

ABC Outreach Service

Describing and evidencing the work; and planning for the future

1. Introduction

Ageing Better in Camden was a partnership of older people and Camden organisations, working together to tackle social isolation and loneliness among older people from 2015-2022. It was part of Age UK Camden and Ageing Better, a programme set up by The National Lottery Community Fund to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat social isolation and loneliness. From 2018, one key strand of ABC work was to develop an Outreach Service to find and engage with socially isolated older people living in Camden, many of whom are hidden from view because they are not connected to any services or community activities: the older people who no-one knows.

This paper explains the novel approach developed by the ABC Outreach Team and presents evidence gathered to demonstrate their impact. This will support future fundraising bids in Camden but also provide evidence for other areas or organisations considering how they might reach this group. It highlights the Team's work prior to Covid-19, as well as showing how they adapted to reach those most in need of making connections during the pandemic, and how they supported people as the borough emerged from lockdown restrictions.

2. Evidence: the problem of loneliness and challenges of evidencing the impact of Outreach work

A wealth of evidence that demonstrates that loneliness and social isolation can have a detrimental effect on health and wellbeing already exists.¹ Older people experience high levels of loneliness and isolation compared to most other age groups and are at risk because of a range of factors such as declining health and loss of close

¹ Campaign to End Loneliness (n.d.) *Risk to health* [Accessed 19 July 2021]. Accessed at <https://www.campaigntoendloneliness.org/threat-to-health/>

relationships or social networks². It is a growing problem with two million older people expected to be experiencing loneliness by 2023³. We have developed a model of Outreach working which responds to this need and demonstrates how the Outreach Team works to support people to take steps to reduce their isolation or loneliness.

Providing evidence of the effectiveness of the Outreach Team approach posed some challenges since we were not able to evidence impact for each individual using outcome measures. In particular, the aim of keeping interactions with older people informal and non-intrusive precluded asking them for information about themselves; and many conversations were one-off so that there was no opportunity to ask about any impact even if it was appropriate to do so. We cannot know, for example, whether there was an impact on the social connection of those who have taken an activity information leaflet or felt encouraged by an Outreach interaction. We do, however, have some evidence which we have drawn together in a way which demonstrates the Team's effectiveness. This is included – mainly in blue boxes - at relevant points in the text below.

3. The Outreach work: approach and types of activity

Our Outreach Team proactively met and engaged older people in the community, particularly those who were not already in contact with, or were reluctant to access, formal services or support. We termed this group 'the older people no-one knows'.

By their very unknown nature, there is no easy way to identify them so the ABC Outreach Team went out into the community to find them.

Before Covid-19, main activities included:

- **Street Outreach**⁴ where the Team approached and informally engaged with as many older people as they could in a given area. They offered an information flyer about current activities and sources of support for older people in Camden. Often, they also invited people to a specific informal follow-up Outreach event in a local library or café. At these pop-ups, there would be a cup of tea, an opportunity to chat further to the Team and to other local

² Aiden, H. (2016) *Isolation and Loneliness: An overview of the literature*. London: British Red Cross.

³ Age UK (2018) All the lonely people: Loneliness in later life [Accessed 19 July 2021] Retrieved from <https://www.ageuk.org.uk/latest-press/articles/2018/october/all-the-lonely-people-report/>

⁴ <http://www.ageingbetterincamden.org.uk/latestnews/2021/1/13/operational-strategies-in-outreach>

people who came along, and to find out more about local activities and sources of support.

- **Doorstep Outreach**⁵ where the Team began by going door-to-door to post flyers, then returned to speak to residents in Sheltered and Social Housing blocks to invite them to a pop-up event in the housing block or nearby space where, again, there would be tea, cake, and an opportunity to chat further to the Team and other residents and find out more about activities and sources of support.
- **Pop-up events**⁶ as described above, which were social events in their own right but also information events where people could find out about activities of interest and other sources of support.

During the Covid-19 period, the Outreach Team adapted their practice so that they could continue to find and connect with ‘the older people no-one knows’ but within Covid-19 regulations and with Covid-safety in mind. Their main activities were:

- **Face mask pop-up events**⁷ in parks and open spaces around the borough. These had an element of Street Outreach (although not on the street) since they might talk to people who were passing by. But also, like other pop-up events, they were pre-advertised informal social and information events where people could come and chat to staff and to other residents who came along.
- **Small, socially distanced walking groups**⁸. These were offered as an in-person social opportunity at a time when many other groups and activities had been paused. First walks were organised by the Team but with encouragement for group members to continue as self-organising groups after a short period.

