendations

1. The ABCD approach particularly its community development aspect needs to be retained as part of LAT's continuity and extension plans.
2. LAT should consider developing and delivering a programme of training and support on ABCD principles and approaches to build the capacities of local individuals, groups, organisations and services.
3. LAT's Community Connectors should continue facilitating intra-and inter-community dialogues, locality-based information hubs and knowledge exchange networks to strengthen local communities.

6.5 THE LESSONS LEARNT

LAT's Community Connectors initiative was received well and the 1:1 and group interventions were seen to be effective in improving the well-being of local residents. The Community Connectors' skills, knowledge and abilities were experienced first-hand by local people, appreciated and acknowledged to have made a difference. The felt impact was restricted not just to health and social care service outcomes but included the part played by the Community Connectors as enablers, role models, motivators and confidence builders. The lessons learnt about how the Community Connectors forged connective relationships is summarised in the 4P's practitioner framework (Figure 6.1) which can be used as a training and developmental tool with local volunteers and organisations:

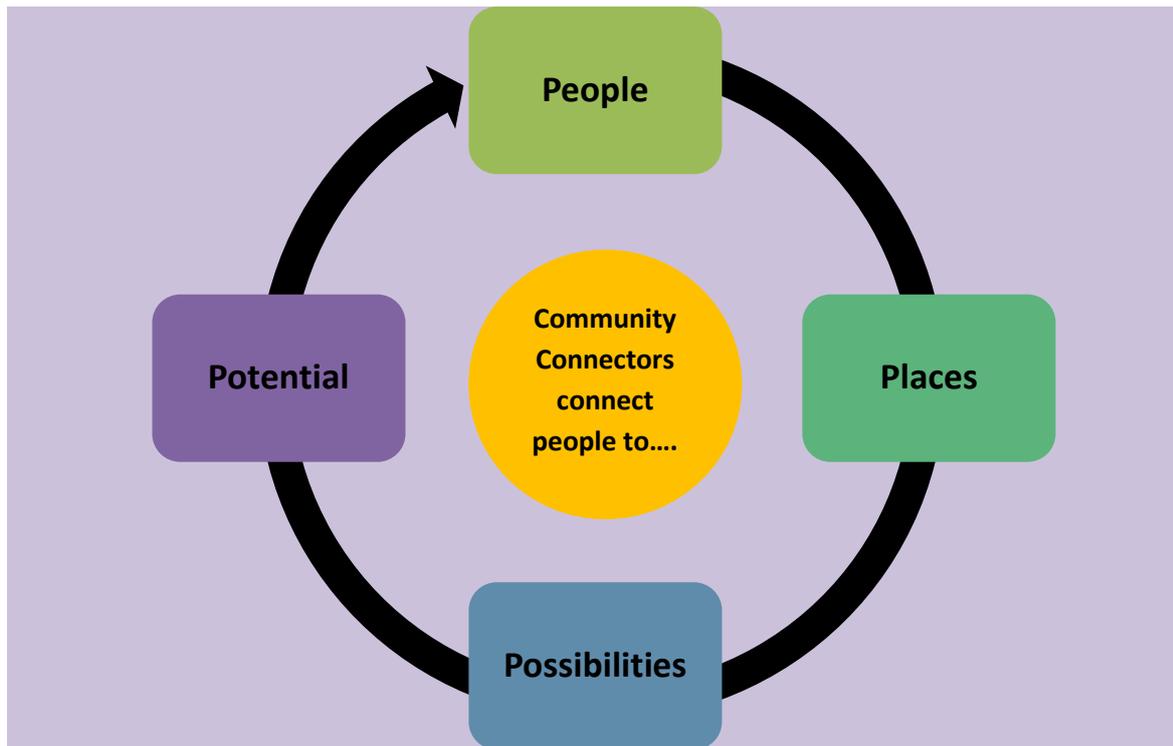


Figure 6.1: The 4P's Community Connector practitioner framework

The driving principle of the Community Connectors' interventions was connecting people to:

- **People:** local residents, neighbours, health, social care and public sector workers, politicians and, community, faith and spiritual leaders.
- **Places:** local self-help groups, voluntary and community organisations, libraries, social clubs, breakfast and lunch clubs, churches, gurudwaras, mosques, temples and advice centres.
- **Possibilities:** day trips, befriending, Close Encounters, pop-in cafés, exercise and fitness classes, leisure and social activities in groups and luncheon clubs.
- **Potential:** self-realisation about the prospects of managing and reducing social isolation, loneliness and vulnerability by interacting and being with others.

