



**CONNECT
HACKNEY**
ageing better



What features of projects have had the most success in reducing social isolation and loneliness amongst older people living in Hackney? What methods have been the most successful in reaching, engaging and retaining older people in sustained activities?

Addressing social isolation and loneliness amongst older people before and during the COVID-19 pandemic: in-depth report on projects for men, people with learning disabilities, ethnically diverse groups, and complex needs

HOW TO TARGET YOUR SERVICES - FINAL REPORT

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Summary

Background

The 'Connect Hackney' programme is addressing social isolation and loneliness for people aged 50 and over. It is part of the 'Fulfilling Lives: Ageing Better' programme, funded by the National Lottery Community Fund in 14 areas in England. A total of 50 community-based projects have been commissioned in two Phases (Phase 1 and 2)¹. Commissioned projects in Phase 2 include those targeting specific groups of older people not easily reached by other projects within the programme: men, those with learning disabilities, ethnically diverse groups and those with complex needs. This report shares learning about these targeted projects from the ongoing local evaluation of the overall Connect Hackney programme and aims to inform commissioners and policy makers with a remit to tackle social isolation and loneliness and promote health and wellbeing amongst older people.

Aims and methods

This report presents qualitative findings which contribute to addressing 'test and learn' questions on the success of the targeted projects in relation to reducing social isolation and loneliness and on the reach, engagement and retention of participants within these projects *prior to the COVID-19 pandemic*. The research also explored the impact of the COVID-19 pandemic on the targeted projects and their participants. Qualitative interviews were undertaken with 17 project providers and 35 project participants capturing perspectives from across the targeted themes. All interviews were conducted via video-conferencing software or via telephone during the COVID-19 pandemic between May and October 2020.

Findings

Project reach

- Projects used a **combination of strategies** to reach potential participants, but **some strategies** or combination of strategies **were reported to be more effective than others** and these differed according to the groups targeted by the projects.
 - **Men:** referrals from other organisations and outreach to directly engage with potential participants (e.g. on the street or in venues frequented by the target group of interest).
 - **Older people with learning disabilities:** referrals were the most effective strategy as opportunities to connect directly with the target group were limited by the lack of spaces for this group to come together. Projects struggled to recruit participants and had to address issues associated with transport, location and the cooperation of carers.
 - **Ethnically diverse groups:** word of mouth was the most effective strategy reflecting that these organisations were deeply embedded and trusted within the communities that they served.
 - **Complex needs:** referrals from other organisations and outreach to directly engage with potential participants (e.g. through door knocking, or in venues frequented by the target group of interest).

¹ 26 projects were commissioned in Phase 1 (2015-2018) and 24 projects in Phase 2 (2018-2022).

Project engagement and retention

- Across projects, ***the offer to connect with others through meaningful activities was an important driver of initial engagement and ongoing retention***. What constituted meaningful activities varied across the different target groups:
 - ***Men***: practical activities with a clear purpose (e.g. IT club, dominoes club, boat trips).
 - ***Older people with learning disabilities***: a range of activities which offered choice (e.g. IT skills, photography, making jam, planting and harvesting vegetables).
 - ***Ethnically diverse groups***: activities to connect with others who shared the same language and cultural heritage (e.g. poetry, cookery, dance).
 - ***Complex needs***: creative and physical activities that offered opportunities to achieve new goals, be independent and establish new routines (e.g. pottery, wallpaper design, lawn bowls).

Perceived project impact

- Across the targeted project themes, ***common types of participant benefits*** were reported by participant and provider interviewees (***new social connections and friendships, improved wellbeing and mental health***). ***The main benefits varied by project, reflecting the different circumstances and needs of participants within projects***. For example, new social relationships and improvements in wellbeing were reported across all the targeted themes, but descriptions of new social relationships were especially strong for the ethnically diverse projects, suggesting social connections were a primary motivation for joining these projects.
- Common underlying mechanisms which led to these benefits across projects were: ***regular participation in meaningful activity; undertaking activities together either individually in a shared space or through working towards a common goal; the qualities and skills of project staff and project activities as a bridge to activities outside the project***. The exact nature of these mechanisms differed across the targeted themes.
 - ***Men***: sharing interests and expertise with others in a practical way; a dedicated safe space to come together regularly over time with a skilled facilitator for organisational support; and group outings to extend opportunities for social connections and friendships to develop further.
 - ***People with learning disabilities***: ability to choose from a wide range of activities; enabling participants to exercise control and take part in decision-making; and active facilitation to support the development of positive relationships between participants.
 - ***Ethnically diverse groups***: taking part in activities to celebrate a shared cultural heritage; having a safe space in which to do this; and group outings and exhibitions to engage with a range of different communities.
 - ***Complex needs***: taking part in creative and physical activities led by skilled facilitators with specialist expertise; sharing the experience with others in a similar situation; and group performances and outings to extend participation in activities outside of the projects.

Impact of COVID-19 pandemic

- **Project providers re-orientated their workloads in three ways to: (i) support participants' immediate needs; (ii) adapt and re-start group activities remotely and (iii) develop 'dual' delivery models to include in person as well as remote delivery.** Project staff were committed to achieving this but recognised the enormity of the task. The provision of the one-to-one support by project staff grew, whilst group activities decreased.
- **Many projects were able to re-start group activities remotely** either **within structured group-based remote sessions** (e.g. an online exercise class) or **through informal group connections** (e.g. chat, sharing pictures and videos via smartphones). The ability to switch to remote delivery at all, and the speed at which this was done, depended on several factors including the level of digital skills among participants and providers and whether projects included a digital component prior to lockdown.
- **Projects acted as an anchor for participants in the pandemic.** Project staff were someone familiar to turn to for help, supported participants to adapt their routines and develop new ones, and facilitated access to a social network for mutual support.
- **Some participants were able to access remote activities but this depended on their digital skills (or support to develop these), access to equipment and Wi-Fi, and preference for remote engagement.** Some interviewees who did not want to engage with the digital world prior to the pandemic reported they were motivated to do so during lockdown. Participants mostly enjoyed reconnecting with project activities via remote platforms but all participants were **keen to get back to 'in-person' contact**. Those who were able to experience in-person activities were overjoyed when they were re-introduced at the end of the first national lockdown.
- **Co-production practice was still evident across project themes** albeit in less formal ways compared to before the pandemic. Maintaining co-production was dependant on the extent to which project staff had to focus on supporting the immediate needs of participants and the level to which co-production had been embedded in the project prior to the pandemic.

Conclusion

The Connect Hackney programme for people aged 50 and over is a community-based approach to addressing social isolation and loneliness and its adverse consequences for health and wellbeing. The projects which targeted men, people with learning disabilities, ethnically diverse groups and those with complex needs offered a diverse range of group activities and practical and emotional support for individuals. The findings support the continuation of targeted interventions to reduce loneliness and social isolation and improve wellbeing among older people.

Qualitative interviews with providers and participants identified new friendships and improved wellbeing for project participants. The targeted projects brought together people with shared experiences (celebrating commonalities in culture, background, circumstances)

and this was a key element that enabled participants to flourish. Exploration of the ways in which these perceived benefits were achieved suggest a number of underlying features (e.g. regular participation in meaningful activities, the qualities and skills of project staff); which need to be adapted for particular groups and personal circumstances. Findings on reach, engagement and retention similarly suggest ways in which generic strategies can be combined and optimised for specific groups. Findings on the impact of COVID-19 have documented the ways in which project staff and participants have responded and highlighted the vital new roles (e.g. supporting immediate needs) and continued roles (e.g. ensuring that participants can support each other remotely) projects have played.

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1. Background

The focus of this report is a programme of community-based projects aiming to address social isolation and loneliness amongst older residents in Hackney, East London – known as ‘Connect Hackney’ – before and during the COVID-19 pandemic. The report describes research on those projects that targeted older people not well reached by other projects within the programme: men, those with learning disabilities, those with complex needs, and specific ethnically diverse groups (including those of Chinese, Somalian; South American, Turkish-Cypriot and French speaking African heritage). Projects offered older people a range of activities (e.g. arts and crafts, sport and exercise) and/or practical and emotional support. This report aims to inform commissioners and policy makers interested in addressing social isolation and loneliness, particularly amongst groups of older people who are underserved by mainstream services.

The chapter begins with an overview of the national and local policy context for addressing social isolation and loneliness. The Connect Hackney programme and the national Ageing Better programme in which it is situated is then described followed by an overview of the targeted projects under study. Previous relevant research on the targeted groups is also summarised. The chapter concludes by examining the potential impact of COVID-19 on the loneliness and social isolation of older people and programmes to address these issues.

1.1 The national and local policy context

There has been a growing interest in the issue of social isolation and loneliness over recent years in recognition of the evidence linking these states with poor health and wellbeing and premature death². There is also evidence that older people who are socially isolated and/or lonely are more likely to: frequently visit their GP, access emergency care, enter local authority funded residential care, be readmitted to hospital or have a longer stay³. The government’s Loneliness Strategy in 2018⁴ and the NHS Long Term Plan in 2019⁵ set out ambitious plans for tackling loneliness through a more joined-up integrated care and support service agenda, focusing on a more person-centred experience and recognising the importance of local and relevant delivery of services.

The Loneliness Strategy called on local authorities to consider how tackling social isolation and loneliness can be embedded in their strategic planning. The strategy anticipated that this would involve commissioning boards responding to loneliness, working with local communities and civil society bodies, and addressing practical issues around community space and transport. The strategy also recognised the vital role of the voluntary sector in tackling loneliness and bringing people together to create strong, integrated communities

² Holt-Lunstad, J. et al. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A Meta Analytic Review.

³ Valtorta, N. et al. (2018). Older Adults’ Social Relationships and Health Care Utilization: A Systematic Review. *American Journal of Public Health*. April 2018, 108(4).

⁴ HM Government (2018). A connected society. A strategy for tackling loneliness – laying the foundations for change. London: DCMS.

⁵ NHS (2019). The NHS long term plan (online). < <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>>[Accessed 02 February 2021]

and challenge obstacles that isolate individuals or groups. Within the London Borough of Hackney, tackling social isolation and loneliness amongst older people is part of the borough wide Ageing Well Strategy⁶. This is based around three key principles to ensure that the strategy: is co-produced and asset-based; involves joined-up working across sectors (public, voluntary and business); and promotes an age-friendly Hackney.

1.2 Ageing Better in Hackney

‘Connect Hackney’ is one of 14 ‘Ageing Better’ programmes in England funded by the National Lottery Community Fund⁷. It runs from 2015 – 2022⁸ and aims to support people aged 50 and over to be: less socially isolated and lonely; more actively involved in their community with their views and participation valued; and more engaged in the design and delivery of services to improve their social connectedness. Aligned with these aims, the Connect Hackney programme has four intended outcomes (Box 1.1).

Box 1.1: Connect Hackney programme outcomes

1. Increased numbers of older people who are socially isolated engage in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life.
2. Increased numbers of older people who are at risk of social isolation engage in meaningful and enjoyable activities which result in new friendships, sustained networks, improved resourcefulness, more confidence and thus, ultimately, a better quality of life.
3. To embed an asset-based model towards ageing and older people, where the latter are more actively engaged in the community and valued for the contributions they make.
4. Increased direct involvement of older people and people as they age in shaping policy and holding key stakeholders to account, leading to stronger partnerships.

A range of approaches to tackle social isolation and loneliness amongst older people are described in the literature including: psychological therapies (e.g. to develop social skills and challenge negative expectations around social relationships); befriending and other types of social support schemes; and community approaches which increase the availability of, and access to, opportunities for meaningful social interaction. The Connect Hackney programme is an example of a community driven approach, with individual projects combining group activities and practical and emotional support. The evidence base for all these types of interventions is often characterised as weak or limited^{9,10}. Research has highlighted various

⁶ Hackney Council. DRAFT: Hackney’s Ageing Well Strategy 2020-2025 Supporting older people to age well in Hackney (online) <https://consultation.hackney.gov.uk/communications-and-consultation/ageing-well-strategy-consultation/supporting_documents/Draft%20Ageing%20Well%20Strategy.pdf>[Accessed 09 February 2021]

⁷ <https://www.ageing-better.org.uk/>

⁸ The programme has recently been extended for a further year to 2022 in a reduced number of areas across England.

⁹ Landeiro F, Barrows P, Nuttall Musson E, Gray A, Leal J (2020) Reducing social isolation and loneliness in older people: a systematic review protocol. *BMJ Open* <http://dx.doi.org/10.1136/bmjopen-2016-013778>

¹⁰ Fakoya, O.A., McCorry, N.K. & Donnelly, M. Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC Public Health* **20**, 129 (2020). <https://doi.org/10.1186/s12889-020-8251-6>

promising approaches: group interventions offering opportunities for active engagement and support; interventions informed by social-scientific theory and evidence on the causes of social isolation and loneliness and how they can be prevented, and those developed with the input of older people^{11,12,13}. Programmes supporting participation in community activities are increasingly associated with a wide range of health and social benefits¹⁴.

1.3 The targeted projects

Connect Hackney was commissioned in two phases: 26 projects in Phase 1 (2015-2018) and 24 projects in Phase 2 (2018-2022). The projects for men, older people with learning disabilities, ethnically diverse groups and those with complex needs were commissioned in Phase 2¹⁵ and started in 2018 (Table 1.1).

Table 1.1: Connect Hackney projects targeted to specific groups of older people

Targeted group	Project name
Men	1. Gillet Square Elders 2. Hackney Dudes 3. Hackney Brocals 4. Living with a Hearing Loss
Learning disabilities	5. The Garden Social 6. Peter Bedford Over 50s
Ethnically diverse groups	7. Growing Project (Latin American women) 8. Happy Living (Turkish and Kurdish elders) 9. Santé Sage (French speaking African) 10. Somali Elders 11. Chinese Table Tennis Club
Complex needs¹⁶	12. Bringing the Outside In 13. Carers Collective 14. Connect at Core 15. Getting out and about locally

All projects aimed to support the development of new social relationships and promote wellbeing amongst participants (outcomes 1 and 2 in Box 1.1). Projects provided a range of activities for older people to participate in and/or practical and emotional support. Activities

¹¹ Dickens A, Richards S, Greaves C, Campbell J (2011) Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* 11(647).

¹² Windle K, Francis J, Coomber C (2011) Preventing Loneliness and Social Isolation: Interventions and Outcomes. Social Care Institute for Excellence (SCIE) Research Briefing 39. <http://www.scie.org.uk/publications/briefings/briefing39/>

¹³ Franck L, Molyneux N, Parkinson L. Systematic review of interventions addressing social isolation and depression in aged care clients. *Qual Life Res* 2016;25.

¹⁴ Fancourt, D., Steptoe, A. (2019) The art of life and death: 14 year follow-up analyses of associations between arts engagement and mortality in the English Longitudinal Study of Ageing. *BMJ*; 367 doi: <https://doi.org/10.1136/bmj.l6377>

¹⁵ The targeted projects constituted the largest number of projects commissioned in Phase 2. The remaining projects were those that: focused on digital inclusion (three projects); implemented a community connector model (one project); offered community activities targeted to all older people (four projects); and involved older people in producing a magazine for older people in Hackney (Hackney Senior).

¹⁶ Older people with extra support needs: carers; those with poor mental health; and those with difficulties leaving home.

were based in local community venues and included arts and crafts and other creative activities such as music, cooking and gardening; exercise and sport; electronics and information technology; and health and wellbeing interventions. Activities were group-based; practical and emotional support could be one-to-one and/or group-based. The majority of projects also offered ad hoc group outings within or outside of the local area (e.g. theatre and museum trips, visits to stately homes).