The Team played a dual role during these activities. In part they were screening people they met to identify those who were isolated and looking for help to find a way to reduce their isolation. As such, this intervention was an effective way to find those who are socially isolated and help them access resources that could help them to live healthier and happier lives. However, the outreach and pop-ups were not primarily designed with this in mind. They were simply occasions where any older person could make a human connection, be that a brief passing chat or more in-

⁵ <http://www.ageingbetterincamden.org.uk/latestnews/2021/1/12/doorstep-outreach-a-practitioners-guide>

⁶ <http://www.ageingbetterincamden.org.uk/latestnews/2021/1/12/outreach-in-sheltered-housing>

⁷ <http://www.ageingbetterincamden.org.uk/latestnews/2021/3/8/new-report-outreach-during-covid->

⁸ <http://www.ageingbetterincamden.org.uk/latestnews/2021/4/29/new-report-outreach-during-covid-19>

depth interaction. Making this kind of positive early connection was the necessary foundation for trust and engagement which could encourage older people to make further connections.

Therefore, to be effective, the Team were not simply providers of information or organisers of events: rather they were highly skilled facilitators of social connection and their approach was carefully planned. They created a reason to initiate interaction (e.g. giving out activity information sheets or invitations to a pop-up) and were inclusive, talking to everyone rather than prejudging who might be lonely or isolated. They interacted in a warm, informal way using active listening and allowing as much time as needed for a conversation. Any information or suggestions given were person-centred responses to interest or need and were given in an unpressured way. At pop-ups or in walking groups they might gently 'broker' social connections, introducing people and supporting their conversation. The Team also offered their own contact details so that, if they wanted to, an older person could get in touch at a later stage.

The impact of social connection in reducing social isolation and loneliness is well established, including via the Ageing Better programme, and thus the work of the Team has a strong platform to build from.⁹

⁹ <https://ilcuk.org.uk/wp-content/uploads/2018/10/The-links-between-social-connections-and-wellbeing-in-later-life.pdf>

Impact of Outreach on social connection

Not all of the Outreach Team's work was focused on connecting people to formal activities and services - they did not operate as a referral pathway - instead their focus was always on creating **social connection**. Essentially the Outreach Team created repeated opportunities for social connection, at whatever point someone was at on the cycle, to do something which would increase their likelihood of connection.

This can be seen across their conversations with older people, pop-ups and the creation of small informal walking groups. They created welcoming social spaces where local older people and neighbours could meet one another. This enjoyment was expressed by residents attending sheltered housing pop-ups with some mentioning its tangible impact on their sense of wellbeing:

'I know they exist but usually we just wave. But today we're here in the same place.'

'I feel better, more like a human. You feel like you're in a little box on your own: I hate it. When I moved here, I thought I would mix with people but you don't.'

And people who joined walking groups talked about the opportunity the groups provided to meet others:

Robert said, *'I live on my own and it gets me out of the flat – it's good to meet other people. The walks mean you can meet people from your own area, people that you've probably passed on the street a thousand times.'*

On her walk, Dayana met a woman who lives nearby but they had not seen each other before. They *'got on extremely well together'* and then a few days ago they met in the street and stopped and had a chat.

For many this work would be preventative in that it could help people to build informal networks that mean they avoid experiencing a crisis situation where they have no support and no-one to turn to. Others who the Team met might already be in difficult situations which caused or compounded their isolation.