6.5.1 Recommendations

1. Community Connectors should be appointed from the outset when a new social isolation and loneliness project or initiative is launched or rolled out so that they are seen to be and received as an integral part of the overall concept and delivery.
2. Building on the experiences gained from the Community Connectors initiative, to continue doing more of the same and look at the potential of rolling out into other areas.
3. Whatever continuity or rollout strategies are deployed, in some communities, it will be important to ensure that Community Connectors have the ability to communicate

in languages other than English, not just possess the technical skills and knowledge required to do the job.

6.6 SUSTAINING AND REPLICATING THE INITIATIVE

The evidence shows clearly that the work of the Community Connectors has been invaluable in contributing towards individual and collective wellbeing. Although it was beyond the scope of the evaluation to ascertain the causal link between the reduction of social isolation and loneliness and the demand for health and social care services, the evidence does point to an increased sense of wellbeing amongst beneficiaries. Therefore, it is possible to speculate that in some cases, the incidence and frequency of the use of health and social care services declined. Strategies for sustaining and even replicating initiatives that can engender a sense of wellbeing include having a bigger pool of Community Connectors, forming strategic partnerships to strengthen health and social care services and, cultivating further funding pipelines including social prescribing possibilities.

6.6.1 Recommendations

1. LAT should consider having strategic discussions with health and social care commissioners and funders about the introduction of a policy framework for a more coherent implementation of social prescribing.
2. Developments and preparations should continue to train and support volunteers to coordinate and run initiatives such as the listening bench and the exercise classes.
3. Infrastructure support to local voluntary and community organisations should continue in partnership with other designated bodies to help strengthen local community infrastructures in anticipation of any increases in demand for community-based services resulting from say, social prescribing.

6.7 CONCLUSION

The evidence shows that there was overwhelming support for continuing the Community Connectors initiative. LAT's Community Connectors initiative offers a complementary if not an alternative approach to connecting local communities. Being based in the voluntary and community sector enables the ABCD approach to be exploited to the full, more honest voluntary associations to be established with beneficiaries and, more genuine, client-centred, personalised care to be delivered, without the constraints of local authority/public sector policies, priorities and practices. However, without further investment in the voluntary and community sector, sustainable community connecting and community development are not going to be possible. Furthermore, any investment has to be accompanied by accountability mechanisms that place sufficient if not equal value on qualitative, practice-based, testimonial evidence and not just quantified outputs. This is crucial as life altering challenges such as social isolation and loneliness are not just a matter of statistics but about the subjective, lived experiences of individuals, families and communities.

APPENDIX 1: TOPIC GUIDE FOR FOCUS GROUPS WITH BENEFICIARIES

Any raw data generated in the course of this evaluation will be treated in confidence and will not be disclosed to other persons or institutions. The spirit and tone of the interviews/focus groups will be to gather accurate data to help inform and develop practice and improve beneficiary outcomes. If you do not want a specific comment noted, please inform the evaluator when the occasion arises.

1. How have you been involved with the Community Connectors?
2. Why and how did you become involved?
3. What benefits have you got from taking part? (skills, knowledge, aptitude, confidence, social interaction, reduced loneliness)
4. How have other people that you know, benefitted? (friends, neighbours, group members)
5. What has not worked as well as it could? Why?
6. What more do you want from the project?
7. What more are you able to give to the project?
8. Any other comments/observations?

Vipin Chauhan

External evaluator

15/2/19

APPENDIX 2: TOPIC GUIDE FOR INTERVIEWS WITH WARD GROUPS & ORGANISATIONS

Any raw data generated in the course of this evaluation will be treated in confidence and will not be disclosed to other persons or institutions. The spirit and tone of the interviews/focus groups will be to gather accurate data to help inform and develop practice and improve beneficiary outcomes. If you do not want a specific comment noted, please inform the evaluator when the occasion arises.

1. What does your agency do? (staffing, services, target groups, priorities)
2. What relationship(s) do you have with the Community Connectors?
3. How did you become involved?
4. How are your members/service users involved with the Community Connector(s)?
5. How have they benefitted?
6. What difference has the Community Connector(s) made to the neighbourhood?
7. What aspects of the project activity work well? Why?
8. What aspects do not work as well/need further development? Why?
9. How can the project be sustained and continued?
10. What lessons can we learn about such connecting processes and ways of working?
11. Any other comments/observations?

