



Community Connectors during Covid-19: adapting to support older people out of isolation

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About Ageing Better in Camden

We are a partnership of older people and Camden organisations, working together to tackle social isolation and loneliness among older people. We draw on existing skills and resources in the local community to tackle social isolation and loneliness.

Ageing Better in Camden (ABC) is part of Age UK Camden (AUC) and Ageing Better, a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Ageing Better aims to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat social isolation and loneliness. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.



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Introduction

This report documents how the Age UK Camden (AUC) Community Connectors team have continued their support for socially isolated older people during the Covid-19 pandemic.



The Community Connectors team provides time-limited¹, person-centred support to Camden residents aged 60+ who have complex needs which make it difficult for them to build social connections essential for their health and wellbeing. Survey data has shown that 63% of this client group were in the moderate or most lonely category of older people when they started working with the Community Connectors. This compared with 44% percent who joined Camden groups and activities independently². The team helps clients establish attendance at activities or groups which match that person's interests. They also help clients to access support from other services necessary to address barriers to social engagement: they may refer someone with mobility problems

¹ Pre-Covid -19, intervention time was 21 weeks on average but was flexible and longer if needed.

² These figures are taken from UCLA loneliness scores collected from clients/members by partners funded by Ageing Better in Camden as part of the Ecorys/TNLCF Ageing Better Common Measurement Framework (CMF).

for physiotherapy or someone who has suffered a bereavement to counselling, for example.

At the start of the Covid-19 lockdown in March 2020³ the Community Connectors team were redeployed to help with the AUC emergency response. They returned to connector work in June to find that Covid-19 had altered the landscape of their work.

- **Needs of many clients had increased** as a result of lockdown.
- There were **new constraints on possible ways of working** to support social connection.
- The **Community Connectors team quickly adapted their practice, using supported walks** as a new key method of working with clients.

These three areas of change during the Covid-19 period are detailed in the rest of this paper⁴. They point to some implications for post-pandemic recovery of this vulnerable client group.

1. Changes to the circumstances and needs of older people with complex issues during Covid-19

During the three-month pause in Community Connectors' work, along with other older Camden residents, their clients received food and care to meet immediate needs. However, when the service resumed the team perceived clear consequences of the physical and social isolation resulting from the 'stay at home' order.

Physical decline

- The percentage of clients experiencing physical barriers was similar before and after the arrival of Covid-19 (68% versus 72%). However,

³ 'Social distancing' requirements to combat the spread of the Covid-19 included that people should stay at home, except for very limited purposes. Guidance also suggested that those aged over 70 were clinically vulnerable and 'should take particular care to minimise contact with others outside [their] household.'
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883116/Staying_at_home_and_away_from_others_social_distancing_.pdf [Accessed 15 October 2020]

⁴ The information in this paper is based on two interviews with the Community Connectors team; on operational data including a survey of 59 Community Connector clients carried out by the team in June 2020 to inform their next steps; and on case studies where the client involved has given consent for their story to be included here. All names in case studies have been anonymised.

many had suffered physical decline having spent a long period inside at home. A number reported suffering lower back pain. There were examples of people who had lost progress from physiotherapy treatment received before lockdown.

- **Half of people in the June survey said they were not currently exercising** even though most of them would like to. Factors preventing exercise included fear of going outside for a walk and health problems.

Social connection

- **Some clients had made valued social connections** as a result of the pandemic, with neighbours or through neighbourhood groups who had been helping them, via AUC's telephone befriending service, for example. Some had been relatively content to stay at home.
- **However, unsurprisingly, many were craving company.** In the survey, a third said that their most pressing concern was missing friends and family or face-to-face contact with people more generally.

Mental health

Physical and social isolation took its toll on mental health.