Older people could participate in projects on an ongoing basis, although some of the individual activities delivered within projects were time limited (e.g. a 10-week creative writing course). Projects offered their activities on at least a weekly basis (with sessions typically lasting two hours). Activities and support were delivered by project staff as well as by older people themselves, with projects offering older people the opportunity to volunteer within the project. In line with programme outcomes three and four (Box 1.1), the intention was that projects would include older people in their design, delivery and governance and, organisations bidding for funding were asked to specify how people from the target group had been or would be involved in co-producing the project. Project characteristics, including further detail on how they were co-produced, are described in Chapter 4.

1.4 Previous research on the targeted groups

Existing research on social isolation and loneliness tends to look at older people as one homogenous group although it is widely acknowledged that the needs of less well-researched groups (e.g. those with disabilities, ethnic minority groups, caregivers, recent migrants, men, and those who have been isolated for a long time) should be considered in programme design¹⁷. Research relevant to the groups of interest in this report is briefly summarised below.

a) Men

Although there is little difference in the prevalence of loneliness by gender¹⁸, men are less likely to access services and take part in intervention programmes. Indeed, more women than men are taking part in the Connect Hackney programme overall and this was a factor in commissioning projects focused on men in the second phase of the programme. Evidence for interventions developed specifically for men such as 'men's sheds'¹⁹ is limited, but promising interventions are those that are delivered by skilled coordinators and offer a range of activities that foster a sense of belonging and purpose^{20,21}.

¹⁷ Fakoya, O.A., McCorry, N.K. & Donnelly, M. Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC Public Health* 20, 129 (2020).

¹⁸ Victor, C. R., Scambler, S. J., Marston, L., Bond, J., Bowling, A. 2006. Older people's experiences of loneliness in the UK: does gender matter? *Social Policy and Society*, 5, 27-28.
<https://doi.org/10.1017/S1474746405002733>

¹⁹ Spaces in which men can come together (they may or may not be actual sheds) to take part in practical activities (e.g. woodwork) often in service to the local community.

²⁰ Milligan, C., Neary, D., Payne, S., Hanratty, B., Irwin, P. & Dowrick, C. (2016). Older men and social activity: a scoping review of men's sheds and other gendered interventions. *Ageing & Society*, 36(5), 895-923.
<https://doi.org/10.1017/S0144686X14001524>.

²¹ Wilson, N. J. and Cordier, R. 2013. A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and well-being. *Health and Social Care in the Community*, 21, 5, 451-63.

b) People with learning disabilities

A recent systematic review has found a higher prevalence of loneliness and limited social networks amongst adults with learning disabilities compared to the general population²². This same review only identified one study that had examined the impact of an intervention on loneliness amongst people with intellectual and developmental disorders. This study did focus on older adults, and although it found that facilitating community group participation could lead to participants feeling more socially satisfied, there was no reduction in participants' feelings of loneliness²³.

c) Ethnically diverse groups

Higher rates of loneliness have been found amongst ethnic minority groups compared to the general population including Black African, Black Caribbean, Pakistani, Bangladeshi and Chinese groups²⁵. These findings are, likely to be a result of greater exposure to loneliness vulnerability factors (e.g. feelings of not belonging, discrimination, length of time in the UK) rather than ethnicity *per se*^{24,25}. Those from ethnically diverse groups often face barriers to accessing health and social care services and community-based projects due to: the use of trusted informal networks and support rather than more 'formal' services; cultural insensitivity and racism; and gendered norms restricting time available (due to family responsibilities) and freedom to access services and community based activities alone²⁶.

d) Complex needs

Older people with caring responsibilities, those with mental health conditions and those who have difficulties leaving the house due to mobility issues or poor mental health can all be at elevated risk of social isolation and loneliness. A survey by Carers UK found that 81 per cent of those surveyed had felt lonely or socially isolated as a result of their caring role²⁷. A higher prevalence of loneliness has been found amongst those with mental health problems as compared to the general population²⁸. Those with a greater number of years of contact

²² Petroutsou, A., Hassiotis, A., Afia, A. 2018. Loneliness in people with intellectual and developmental disorders across the lifespan: a systematic review of prevalence and interventions. *Journal of Applied Research in Intellectual Disabilities*, 31,5. <https://doi.org/10.1111/jar.12432>.

²³ Stancliffe, R. J., Bigby C., Balandin, S., Wilson, N. J., & Craig, D. (2015). Transition to retirement and participation in mainstream community groups using active mentoring: a feasibility and outcomes evaluation with a matched comparison group. *Journal of Intellectual Disability Research*, 59(8), 703–718. doi: 10.1111/jir.12174

²⁴ Victor, C. R., Dobbs, C., Gilhooly, K., Burholt, V. 2020. Loneliness in mid-life and older adults from ethnic minority communities in England and Wales: measure validation and prevalence estimates. *European Journal of Ageing*. <https://doi.org/10.1007/s10433-020-00564-9>.

²⁵ British Red Cross and Co-op. 2019. Barriers to belonging: an exploration of loneliness among people from Black, Asian and Minority Ethnic backgrounds. <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/barriers-to-belonging>

²⁶ Wigfield A (2019). Understanding barriers faced by BAME communities in accessing loneliness services. London: British Red Cross & Co-op. <https://www.sheffield.ac.uk/socstudies/research/centres-and-networks/centre-loneliness-studies>

²⁷ Carers UK. 2017. The world shrinks: carer loneliness research report. <https://www.carersuk.org/for-professionals/policy/policy-library/the-world-shrinks-carer-loneliness-research-report>

²⁸ Lauder W, Sharkey S, Mummery K (2004) A community survey of loneliness. *J Adv Nurs* 46(1):88–94.

with mental health services and those with more severe symptoms have been found to have more severe levels of loneliness²⁹.

In view of the above, previous research with the groups included in the Connect Hackney targeted projects suggests that participants may be experiencing higher levels of loneliness and social isolation compared to the general population and/or significant barriers to accessing services and activities. The current evidence base is limited in terms of effective interventions, but research on barriers give direction to the kinds of issues that interventions need to address/build on.

1.5 The onset of the COVID-19 pandemic

When the COVID-19 pandemic arrived in England, social contact was nationally restricted in March 2020 through the first 'lockdown'. On the 23rd March 2020, Prime Minister Boris Johnson said all non-essential travel and public gatherings must stop, with people urged to leave home only for exercise, to shop for essential items, for medical care, or when their work could not be done at home. All shops selling non-essential items closed along with pubs, restaurants, theatres, cinemas and places of worship. Whilst this first national lockdown was lifted from the 4th July 2020, social restrictions remained in place with restrictions on indoor and outdoor household mixing, compulsory mask wearing and continued shielding for those identified as vulnerable. Since then, a second month long national lockdown was implemented in November 2020 and, at the time of writing this report, England has been in its third national lockdown since the 4th January 2021.

The onset of the COVID-19 pandemic has been life changing, impacting on older people's wellbeing and social resources, including projects offered by the Connect Hackney programme. All in-person activities were stopped during lockdowns and replaced by remote methods when possible. COVID-19 and the accompanying social restrictions had an unprecedented impact across community organisations and voluntary sector networks. Many have seen rising demand for services, a dramatic reduction in income, difficulty in providing support during lockdown and less staff and volunteer capacity^{30,31}. At the same time, the sector has reported that local and national infrastructure organisations, flexible and responsive funders, strong relations with local communities, have all helped organisations to adapt and respond³¹.

This section of the report has introduced the Connect Hackney programme which addresses social isolation and loneliness amongst older people and the targeted projects within it that are the focus of the research described in this report. It described the limited research on tackling social isolation and loneliness amongst older men, those with learning disabilities,

²⁹ Wang, J., Lloyd-Evans, B., Marston, L. *et al.* Epidemiology of loneliness in a cohort of UK mental health community crisis service users. *Soc Psychiatry Psychiatr Epidemiol* **55**, 811–822 (2020). <https://doi.org/10.1007/s00127-019-01734-6>

³⁰ HM Government (6 May 2020). The Digital, Culture, Media and Sport Committee Report, The Covid-19 crisis and charities (HC 281), (online) <https://committees.parliament.uk/publications/938/documents/7200/default/> [Accessed 09 February 2021]

³¹ The Respond, Recover, Reset project: Nottingham Trent University, the National Council for Voluntary Organisations and Sheffield Hallam University. <http://cpwop.org.uk/what-we-do/projects-and-publications/covid-19-vcse-organisation-responses/>

ethnically diverse groups and those with complex needs, despite evidence suggesting these groups can be disproportionately impacted and experience greater levels of social isolation and loneliness. The impact of the COVID-19 pandemic has also been introduced as the new context in which the Connect Hackney programme is operating. The next chapter of the report outlines the aims and research questions that the research addresses.

2. Research questions

The broader evaluation of the Connect Hackney programme is guided by a set of eight “test and learn” questions. The research described in this report contributes to addressing the first of these test and learn questions in relation to projects targeting specific groups of older people:

What projects have had the most success in reducing social isolation and loneliness amongst older people living in Hackney? What can we learn from these projects, specifically?

The research addresses the above from the perspectives of Connect Hackney participants and providers accessed through qualitative interviews. A report on programme impact using quantitative data collected on a range of outcomes is forthcoming and will complement this qualitative perspective.

The research also builds on an earlier study within the broader local evaluation which focused on reach, engagement and retention of participants in the Connect Hackney programme³². In this report, questions about reach, engagement and retention are explored further through additional interviews with a wider range of projects.

Indicative research questions and lines of inquiry for the research were co-developed with the Connect Hackney programme team and wider advisory group. Following the onset of COVID-19, research question 5 was added to examine the impact of the pandemic on the targeted projects’ and their participants.

1. What are the key components of the targeted projects and how are these expected to bring about benefits to participants? What adaptations were made and how successful were these?
2. How successful have targeted projects been in reaching their target groups? Which strategies have worked well and what have the challenges been?
3. How successful have the targeted projects been in engaging participants and retaining them over time? What has supported engagement and retention?
4. To what extent has participation in the targeted projects addressed social isolation and loneliness? What are the key mechanisms for reduced social isolation and loneliness?

³² Harden A, Sharpe D, Salisbury C, Lombardo C (2020) Reach, engagement and retention of participants in phase two Connect Hackney projects: findings from project providers and participants (interim report). London: Hackney CVS.

5. How did COVID-19 impact on the projects' implementation and how did it impact on participants' experience of the project? In particular, how did it impact on any co-production element and projects ability to address loneliness and isolation?

The next chapter sets out the research methods.

3. Methods

3.1 Study design

A qualitative design was employed consisting of semi-structured interviews with project providers and participants. Interviews were conducted remotely over a six-month period between May 2020 and October 2020 during the COVID-19 pandemic. Various levels of social restrictions were in place throughout this period beginning with the first national lockdown from 23rd March to 4th July 2020³³. Prior to the start of the pandemic, preliminary engagement work had been undertaken January to March 2020 with projects focused on men and people with learning disabilities to familiarise the researchers with the projects and to build relationships with project providers and participants (e.g. visits to project venues, attending project activities).

Qualitative interview data were supplemented when appropriate with information collected through project quarterly monitoring forms administered by Connect Hackney central programme staff. This information was used to supplement interview data on project components, reach and the impact of the COVID-19 pandemic³⁴.

3.2 Sampling and recruitment

Project managers and co-ordinators: Interviews were sought with at least one member of staff from each of the 15 targeted projects. In general, project staff included a project manager, to oversee the running of the project and provide support to a project co-ordinator who delivered project activities. A manager and/or co-ordinator from each project agreed to take part apart from the transport based complex needs project 'Getting Out and About Locally', which was not able to keep running during the pandemic. A total of 17 provider interviews were undertaken: nine with project managers and eight with project co-ordinators. Both the project manager and project co-ordinator were interviewed for three of the projects. All but two interviews were undertaken during May or June 2020.

³³ On July 4th 2020, the Government announced a relaxation in national lockdown rules, which included reducing social distancing measures, permitting separate households to meet indoors, allowing restaurants and businesses to reopen. People who had been shielding were able to spend time outdoors in a group of up to six people. Restrictions began to tighten again in London from mid-October, just as the final participant interviews were being carried out.

³⁴ Monitoring forms were a particularly useful source of ongoing project adaptations in the light of the COVID-19 pandemic as the majority of provider interviews were conducted earlier on in the pandemic. Forms asked a range of questions including, for example, "What are the challenges in modifying your project to reach beneficiaries in the light of COVID-19" and "What is the appetite from the older people you work with for returning to a face-to-face service?"

Participants: Interviews were sought with at least two to three participants from each project across all four project themes. The aim was to recruit around 10 participants from each of the four themes. However, it was not possible to interview participants from the learning disabilities projects who were shielding during the pandemic³⁵. Project providers from the other three target themes were asked to approach their participants to determine whether they would be willing to be contacted by a researcher. Providers were asked to provide three to five participants to interview, from as diverse a sample as possible³⁶ and share any relevant information to help provide a better understanding of each participants' current situation. The interview process and details (e.g. overview of interview questions, informed consent procedure, length of call, method of contact, name and contact details of researcher) were outlined in a follow-up email, to enable providers to answer any questions participants might have before agreeing to participate. It was also explained that interpreters could be provided to support participants where necessary, and that interviews could be undertaken by telephone or digital platform (e.g., ZOOM, WhatsApp, MS Teams). A total of 47 participants gave their permission for a researcher to contact them and were followed up and provided with information about the research. A total of 35 participants agreed to take part³⁷. Numbers of participants varied across projects and themes with between eight and 17 participants interviewed per theme. Interviews with participants began in June 2020, although the majority of participants were interviewed between August and October 2020.

3.3 Data collection

Provider interviews: All interviews were conducted via remote methods: nine via telephone and eight via videoconferencing. All fieldwork consisted of individual interviews apart from one project where the manager and co-ordinator were interviewed together. Interviews were semi-structured and focused on project reach, engagement and retention, theory of change, implementation challenges, perceived impact of the project on participants and the impact of COVID-19 (**Appendix A**). Interviews lasted between 50 and 200 minutes with an average length of 90 minutes. Two interviews had to be split across two separate days. All interviews were digitally recorded and transcribed verbatim.

Participant interviews: As per the providers, participant interviews were all conducted via remote methods: 26 via telephone and nine via videoconferencing. Three interviews were group interviews³⁸; the remainder were individual interviews. Three participant interviews were conducted in Cantonese and one was conducted in Mandarin using a bilingual researcher. Four interviews with Turkish participants were conducted in English using a

³⁵ Fieldwork with project participants originally planned to use the expertise and additional support of a researcher from UEL's RIX Centre with experience and appropriate tools to access the views of people with learning disabilities. However, the tools were not appropriate for remote contact and data collection.

³⁶ Providers were asked to consider participants in terms of age, ethnicity, gender, sexuality, carer status, living arrangements, level of confidence.

³⁷ Twelve participants either declined to take part due to ill-health or did not respond after three attempts to contact them.

³⁸ Group interviews were conducted with participants of Connect at Core, Sante Sage and Somali Elders. Group interviews were at participants request. For both Sante Sage and Somali Elders interviews were conducted during easing of social restrictions and the participants were all part of a social bubble. They were also firm friends as a result of participating in the project.

Turkish interpreter, and a group interview with three participants from the Somali Elders project were conducted in English with the project co-ordinator as interpreter. Interviews were semi-structured and focused on how participants found out about projects, why they joined, what keeps them engaged and coming back to the project, the benefits of the project for them, experiences of co-production and the impact of COVID-19 on their experiences (**Appendix B**). Interviews lasted between 21 and 90 minutes with an average of an hour. All interviews were digitally recorded and transcribed verbatim.

3.4 Profile of participant interviewees

A diverse sample was obtained in terms of socio-demographics; those living alone or with others; carers and non-carers; those living with and without a longstanding health condition or disability; and digital skills³⁹ (**Appendix C**). Diversity was more limited in terms of stage of the project participants were in. Of the 33 participant interviewees for which stage of the project was known, all but four had been with the project for more than one year. All of the participant interviewees had joined their project prior to the start of the pandemic so the sample does not include participants who had joined a project during the pandemic.