Vipin Chauhan

External evaluator

15/2/19

APPENDIX 3: CONCLUSION: THE INTERIM REPORT²⁴

The Community Connectors have been able to perform effectively in their roles for several reasons. Firstly, the project has been successful in appointing individuals with relevant knowledge, skills and experiences and who have been committed to developmental approaches to working with isolated, lonely and vulnerable people. Secondly, the Community Connectors have had the support and encouragement of the core team to adopt a test and learn approach which has enabled them to experiment, experience and evolve their work practices. Thirdly, the practice interventions of the Community Connectors have complemented the work of existing groups and organisations and helped to maintain the principle of local services for local residents in their own localities. Finally, in executing their role in line with ABCD principles and practices, the Community Connectors have added qualitative value to the largely quantitative, service and provider-led measures that have typified the work of other agencies including LAT's partners.

A number of effective practice interventions have been tried and tested including the Listening Bench, Close Encounters, pop-in café, exercise and wellness sessions and skill sharing. However, developing and implementing such interventions has not always been straightforward neither has it been possible to replicate them fully in other localities. The impediments have included local political and organisational dynamics, the residents' own sense of their neighbourhood boundaries, the Community Connectors trailing behind the rest of the LAT programme due to their late start, funding uncertainties due to austerity and, the challenges of gauging the true scale and depth of isolation, loneliness and vulnerability.

The work of the Community Connectors is rooted in ABCD principles and practices. This established foundation provides a firm and confident platform for planning, intervening, evidence gathering and sustaining the momentum in local communities in the next phase.

APPENDIX 4: MYCAW PROFORMA

²⁴ Chauhan, V. February 2019. Leicester Ageing Together: Community Connector project: Interim evaluation report.

Measure Yourself Concerns and Wellbeing (MYCAW)

First form

Full name..... Date of birth

Date first completed

Please write down one or two concerns or problems which you would most like us to help you with.

1.

2.

Please circle a number to show how severe each concern or problem is now:

This should be YOUR opinion, no-one else's!

Concern or problem 1:

0	1	2	3	4	5	6
Not bothering me at all 						Bothers me greatly 

Concern or problem 2:

0	1	2	3	4	5	6
Not bothering me at all 						Bothers me greatly 

Wellbeing:

How would you rate your general feeling of wellbeing now ? (How do you feel in yourself?)

0	1	2	3	4	5	6
As good as it could be 						As bad as it could be 

Thank you for completing this form.

Measure Yourself Concerns and Wellbeing (MYCAW)

Follow up form (self-completion version)

Today's date

Look overleaf at the concerns that you wrote down before (please do not change these). On this side of the form, circle a number to show how severe each of those concerns or problems is now:

Concern or problem 1:

0	1	2	3	4	5	6
Not bothering me at all 						Bothers me greatly 

Concern or problem 2:

0	1	2	3	4	5	6
Not bothering me at all 						Bothers me greatly 

Wellbeing:

How would you rate your general feeling of wellbeing now ? (How do you feel in yourself?)

0	1	2	3	4	5	6
As good as it could be 						As bad as it could be 

Other things affecting your health

The treatment that you have received here may not be the only thing affecting your concern or problem. If there is anything else which you think is important, such as changes which you have made yourself, or other things happening in your life, please write it here.

What has been most important for you?

Reflecting on your time with....., what were the most important aspects for you? (Write overleaf if you need more space)

Thank you for completing this form.