- The team highlighted the **impact of the sudden halt to going out on short outings in the local neighbourhood.** Such outings can involve low key encounters with acquaintances or other passers-by. For some people, these small outings and interactions were seen by the Community Connectors as essential for self-management of complex mental health needs.
- The team also found that many **clients were extremely anxious about leaving home**, especially when the first lockdown eased, including for fear of Covid-19 infection and because of confusion around changing regulations.
- The Community Connectors **classified 78% of clients as experiencing depression, low mood or anxiety compared with 35% pre-pandemic.** The team perceived that, in many cases, mental health problems intensified during Winter 20/21 as a result of the enduring and worsening Covid-19 situation, further lockdowns and bad weather.

Interplay of needs

- The **factors above were sometimes interconnected**. For example, there were clients for whom physical inactivity and lack of social support to do exercise, led to physical decline which along with social isolation led to low mood, and in turn that created a lack of confidence or motivation to seek support to address the physical decline.
- The Community Connectors said that **this accumulation meant that clients** who had apparently coped well for a period **could go into quite sudden decline**.
- Indeed, operational data showed that **73% of clients were facing more than one type of barrier to social engagement** (physical, mental/emotional or other). This compared to 64% pre-pandemic.

2. Covid-19 context constraints on supporting clients to reconnect

Given this evidence of increased need, the Community Connectors aimed to renew contact and support for all their clients as soon as possible after the service re-opened in June. Initial check-in calls and the survey showed many clients wanted a return to in-person contact. Just under a third were interested in support to return to face-to-face activities in community centres; two thirds of those who were not exercising said that a return to in-person classes would help them to become more active. However, a number of factors set limits on a return to this pre-Covid-19 type of social engagement and on the Community Connector's work.

Lack of groups and activities for referral

- Although many community centres and groups had plans to reinstate face-to-face groups after the first lockdown, there were few running after the first lockdown and many centres focused on keeping in contact with existing members by phone or online.
- The Community Connectors anticipated that face-to-face groups would begin to re-open at the end of summer 2020 but few did so because of the prospect of new waves of Covid-19 and more lockdowns. As a result, **there was a void of opportunities for in-person social connection**. This

was still the case throughout Winter and into the following Spring (2021). The percentage of clients who ceased working with Community Connectors following connection to a community activity halved during the Covid-19 period (16% compared to 33% pre-pandemic).



Lack of ability and/or inclination for engaging in online groups and activities

- Online groups and activities were a potential alternative means of social connection for some clients: just over half the group said they had access to the internet and just over a third used it.
- However, they were not suitable for many others. The team noted that some needed a high level of ongoing support to access the internet and would not manage to do so independently.
- Nor did online groups fulfil the desire for face-to-face contact. **In the survey, despite their isolation, 60% of Community Connector clients who did not use the internet said they did not want to.** And the team said there were many instances of clients saying they were *'sick of people telling me to get online'*.

Challenges around referrals to and from specialist support services

- As before Covid-19, there were **difficulties in referring clients to other services to help them overcome varied barriers to social connection**. Sometimes referrals to a given service were more challenging than before since they themselves were working in difficult circumstances and experiencing high demand and their thresholds for accepting clients had risen.
- In addition, after they had made an intervention, those services had more limited options than before for referring clients onwards for further physical, social and mental health support. This meant that **they made more referrals to Community Connectors as one of very few services offering face-to-face support including of clients with particularly high levels of need**.

Covid-19 safety measures

- Covid-19 restrictions meant **that the team were no longer able to meet their clients indoors at home**, sharing experiences in a relaxed fashion and discussing options as they had before. All contact had to be carried out with the Team wearing masks and maintaining social distance which impacted on ease of communication.

3. Continuing to encourage social connection using supported walks

The Community Connectors' main solution to providing face-to-face contact within these limitations was to offer clients short, supported, socially distanced walks in the local area with the first walks taking place in June 2020.

Approximately 60% have taken up the offer, typically walking every couple of weeks but with variation in the total of number of walks depending on client need. Over the past six months, each month the Team have been going on an average of 50 walks with 22 people. If the client was not able to walk or did not want to, the Team also offered to visit on the person's doorstep. About 80% of Community Connectors' time has since been spent on this activity including organisation, travel and the walks or visits themselves.