There were some differences in the profile of participant interviewees across projects. All of the participant interviewees from the Men's projects described themselves as male, but the majority of participant interviewees from the Complex Needs and the Ethnically Diverse projects were women which mirrors participation rates by gender in the Connect Hackney programme overall. Compared to the other project themes, more interviewees from the Men's projects were from white backgrounds, lived alone and reported a long-term health issue. More participant interviewees from the Ethnically Diverse projects lived with family and had lower digital skills compared to interviewees from the Men's and Complex Needs projects.

3.5 Data analysis

Interview data were analysed using a thematic approach. Interview transcripts were read and re-read and line-by-line coding was carried out using NVivo 12 software. Inductive codes were developed from the qualitative data. Each code's data were checked for consistency of interpretation and re-coded as necessary. The a priori research questions were used as an overall framework for the higher-order themes.

3.6 Ethical approval

Ethical approval was granted for the overall evaluation by the UEL Ethics Committee (ref ETH1819-0216). An amendment to the ethics application was sought and approved to accommodate new research questions, data collection tools and remote working methods in the light of COVID-19, including obtaining oral rather than written informed consent

³⁹ Digital skills were either assessed directly during participant interviews, or, if this had not been possible, skills were determined from interview transcripts (e.g. mention of smartphone or tablet use). Skills were categorised as follows: none; basic (can use a smart phone or tablet but only for one or two main functions and nothing else); somewhat skilled (has an email address that they use, can use their smartphone or tablet for two or three functions); and skilled (has an email address, can use a smartphone or tablet for multiple functions, can use a computer at a high level in the workplace).

before interviews. Oral informed consent was received and recorded from all participants. Findings and quotes in the report are pseudo-anonymised to minimise the risk of identifying participants.

3.7 Presentation of findings

Table 3.4 illustrates how the findings are presented in Chapter 4, indicating the research questions and lines of inquiry addressed by each of the chapter sections. Study findings addressing research questions one to four are reported within targeted themes: men (section 4.1); learning disabilities (section 4.2); ethnically diverse groups (section 4.3); and complex needs (section 4.4). Section 4.5 considers the impact of COVID-19 on project implementation and participants' experiences across the targeted themes.

Table 3.4: Presentation of findings according to research question addressed

Findings section	Research question/line of inquiry
4.1 – 4.4 a) Overview of projects	What are the key components of the targeted projects and how are these expected to bring about benefits to participants? What adaptations were made and how successful were these?
4.1 – 4.4 b) Project reach	How successful have targeted projects been in reaching their target groups? Which strategies have worked well and what have the challenges been?
4.1 – 4.4 b) Engagement and retention	How successful have the targeted projects been in engaging participants and retaining them over time? What has supported engagement and retention?
4.1 – 4.4 c) Project impact	To what extent has participation in the targeted projects addressed social isolation and loneliness? What are the key pathways and mechanisms for reduced social isolation and loneliness?
4.5 Impact of COVID-19 a) Supporting immediate needs b) Adapting group activities for remote delivery c) Resuming in person group activities d) Co-production during the pandemic	How did COVID-19 impact on the projects' implementation and how did it impact on participants' experience of the project? In particular, how did it impact on any co-production element and projects ability to address loneliness and isolation?

In summary, the findings from this study are based on qualitative interviews with participants and providers conducted during the COVID-19 pandemic. This study looks in-depth at how the targeted projects reached, engaged and retained their participants prior to the COVID-19 pandemic and the perceived benefits for participants in relation to social isolation and loneliness. It also examines the impact of the COVID-19 pandemic on the targeted projects and their participants. The next chapter presents the study findings.

4. Findings

This part of the report describes the study findings separately by each targeted project theme: men; learning disabilities; ethnically diverse groups; and complex needs. For each theme, key characteristics of those interviewed are described followed by an overview of the targeted projects and their key features. Findings relevant to how projects reached their target groups are presented next; followed by findings on the factors that helped to engage and retain participants; and finally findings on the perceived benefits of the projects for participants and how these lead to reduced social isolation and loneliness. A final cross theme section considers the impact of COVID-19 on the targeted projects' implementation and participants' experiences.

4.1 Projects targeting men

This section draws on data from interviews with four providers, one from each of the four Men's projects (Gillet Square Elders, Hackney Brocals, Hackney Dudes, Living with a Hearing Loss) and nine interviews with project participants from three of the four projects⁴⁰. Participants were aged between 52 and 91 years with an average age of 67. Six of the nine participant interviewees were from White British backgrounds; the remaining three were from Asian or Black-Caribbean backgrounds. Two interviewees identified as LGBTQ+; five were living alone; five were, or had recently been, a carer. Six interviewees were living with a longstanding physical or mental health condition. All but two of the participants had been part of the project for a year or more.

a) Project aims, target groups, activities and co-production elements

Three of the four projects aimed to increase social connections between men and included regular ongoing group activities (Table 4.1). The primary aim of the Living with a Hearing Loss project was to address older men's hearing loss problems, and through this to make a positive impact on their ability to build social connections. The activities offered by this project differed to the other three with its focus on raising awareness of, and delivering, screening for hearing loss. Although there were volunteering opportunities and access to group projects run by the organisation, this project had less regular ongoing engagement with its participants.

Brocals and Dudes were open to men across the borough, whilst Gillet Square Elders and the Hearing Loss project focused on men within particular geographical areas. Gillet Square Elders had a particular focus on very marginalised men and, unlike the other two group-based projects, offered a substantive one to one component (welfare advice and support) as well as group activities.

⁴⁰ No interviews were carried out with participants from the Gillet Square Elders project. In discussion with the project manager, in-person interviews were considered more appropriate due to the vulnerability of the group and the time needed to build trust and rapport.

Table 4.1: Aims, target group, activities and co-production across projects targeting men

	Gillet Square Elders	Hackney Dudes	Hackney Brocals	Living with a Hearing Loss
Aims	To increase confidence, well-being and resilience through creating new social connections	To increase older men’s social participation through building on their assets	To encourage new social connections and experiences and to build new skills	To provide hearing checks, raise awareness of their importance and share information.
Target group	Men from disadvantaged groups living in the Gillet Square area	Men across Hackney already experiencing/ at risk of loneliness	Men from across Hackney who are vulnerable (e.g. recently retired, out of work)	Men with hearing loss: specific focus on men from disadvantaged areas in Hackney
Activities	*Weekly domino club *Creative workshops *Outreach and events * One to one welfare advice and support	*A range of activities and weekly ‘clubs’ (e.g. IT club, music club) *Social outings (e.g. bowling, museums) *Ad hoc advice and support	* Trips within and outside London *Weekly meet-ups *Minibus driver training *Befriending scheme	*Community hearing checks with follow up support; *Hearing aid maintenance *Opportunity to join activities of wider organisation ⁴¹
Co-production	<i>Design and delivery:</i> Formal committee to run the dominoes club with decision making power (e.g. setting ground rules; future direction of club)	<i>Design:</i> Men chose activities to run. <i>Delivery:</i> Activities, trained as peer supporters. <i>Evaluation:</i> input into assessment criteria; carried out data collection.	<i>Design:</i> Participant steering group with decision-making powers ⁴² . <i>Delivery:</i> Driving mini-bus on social outings; community and social media promotion.	<i>Design:</i> Focus group with men to inform project design and regular feedback invited. <i>Delivery:</i> Men could volunteer to deliver activities

All four Men’s projects provided opportunities for participants to take an active role in designing, delivering and/or evaluating their projects. All three of the group-based projects aimed to develop men’s skills and men were encouraged to take ownership by running elements of the project (e.g. running a dominoes club, sharing expertise, and driving a minibus). Co-production and asset-based working were a prominent theme in provider and participant accounts of the men’s group-based projects as compared to the hearing loss project and the other targeted projects. Participants in these projects wanted to feel useful and engaged and did not want to be seen as recipients of services and really valued the co-ordinator’s role as a facilitator of this⁴³.

⁴¹ Befriending scheme and support groups

⁴² The provider reported that the steering group helped to ensure the project met their needs. She also described it as a way to strengthen the identity of the group, which was not fully resonating with the men in the early stages. It was also pitched as a steering group to ‘steer away from this notion of coffee mornings or a chat’ so that it was not going to be perceived as ‘the usual sort of women’s thing’.

⁴³ Co-production and asset-based working across the Connect Hackney programme are explored in more depth in a forthcoming report.

b) Reach of projects

From project monitoring information, the projects for men collectively engaged 504 participants from when they started between April and June 2018 up to June 2020. The Gillet Square Elders project engaged over half of these (n=282⁴⁴) with fewer numbers of participants engaged across the other three projects (Brocal's n=75; Dudes n=59; and Living with a Hearing Loss n=88).

Provider interviewees highlighted that many of their participants were facing challenges that increased their risk of social isolation and loneliness such as loss of partners/spouses, physical and mental health conditions, living on a low income in poor housing, drug and alcohol problems, disconnection from family networks and racism. Nearly all of the participant interviewees had physical or mental health problems. They described how these could erode social contact through having to stop working earlier than anticipated or finding it difficult to leave the house due to loss of physical mobility or anxiety and depression.

Provider interviewees across the men's projects reported using a number of strategies to reach potential participants (see **Appendix D**). Strategies to reach men differed somewhat across projects due to the nature of the projects and their specific target groups. Referrals, running regular clinics in local GP surgeries and offering screening checks at local community events were reported as key recruitment strategies for reaching men with hearing loss. The Gillet Square Elders project targeted disadvantaged men from predominately Black-Caribbean backgrounds in a particular geographical area in Hackney. The square was somewhere the men regularly socialised with their peers so outreach here was found to be critical for encouraging men to join project activities. The main project staff member became a known face which enabled them to build rapport and trust with the men.

Hackney Dudes and Hackney Brocal's, the group-based projects who targeted men regardless of where they lived in the borough, had created a strong male-focused identity for printed and online information on their projects. The provider interviewee felt that 'Dudes' conveyed a non-hierarchical structure; they were all 'Dudes' together. Similarly, the name 'Brocal's' – informed by marketing expertise within the project provider team – immediately signified the project as a space for men:

“And there was a flyer about Brocal's, and I liked the name, I like puns... I like word play, so immediately that hooked me... I thought well this is interesting, it's for older gentleman in Hackney ...” (Participant 01, Men's Project)

In addition to strong branding for printed and online materials, referrals from other projects or services and street outreach were also important for Hackney Dudes and Hackney Brocal's. Street outreach in settings such as pubs, betting shops and markets were seen as particularly valuable for reaching isolated men who may not be in contact with community organisations. Provider interviewees also noted that street outreach allowed potential participants to engage directly with project staff to get a better sense of the project than they might have done through printed and online information alone.

⁴⁴ The high number from this project is likely to reflect engagement figures from community events to promote the project in the square where the project is based.

“Yeah...you know I think over my life I’ve developed...I know that ... to get people involved you need leaflets and talk...one never works without the other.” (Provider 03, Men’s Project)

Provider interviewees recognised the difficulties of being able to reach the most isolated older men. They had prioritised taking time to develop and implement outreach strategies (e.g. developing partnerships with other organisations to generate referrals, street and community outreach, translation of promotional materials into community languages) whilst being acutely aware of their limited capacity to dedicate to this. Of the nine participants interviewed, six were referred to the projects from other organisations, two had found out about the project through outreach work and one via word of mouth.

c) Engaging and retaining participants

Participant and provider interviewees felt that offering **practical help and activities which had a clear purpose** were important for enhancing men’s engagement and retention in the projects.

“I’d read some research which has suggested that men need this hook [activities with purpose and structure] to get them in, that you can’t just say come and chat and meet some people, you need a hook.” (Provider 02, Men’s Project)

All the activities offered by the Men’s projects fit this brief, from the fixing of hearing aids offered by Living with a Hearing Loss to the welfare advice and support offered by Gillet Square Elders. This practical, purposeful element extended to the group activities offered by the projects. When talking about why they took part in the group-based projects, participant interviewees highlighted having the opportunity to share their existing knowledge and interests and to learn new skills with others. Being able to share skills and interests enabled participants to find a role and purpose within the group:

“... [name of participant] was expert on the computer.....[name of participant] is very, very into electronics.....He will go around teaching people. And [name of participant] ...he was a guitar expert... So, I think you can look around ...every one of us has something to share, you know, so it’s brilliant.” (Participant 06, Men’s Project)

Dudes and Brocals provided a diverse range of activities and participants could therefore choose those that: interested them the most; they felt capable of participating in; and/or were most suited to their motivations, personal circumstances and life experiences. The dominoes group ran by Gillet Square Elders brought a popular activity enjoyed by older men into a more permanent indoor venue underpinned by solid foundations that would last (e.g. membership rules, entering the group into tournaments⁴⁵).

Provider interviewees from the group-based projects highlighted the value of practical and task-based activities in supporting new participants. Having an activity to focus on with

⁴⁵ This had begun to happen towards the end of 2019 when there had been two outings of the dominoes club to play a friendly competition with another dominoes group in a neighbouring London borough.

others helped to support those who were nervous or anxious to feel welcome and part of the group:

“It’s a conversation opener.....we can have someone in the door and sat down at the table with a cup of tea, in 10 minutes starting doing soldering”. (Provider 03, Men’s Project)

Although interviewees emphasised the appeal of being able to participate in a range of practical and purposeful activities, this did not mean that the social aspect of the project was not important. Indeed, participant interviewees from Brocals and Dudes often reported that this was the main driving factor for them wanting to get involved. Provider interviewees from these projects also highlighted how they were able to attract new participants through their social outings. These were thought to appeal to men who were unsure about whether the group was right for them or those who were unable to commit to regularly attending the venue-based sessions (e.g. those with caring responsibilities).

A safe and inclusive environment was also important for getting participants through the door of the group-based projects and to keep them coming back over time. Features of such an environment were: a welcoming and friendly atmosphere for men of all backgrounds, seeing familiar faces, an informal approach with no pressure to participate in activities or attend the group every week, and unstructured as well as structured time to just ‘be’, enjoy a communal space with other men and have fun.

“We made a place where they could come and have a cup of tea, they didn’t have to do anything, they weren’t forced into anything” (Participant 07, Men’s Project)

“It’s like one big one family” (Participant 09, Men’s Project)

Safety was a key motivator for bringing the dominoes club into the Gillet Square Elders project. At least one member of the club had been threatened with violence and by bringing the club inside the men had greater control over the space and could create rules to adhere to.

Provider interviewees recognised that men were often put-off by the idea of attending group activities and highlighted the importance of creating a non-threatening environment and building relationships over-time for engagement and retention. Such an environment was particularly valued by men with physical or mental health issues and LGBT+ participant interviewees with one describing the session as *‘one of the most convivial atmospheres that I’ve ever been in, been a part of’*. Being able to just drop in and not attend every week was important to those with anxiety and/or depression who sometimes were not able to leave the house.

“Yes, I think I will continue to go...it’s the freedom to drop in whenever you like” (Participant 08, Men’s Project)

One provider interviewee explained her approach to engaging the most marginalised men by spending time to get to know them and bring them into the group.

“So part of it is actually, sitting down, making eye contact, asking him to repeat stuff, not being, not being like you know, you’re pretending and just going yes, when you feel embarrassed because you don’t want to ask. So yes, really kind of bringing him in and taking the time out to do that and not discounting him, which I think had probably happened to him quite a lot previously”. (Provider 03, Men’s Project)

As illustrated above, the **personal qualities and skills of the project co-ordinators** were crucial for the creation of the safe and inclusive environment in the group projects. Co-ordinators, who were all female, needed to gain the trust of the participants in order to work with and within the dynamics of the group. Approaching their role as one of facilitation and adopting co-production and asset-based principles avoided the project feeling like a service and enabled men to come together to participate in meaningful activities that they had a role in choosing and leading.