MYCAW User notes

1. The layout and wording of MYCAW should not be changed. The exception to this is at the top of the first form there is space to add extra identification questions, such as an ID number, or the name of the therapy or session being seen. These can be added under today's date, but check the layout of the rest of the form does not get altered by this. You may add the name of your centre as a header. Any other questions or information you wish to collect should be given on a separate piece of paper.
2. The last question on the follow-up form has a space to enter the name of your centre or appropriate wording.
3. There are two versions of MYCAW. They are very similar but have different wording at the top of the follow-up form. One version is worded so that the follow-up form is completed with some help, and with the original concerns and problems available on a separate sheet: this is labelled 'face to face' version. The second version is worded so that the follow-up form can be self-completed by the patient/client and the follow-up form can be used postally, or sitting in the waiting room, or whatever. This version assumes that the original problems and concerns have been photocopied onto the back of the follow-up form (see below), and it is labelled 'self-completion' version.
4. The first form is best completed with some guidance and encouragement. This may be within an assessment or consultation, and usually fits in best near the end of this. The client/patient should be encouraged to choose their own concerns and write them in their own words. You may write their words down if they wish, but they must be given the pen to do the scoring themselves.
5. Make sure that each problem or concern is stated separately. For example 'pain and not sleeping' should be split into two. This is because one may improve but not the other, and then subsequent scoring is difficult.
6. Scoring must involve circling one number, half way between numbers is not allowed! The follow-up form doesn't need to be completed with help or guidance, so it can be sent by post or completed in a waiting room. The follow-up form needs to be accompanied by the front page of the first form: i.e. people need to have their previously chosen concerns in front of them. They should not, however, see what scores they gave the first time. This can best be done in one of two ways:
 - a) If the follow-up form is being done with guidance, the front page of the original first form can be shown to the respondent while he/she fills in the follow-up form (face to face version).
 - b) If the follow up form is being completed without guidance, either in the Centre or posted to the respondent's home, then the completed front page of the first form can be photocopied onto the blank side of the follow-up form (or a copy could be stapled on if this is easier). The follow-up form (self-completion version) will then have the respondent's original concerns in their own handwriting on one side and a form to score them again on the other side.
7. MYCAW may be freely reproduced and used, but please send me a brief summary of any such use so that I can compile a database which will be useful to users. I am very happy to respond to queries or give further information. If you pass on the questionnaire to a new user be sure to give them these user's notes too. Even better provide them with the website address, which will be updated with any changes:
<http://www.pms.ac./mymop>

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Tel: 01392 262970

APPENDIX 5: THE WEMWBS WELL-BEING SCALE

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

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APPENDIX 6: CASE-STUDIES OF INTERVENTIONS BY THE COMMUNITY CONNECTORS

CASE STUDY 1

What my life was like before

I am a carer for my husband and suffer from depression, anxiety and had put on a lot of weight. It was a very hard time for me, but I came to a turning point when a friend said “...do you want to carry on with your life as it is or do you want to change your lifestyle, so you become happy and healthy?” This hit a nerve and I decided to make some dramatic changes to my life. I started going for daily walks, made big changes in my eating habits removing fried foods, sugary foods and sugary beverages; added wholefoods, drank more water and started going to yoga classes. Slowly I came out of the depression, stopped my medication, lost a lot of weight and started feeling happier with my life. I did Level 1 Teacher Training yoga course in 2018.

Getting connected

When I met the Community Connector I wanted to do more for my community but did not know how to make this happen. The Community Connector invited me to start teaching yoga at her local community centre where there was a demand for a yoga teacher. I was nervous, and it was out of my comfort zone, but I decided to go for it.

The impact

I now deliver yoga sessions on stage using a mike and my confidence has really shot up. “...I can now easily teach yoga without feeling anxious, a little nervousness at the beginning but once I start teaching even that goes away...” In preparation for the yoga to deliver yogic jogging, I now go on the computer and research Asian songs. For example, if it is Navratri (a Hindu religious festival) I will find "garba" and "raas" music to download (two distinct Gujarati dance forms). With my husband's help I download the songs onto a memory stick ready to use in the class. This all takes time, but I enjoy it and I now have another skill set. “...I just like to share my knowledge and experience with everyone and teach my community whatever I know. I want to share with other people, so they can lead their lives easily and also they in turn can help others creating a ripple effect that's all my aim...”.

What life is like now

I am now researching into doing level-2 yoga, so I can gain more knowledge and develop myself further.

CASE-STUDY 2

What my life was like before

My doctor was worried about me being in the home too much and not getting a lot of contact with other people. My confidence had gone to sleep through depression and anxiety....if I got invited to someone's house party, or a celebration or meal or something I would say no, because I was scared to go not. Not that I wanted to be unsociable but my fears would click in more. Good friends have passed, have gone, because I stopped socialising they feel that they're a nuisance, so they stop seeing you and it's a cycle....I wasn't getting enjoyment myself by interacting like I used to, it was just you know you'd have a cup of coffee in town, you wouldn't interact with anybody else and you'd just finish your shopping and come home. Night time you wouldn't go anywhere or you wouldn't participate in any form of enjoyment.