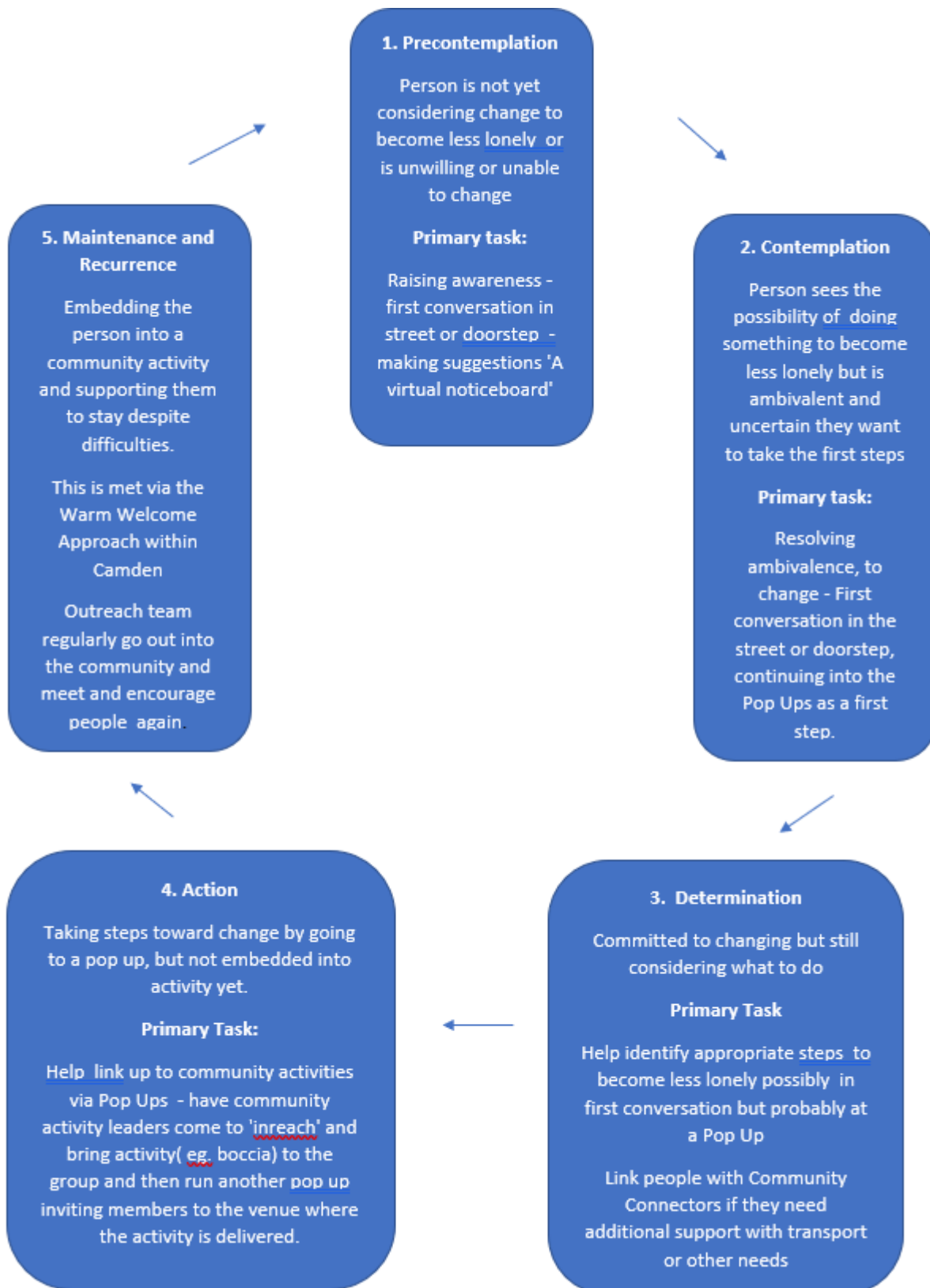
4. Conceptualising impact of the Outreach approach using the ‘Cycle of Change’

A useful way to consider the journey of older people who responded to an interaction with the Outreach Team is to look at our adapted ‘Cycle of Change’ model (see below) which is a behaviour change model, more commonly used in mental health and addiction services¹⁰. It demonstrates how people make behaviour changes, often starting from a place where they themselves don’t recognise they have an issue, or that aspects of their lives could be improved, and that they could be happier with increased social connection. The model moves through five key stages – Precontemplation, Contemplation, Determination, Action and finally Maintenance and Recurrence.

The work of the Outreach Team can be seen as quite separate aspects of work with a division between the doorstep outreach work in housing and the street outreach work and it would be possible for just one or other aspect to stand alone. However, this model includes both aspects of their work regardless of location as the processes by which people move towards behaviour change remain the same.