“She[the project co-ordinator] is supporting the dominoes club and she’s been very keen; you know it’s run by its members. She offers it support. It formalises it a bit to have a club with the idea that they could interact with other dominoes groups in the long term, people are wildly ambitious in what they like to talk about”. (Provider 04, Men’s Project)

“The idea is that I am there to bring together... it’s just to try and let the men determine as much as possible what they’d like to do, learning to step back when the conversation is going quite nicely”. (Provider 03, Men’s Project)

There was evidence from participant interviewees attending the three group projects and informal observation of one of the Gillet Square project sessions (undertaken prior to the COVID-19) that project coordinators had indeed become a trusted part of the group. Co-ordinators had become honorary ‘Dudes’ or ‘Bro’s’ and the co-ordinator at Gillet Square was seen as an honorary member of the dominoes club. Participant interviewees recognised the range of personal qualities and skills that project co-ordinators needed from being ‘knowledgeable’ and ‘organised’ but ‘not being too officious’ to ‘being willing to join in’ with the group as well as keeping ‘the group under control’. One interviewee summarised what he felt were the key qualities of the co-ordinator in supporting and promoting a positive group dynamic, and ensuring the needs of the group were met:

“It’s an attitude to the way she does her job.... she can organise things, she understands what we want, she asks people what they want if things don’t work out, that she can go ahead and argue the points with the bosses as well as telling us what we can and cannot do That’s what you really want, is someone that is actually willing to join in with the same sort of laughter and not really be too officious, if you like, not: I am organising this, this is what happens. [Name of project co-ordinator] is more sort of, do you want to do this? If so, I’ll get on and do it”. (Participant 07, Men’s Project)

Participant interviewees also valued having someone who genuinely listened to them, understood their needs and took their opinions seriously.

“She was 110%, [name of project co-ordinator] from the time you come in there to the time you come out of the building, she is there. If you want to talk to her about anything else, if you want any advice or anything, if you go and see her, she’ll take you to one side, she’ll sit down with you, she listens to you.” (Participant 05, Men’s Project)

d) Perceived impact of participating in the projects

Perceived impacts on participants varied between the Living with a Hearing Loss and the three group-based projects. Impacts of the former as described by the provider and participant interviewees were improved ability to communicate with family members and being able to continue to enjoy hobbies such as music and theatre. Participant and provider interviewees from the three group-based projects reported that their **mental wellbeing** improved (e.g. a (re)new(ed) sense of purpose, control and belonging and increased confidence) and participants experienced **new social connections and friendships**. There was also evidence from Dudes and Brocals participants that the social bonds formed within the projects had developed into friendships beyond the project. Participants described going out with other participants, for example, to lunch, to the theatre, or for trips to the countryside. Participant interviewees had not always developed strong friendships, but they recognised meeting new people as a significant achievement:

"I just felt I'd made a bit more friends there since I've been to Hackney Dudes. That's what I think. I've made friends. I've met new people, put it that way, I've met new people."
(Participant 05, Men's Project)

Additionally, some participants described how attending projects had built their self-confidence to try new social activities beyond the group. As one participant reflected:

"It's sort of opened me up these meetings, they've sort of brought myself out more you know otherwise I'd be like a cocoon here. It makes me go out I mean I wouldn't have dreamed of going down to Cornwall on my own, that's what I'm doing." (Participant 09, Men's Project)

Four key mechanisms were identified through which the group-based men's projects could achieve the above benefits. Firstly, **sharing interests and developing practical skills with peers** encouraged social interaction between men as they took part in project activities:

"He did the stir-fry, another guy did about vegetarian ice cream. I've done one about making bread with a bread maker. And we've got a whole load of different things that people have learnt, different ethnic ways of doing things that we'd never thought of. I've done sweets and cakes and brought them in. I've then given out the recipes if they want them" (Participant 07, Men's Project)

Secondly, having a **regular, dedicated safe and inclusive space to socialise with peers** ensured that this social interaction could continue over time and progress to building new social networks. Participants could 'practice' meeting and socially interacting with new people in a safe environment. These new social networks could then start to be used to provide appropriate social support – in a way that was acceptable to the men (*"It's a set of pals"*) – and reduce social isolation and feelings of loneliness.

"I can talk to someone about personal issues. I can help them with personal issues and we can also compete against each other, like in chess or learning about computers or something like that. So, it's more of sort of buddy system.....It's a set of pals, if you like" (Participant 07, Men's Project)

Thirdly, both provider and participant interviewees highlighted the benefits of **taking part in group outings** outside of the usual project venues for a) consolidating the social networks and friendships that had developed; and b) exposing participants to new experiences, places and networks. All three group-based projects set up these social outings⁴⁶ and there was evidence from participant and provider interviewees from Dudes and Brocals that they were highly valued and successful:

“... I went on one of the trips....And I really enjoyed it, you know, just hanging out with the guys. I got talking to one guy, and we kind of clicked.” (Participant 03, Men’s Project)

“It was social, because before I joined those groups, as I said before, I didn’t go anywhere. I stayed mainly at home just watching TV and things like that. It was social, it was going out, getting to know people and interacting with other people and things like that.” (Participant 05, Men’s Project)

“One guy, [name], he drives the minibus but he’s also into black history and politics, and stuff, so he got chatting to another guy on one of our big trips when we got together with...the Hackney Dudes, and they were chatting about politics and black history and stuff which was really great to see.” (Provider 02, Men’s Project)

All the above mechanisms were underpinned by the fourth and final mechanism: the **personal qualities and skills of project providers**. As highlighted in the previous section, for the group-based men’s projects, co-ordinators had a facilitative approach which enabled men to initiate new activities, share their skills and take ownership of the group activities.

4.2 Projects targeting older people with learning disabilities

This section draws on data from interviews with managers and co-ordinators from the two projects targeting older people with learning disabilities: the Peter Bedford Over 50’s project and the Garden Social. Fieldwork with the former project was conducted as a group interview. As described earlier in the report participants were not interviewed so findings are based solely on provider views (refer to section 3.3).

a) Overview of projects

Both projects aimed to improve skills and confidence, health and wellbeing, and social inclusion and connectivity amongst older people with learning disabilities through a range of activities (Table 4.2). The Peter Bedford Project included gardening as one of its activities whereas the Garden Social project was centred around gardening and horticulture.

⁴⁶ Some group outings were combined between Brocals and Dudes and this was a way to expand social networks for participants outside of the project groups.

Table 4.2: Aims, target group, activities and co-production across projects targeting older people with learning disabilities

	Peter Bedford Over 50s project	The Garden Social
Aims	To improve skills and confidence, health and wellbeing, and social connectivity	To improve involvement and inclusion, skills and wellbeing
Target group	People with learning disabilities aged 50+ in Woodberry Down and other parts of Hackney ⁴⁷	People with learning disabilities aged 50+ living in Hackney ²
Activities	<ul style="list-style-type: none"> * Enrichment activities (e.g., communication skills, team work, building confidence, navigating local services, health and hygiene etc) * Creative craft group, * Gardening club, * Digital inclusion sessions, * Opportunities to participate in the Over 50s project Time Bank and volunteering programme, * Ad hoc social events and outings. 	<ul style="list-style-type: none"> * Learning gardening maintenance skills, * Creating shared, healthy and simple lunches in the catering kitchen with produce grown in the garden, * Planning and developing creative and social activities of the club (e.g., choosing and planning local or London wide gardens to visit, creating art and sculpture for the garden or hosting a community garden tea party)
Co-production	<p><i>Design:</i> Steering Group made up of participants and project staff to design and test activities, and generate new ideas.</p> <p><i>Evaluation:</i> Participants supported to develop assessment criteria for activities.</p>	<p><i>Design:</i> Informal and formal methods to enable participants to inform project design and delivery, and give regular feedback.</p>

The Peter Bedford Over 50s project focused on delivering activities to residents living in the vicinity of its Hackney-based hubs but were open to residents living in other parts of Hackney. Activities were spread across their main hub in Hackney, as well as at other venues in the local area including, a creative workshop and a local community garden. In contrast, The Garden Social project was delivered onsite at St Mary’s Secret Garden – a community therapeutic garden project open to the public. Activities offered by both projects focused on a mix of the practical and creative, interactive learning and social activities. The approach to delivering activities at the Garden Social was less structured and more informal and drew on principles of therapeutic horticulture, focusing on using the garden as a safe place to develop social and practical skills and make friends. At the Over 50s project, the approach used was a combination of more formal, structured classroom-based activities (IT literacy, healthy living classes), work-based experience (e.g., volunteering at the hub coffee shop or on reception), and informal, less structured learning delivered at the gardening and creative hubs.

Co-production and asset-based working were embedded in the projects, as both projects provided opportunities for participants to get involved in designing, delivering and/or

⁴⁷ In agreement with the funder, the age criteria for project entry was later lowered to 40 years and older in recognition that those with learning disabilities have lower life expectancy than the general population due to other health conditions.

evaluation. Participants were supported and encouraged to take an active role in decision-making, with the aim to enhance participants' social inclusion and social connections. In the Over 50s project, a participant steering committee was supported to design and generate new ideas for project activities and take a lead role in developing evaluation criteria to measure the success of project activities. Participants also had access to a range of volunteer roles. Participants of the Garden Social project had a range of informal and formal forums to provide their feedback on project direction and activities (individual feedback, face-to-face meetings, focus groups, surveys, informal observations and comments).

b) Reach of projects

The project monitoring information showed that collectively the projects for people with learning disabilities engaged 33 participants from when they started between April and June 2018 up to June 2020. The majority of these were engaged by the Over 50s project (n=20), with the Garden Social engaging 13 participants.

Referrals from their host organisations and community and health and social care partners were the primary means for attracting participants to the projects (see **Appendix D**). Provider interviewees noted that they had few opportunities to promote the project directly to older people with learning disabilities themselves or through printed materials so had to rely on others to promote and refer into their project. This route enabled their project to be promoted by a trusted individual (e.g., a carer, GP, pharmacist) who could encourage and support the participant to come along:

"It can be quite intimidating coming along to the group, especially when, within their daily lives they're not interacting with people." (Provider 02, People With Learning Disabilities (PWLD) Projects)

However, the projects faced very difficult challenges having to rely on this as their main route to reach potential participants. In their delivery plans, both projects had intended to engage 100 participants across the lifetime of the project, but both had struggled to achieve these numbers. The already limited opportunities for older people with learning disabilities to meet and interact with each other outside of their own homes had been restricted even further with cutbacks to statutory service provision, such as day centres:

"...a lot of these people, they've been attending day centre provisions, they've been closed down and they may have lost contact with the only people that they have connections with. So, these people have become dispersed." (Provider 02, PWLD Projects)

When providers were able to visit day centres or supported housing they encountered gatekeeping and were only able to speak to staff rather than potential participants themselves. Other challenges faced by both projects were obtaining feedback from existing referral partners to understand the reasons why potential participants were not being reached, and capacity for outreach work to build relationships with new referral partners. Time was needed to really engage with new partners in order to adequately promote the value of the projects for the older people with learning disabilities in their care:

“...getting that initial... like spark of interest that’s a little bit tricky when it’s not you that’s doing that because obviously, you’re the person that knows the most and you’re the most enthusiastic about the project..... Whereas, telling somebody else who is going to tell somebody else creates a distance between you and that person.” (Provider 02, PWLD Projects)

“...it’s like a gendered thing.. if you’re told about something by a support worker or a social worker. They might think of gardening as more of a male activity. Maybe not suggest it to as many women...” (Provider 01, PWLD Projects)

Getting new partners to invest this time was difficult in services which were already stretched when delivering their ‘business as usual’. Providers became disheartened:

“...we tried to sort of think of ways where we could use GP services to tap in to referral processes but that was quite challenging, I think that a lot of it was centred around them just not seeing it as a priority and being focussed on their own business or usual activity....in the end [project co-ordinator] felt that she was almost harassing them.... So we just then reverted to our usual referral partners.” (Provider 01, PWLD Projects)

These various barriers were not easily overcome, but provider interviewees reported that highlighting these challenges through the wider Connect Hackney programme learning networks and project monitoring had helped and led to, for example, new referral partners and the lowering of the age criteria for project entry to 40 as noted in the previous section.

c) Engaging and retaining participants

From provider interviewee accounts several factors were identified that helped older people with learning disabilities engage and continue with the projects. Being able to get to the project venue was not always straightforward if participants were unable to travel independently. In these cases getting to the project was dependent on the **availability of carers or support workers** and the ability of providers to ensure carers were willing and able to help participants to attend. Provider interviewees reported that the lack of available support staff was often the main difficulty for participants attending the project. The Over 50s project organised a buddy scheme with their housing services to support participants to build up confidence to travel independently.

Once at the project, **offering a choice of activities and tasks** was important for participants. Not all activities appealed to all participants and, for the Garden Social project, care had to be taken to ensure that participants with mobility issues (e.g. not able to stand for long periods) could be catered for. Gardening tasks were often broken down into smaller chunks so that participants were not doing the same task for too long. Getting the range of available activities right was supported by the elements of co-production involved in both projects.

“It’s kind of good to give people a bit of a choice about what they’re going to do. So, there will be, there will be like different things that we can do on a given day. And kind of ask people which of those tasks they’d like to do. Or present them with a task and if they’re not interested then you know offering them something else to do...” (Provider 01, PWLD Projects)

Whilst running the project sessions on the same days every week was thought to support retention of participants over time, **flexibility** was also important within and between sessions. The projects operated open-door policies for participants to re-enter projects if they had to drop out for periods of time due to, for example, ill-health. This helped to accommodate issues such as carers only being available for part of the sessions, short attention spans or needing to leave early to attend appointments.

“We are trying to be as flexible as possible, because I think the worst thing you can do as a provider is be very rigid...you are dealing with very vulnerable people who have been socially excluded.” (Provider 02, PWLD Projects)

d) Perceived impact of project participation

Provider interviewees delivering the projects for people with learning disabilities observed the following benefits for their participants: creation of **new social connections and friendships**, **improved wellbeing** (e.g. growing confidence, sense of control and achievement) and **becoming more physically active** (e.g. through digging and planting in the garden).

The key project mechanisms through which these benefits appeared to be achieved were: **regular engagement in meaningful and shared activities**; **active facilitation to support the development of positive relationships between participants**; and **enabling participants to exercise control and take part in decision-making**

As described above both projects provided opportunities **to participate in meaningful activities on a regular basis**. These activities enabled participants to develop an interest or learn new skills (e.g., digital skills, cookery), gain employment experience (e.g. volunteering in café, on reception) and learn how to better take care of their health. One of the provider interviewees described a participant journey which illustrates how regular garden activities supported a participant to gain confidence and a sense of achievement:

“when he first came, he literally didn’t want to do anything...he would just like want a cup of tea and a biscuit....he would just like sit by himself....every week I would like offer him different things to do or the same things to do again just to see. And after a while, he would start doing things and he did like small tasks and then bigger and bigger tasks..... it felt like a good achievement because he had clearly not wanted to do anything to start off with. And [the support workers] could see the change that he had got like a bit more comfortable in the space again.” (Provider 01, PWLD Projects)

Taking part in different project activities on a regular basis, meant that participants became more physically active. This was most apparent with gardening activities such as digging, planting or even simply walking around the garden looking at the plants – participants were encouraged to do as much or as little as they felt comfortable with.

“...if they can just dig like a small amount or like if they can lift a small amount of compost onto the spade, that’s still, that’s still a useful activity for them. And it might be something that they’ve never done before.” (Provider 01, PWLD Projects)

Participating in **shared** meaningful activities was felt to be important for building new social connections. One of the provider interviewees reflected that without shared activities there was a danger of “*perpetuating that issue of isolation*”:

“What you need to do is ... have a shared activity, otherwise you know you’re, all you’re doing is ... perpetuating that issue of isolation. So [participants] can be in a room full of people and still feel isolated cos you’ve not facilitated or created opportunities for them to sort of interact and work together”. (Provider 02, PWLD Projects)

As the above quote illustrates, **active facilitation to support the development of positive relationships between participants** appeared to be key for developing new social connections and friendships amongst older people with learning disabilities. Provider interviewees highlighted how their participants might join the project having been isolated and withdrawn for some time. Project staff needed to have the experience and skills to understand this and be able to create or act “*as a bridge..between two individuals or an individual and the group*” (Provider 02, PWLD Projects). A successful example of this was described by one of the provider interviewees who had noticed two participants become friendly within the project and over time had encouraged them to take the next step to meet up outside the project.