Getting connected

When I got there the person who was going to meet me hadn't quite arrived so the group leader said hello and she got me to talk to you (*i.e. the Community Connector*). You told me about sitting on an open bench (*the listening bench*)....after a few weeks I was still nervous but I got to know more people....it was someone to talk to outside, you know if you've got issues outside of the group that was affecting you. If someone was making you feel uneasy or whatever, talking to someone does help. You'd be amazed how much that does help.

The impact

And then you start to get your confidence back because you're mixing with people. Things that are good inside your head that you've used in the past start to wake up. So by waking up, people see that you've got talents, they ask you do things and then it slowly wakes up parts that have fell asleep. And then the confidence comes back and people ask you "....ooh can you err...I've got ideas to set up this mobile thing in someone's yard...." and then I gave you information about a letter "....make it stand out....", the invite (*for Close Encounters*) which you said was useful. If I'd still been asleep I wouldn't have been able to think of things like that but with waking me up it brings things to the back of my mind that I've used in the past in various forms of work and life. It starts to come back.

What life is like now

I take the money now at the Thursday group and if a new person comes I meet and greet them. Before I wouldn't have been able to do owt like that - I would've been too petrified.... although you've helped me I'm also helping the group....once you get that person out of the doldrums and they start to feel life again, it's amazing. Everything feels....I saw my doctor a few days ago and he said "....it's like a light has opened in you again....". He said you shut down for a long while but you seem brighter.

CASE STUDY 3

What my life was like

I hardly speak to anyone, just walk around; sometimes I go to the library and generally spend the day on my own. This week I did not have any social interaction with people except when I ordered and collected my food.

Getting connected

I went to the listening bench, sat down and told the Community Connector that I was worried about the pollution in Leicester as it was getting worse. I told the Community Connector that as a worker from an organisation, she should take this issue on board and do something about it. The worker listened to me and once I had finished she explained the purpose of the listening bench. I insisted that the worker took the issue on board and did something, as I was not able to do much as an individual and also I do not have a computer, telephone and transport so cannot do anything.

The impact

The Community Connector told me that she would come back to me regarding local organisations that were concerned about the environment that I could join. The Community Connector also went through the LAT Newsletter to look at the different activities in the area. I dismissed taking part in most of the activities but was interested in the work of "Anything Goes". When I was informed of the kind of activities they do, I became a bit more interested. The worker suggested going to the group together and I was ok with the idea. Unfortunately, the worker had a meeting the following week at the same time and suggested meeting me in two weeks' time to which I responded "*...if I remember and I feel like it I will come but don't wait for me...*". We agreed the time and the place. We had been talking for almost fifteen minutes and this was the most I had talked to anyone for a long time. When I made this comment to the Community Connector, as there was no one waiting to see her, she decided to carry on talking to me.

What life is like now

Two weeks on, I saw the Community Connector parking her car and when I talked to her, I told her that I was there because I did not want to let her down. I was introduced to the group leader and a few other attendees by the Community Connector. Before long I had a cup of tea, was playing cards, talking and had a smile on my face. Later the group played a quiz and members seemed to be impressed by my general knowledge. On this occasion I left the group quietly but have continued attending and am settling in well.

CASE STUDY 4

What my life was like

I live on my own; my children are all married and live abroad. The children have asked me to move in with them, but I prefer to be in Leicester where I know people and the local area. My husband died over 20 years ago. I used to visit the children but now my health is not so good so I do not travel abroad. I see my children and grandchildren when they come for holiday. I go to a local "Swadhyay" group (self-study) that keeps me busy doing "sewa" (voluntary service) in the community. I love singing devotional songs and do "pranayama" (breathing yogic exercises) which help me to stay "ananda" (blissful). However, on some days I can't even remember any of the devotional songs or breathing exercises, and become miserable. *"....Even the weather here is miserable which makes me feel more miserable...."*

Getting connected

I think I am a creative and talented person and know yoga, craft and sewing. I wanted to share my skills but found that no one was interested. When I met the local Community Connector, she helped me to make many connections with other people. Through these connections, I began teaching yoga to residents in sheltered accommodation and supported activities such as sewing and exercise classes in another community group.

The impact

The connections that I have made and what I am doing now has made me feel that my life has started to change in a very positive direction.

What life is like now

"....My life has changed, I sleep better and again I am now in state of ananda...."

CASE STUDY 5

What my life was like

I needed help to sort out some type of barriers for very steep steps outside my front door. In a short space of time, I had suffered two falls when I had tripped on the steep stairs leading into the house, both requiring medical attention. I own the house but do not have access to the online social care portal as I do not have the internet or a PC. I am also short of money and was worried about the cost and if anyone would help someone who was a home owner.