Continuity of purpose and approach

- This swift change in practice was enabled by the freedom of this service to work flexibly. It allowed the team to return to working with clients in a way that aligned with some key aspects of their purpose and approach. First, the walks could be **person-centred** in that they were organised to meet individual need. Second, they could be **used to address a range of barriers to social connection**. Third, they provided **quality face-to-face contact** at a time when few other services have offered it.

May was mostly housebound during the first lockdown, had become nervous about leaving home and said she found lots of reasons not to go out. On her first supported walk she wanted to go a little further than first planned, beyond the distance she would ever go alone. Later she sent a message to the team member who had walked with her: *‘Lovely seeing you and thank you for walking with me. It gave me more incentive and confidence’*.

Physical benefits

- Walks have provided a **flexible** method for building up clients’ physical strength and confidence.
- Community Connector support can **boost motivation or confidence** to go out when they would not do so alone. This could include offering guidance and encouragement with using mobility devices (e.g. walkers and mobility scooters) to aid independence.
- **Length of the walk can be varied depending on what is comfortable for the client** and distance can be extended over time. The team noted several examples where an individual, nervous at first, suggested going on a little further once the walk was underway.
- The team found that **physical decline was often reversed quickly** for those who went on regular walks.

Sara has complex needs including mobility difficulties. She was very isolated during lockdown and too fearful to go out alone. However, she was keen to build her strength to prepare for a return to social activities. On her first Community Connector walk, they stayed close to home and Sara needed to stop and rest. But this was enough to give her confidence to do short independent walks between Community Connector visits. By the fourth supported walk, Sara said that she had been to her local shop on her own and seen people she knew from the neighbourhood. By the final eighth supported walk, she had increased her pace and stamina as well as her confidence. The team had also organised for her to receive support calls from Queen's Crescent Community Centre so she would be able to attend face-to-face sessions there as soon as they re-opened.

Social benefits

- Clients, often with no-one else to talk to, frequently expressed their **enjoyment of social aspects of walks** even though they did not match the primary wish of many to return to face-to-face groups and activities.
- Some team members thought that going on a walk **improved their ability to form their own relationship with clients** who were *'harder to connect'*.
- These supported walks **offered a chance for people to re-connect with their neighbourhood**. The Team have noted cases where a client has been very interested to see which shops are open and where a client who had lived in the same area for many years said hello and nodded to neighbours and acquaintances. These 'weak ties' to a neighbourhood have been identified as important for older peoples' sense of well-being⁵.

⁵ Yarker (2018) discusses the importance of such 'weak ties'. (Yarker, S. (2019) *Social Infrastructure: How shared spaces make communities work*. Retrieved from <https://www.ambitionforageing.org.uk/socialinfrastructure>

Support for mental health

- Socialising and exercise provided by the walks were perceived by the Team as **improving clients' mood** as well as contributing to improved physical and social confidence.
- The team also thought that the walks provided a **sense of purpose and achievement** which contributed to client well-being: *'It gives them a reason to get up and something to do and to be able to say "Well, on that day I did something."*

Tasha had multiple health concerns and during lockdown had stopped leaving the house. When Community Connectors started working with her in November there were hardly any face-to-face options and the walks were important social contact for her. They also became a starting point for wider socialising: for example, she was supported to join one of the AUC Outreach Team walking groups when they re-started and has made a good, supportive connection with another group member. Asked what the Community Connector walks meant to her, she said, *'I wasn't seeing a soul. I was terribly depressed. For a long period, I didn't see a single person. When I went on the walks it was such a relief. I don't know what I would have done otherwise. I love Age UK Camden.'*

Enabling solutions to interconnected problems

- As shown above, the walks **had multiple potential benefits and addressed varied, interconnected aspects of need** which had often worsened in the Covid-19 context.
- In addition, **other factors contributing to difficulties came to light during walks** which the Team could then address. Some of these required **referrals to other agencies**, often to Age UK Camden Care Navigators, to specific clinical services or to telephone support or befriending services. Sometimes it became apparent that the team needed to **step in to coordinate referrals** if too many were underway simultaneously and becoming overwhelming.
- But some required **simple interventions which made a big difference**. In one example, the Team member organised for Good Gym volunteers to clear leaves from steps which allowed the client to climb her front steps. In another, while on a walk, the client mentioned that her

remote-control batteries had run out and she could not watch TV, her main connection to the outside world. The Team member was able to go into a shop and buy batteries for her there and then.