Enabling participants to actively participate in decision-making processes through person-centred practice and a co-production approach was an aspiration underpinning both projects. On an individual level, staff worked with participants at their own pace, helping them to decide which activities they wanted to do and then supporting them (as illustrated in the first quote in this section). In this way, participants were able to communicate their needs and choices and experience being listened and responded to. On a collective level the co-production elements of the projects (see table 4.2) meant that participants were able to work with each other and project staff to make decisions. Whilst there were challenges to achieving co-production within the projects, provider interviewees said they were very committed to this way of working as they could see the benefits for their participants.

4.3 Projects targeting ethnically diverse older people

This section draws on data from five interviews with providers representing each of the ethnically diverse projects commissioned in the Connect Hackney programme (Growing Together, Happy Living, Santé Sage, Somali Elders, and the Table Tennis Club)⁴⁸. It also draws on seventeen interviews with project participants. Fourteen participant interviewees were female and three were male, all of whom were from the Table Tennis Club. All participant interviewees had been participating in the projects for a year or more. Participants were aged between 41⁴⁹ and 78 years and were from diverse ethnic backgrounds. None of the participant interviewees identified as LGBTQ+. Five participants were living alone, two were carers, and seven reported having a longstanding physical or mental health condition.

⁴⁸ Six providers were included in five interviews as a project manager and a project co-ordinator were jointly interviewed for one project (Sante Sage).

⁴⁹ There was just one participant interviewee under the age of 50.

a) Overview of projects

All five projects aimed to encourage new social connections and to build stronger social support networks for their participants (Table 4.3). Each project targeted older people from a different ethnic community across Hackney, including Somali, African Francophone, Chinese and Vietnamese, Latin American and Turkish/Cypriot/Kurdish communities respectively. One project specifically focused further on older people living with long term health conditions (Santé Sage).

All five projects focused on bringing people together around a range of activities, including arts and crafts, music, film, sport and exercise, health and wellbeing discussions, advocacy and support, meditation and mindfulness, learning new skills, and trips inside and outside of London. The Somali Elders project further offered home visits for those at risk, and referral assessment and support. Three of the projects had weekly lunch clubs but sharing food was an important feature of all projects. Projects aimed to have a positive, celebratory approach with the primary focus on building social connections between people. For example, although Santé Sage aimed to build knowledge and advocacy around health and wellbeing, this was done in an informal way once social connections were established, conversation was flowing, and participants felt comfortable to express themselves.

Although all projects provided opportunities for participants to be involved in the design and direction of projects, there were few reflections in interviews on these experiences compared to projects for men or older people with learning disabilities. Participants welcomed opportunities to provide feedback on activities informally but seemed less inclined to take a more active role. Only two participants (from the Santé Sage and Table Tennis Club projects) reported being involved in the delivery of their project as a volunteer.

Table 4.3: Aims, target group, activities and co-production across projects targeting ethnically diverse groups

	Growing Together <i>(Creciendo juntas)</i>	Happy Living <i>(Mutlu Yaşam)</i>	Santé Sage <i>(Wise)</i>	Somali Elders	Table Tennis Club
Aims	To create a conversation whereby older women can share their wisdom, knowledge and experience	To encourage new social connections and sharing of experiences	To build knowledge and advocacy around health and wellbeing and create friendships and community involvement.	To increase Somali women’s confidence through building skills and encouraging new social connections and experiences.	To develop a community spirit, cohesion, and resiliency and build different social networks
Target group	Latin American and African women who speak Spanish and Portuguese aged 50 and over	Turkish Cypriot men and women aged 50 and over	African Francophone men and women aged 50 and over living with long term health issues	Somali women -aged 50 and over	Men and women aged 50 and over from Chinese communities (including Chinese Vietnamese)
Activities	*Art therapy activity; (e.g. knitting, reading, painting, fanzines); *Health and social care advocacy and support sessions; *Weekly Zumba and meditation classes. *Monthly trips within and outside London	*Weekly Tea Club; *Craft and musical activities; *Trips within and outside London; *Gardening and mosaic art sessions.	*Development of health/wellbeing resources; *Weekly and monthly meetings and lunch; *Local community visits/trips/community events.	*Weekly film club and lunch; *Bi weekly mindfulness exercises; *Quarterly cultural visit; *Interactive workshops *At risk home visits; *Mental health referral assessment and support.	*Table Tennis competitions: (internal and external); *Opportunities to participate in lunch club, day trips, calligraphy etc.
Co-production	<i>Design:</i> Participants invited to feedback on project design and delivery	<i>Design:</i> Participants invited to feedback on project design and direction <i>Delivery:</i> Participants can volunteer to help run the tea club	<i>Design:</i> Service users’ group to inform project design and regular feedback meetings. <i>Delivery:</i> Participants can volunteer to lead discussions.	<i>Design:</i> Participant steering group to inform project design and regular feedback <i>Delivery:</i> Women could volunteer to deliver activities	<i>Design:</i> Existing project but feedback invited on direction of project. <i>Delivery:</i> Participants can volunteer to help run the table tennis sessions

b) Reach of projects

From project monitoring information, projects for ethnically diverse communities in Hackney, collectively engaged 1609 participants from when they started between April and June 2018 up to June 2020. The Somali Elders projects engaged the most participants (n=1453), significantly exceeding their target for the lifetime of the project (n=120)⁵⁰. The other projects engaged fewer numbers of participants: Growing Together (n=30), Happy Living (n=37), Santé Sage (n=42) and the Table Tennis Club (n=47).

Provider interviewees highlighted how many of their participants were facing challenges that increased their risk of social isolation and loneliness such as language barriers, long standing health conditions, living on a low income, poor housing, disconnection from family networks and racism. They described how these issues could erode social contact due to limited opportunities for social connections, or to learn English, and finding it difficult to leave the house due to fear, anxiety, and a lack of confidence.

Across the five ethnically diverse projects, provider interviewees reported using a combination of strategies to reach potential participants (**Appendix D**). The strategies used most commonly were: word of mouth, leaving printed materials in public spaces, referrals from other organisations such as GPs and contacting potential participants through the registers of contacts held by the wider organisations from which projects were run. Word of mouth was considered by far the most effective strategy. Providers were well embedded within the communities they served and were able to draw on their existing client base to recruit participants:

“...but we really knew from our previous experience that we would get most of our people, which I think is the case, through word of mouth and kind of the news on the ground so to speak”. (Provider 01, Ethnically Diverse Project)

Printed materials were seen as supplementary to word of mouth. They were translated into relevant languages and were designed to connect with the target groups. For example, Santé Sage produced leaflets with all the flags of the francophone African countries. Use of media and social media were reported by only one project, Happy Living, who used online promotion via Facebook and print advertising.

Of the seventeen participants interviewed, fourteen reported hearing about the project through family and friends (e.g. *“It is via a Vietnamese relative, a good friend.”* Participant 15, Ethnically Diverse Projects). Two participants reported hearing about the project from the project co-ordinator at an outreach event and one participant reported seeing flyers and posters about the project when visiting the community centre where the project was based.

Only one provider interviewee identified any challenges in reaching their target group. Challenges were: reaching men; skills and capacity for outreach; and developing relationships with health services. At the time of interview this provider reported that they

⁵⁰ There was a significant rise in numbers for the first quarter at the start of the pandemic. In Q1 April- Jun 2020 the number of people engaged was 1235.

only had two or three active male participants, one of whom volunteered. Outreach work was limited by challenges in recruiting experienced staff with appropriate language skills and balancing time for project delivery with time for outreach.

“if they’re not coming from advocacy work or interpreters who are actually in the community and going [to] all different places.... it’s very unknown to some people.” (Provider 03, Ethnically Diverse Project)

Like provider interviewees from the projects for older people with learning disabilities, significant time was invested by project staff in developing referral pathways with GPs and other services but unresponsiveness and limited referrals were disheartening (*“So much work in order to be recognised and known by the public sector”* Provider 03, Ethnically Diverse Project).

c) Engaging and retaining participants

Participant interviewees identified the **opportunity to connect and make friends with others who shared the same language and cultural heritage** as a key driver to join the project. Compared to accounts from participant interviewees from the other targeted projects, there seemed to be more explicit recognition of feelings of social isolation and loneliness and of the projects as being a way to address these. For example, the following participant described joining her project to develop her own social life, something she felt she had not focused on when she was younger and raising a family:

“... we wanted to just have you know a social life, we wanted to have a circle of friends. We have families, but not someone to have a circle of friends...when we were young, we didn’t look at all this side of things but now we are getting older, we really longing for that.” (Participant 02, Ethnically Diverse Project)

In a further example, a participant described how she felt isolated due to lack of family in the UK. She joined the project hoping to connect with likeminded people (*“I think its commonality and also important for us to socialise.”* Participant 17, Ethnically Diverse Project).

Provider interviewees from across all projects were acutely aware that their target groups could be more at risk of social isolation and loneliness due to being without family close by for support and/or having little or no English. Language barriers made it more difficult for people to engage with more mainstream projects and services. Even when specialist projects and services existed these did not always cater for the ethnic diversity within Hackney. One provider interviewee highlighted how one of the motivations for their project was to counteract the assumed homogeneity amongst those from different countries within a continent, missing the differences and nuances between them.

Being able to connect with others with a shared cultural heritage was also important, as the following extract illustrates:

“People appreciate coming to our centre, they can speak their same language and the culture, celebrations of our you know, religious or national days together. Do some traditional cooking

or I don't know, just lots of things you can do when you are with friends from same culture and tradition... So that's a regular fortune for them.” (Provider 03, Ethnically Diverse Project)

Such “*regular fortune*” created by participating in shared cultural activities was also recognised by participant interviewees as, for example, in the following quote:

“We, are Latin American, we have a different character from Europeans. For instance we love dancing... For us dancing and our music is very important.... its very very healthy for me.”
(Participant 10, Ethnically Diverse Project)

Celebrating participants’ shared cultural heritage through cooking, eating, singing, music, storytelling, art and crafts, dance, and sporting activities was common across all projects and is explored further in section d) below as one of the key mechanisms through which projects brought about benefits for their participants.

Other reasons why participants joined projects included a chance to get out of the house on a regular basis, combining socialising with physical activity and the opportunity to learn new skills.

Several factors were identified within provider and participant accounts which kept participants engaged with the project over time. Like the other targeted themes the **qualities, skills and approach of project staff** were important as was a **safe, relaxed and welcoming environment**.

In terms of the former, participants spoke warmly about the project co-ordinators and valued their friendly, helpful and proactive approach. Participants appreciated the efforts staff went to in ensuring that activities matched their interests or provided them with new experiences. Being able to contribute to decision-making around activities was described as ‘liberating’ by one participant.

“Quite liberating that you know they...where we going next month, next week, they consult us first, which is very kind of them and considerate, what we like to do.” (Participant 09, Ethnically Diverse Project)

Participant interviewees also valued the support they received from staff. For example, the Table Tennis Club staff arranged free coaching for participants to improve their table tennis skills. Provider interviewees highlighted how project staff needed to have a high level of cultural competence to be able to respond to the unique cultural needs of their participants.

Many participants talked about the project venue as a safe, relaxed and welcoming environment: ‘*enjoying having a place to meet*’, ‘*feeling welcomed in the space*’ and ‘*feeling like home*’. Provider interviewees highlighted the particular importance of a *safe* environment for participants who had experienced trauma and displacement due to civil war, and what the elements of such an environment were in this context. For example, creating the feeling of a ‘sanctuary’ (“*It needs to feel like a home from home...I think a safe space is a feeling*” Provider 02, Ethnically Diverse Projects) by incorporating things that would be familiar and comforting such as food, smells, sounds, tv news and documentaries.

Providing food was important for regular engagement in activities and this was more salient for the ethnically diverse projects compared to the other targeted themes. Food poverty was identified as an issue by provider interviewees for two of the projects. Both projects used food to celebrate shared cultural heritage and to ensure that participants felt welcome, but they also provided hot meals as a way of tackling food poverty.

“I’m very sad to say this, but our women have severe food poverty. For most they’re on state benefits, they have to struggle to afford good healthy food. So we provide free food.” (Provider 02, Ethnically Diverse Project)

“...these are proud people... they’ve made their contribution and they don’t like to ask for much. So we know that they would like the meal but they’re not going to ask for a meal but we put that out the front...meeting around a lunchtime meal and activities... that would bring people in and that’s a good thing.” (Provider 01, Ethnically Diverse Project)

Participants also reported they were not always able to cook for themselves at home due to various health conditions and appreciated being able to enjoy a meal with their friends:

“We can’t do at home. Yes, we were more than welcomed, we were looked after.... lovely food, they cooked different hot meals for all of us”. (Participant 09, Ethnically Diverse Project)

There appeared to be few challenges to engagement and retention within provider and participant interviewee accounts. Once participants had joined a project, they attended the sessions on regular basis. The most common reason for participants missing sessions was related to existing health conditions such as chronic pain, diabetes or depression. Provider interviewees reported sometimes needing to call participants to remind them or encourage them to come. Whilst participant interviewees did not identify transport and location as being a barrier to attendance, provider interviewees raised some challenges such as the lack of an underground in Hackney and underestimating the costs of supporting participants with mobility issues to travel to the project by taxi.

d) Perceived impact of participating in the projects

Participant interviewees reported benefits in three main areas: **new social connections and friendships; improved wellbeing** (e.g. sense of purpose and achievement, increased confidence) and **improvements in physical and mental health**.

There was a great sense from participant and provider interviewees of the development of strong **new social connections** and **friendships** between participants attending the projects. A **stronger and wider circle of social support** appeared to have been created. A number of participants had reported spending all day at home either alone or with families prior to joining the project. Interviewees talked about the friends they had made and how they looked forward to seeing them:

“We really, really love to come [to] each other, we talk and you know, socialise.” (Participant 05, Ethnically Diverse Project)

Participant interviewees reported that these **friendships were developed further outside of the projects**. They spoke to each other on a regular basis between project sessions and met up to go shopping or to restaurants or to each other's house for coffee, providing mutual support and encouragement:

"Outside of the group, we contact one another if anyone needs support, emotional support, we're just a phone call away... And sometimes we go up into the markets, something for bargains...." (Participant 08, Ethnically Diverse Project)

Provider interviewees further highlighted how participants had met people who lived very close to them which meant it was easy to get together outside of the groups.

"There's one lady she is using crutches and she never leave the house because she said, maybe I can fall, and she was afraid to go out. But when she joined the group, she found a friend who is living close to her and she said okay I will go out to her house and then we can go together." (Provider 05, Ethnically Diverse Project)

Participant and provider interviewees also reported **improvements in their physical health**, and for those with mental health difficulties, **improvements in mental health**. Some reported feeling **healthier, fitter, stronger and more active** as a result of either the sport and exercise they took part in at the projects or simply through the activity involved in getting to and from the projects (*"Body is getting slow with ageing, though body health has been improved."* Participant 14, Ethnically Diverse Project)

Other participant talked about how their mental health had improved with **low mood and depression lifted** through the project. One participant expressed how attending the project was like therapy, helping her to forget about her troubles, traumas, and tribulations. Another participant described how she was not as depressed and she had been able to sleep better without needing medication from her doctor.