¹⁰ Prochaska, J. O., & Velicer, W. F. (1997). The Transtheoretical Model of Health Behavior Change. *American Journal of Health Promotion*, 12(1), 38–48. <https://doi.org/10.4278/0890-1171-12.1.38>.
<http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente/>

The Cycle of Change Model – adapted for the Outreach Team



Here we illustrate how the Outreach Team worked across the stages of the Cycle of Change and the impact they could have.

A meeting with the Outreach Service could be the first step for those at the **Precontemplation and Contemplation** stage. Many of the street outreach interactions were brief and were used in order to promote activities in local community centres or neighbourhood organisations. For some, this may have been the nudge that encouraged them to try a new activity or centre that they didn't know existed, or when they had felt unsure about what activities were available to them. Most services or activities do not engage with people at this point in the process as they require people to come to them, or to be referred by other agencies they have contacted. In contrast, the Outreach Team went to where people were, so had the opportunity to prompt people to think about the possibility of change - including those who were not currently considering it.

Outreach on the street and in sheltered housing was also used to invite people to events which the Team were holding in neutral venues (e.g. a café or a library) to create a space for connection for those who don't wish to go to community centres or to access other formal activities or support. A pop-up event is a relatively low social ask for people – they can drop by, pick up a leaflet and leave quickly. Or they can be guided by skilled staff to stay and chat, possibly considering the idea of making a small change for the first time. These neutral spaces were particularly successful environments for engaging harder to reach individuals, including men, who are likely to see more formal centres or settings as 'not for me'¹¹.

For some these will have acted as 'stepping stone' events which might have given them the confidence to try other activities. Or be a space where they could chat with other people from their neighbourhood and possibly form connections with them, which exist outside of any provided activity. They created an opportunity for repeat meetings and connection.

A small step towards such change is demonstrated by cases where a Team member engaged initially reluctant passers-by enough for them to listen to her and accept an invitation to a café or library pop-up. One woman described the pleasure she experienced at her first meeting with the Team when they called at her door to invite her to a sheltered housing pop-up event:

¹¹<http://www.ageingbetterincamden.org.uk/latestnews/2021/1/12/report-working-with-older-men>

'It's very uplifting to have three visitors when you don't even know what a visitor is any more ... I'm not forgotten, not old and forgotten.'

Another sheltered housing resident described such first interactions as the '*slight nudge*' needed to make the decision to go to an event. The impact of this nudge could be minimal, or it could be very significant. It might simply have encouraged someone to accept information listings or a pop-up invitation, making them aware of social opportunities they would otherwise not have known about. For others, it may have been the first contact with the Outreach Team and, if people wished to share their contact details, a Team member would get in touch again about events they are holding in that area. Such small interactions could create a 'drip, drip' effect where the Outreach Team provided repeated opportunities for people to step into and increase their social connections.

Often people who indicate yes to an invitation get cold feet on the day as all the reasons that stop them from attending win-out. For many isolated people, the non-joiners, when it comes to the crunch it is easier not to go than attend and take the risk/face rejection in a social setting. For those people, the positive social interaction with the Outreach Team, when a Team member offered an invite, could create a social bridge to attending, so increasing the likelihood that they would come.

For those already at the **Determination** stage, committed to change but still unsure what to do, the Outreach Service could trigger positive change by creating an invitation to attend an event. One woman at a sheltered housing pop-up mentioned how, after talking to the outreach workers when they called at her flat, to invite her to a pop-up, about her interest in galleries and museums, they had provided her with her own personalised list of relevant events and activities when they returned for the social event.

For people who were ready to go and join an activity, Outreach could highlight opportunities within Camden to encourage further involvement. This included information about activities at local community centres if that was of interest. Or the opportunity to attend one of their own pop-up events. They could also help overcome barriers to connection (e.g. mental or physical health problems) for example, by referring an individual to the Community Connectors service for additional support or by giving advice on transport options. With the information provided by Outreach, older people could move towards the **Action** stage where they might attend a pop-up event, or try out a new activity or interest.

Action following a meeting with the Outreach Team

In the period 1/4/2019 - 31/3/2020 the Outreach Team had 2,738 conversations. 41% of conversations were with older men (this compares with approximately a third who took part in Ageing Better activities as a whole¹²); 59% of conversations were with older women.