Andy worked with the service before the pandemic and had a good relationship with his Community Connector. He was re-referred in summer 2020 after telling an AUC Outreach worker that he felt like a prisoner in his own home. His job and the volunteer role he enjoyed had stopped and he had suddenly lost the structure to his days. He felt confused by the changing Covid-19 lockdown rules and was not going out in case he got things wrong. He was happy to hear from his Community Connector and she supported him to attend digital engagement sessions in a local community garden. When these were cancelled due to new lockdown restrictions, he went on several socially distanced walks with his Community Connector giving him at least some in-person contact. She also encouraged Andy to engage with other support services and to continue to develop his digital skills at home until his usual activities resumed.

4. Challenges and limitations of visits and walks

Community connectors' capacity

- Supported walks are relatively **time consuming** taking between 30 minutes and two hours with considerable additional time needed for organisation. Covid-19 safety requirements also meant the Team have minimised their use of public transport, walking between clients' homes where possible and reducing the number of visits made in a day. Walks had to be two-weekly or less frequent to avoid long waiting lists for Connector support.
- These limits on service capacity could be addressed in a small way by matching some clients with volunteers who could walk with them. However, the complex needs of most of this client group meant this was often not suitable.

Constraints of Covid-19 safety during walks

- **Covid-19 safety measures constrained some aspects of support provided.** In particular, Community Connectors were unable to offer an arm or hand to aid the client coming out of their house or to steady them on their walk. There was, however, an advantage to this in terms of offering an opportunity to encourage the client to practise how to manage without such physical support.
- Clients were often confused by changing government Covid-19 guidance and looked to the team for direction about what was alright for them to do (e.g. about whether to go for a walk or into a shop). This was sometimes stressful as the team could only provide available information as clearly as possible but had to leave final decisions to the individual since they were not clinicians. On the other hand, this did, again, encourage the client to practise using their own judgement.

Mismatch with purpose and approach

- Walks were effective as a means of reconnecting with clients and helping them build social and physical confidence and strength. However, they **mainly involved interaction between the Community Connector and the client.** This was at odds with the key aim of the service to provide short term support for people to make independent and lasting social connections outside the service. In effect, the walks have involved **'holding clients', acting as a substitute for community groups and activities** that are not available.
- And **some clients did not want to go on walks. Others could not because of anxiety, limited mobility or other health issues.** As a result, Community Connectors continued with the challenge of connecting people with Community organisations who could offer some limited interim options (check-in calls, befriending, activities by phone and post as well as online, for example). Clients were then connected to centres where they would be able to start attending face-to-face activities when they re-started.