In terms of **improvements in wellbeing**, gaining a **renewed sense of purpose and enjoyment in life** was evident across provider and participant interviewees. As noted earlier, music, singing and storytelling were important features of all five projects and these were greatly enjoyed by participants. The regularity of the project sessions gave them something to look forward to and a reason to leave the house as the following extracts illustrate:

"We love Tuesdays and bring food to share with others. We also go out for fun, singing, and food after playing Ping Pong." (Participant 14, Ethnically Diverse Project)

"They are washing their hair in different ways, they are putting some lipstick, they are interested in being better because they said we are meeting with my friends." (Provider 05, Ethnically Diverse Project)

Participant accounts also revealed **a sense of belonging** created through the project. Feeling accepted, being with likeminded people and sharing ideas were some of the ways in which participants described the benefits of the project. Interviewees used the term 'family' and 'extended family' when referring to their fellow participants and described how strong bonds had developed over time:

“When I am around them, we are more like kind of family...because over a period of time, we have bonded like a family, so we feel like we are part of a family, not just like a group of people coming together. We are a family that’s the benefit of it, especially for those who live alone.”
(Participant 07, Ethnically Diverse Project)

Providers noted that over time and with support they observed participants **grow in confidence**, demonstrated through more active engagement with other participants and project activities (*“I could share my talent with the group....a little bit of music...I play a bit of guitar and piano.”* Participant 06, Ethnically Diverse Project). The wider group were able to validate the contribution individual participants made, **increasing their feelings of self-worth**. The safe and welcoming environment that was created by the projects (discussed in the previous section) was also identified by providers as an important way to show participants that they were valued. Wider validation for participants was also achieved by some of the projects through public exhibitions and performances. For example, participants from one of the projects exhibited the clothes they had made at the Tate Modern:

“...and some of them felt really good because there were improvements, they sold a few pieces, some of them didn’t even expect to sell anything. So [there was] this discovery of their skill and self-worth that comes from it. And the performance as well, they are quite proud of themselves, they were applauded...” (Provider 05, Ethnically Diverse Project)

The key mechanisms through which these benefits appeared to be achieved were: **taking part in regular activities to celebrate a shared cultural heritage**; having a **safe space** in which to do this; the **qualities, skills and approach of project staff**; and **project activities providing a bridge to wider engagement**. These are each discussed in turn below.

As noted earlier, a central feature across all projects was the **celebration of participants’ shared cultural heritage** through cooking, eating, singing, music, storytelling, art and crafts, dance, and sporting activities. Sharing these experiences with others who spoke the same language engendered a sense of belonging, acceptance and kinship. It enabled participants to get to know each other and facilitated the development of social connections and friendships. A key example of this was cooking and eating a meal together:

“we love to cook like cooking, like we cook different dishes...from different countries...That would bring us together because sometimes we felt good together, different dishes, it’s very important.” (Participant 09, Ethnically Diverse Project)

Provider interviewees described how participants drew strength from spending more time together with their peers, learning new things and sharing experiences. As a result, they felt more able to speak up and ask for help when they needed it.

“...learning something, learning something new. Bring things together and being part of a group, just empowers them. They feel, you know stronger, they are not alone, they can ask questions or they bring their letter for example to be read by us and explain what it is about.”
(Provider 03, Ethnically Diverse Project)

The celebration of shared cultural heritages contributed to, and was enabled by, the wider **safe space** created by projects.

“when you have people creating a safe space, its critical, because it makes you feel safe, it makes you feel part of something, it makes you feel valued, it makes you feel wanted.”
(Provider 02, Ethnically Diverse Projects)

Provider interviewees reported that participating in **project activities**, particularly those out in the local community and beyond, helped **as a bridge** for participants to **widen their engagement** in activities and life beyond the project. With the support of **the skilled facilitation by project staff** or from friends they had made from the project, participants had more confidence to try new experiences they may have been apprehensive of trying in the past. The following quote illustrates this process through an example of the participants venturing out for a Sunday roast which was motivated by a desire to learn *“why English people like Sunday roast”*:

“They [the participants] are asking all the time, when we are going out, when we are going out.we went for lunch to Toby Carvery, they were really, really happy. Because for most of them it’s the first time they are going out. They are afraid to go when they are not someone to go with them, because they are not speaking English. But we go to the restaurant and now they very happy and we were planning in March to go to Greenwich.” (Provider 05, Ethnically Diverse Project)

4.4 Projects targeting older people with complex needs

This section draws on data from three interviews with providers of each of the three complex needs projects that were running during the fieldwork period (Bringing the Outside In, Carers Collective and Connect at Core) and nine interviews with project participants. All but two participant interviewees were female and all had been participating in the projects for a year or more. Further socio-demographic data were not available for the four Connect at Core participants, but the other five participants were aged between 51 and 92 years and from diverse ethnic backgrounds (White, Asian and Black-Caribbean). None of the five participant interviewees identified as LGBTQ+. Four participants were living alone, three were, or had until recently been, carers, and three participant interviewees were living with a longstanding physical or mental health condition.

a) Overview of projects

The three complex needs projects targeted supported housing residents, carers and those with mental health difficulties respectively (Table 4.4).

Table 4.4: Aims, target group, activities and co-production across projects targeting older people with complex needs

	Bringing the Outside In	Carers Collective	Connect at Core
Aims	To build a community between estate residents and between residents and 'outside' organisations.	To support carers to connect with themselves and each other to combat isolation and loneliness.	To improve confidence, self-esteem, social inclusion and health and wellbeing.
Target group	Residents of specialist housing estates in Hackney run by Anchor Hanover	Carers from across Hackney and the people they care for.	Older people across Hackney who are excluded or have mental health conditions.
Activities	<p>*Weekly activities provided by in-house team or external organisations (e.g. exercise classes, arts and crafts) delivered in community spaces within estates.</p> <p>*Project staff (Well-being co-ordinators) engaged and supported residents to attend activities</p>	<p>*Weekly sessions at community centre providing a) creative activities and workshops (e.g. wallpaper design, dance, festive crafts, meditation, life coaching) and b) a 'low stimulation' zone providing a safe space for those with dementia or other sensory processing issues</p> <p>*Low-cost coach trips to galleries, festivals and exhibitions</p> <p>* Group shows of carers' work⁵¹</p>	<p>*Weekly structured sports activities (choice of 17 activities such as dance, walking, gym and swim offered over 6 days)</p> <p>*Pub boules league</p> <p>*Monthly social activities at provider venue to showcase creative work (e.g. poetry, music, multi-media)</p> <p>*One off sporting events (e.g. white water rafting, ice skating, football matches)</p>
Co-production	<i>Design:</i> Small working groups of residents who will help design the activity. Reviewed regularly with new users as participation grows	<i>Design:</i> Co-production workshop with two providers of existing over 50's projects and regular feedback from participants invited. <i>Delivery:</i> Regular feedback from participants invited and participants could volunteer to support others to engage in creative activities.	<i>Design:</i> 50+ Reference group convened to design programme of activities <i>Delivery:</i> Participants could volunteer to deliver activities

Whilst Carers Collective and Connect at Core were open to residents across Hackney, Bringing the Outside In focused on residents of the six housing estates run by Anchor Hanover. The aims of the latter project had a primary focus on a collective outcome – 'building a community' – in contrast to the other two projects which focused on individual level outcomes. All three projects provided physical activities (sports and exercise) and/or creative practice. Bringing the Outside In and Carers Collective provided additional components over and above the actual activities. The former employed 'wellbeing co-ordinators' who supported residents to take part in activities and the latter ensured they had provision for carers to bring along the person whom they cared for.

All three complex needs projects provided opportunities to get involved in designing and/or delivering their projects. They encouraged participants to take a more active role in elements of the decision-making processes of the project (e.g. in volunteer roles to lead/support project activities, forums for providing feedback on project direction and

⁵¹ One held in Nov 2019 as part of 'Carers Rights Day' and one held in June 2020 during 'Carers Week'.

activities). Descriptions of co-production and asset-based working featured less prominently in provider and participant interviewee accounts of the complex needs projects compared to the men's projects⁵².

b) Reach of projects

The project monitoring information showed that collectively the complex needs projects engaged 706 participants from when they started between April and June 2018 up to June 2020. The 'Bringing the Outside In' project engaged the most participants (n=429) with fewer numbers engaged in the other two projects (Connect at Core n=188, and Carers Collective n=89).

Provider interviewees reported using a combination of strategies to reach potential participants (see **Appendix D**). Whilst all three projects used printed materials and distributed these in various venues (e.g. GP practices, libraries, community projects and events), additional strategies deployed differed somewhat between Bringing the Outside In and the other two projects. As the target group for the former was residents of supported housing on the six estates run by the Anchor Hanover Housing Association, project staff were able to reach potential participants directly through door-knocking to encourage project sign-up. Although door knocking could be challenging for staff (e.g. dealing with resistance and rudeness) it was a comprehensive and inclusive strategy for such a locality based project.

Connect at Core and the Carers Collective, which aimed to reach specific at-risk groups across Hackney, both relied on referrals from other services (e.g. GPs, local hospitals), community projects and networks (e.g. specialist carers networks). Referral pathways were pre-existing or newly created and providers reported needing to work closely with referral partners to promote the projects amongst their participants/patients. In addition to referrals from other organisations, Carers Collective also sent texts and e-mails promoting the project to older carers through their existing project register.

Online and social media channels were used by Connect at Core and Carers Collective to promote their activities, although the Connect at Core provider interviewee felt that these channels were probably a less effective strategy due to low digital literacy amongst older people. Connect at Core also placed good news stories in local newspapers such as Hackney Today and Hackney Gazette to raise awareness of their project to the wider community and promote self-referrals and word of mouth advertising. Provider interviewees recognised the importance of using multiple strategies to reach older people who might be stigmatised or ostracised by their families or local communities.

Of the nine complex needs participant interviewees, six heard about the project through referral partners and three had found out about the project through outreach work.

⁵² Co-production and asset-based working within the Connect Hackney programme is explored in more depth in a forthcoming report.

c) Engaging and retaining participants

Participant accounts of why they engaged and stayed with projects suggested three interconnected factors applicable across all three projects: the offer of **a range of creative and physical activities**; **a safe and welcoming space** in which to do this; and the **personal qualities, skills and expertise of projects staff**.

In terms of **creative and physical activities**, participant interviewees described a number of ways in which these were motivating for them to join and continue to participate in projects. These included a chance to meet other people; a way to provide structure and routine and something to look forward to; achievement of new goals, and; the development of independence. These activities helped participants to create meaning in their lives. This was expressed particularly poignantly by one participant who felt the creative activities on offer encouraged them *“to do what is still left in us”* and to feel like they were more than *“just zombies”* (Participant 01, Complex Needs Projects).

The activities on offer and the support provided by staff were deeply valued by participants, for example:

“And I told her the sort of things that I'm interested in, like painting, they've got painting on there as well and she knows that I paint, so whatever I suggest for myself, they would put it on.”
(Participant 09, Complex Needs Projects)

Providers from two projects highlighted that their participants valued making connections with others in a similar position, for example:

“I think carers do like to meet with other carers, I mean everybody likes to meet people in their specific like identity group, if they can, to meet other people who know what its like.” (Provider 03, Complex Needs Projects)

Provider interviewees from these projects noted that sharing experiences helped participants gain a new perspective on their own situation. These providers further highlighted that building structure and routine was particularly important for those with mental health difficulties, as it helped participants feel more in control over their own time and to better manage their own mental health.

The features identified that created **a safe and welcoming environment** for participant interviewees across projects included: an accessible venue with comfortable fixtures and fittings; warm and friendly staff and participants; a relaxed atmosphere with no pressure, and; refreshments. For those with mental health difficulties a non-stigmatising environment in which they felt safe to be themselves was also important. This was summed up by one participant who contrasted her experience of the project with mental health services:

“... when you go there [the project] you don't feel like a mental health patient, like everywhere else I went to... it felt really comfortable, its really creative, and people are friendly and you feel like you've got a lot of freedom... I think it's the only place that I've been to that I'm just like... I don't feel different... I didn't feel like a bit of stigma. I don't know how they do it but...its just amazing.” (Participant 04, Complex Needs Projects)

The **personal qualities, skills and expertise** of project staff were also important for engagement and retention either directly or via their contribution to creating a safe and welcoming environment. It was clear across the participant interviews that project staff were held in high regard. The personal qualities and skills highlighted by participants included: **'accessible', 'friendly', 'caring', 'professional', 'empathetic', 'easy to talk to', 'flexible', 'non-judgemental'** and **'supportive'**. As a result, participants felt listened to and treated with dignity and respect. This was encapsulated by the notion of feeling 'lucky' as a project participant:

"I'm lucky being here because everyone is so nice and they always talk to me...So I'm really lucky..... Yes, I landed on my feet when I came here." (Participant 08, Complex Needs Projects)

There were **challenges in engaging and retaining participants** and these were linked to existing physical and mental health conditions; carer status; and a lack of confidence to leave home. Providers used several strategies to support participants to engage and attend regularly. A buddy system, which paired up more introverted or new participants, with a more outgoing or longstanding participant buddy was tried by two of the projects. This worked well at one of the projects but not at the second as organising the buddies was too time consuming. One provider also described how they supported participants who were carers to attend by a) catering for the person cared for as well the carer with separate activities for each; and b) providing taxis for attendees. This additional activities for those who received care was underused as carers tended to have respite care in place and found it less stressful to attend without the person they cared for.

Finally, to encourage attendance, providers regularly contacted participants to remind them about the activities. Although this was a time-consuming process, it was greatly appreciated by participants, as illustrated by the following quote:

"...it's nice for somebody to reach out and ask you how you're doing, do you know what I mean? So you can let them know. Because sometimes we forget when we're ill, we can't reach out to everybody because we're too busy trying to get through that and process that." (Participant 03, Complex Needs Projects)

d) Perceived impact of project participation

Participant interviewees reported benefits in three main areas all of which can directly or indirectly impact positively on social isolation and loneliness: improved wellbeing (e.g. renewed sense of purpose and achievement, increased confidence, ability to better manage stress); new friendships and social connections; and, for those with mental health difficulties; improved mental health.

The main mechanisms through which these benefits were achieved were: **regular engagement with meaningful activities; sharing the experience with others in a similar situation; the qualitative and skills of project staff**, and; **project activities as a bridge to other community activities.**

As noted above all of the complex needs projects provided the opportunity for older people to **regularly engage with meaningful activities** in the form of creative practices (e.g. pottery, writing, painting), sport and exercise. Meaningful activities had several important features. Participants were able to **lose themselves** in the activities and this gave them a **break from anxiety, stress and other negative feelings** and boosted their mood.