Through meeting some people repeatedly over time there is some firm evidence that this person-centred engagement with the Team led to subsequent **Action** such as attending a pop-up where they could be signposted to further support, activities to join, or start making connections with others from their community. We know 23% of people they spoke to moved to action following an interaction with the Outreach Team. Below, as an example, is more detailed data for one pop-up event at Kentish Town library where the Team invited people to drop in for a coffee and a chat.

Library 'drop-in' social pop-up.

Street Outreach engagements/conversations	103
Men	41 (39%)
Women	62 (61%)
Information given/ taken including event into, AUC Info & Advice postcard, Outreach activity listing	94 (91%)
Expressions of intent to attend	42 (41%)
Special conversations	5
Older people attending event	29 (conversion from outreach engagement 28%)
Men	12 (41%)
Women	17 (59%)
Of the above Sheltered Housing residents (if known)	6
Approximate percentage of people attending alone (if known)	80%

¹² Ecorys (2021) *Ageing Better: Impact Evaluation Report*. [Accessed 9 February 2021] Retrieved from https://www.tnlcommunityfund.org.uk/media/insights/documents/Methods-Note_Impact-Report-FINAL-VERSION_-2-to-TNLCF.pdf?mtime=20220204132552&focal=none

Barriers to social connection faced by those engaged by the Outreach Team

The Outreach Team did not work to solve specific problems. The social spaces they provided were not designed as complete solutions for people. They did not have a set outcome which they were trying to support people to achieve. Instead, they offered opportunities to talk to people wherever they were at. Despite the Team purposely not prompting any specific issues, around 10% of the people they talk to have a longer or more in-depth chat, which the Team labelled as a special conversation. During these conversations people have disclosed issues they are facing including:

- **Mental health** – disclosure or evidence of depression, anxiety (including general anxiety, social anxiety) agitation, or other (mental health mention by the older person but illness not specified).
- **Bereavement** – loss of partner.
- **Health or mobility issues** resulting in the older person finding it more difficult to leave their home/socialise.
- **Expressions of acute social isolation** – contacts typically live alone with no family or friends nearby and/or declined opportunities to engage with others.
- **Caring responsibilities for partner or family members** making it difficult for the older person to access social opportunities.

The Team had an opportunity to respond to these disclosures with information on services which can help. And that conversation might act as a bridge for people to connect with those services. And even for those who did not subsequently access formal support there was an opportunity for their feelings and situation to be validated, a chance to feel seen and heard.

Some people the Team met shared their contact details so staff were able to get in touch to alert them to outreach pop-up events in their area. This meant the Team were able to repeatedly share opportunities for connection with people who were reluctant to attend at first.

Once someone had joined an activity or group, they may no longer have needed support from the Outreach Team. However, the Team could play a role in **Maintenance and Recurrence**. By continuing to meet or stay in touch with people within the community they were able to actively encourage and support those who

were struggling to sustain new social connections. For example, they continued to send out reminders via text to people who had joined the outreach walks in order to prompt their continued attendance.

5. Possible futures for the ABC Outreach approach

The Outreach approach brings together community development and outreach techniques. It should be of interest to all statutory and voluntary/community sector bodies with a concern for the wellbeing of older people since it provides pathways for this hidden group who no-one knows to better, more connected and, therefore, more supported lives. When faced with challenges, previous experience of sensitive, face-to-face Outreach support will increase the likelihood that individuals receive relevant help at any early stage and that extreme crisis situations are averted. For example, having social connections established because of Outreach engagement could mean that an older person has friends or acquaintances who encourage them to seek health advice when a problem arises. This can prevent delays which might result in a serious health problem requiring distressing and expensive hospital treatment.