Getting connected

I spoke to the Community Connector in one of the sessions I attend at the pop-in café and asked her if she could help sort out some type of barriers for the very steep steps. The Community Connector agreed to help and said that she would help me to complete an online form using her laptop. The form was very complicated, actually creating barriers and difficulties to fill in and it had quite repetitive questions. However, the form was completed and sent off with the Community Connector putting herself down as the main contact for any further queries.

The impact

Within two weeks an email response had been received from Leicester City Council asking some more questions to which we responded. Two more weeks after the submission of the additional information, I received a call for installation of the rails. I asked how much it would cost and was told that it was free due my vulnerabilities and the falls. I was delighted.

What life is like now

I saw the Community Connector at the pop-in café and told her that the rails were now in place and access into the home was so much easier and I was no longer afraid of falling. I was so happy with the support from the Community Connector. Since then, I have had no more falls or sought medical help for them.

CASE STUDY 6

What my life was like

I had suffered an injury and had to stop going to work. I felt isolated as I saw nobody and wanted to know if there was anything that I could get involved in locally. I did not feel confident to access groups at the time as they made me anxious.

Getting connected

I phoned one of the Community Connectors whose contact details I had got from the LAT Newsletter. The Community Connector gave me information about what was going on locally but I did not want to go to groups but was more interested in community group training. The Community Connector told me about a course where local people are trained to set up their own community groups and I was interested in this. After a while, I enrolled and attended a course.

The impact

After the course, I let the Community Connector know that I was going to be involved in developing a poetry group with some other people that I had met on the course. I also offered to help the Community Connectors with the “Close Encounter” pop-up cafes, if required. I also found out from the Community Connector about LAT’s “Give & Take” initiative and enrolled to become a volunteer safety assessor which was a similar role to the one at my workplace before the accident. The Community Connector also contacted me to see if I was interested in a focus group which was looking at community issues in the area. I attended the session and played a part in shaping a plan for the area. I also featured in Big Lottery’s “Your Journey” as a case-study, went on an active listening course to support services for socially isolated and lonely individuals and was involved in delivering a workshop at the Ageing Better Celebration conference in Sheffield.

What life is like now

Initially, I did not want to engage with others in groups. However, since my contact with the Community Connectors, I have changed my mind about this. I have been on a journey and have got involved and tried many different things including supporting the setting up of a Poetry Group and getting involved in Family History courses and “Having a Voice” initiatives. I am now a trained volunteer, have made new friends in the community and no longer feel socially isolated or lonely.

CASE STUDY 7 (GROUP INITIATIVE)

What life was like

Community Connectors targeted cul-de-sac bungalow sites to reach people aged 50+ years to help reduce social isolation and loneliness within communities. All householders within the close were issued a personal invitation via the pop up style café and asked to meet in the communal spaces in their close. The location of the “Close Encounter” was determined by where a “Close Host” lived, a local resident living in a bungalow area. The role of the host was to provide a link for invitees plus practical support such as access to hot water to supply refreshments and a space for preparation of the café resources.

Getting connected

The Community Connectors wanted to create an informal and relaxed space to enable neighbours to come together and meet. They had hoped that by doing this neighbours could get to know each other more with the aim of reducing loneliness and social isolation on their doorsteps. The Community Connectors visited various local community groups in the area to identify a host. Two hosts were identified from two separate community activities in and around the area. This approach proved fruitful as two very different areas of the community hosted a “Close Encounters” pop up cafe.

The impact

All attendees thought that the pop up idea was really good and really appreciated coming outside and having a chat with the Community Connectors and neighbours and hoped to make new friends. Feedback included:

- “It was a good idea and gets people talking to each other”
- “It’s nice to come out and get to know each other”
- “Did not know of community services in area but do now”
- “I like the idea of the Pop In Café and will come along”
- “Really nice chatting to others over a cup of tea and cake...thank you”

What life is like now

The Community Connectors spoke to the “Close Host” for one of the events who fed back that neighbours are connecting more with each other, arranging trips and meals out. The Close Host found that hosting the pop up café was a really positive experience and was pleased that they now pulled together more as a collective community on their own doorsteps. The Close Host said that she now talks to neighbours that she only waved at before and that “....there are more connections....I know what to talk about....”. They have arranged a Christmas meal out.