“Before the class I’d be like... my anxiety level was soaring, I just felt really stressed about things and mentally unwell but after the session I just felt, ‘Oh I’m so much better.’ I actually feel positive and I feel happy...it’s just you know, the different classes, it’s been quite amazing.”
(Participant 05, Complex Needs Projects)

Participants were able to **choose from a selection of activities and**, usually had the opportunity to **shape what activities were offered**. As one provider explained, this was part of a process of empowering participants with mental health issues:

“I feel like the empowerment is the most, is the best thing really just because they feel like they have, they’re making the decisions, they’re making the choices. They’re actually putting in the feedback and the programme going forward, so they don’t feel like they’re being stereotyped again.” (Provider 01, Complex Needs Projects)

And such an approach was recognised and valued by participants:

“They focus on you as an individual, they give you so much respect and they take very good care of you.” (Participant 05, Complex Needs Projects)

A further feature of meaningful activities highlighted by providers and participants were those that were **goal focused with demonstrable outcomes** (e.g. an art exhibition, a book of collective creative writing, mastering a sport or simply completing a course). Participants felt a great sense of accomplishment and satisfaction in seeing these tangible and achievable outcomes:

“the things I’ve achieved at [project] I never in my wildest dreams thought I would achieve it, because when I first came to [project], I just came for the sake of coming and getting out of my home. It was just getting out of my home and going there.” (Participant 05, Complex Needs Projects)

“I did a nature course, 6-week nature course... it’s mindfulness. But it’s using the nature and then this week the homework is to go out and hug a tree. It’s really good.” (Participant 02, Complex Needs Projects)

Perceptions of improved wellbeing and mental health also gave participants the confidence and will to seek out opportunities beyond their projects. In this way **project activities became a bridge to engaging in other community activities**. Participants reported they were taking part in a number of different activities in their local area and were feeling more involved in life. This transition and its impact is illustrated by the following quotes:

“... before I was off track, and now that I’ve been there for quite some time... I’m back on track now. So ... the things that I was supposed to do in life initially that I got distracted from I’m now doing them with the music, so I’m listening to a lot of new music all the time, I’m getting

involved in so many things, live performances, you know, I go to some bars now and perform.”
(Participant 03, Complex Needs Projects)

“I think my life is full to be honest.” (Participant 08, Complex Needs Projects)

Whilst regular participation in meaningful activities within and outside of their projects allowed participants to get ‘back on track’ and boost their wellbeing, **sharing this experience with others in a similar situation** led to new networks and friendships. Several participants reported they had met new people and made new friends, and two participants reported that they were continuing to meet outside of the project:

“It [attending the project] was the first time I had been out, and I’ve met some people and I’m still in contact with [name of friend] who we had had coffee and yes we met outside. And it was really nice just meeting other people who were carers.” (Participant 02, Complex Needs Projects)

“[I’ve made] about three close friends thathave really lasted.” (Participant 03, Complex Needs Projects)

Those participants who said they did not make friends reported being content with the social interaction they experienced in the project. They were not necessarily looking to make new friends and there were various reasons for this such as enjoying their own company, feeling self-sufficient and independent, and – having had large families and lots of friends in the past – feeling a sense of *“this is my time”*:

“I came from a large family, have six kids of my own, right, so the older I get, I didn’t feel the need to have so much people around me, cause all of my life I’ve had it, so I think this is my time.” (Participant 09, Complex Needs Projects)

4.5 The impact of COVID-19 on the targeted projects

This section is based on all data collected from project providers and participants across the targeted project themes. It considers the impact of the COVID-19 pandemic on project delivery and participants, organised by four themes. Firstly, it examines how projects supported the immediate needs of participants during the pandemic, focusing particularly on the early period of the first national lockdown in England. Secondly, it explores how project providers adapted and re-started project activities in a remote format and participant’s experience of these.⁵³ Thirdly, it examines how projects resumed in-person activities at the end of the first national lockdown when social restrictions were eased, and household mixing was permitted. A final section considers the impact of the pandemic on the co-production activities of projects.

a) Supporting immediate needs

Project providers responded rapidly at the start of the pandemic and the first national lockdown, with some anticipating and planning for the lockdown in advance. Group-based

⁵³See Appendix C Figure 9 for detail on the digital skills of the 35 participants interviewed.

activities had to be suspended across all projects and project staff contacted individuals to assess their needs and help to organise support as necessary. A range of new and continued one-to-one support was offered during this time (Box 4.5a).

Box 4.5a: Support from project providers at the start of the pandemic and the first national lockdown

- Assessment of needs at regular ‘check-ins’ (e.g. living alone/with others, food, medicines and health service needs, housing, mental health)
- Co-ordinating support from other organisations through referrals
- Providing information about the virus and staying safe
- Delivering resources (food, digital devices, medicines, activity packs, hearing aid batteries)
- Delivering specific support beyond check-ins
- Preparing participants to engage online*

* Some of the projects were able to invest some time in preparing their participants to engage online at the start of the pandemic. This is discussed in more detail in section b) below.

There were some differences in support provided across project themes and particular projects within themes (see **Appendix E**). All projects assessed participant needs at regular check-ins, organised support to meet needs as necessary through referrals, and provided information about the virus and staying safe.

Needs assessments covered food, housing, health and wellbeing, living arrangements (alone or with family) and aimed to identify the most vulnerable. Providers had been able to establish contact with the majority of their participants through their initial needs assessment and reported relatively few challenges in contacting them. If no response was obtained, some providers would arrange a doorstep visit.

The typical kinds of support providers organised for participants included food deliveries, cashless payments, befriending services, and access to their regular medications and health checks. To help broker the necessary support and services, providers reflected that it would have been helpful to have some sort of borough-wide directory.

Providers spent a considerable amount of time supporting participants to understand complex and changing Government information about the pandemic and the ongoing restrictions. There were additional challenges in ensuring information was accessible to older people with learning disabilities and for those whose first language was not English, as information was not routinely translated into community languages. These challenges were thought to be compounded further by the fear arousing nature of the information:

“...we can take it in and we can assess the risk and put the fear behind us and we know er, that there’s a certain risk in going out and you mitigate that risk. But people who are living, who are slightly elderly and living with long term conditions, they hear these messages [and think] what’s going to happen to me?... some older people were so scared that they wouldn’t open their window.” (Provider 01, Ethnically Diverse Projects)

Projects from two themes – men and ethnically diverse groups - reported delivering resources to participants. For example, the Living with a Hearing Loss project for men

posted new batteries to those that needed them for hearing aids, whilst other projects reported delivering food and/or medicines to participants who were either unable to go out because they were shielding or unable to afford food. Participants from these latter projects were often living on low incomes with no recourse to public funds in some cases. Project providers were able to shop for culturally appropriate foods which were not always provided by food banks or by supermarkets offering online deliveries.

Projects serving some of the most marginalised groups from the same two themes (listed above) also provided additional one-to-one support. These project staff saw the precarious position of some of their participants exacerbated by the pandemic. The Gillet Square Elders project continued to offer one-to-one support and welfare advice via phone and the Hearing Loss project continued to provide support on hearing aid devices via voice or video calls. Fear and anxiety were reported to be especially heightened amongst participants of the ethnically diverse projects who had heard of COVID-19 related deaths amongst their participants.

“Oh I was scared because I’m on my own...I thought I am going to die, nobody will know...All kind of thinking come into my head. I can’t see my family again...I can’t sleep...Yes, we’ve been impacted, anxious, depressed”. (Participant 08, Ethnically Diverse Projects)

One project began to offer befriending visits in response to high levels of death in their community which exacerbated pre-existing poor mental wellbeing.

“[the pandemic] has severely impacted us...we have lost, some of our clients have died from the Covid, that is the most critical issue for us still.” (Provider 02, Ethnically Diverse Projects).

Befriending involved volunteers from the same community who undertook socially distanced home visits, made mental health referrals as necessary as well as more general social support⁵⁴.

Providers described going above and beyond to support the needs of their participants during the pandemic. They worked above their contracted hours, sometimes working seven days a week, and they found themselves doing work that they had never had to do before. Project staff and volunteers were often from vulnerable groups themselves and needed to shield. Organisational finances had to be stretched to accommodate adaptations of activities to online formats. At the same time, providers were making adjustments to their own lives as well as dealing with their feelings about the pandemic and its impact, including its impact on the projects they had worked so hard on. One provider characterised such feelings as ‘grief’:

“...my initial feeling when Covid hit was just one of grief. Wow, okay, I have just spent a year and a half luring these guys out of isolation and now I have to tell them to go back into it.” (Provider 02, Men’s Projects)

⁵⁴ Later in the pandemic additional funding was secured for a mental health support worker who worked full-time to support the mental health needs within the community.

Participants said staff from their projects acted as an **anchor** for them. They were someone familiar to turn to for help, provided support to adapt their routines and develop new ones, and facilitated access to a social support network.

“Before lockdown I had a very sort of strict routine which kept me, I suppose like balanced....so when lockdown happened it really threw me ...like just a terrible panic, it was like my whole life, all that routine that kept me mentally well just stopped.....But then with [the project] it’s been a life saver.” (Participant 03, Complex Needs Projects)

“I don’t know what I can do without [project co-ordinator]..... I’m very glad that I know the [project participants] before all this lockdown. I feel I’m very lucky. Someone who actually called me and asked me if I need any help, support.” (Participant 06, Men’s Project)

b) Adapting and re-starting group-based project activities remotely

Once providers had set up ways to ensure that their participants’ immediate needs were met, most were able to turn their attention to adapting and re-starting pre-pandemic group activities remotely (**Appendix E**). Remote methods to bring participants together included using video conferencing platforms (e.g. Zoom), group chat facilities (e.g. WhatsApp) and, for one project based in specialist housing, video-conferencing delivered through TV sets (SparkoTV). Group activities were supplemented with the continued use of one-to-one support methods delivered remotely such as phones (landlines or mobiles), videocalls (e.g. WhatsApp), e-mails, and activity packs/resources delivered by post.⁵⁵

Broadly, projects fell into three categories: those that introduced structured remote sessions for groups of participants (e.g. online exercise classes, art sessions, singing); those that used more unstructured ways of connecting digitally (e.g. small group ‘check in’ chats through WhatsApp video or voice calls, posting videos on Facebook); and those that were not able to connect their participants digitally⁵⁶.

The ability of providers to adapt and deliver, and for participants to engage with remote group-based activities depended on a number of factors (Box 4.5b).

Box 4.5b: Factors supporting remote group activities

- Whether projects included a digital component or taught digital skills prior to lockdown;
- Prior planning, anticipating the lockdown and need for remote delivery;
- Levels of digital skill amongst providers and participants;
- Participants’ access to digital equipment (e.g., Wi-Fi, data, phones);
- Transferability of project activities to a digital platform;
- Levels of vulnerability and need amongst participants; and
- Levels of resource and energy of delivery partners.

⁵⁵ Providers working within the two projects for older people with learning disabilities posted activity packs to their participants. During one-to-one calls with their participants providers noted high levels of boredom and frustration as usual daily routines had to be suspended.

⁵⁶ Of the participants interviewed, the majority had some digital skills and were able to use a smart phone and tablet (see Figure 9 in **Appendix C**).

Five projects ran **structured group-based remote sessions**. Some of these were able to move fairly rapidly to remote online delivery if they had: included digital elements within them prior to the pandemic; had done some prior planning for remote delivery; and had at least some participants who had sufficient levels of digital skills. For example, Hackney Dudes ran an IT club and members of the club with more advanced digital skills worked with the project co-ordinator to help others get online. Twice weekly group sessions via a video conferencing platform were held which included information and guidance, signposting to local services, story sharing and music. Connect at Core closed down activities two-weeks prior to lockdown, keeping their building open for staff to help participants learn how to access online content and upload and use the Zoom App on their digital devices. Many of the Carers Collective participants were recruited via e-mail and therefore viewed as having adequate digital skills to access online activities. Contractors delivered online classes such as dance, yoga, poetry and singing. Bringing the Outside In introduced specialist software called Sparko TV into the estates they worked with. This enabled the provider to deliver remote sessions directly to resident's TV sets. The Living with a Hearing Loss project primarily delivered one-to-one support but was also able to offer participants access to their remote Tinnitus support group sessions.

Other projects used **informal remote group connections** such as existing WhatsApp and Facebook groups to keep participants connected to each other via video and/or chat functions (Hackney Brocals⁵⁷, the Growing Project, Happy Living, Sante Sage and Table Tennis Club). Ways of connecting ranged from daily messages via group chats, group video calls, and sharing photos and videos (e.g. how to bake, how to make bread, motivational messages and self-care). The following quotes illustrate the importance of keeping these social connections going through the pandemic:

"She [project co-ordinator] created a group, so through the messages on a daily basis, they would message each other, everyone would talk about their daily routine and stuff and what they're doing." (Participant 10, Ethnically Diverse Projects)

"Of course, we are all in our WhatsApp group. We have been chatting all the time and share information on shopping masks. Grab 50 masks for 5 pounds before it rises to 8 pounds.... Sometimes I ask for help as good friends, more than a playmate. We will also share information on any good stuff or help each other in case of need." (Participant 14, Ethnically Diverse Projects)⁵⁸

Other projects did not offer remote delivery (Gillet Square Elders, Somali Elders, Peter Beford, Garden Social) because of the nature of activities; participants lacked access to digital devices, Wi-Fi, and necessary digital skills⁵⁹ to get online without significant support; and providers needed to concentrate their efforts on participants' basic needs.

⁵⁷ Once the first lockdown restrictions were eased the provider organised Zoom drop-in clinics to support participants to get onto Zoom.

⁵⁸ This female participant further noted that the male participants seldom joined in these chats explaining *"men don't like it, because they have their spouse."*

⁵⁹ For example, of the 17 participant interviewees from the ethnically diverse projects, all but three were classified as having only basic digital skills (can use one or two functions on a smartphone or tablet).

“No we don’t have digital groups or newsletters because unfortunately, and Covid proved this, BAME people are focussing on dealing with....we have very basic needs not being met.Some of our women don’t have TV, they have no wifi at home, they don’t even have a mobile. So we have a long way to go. But we must focus on their basic needs and their health inequality.”
(Provider 02, Ethnically Diverse Projects)

For those who had managed to adapt and re-start group activities remotely, running these came with new and old **challenges as well as benefits**. These included supporting participants who tried and failed to connect to online groups not to feel discouraged; managing ‘Zoom fatigue’; and being able to maintain an inclusive approach online. In relation to the latter, a provider from one of the Men’s Projects reported following up those participants who were less sociable or confident to participate in the discussions online with a phone call to ensure they were ‘kept in the loop’. For projects using more informal remote group activities through WhatsApp, there were challenges in managing group dynamics and ‘rules’ of engagement (e.g. acceptable hours for sending messages).

On the whole, those participants who were able to access structured or more informal online activities responded positively to the move to **digital platforms**, although many stressed it was **not a replacement for face-to-face contact**, being able ‘to see people’s faces and expressions’. Participants reported looking forward to their remote weekly activities in the same way as they had looked forward to their weekly activities prior to the pandemic. They provided a sense of routine and a time when they knew they would have social contact, often not having talked to anyone else during the week.

“We need to be close to the other people ...because sometimes when there’s all sorts of things in our heads we start talking about it and it became [smaller] than they really were. So this is why I consider this erm, Zoom meeting very important because....we continue we are, we don’t feel alone we know that we’re not alone.” (Participant 11, Ethnically Diverse Projects)

Some participants reported feeling hesitant about going digital, but once they had gained confidence found they were able to access other activities and opportunities in addition to those provided by their project. Providers also observed that lockdown had **broken down** some of the **pre-pandemic digital resistance**. Having had a positive experience of online activities, participants were enthusiastic for a blended ‘hybrid’ (remote and in-person) model for future project delivery:

“...and going forward I’ve already asked [the project lead] about this, going forward especially for me, especially for people with mobility issues who can’t get out, I would love more Zoom, I’ve found the transition quite straight forward ‘cos I was using Zoom before the lockdown.”
(Participant 04, Complex Needs Project)

Social connections amongst existing project participants strengthened in projects which were able to run group activities remotely although there was evidence from participants who were not able to connect remotely that those who had developed friendships checked in with each other by phone during the pandemic. There were some participant interviewees who did not want to connect remotely even though their projects had set up the means to do this and could offer support for connecting online. Participant interviewees could feel overwhelmed by all the various online activity and were happy with regular contact with just their project co-ordinator.

c) Re-starting in person activities

Projects had begun to plan how they might resume in person activities safely for their participants in anticipation of the end of the first national lockdown and an easing of social restrictions (**Appendix E**). Provider and participant interviewees were all keen to get back to in person activities when it was safe to do so, and for those interviewed after the end of the first national lockdown, some interviewees were already running/attending in-person activities.

At the time of the fieldwork, providers from three of the four projects that had not set up remote group activities, did not anticipate resuming any in-person group activities for the foreseeable future due to either the vulnerability of their participants (the two projects for older people with learning disabilities) or, in one specific case, the loss of their venue to meet up in person (Gillet Square Elders men's project). In these cases, **projects continued to deliver remote or in-person socially distanced support only**.⁶⁰ The fourth project that had not been able to set up remote activities, *did* resume in-person group activities. The Somali Elders project began to introduce socially distanced meetups for those participants who were keen to do this. Participants were grouped into support bubbles of no more than six, based on friendships that had formed prior to the pandemic. Groups were invited to meet up at the project venue for a few hours each week.