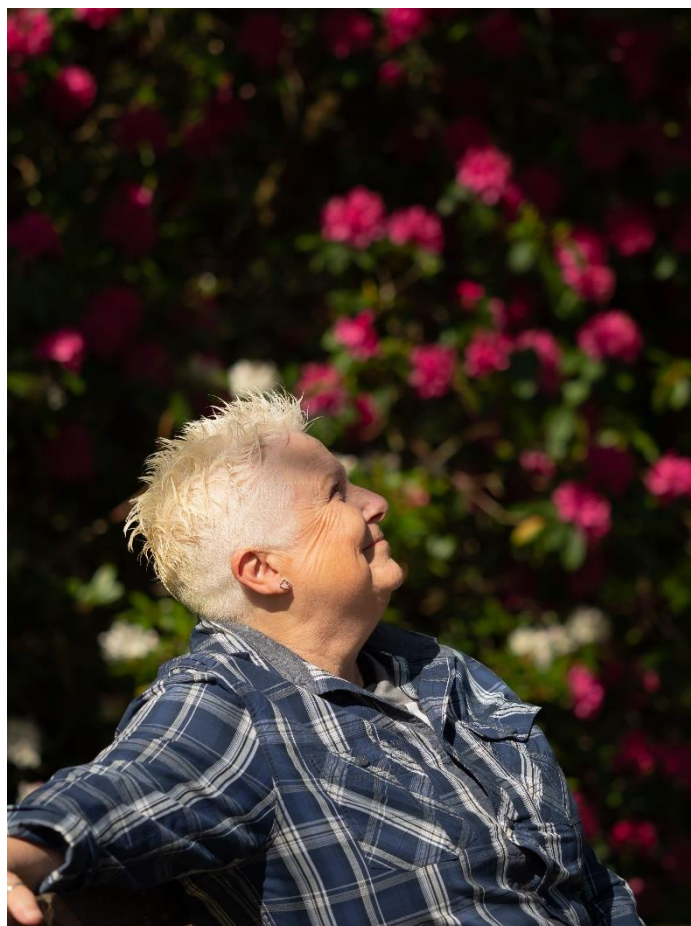
Ongoing need for support from specialist services

- While supported walks were helpful in addressing a range of interconnected client needs, they were not a substitute for specialist medical and mental health support. In many cases, **they act as a stop-gap for clients who are on long waiting lists for help they really need** and whose needs may worsen if specialist intervention is not timely.
- It should be noted that the **Community Connectors' team devote considerable time to making and following up referrals to such services.** Without this help, clients may never receive specialist support needed to address significant needs. In some cases, clients would only accept interventions from other services because the Team had organised it: **relationships and trust between Team members and clients can be crucial.**

Next steps: The need for Community Connectors in supporting older people's recovery from Covid-19 isolation

Impact during the Covid-19 period so far

Covid-19 lockdowns and restrictions had a significant negative impact on the social connectedness and physical and mental health of the Community Connectors' client group. Examples in this report illustrate the essential part played by the team – and their walks – in encouraging individuals to reverse this decline and re-enter the physical and social world, albeit in a more limited way than before. Without re-instatement of the service in June 2020, it seems likely that the



consequences for many in this particularly lonely and vulnerable group of older people would have been more severe. The team's existing relationships meant they were quickly able to re-establish contact and canvass need. And their flexible model of practice allowed them to initiate their new approach to supporting social connection within a couple of weeks.

A key role for Community Connectors in older peoples' recovery from the pandemic

Covid-19 has created barriers which are likely to cause isolation and loneliness to become entrenched for many more people⁶. As we move forward into post-pandemic recovery, the Community Connectors have a key role to play in helping older people to overcome complex obstacles to social connection. First, they can provide skilful one-to-one support to identify and tackle multiple specific issues which are preventing the individual from getting out and about, attending activities and making friends. Second, as already demonstrated, they can respond flexibly to the changing environment and Covid-19 regulations which will continue to be important. Funding for Community Connector services will, therefore, be essential in preventing an increase in the number of older people confined to home, unable to reconnect to their community and becoming increasingly isolated and lonely.

An urgent need for provision to accompany the Community Connectors work

Currently the team's capacity is limited by the time needed to act as the social connection for their clients especially through accompanying them on walks. By contrast, the intended purpose of the service is to act as a short-term bridge, equipping clients to make independent social connections which will be particularly important for sustainable recovery from Covid-19 context isolation. However, there continues to be a lack of activities and constraints on access to services which are necessary for Community Connector clients to establish longer term social connection. Alongside funding for Community Connectors, continued reinstatement of face-to-face groups and activities and improved access to specialist services will be essential for Community Connectors to operate effectively.

At the same time, the popularity and successful use of one-to-one walks to support improvements in physical and social confidence, indicates that there is a demand for a 'walking befriending' service which can complement the support for social connection provided by the Community Connectors.

⁶ The British Red Cross (2020) *Lonely and left behind*. Retrieved from <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/lonely-and-left-behind>