Our learning from Outreach shows that the needs of this group are unlikely to be met by key mainstream services in their current forms. For example, Social Prescribing services may only make contact with older people who have been referred to them or who are on a GP list because they are vulnerable. Sheltered Housing managers who have a heavy workload might only provide additional support when it is requested by a resident. One possible future direction would be for such services to adopt relevant elements of the Outreach approach (e.g. Doorstep Outreach⁵ for housing managers and aspects of Street Outreach⁴ for Social Prescribers) which take account of the need to proactively engage with, build rapport and find out what steps to social connection someone wants to make; and the need to then signpost support needed to take those steps. A key point here is that this engagement is person-centred: wished for social connection might be in the form of loose ties in the neighbourhood or housing scheme, or of re-connection with existing friends or family, or to a mutual aid scheme, or even to work. It may be in the form of joining a new group or activity but not necessarily. It is also possible that elements of Outreach are adopted as a new service but one which is more targeted at those with high levels of need. For example, street outreach could be focused on areas of high health inequality; proactive approaches could be made to those on GP lists of 'highly vulnerable' patients.

On the other hand, fragmenting or narrowing the focus of the service in these ways means removing the possibility of finding some of the isolated people no-one knows, for example, those who live in an area of lower deprivation, are not on a GP list or who live outside sheltered housing. Instead, a strategic, inclusive, place-based approach is the ideal to ensure the aim in Camden and elsewhere that ‘nobody gets left behind, and...everybody has a voice’¹³. This would involve preserving and coordinating varied elements of the Outreach Approach. It would likely involve funding from different partners and funders which could include community organisations, sheltered housing providers, Public Health, Local Authority participation teams, Adult Social Care, Integrated Care System, Social Prescribing funders and place based charitable foundations. Essentially the work requires an anchor organisation and champion who can then pull together a partnership of organisations and funders who will be working towards achieving their identified outcomes via this approach. Particularly relevant outcomes are likely to be seen within work streams looking at community engagement, connected communities, prevention/reducing social isolation.

6. The continuing need to accumulate evidence

The very nature of the ABC Outreach approach – that it is non-intrusive and often involves brief, one-off engagement with individuals – means that it will always be a challenge to collect evidence of the impact of this work on the social connection of this hidden group, the socially isolated older people ‘no-one knows’. Nevertheless, there is scope for the evidence base to be developed in a number of ways. In addition to the types of data included above, possibilities are that:

- Data could be collected to more closely define the cohort of people that no-one knows. For example, where identifying data is held for people – and within data protection rules - it could be mapped onto other local data including accessing social prescribing services, frequent A&E users and demographic ward data. Or, conversely, following an approach being used in Greater Manchester, data about emergency service users could be analysed. This could examine how many frequent A&E users are older people ‘no-one knows’ and why they do not access earlier stage preventative support.

¹³ <https://www3.camden.gov.uk/2025/>

- Costs could be calculated in relation to counterfactual situations. For example, comparisons could be made between the costs of helping an isolated sheltered housing resident to become more connected to neighbours and more supported by their scheme manager versus remaining isolated and only becoming known to services in an emergency situation.
- Further qualitative data could be collected on the impact Outreach has on the lives of individuals who engage with the Team. Ideas for this include distributing postcards at pop-ups for people to note what they get from attending; and collecting further case studies with full consent to share from those who outreach workers meet repeatedly.
- Further work could be done to map the work onto behavior change models which have been tested more widely on older people such as COM-B Behaviour Change Model¹⁴.

7. Final word: The imperative to continue Outreach work to find the older people no-one knows

The ABC programme came to an end in March 2022 which also meant the end of funding for the Outreach Team and its work.

As we, hopefully, move away from lockdowns we need to think about how best to create connected communities. Covid-19 has highlighted the need for social connection and so the need to think about the systems and services which enable that to happen is even more key and makes the work of the Outreach Team even more important. The Outreach Team data shows that they engaged with many older people who may have been isolated but were ‘hidden from view’ because they were managing their lives without support from formal services prior to the pandemic. Their sense of connection and belonging may have been provided by weak ties¹⁵ within their community – short discussions with shop staff, or a brief chat at the bus stop – but even those conversations came to an abrupt halt in March 2020. Due to this, many of the older people the Outreach Team have met since March 2021 have become even more isolated due to the multiple lockdowns and so have identified the

¹⁴ Mitchie, S., van Stralen, M. & West, R. (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6:42. And see <https://www.laterlifetraining.co.uk/com-b-behaviour-change-model-mitchie-et-al-2011/>

¹⁵ 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>

need for change in their lives. This type of service can help them make changes. The development of social connection will have a positive impact on their day to day lives whilst also reducing the negative mental and physical health impacts that are caused by social isolation.



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