By September 2020⁶¹ eight of the 10 projects that had been running remote group activities had **resumed some in-person group activity**, with two projects **continuing to deliver remote group activities only** (Living with a Hearing Loss and Bringing the Outside In). Group activities were not the main component of the Living with a Hearing Loss project and Bringing the Outside In staff were more restricted in terms of resuming in person activities by their Housing Association guidelines. They focused their efforts on implementing activities remotely within the estates via Sparko TV.

Of those that had resumed some in-person group activity, all but one⁶² ran some of the same activities that they had been running prior to the pandemic. For example, participants of the Table Tennis Club were able to start playing again, the Growing Together project participants were able to do some gardening and take part in Zumba classes in the park, the Carers Collective put on two arts and crafts courses, and Hackney Dudes resumed their weekly meet ups for men. Providers worked hard to ensure that project activities and venues were 'COVID proof' with provision to maintain social distancing and other relevant guidelines (e.g. frequent handwashing, outdoor activities when possible, limits on numbers allowed in relation to indoor and outdoor household mixing, creation of support bubbles).

⁶⁰ Subsequent monitoring data in September 2020 showed that the two projects for older people with learning disabilities had started to plan for in-person group activities and one project, the Garden Social, trialled a visit with two participants.

⁶¹ The first national lockdown was eased from the 4th July 2020 and some household mixing was permitted up until mid-October 2020 when social restrictions in London began to tighten again prior to the second national lockdown in November 2020.

⁶² One of the main activities of the Happy Living project was a weekly tea club. Staff had arranged for some participants to meet up in a local restaurant and were planning a day trip.

Many activities were run outdoors and, for those running indoors, appropriate safety precautions were implemented (e.g. Perspex screens, masks and visors, keeping two metres apart, adequate ventilation).

Some **new project partnerships** were forged when in-person activities resumed. For example, one of the projects for older people with learning disabilities (the Garden Social) opened their outdoor space so Hackney Dude participants could resume their weekly meet ups. Sante Sage partnered with a local Weatherspoon's pub to enable participants within their friendship support bubbles to resume their weekly lunch clubs. Remote group activity continued to run alongside the in-person group activity, characterised as "*dual delivery*". Provider interviewees and monitoring information highlighted how **dual delivery provided a flexible model** to cater for those participants who had to continue to shield or who were not ready to join in-person activities. Some participants experienced high levels of anxiety and lacked confidence to meet in person, as reported by providers and in project monitoring data. For example, this is reflected in one participant's account about going back out into the community after the first national lockdown was lifted.

"When I started to go out, I was petrified. I'd lost confidence, I try not to get too anxious and over, over nervous of being outside. But having people come near me, I was afraid to have anyone touch me.... I couldn't believe that in just a short while, that confidence I had ... was no longer with me." (Participant 09, Complex Needs Project)"

Other participants relished the thought of meeting up in person again. For example, one participant, when asked how they felt about the plan to meet up in 'bubbles' replied, "*We said yayy...It was like Christmas....Dancing and jumping up and down in the living room.*"

d) Co-production during the pandemic

Maintaining participants' involvement in project decision-making during the pandemic was dependent on the extent to which project staff had to focus on supporting the immediate needs of participants, versus time to get project activities back up and running and the level to which co-production and asset-based working had been embedded in the project previously. Those projects with more informal structures for co-production (i.e. asking participants for feedback and opinions on which activities they wanted) continued these methods during lockdown. Projects that had set up more formalised structures (e.g. steering groups) re-introduced these forums, in some cases more informally, once project group activities resumed online.

Some providers reflected on how the pandemic had changed provider-participant relationships. Providers saw previously independent and autonomous participants relying on them or other services for help and got to hear aspects of individual's circumstances that they were not previously aware of.

"... we try and be as less intrusive as possible with the service... people would kind of offer information about themselves but their personal lives are very much their personal lives.... hearing about some people's individual circumstances [was] a real eye-opener...people being forced into a position where they're having to accept help, which they never would have got previously." (Provider 03, Men's Project)

“... they’re [the providers] like our mum and dad...they keep us going on a daily basis.”
(Participant 01, Ethnically Diverse Project)

Despite this change in dynamic, co-production was still evident across project themes, albeit in less formal ways compared to before the pandemic, particularly when projects were beginning to resume group activities remotely as noted above. For those projects in which co-production was more deeply embedded in the fabric of projects, participants were seen to drive the ways in which group activities were adapted in the first national lockdown and beyond. For example, the twice weekly Zoom sessions set up at one of the Men’s projects was led by participants, as the following participant interviewee explains:

“... one of the things we did was we got the IT groups...[saying] we’re going virtual now because we can’t get into the room. So, we’ll go online and will do video conferencing. I thought, that’s a good idea, we could do that ourselves. So, we actually went to the organiser and said, we want to do this, you know, we’d like to have a chat amongst ourselves and we think it would be useful. And we got a whole load of people joining in simply because they wanted to talk to people from home.” (Participant 07, Men’s Project)

There were also more subtle examples of participants leading activities, showing newly found confidence to share their skills and have their voices heard:

“Before Covid, some [participants] were not that vocal but when we started the WhatsApp calls, they were so vocal all because they were in the comfort of their family homes and all that.”
(Provider 01, Ethnically Diverse Project)

“I got one lady...she is making them the masks....And she show us how to make them, she put a video how to make, how to cut, how to sew and most of them are doing.” (Provider 05, Ethnically Diverse Project)

Like the impact of the pandemic on project group activities – a key component through which social isolation and loneliness was expected to be addressed – there was evidence of co-production within projects, albeit in an attenuated form.

5. Discussion

The report described evaluation research addressing “test and learn” questions on reach, engagement and retention of participants in relation to the targeted projects within the Connect Hackney programme, and the benefits for participants in relation to social isolation and loneliness. The targeted projects aimed to support specific groups of older people who were not being easily reached by other projects within the programme: men, those with learning disabilities, those with complex needs, and ethnically diverse groups. The evaluation data consisted of qualitative interviews with 15 project providers and 35 participants. These data were supplemented by project monitoring information. The onset of the COVID-19 pandemic prompted additional inquiry into the impact of lockdown and ongoing social restrictions on the delivery of the targeted projects and the experiences of their participants. This chapter of the report discusses the key findings of the research in the context of previous relevant research, reflects on the strengths and limitations of the methods used and, in conclusion, addresses the overall test and learn questions and considers any implications for future policy, practice and research.

5.1 Project reach

Although all projects reported using a combination of strategies to reach potential participants, some strategies or combinations of strategies were reported to be more effective than others and these differed according to the target groups. Referrals from other organisations and outreach to directly engage with potential participants (e.g. through door knocking, on the street, or in venues frequented by the target group of interest) were the most effective strategies for the projects targeting men and those with complex needs. Projects targeting older people with learning disabilities had to mainly rely on referrals as opportunities to connect directly with these people were limited by the lack of appropriate spaces and service staff acting as gatekeepers. Challenges such as these resulted in lower take up than expected for some of the projects. Word of mouth was the most effective strategy for projects targeting ethnically diverse groups. When these projects were run by organisations that were deeply embedded and trusted within the communities they served, they could rely on community members spreading the word. Other strategies such as printed materials and the use of media/social media were used but these were mainly considered as supplementary to referrals, outreach and word of mouth. Providers from two of the Men’s projects noted how printed materials developed with marketing expertise helped them to promote their ‘brands’ (‘Brocal’s’ and ‘Dudes’).

One of the key advantages of referrals, outreach and word of mouth lay in their ability to access the most marginalised groups. For example, setting up referral pathways with partners such as GPs or other community organisations meant that the projects could be promoted by individuals with whom potential participants had established relationships and trust. Developing referral partners and conducting outreach were very time consuming and had to be balanced with other aspects of project delivery. The former was also reported to be extremely challenging when potential referral partners were not responsive. This was especially the case with one of the ethnically diverse projects and the projects for people

with learning disabilities which relied heavily on referrals. These findings strengthen and extend those from a previous report focused on the reach of Connect Hackney projects⁶³

5.2 Engagement and retention

The above findings on reach, and the findings on engagement and retention to be discussed in this section also resonate and extend the research results on marginalised groups from across Ageing Better programmes as well as research on barriers to reaching and engaging ethnically diverse communities more generally^{64,65}. The current research found that across projects, the offer to connect with others through meaningful activities was an important driver of initial engagement and ongoing retention. Although the activities on offer were bounded by provider capacity, resources and time of year, certain patterns for what constituted meaningful activities were identified within and across projects. For the men's projects, meaningful activities were those that were practical with a clear purpose, particularly activities in which they could share their interests and expertise with others. For projects for people with learning disabilities, being able to choose from a diverse range of activities was key. For ethnically diverse projects, meaningful activities were those which offered the opportunity to connect with others who shared the same language and cultural heritage. Food was very important in this respect, but providers also noted that serving food within projects was a way to address food poverty experienced by some participants. For the complex needs projects, meaningful activities were creative and physical pursuits which enabled participants to, for example, establish new routines and develop independence.

Across the projects common factors that enhanced engagement and retention included providing choice from a diverse range of activities and the flexibility to drop in and out of the activities. Such flexibility, alongside checking in with participants if they had missed sessions, were ways to bring participants who had missed sessions due to ill health, for example, back into projects. A safe and inclusive environment was important and this was complimented by the personal qualities and skills of the project staff (e.g. facilitative approach, organisational skills, listening skills). Projects also addressed potential transport issues through, for example, arranging taxis for those who could not walk or use public transport⁶⁶.

5.3 Perceived project impact

As noted in the background chapter of this report, evidence for the effectiveness of community approaches (used by Connect Hackney) to address social isolation and loneliness is very limited for older people and, indeed, across any age group. Evidence is also limited

⁶³ Harden A, Sharpe D, Salisbury C, Lombardo C (2020) Reach, engagement and retention of participants in phase two Connect Hackney projects: findings from project providers and participants (interim report). London: Hackney CVS.

⁶⁴ British Red Cross and Co-op. 2019. Barriers to belonging: an exploration of loneliness among people from Black, Asian and Minority Ethnic backgrounds. <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/barriers-to-belonging>

⁶⁵ Wigfield A (2019). Understanding barriers faced by BAME communities in accessing loneliness services. London: British Red Cross & Co-op. <https://www.sheffield.ac.uk/socstudies/research/centres-and-networks/centre-loneliness-studies>

⁶⁶ This finding suggests that projects need to factor in sufficient funds to cover these kinds of costs.

on interventions to address social isolation and loneliness amongst the specific groups targeted by the projects of focus in this report. The qualitative findings from the current research on the perceived **benefits** of the Connect Hackney projects and how these are achieved (**mechanisms**) are therefore a small but important contribution to the literature. Perceived benefits in terms of new social relationships and improvements in wellbeing were reported across all the targeted themes, but descriptions of new social relationships were especially strong for the ethnically diverse projects. This may reflect the fact that these participants were especially motivated by a desire to connect with others (see above).

Common underlying mechanisms across projects were: regular participation in meaningful activities; working together in a group or individually working towards a common goal; the qualities, skills and support of the project staff; and using project activities as a bridge to other community activities. Mechanisms were played out in different ways across the targeted themes.

Men: Participant and provider interviewees described the creation of new social connections and friendships within the projects with some evidence that these friendships continued to be developed outside of the projects. Improved wellbeing (e.g. a new sense of purpose and belonging, and increased confidence) were also described. The key mechanisms appeared to be: mutual interests and shared expertise; regular gatherings in a dedicated space; a skilled facilitator for organisational support; and group outings to extend opportunities for social connections and friendships to develop further.

People with learning disabilities: Provider interviewees⁶⁷ described some new social connections and friendships emerging, improved wellbeing (e.g. growing confidence, sense of control and achievement) and becoming more physically active (e.g. through digging and planting in the garden). The key mechanisms appeared to be: regular engagement in meaningful and shared activities; active facilitation to support the development of positive relationships among participants; and enabling participants to exercise control and take part in decision-making.

Ethnically diverse groups: Participant and provider interviewees reported the creation of strong social connections and friendships, with evidence that these continued outside of project sessions to provide practical and emotional support. Improved wellbeing was also reported. The key mechanisms appeared to be: taking part in regular meaningful group activities to celebrate a shared cultural heritage (e.g. sharing food, cooking and eating together); having a safe space to meet; having skilled facilitators, and; group outings and exhibitions which provided a bridge to greater participation in activities and communities beyond the project.

Complex needs: Participant and provider interviewees reported improved wellbeing (e.g. renewed sense of purpose and achievement, increased confidence, ability to better manage stress); some new social connections and friendships created; and, for those living with a mental health condition, improved mental health. The key mechanisms appeared to be:

⁶⁷ As noted earlier, it was not possible to interview participants with learning disabilities. Findings are based on provider perspectives only.

regular engagement with meaningful activities; sharing the experience with others in a similar situation; the specialist expertise and facilitation skills of project staff, and; project activities as a bridge to taking part in other community activities.

5.4 Impact of the COVID-19 pandemic

Project providers re-orientated their workloads in three ways so that they were able to: (i) support participants' immediate needs; (ii) adapt and re-start group activities remotely and (iii) develop 'dual' or 'hybrid' delivery models to include in-person as well as remote delivery. The ability to switch to remote delivery at all, and the speed at which this was done, depended on several factors including: levels of vulnerability and need amongst participants; digital skills and access to digital equipment amongst participants and providers, and; whether projects included a digital component prior to the pandemic. Project providers were committed to achieving dual delivery but recognised the enormity of the task to be delivered in the most challenging circumstances. They were also mindful of the need to protect their own mental wellbeing. These findings are similar to the 'Respond, Recover, Reset project'⁶⁸, which reported that the increased demand and need to transform services and working practices during the pandemic had led to people working more intensively, leading to concerns about burnout. Local and national infrastructure organisations, flexible and responsive funders, and strong relations with their communities, have all helped organisations to adapt and respond⁶⁹.

Projects acted as an anchor for participants in the pandemic. Project staff were someone familiar to turn to for help, provided support to adapt routines and develop new ones, and facilitated access to a social support network. Pre-pandemic digital resistance was broken down for some, and participants who took part in formal and informal remote group activities reported they enjoyed and looked forward to them. All participants were, however, keen to get back to in-person contact. Those who were able to re-join in-person activities were overjoyed when these was able to briefly happen at the end of the first national lockdown.

Whilst the level of one-to-one support provided by project staff increased during the pandemic, group activities inevitably decreased. The one-to-one support enabled social relationships to continue and this was greatly appreciated by participants. There was also evidence that social connections and mutual practical-emotional support were being maintained amongst participants themselves. Co-production practice was still evident across project themes albeit in less formal ways. This was dependant on the extent to which project staff had to focus on supporting the immediate needs of participants and the level to which co-production had been embedded in the project prior to the pandemic.

⁶⁸ The Respond, Recover, Reset project: Nottingham Trent University, the National Council for Voluntary Organisations and Sheffield Hallam University. <http://cpwop.org.uk/what-we-do/projects-and-publications/covid-19-vcse-organisation-responses/>

⁶⁹ Respond, recover, reset: the voluntary sector and COVID-19 October 2020 Nottingham Trent University, the National Council for Voluntary Organisations and Sheffield Hallam University

5.5 Strengths and limitations

The findings in this study were primarily generated from a sample of qualitative interviews with project participants and providers. These interviews were supplemented by project monitoring data to add breadth and detail to the findings. However, findings would have been further strengthened by collecting data from a more heterogeneous sample. For example, participants who had joined the project at different stages, such as newly joined project participants are not included; interviewees from the Men's projects were predominantly from a white British background and did not fully reflect the diversity of the group. The participants selected by providers may have been those with a more established and trusted relationship with the provider and were therefore more likely to agree to be interviewed. Findings would have been strengthened with the addition of interviews with participants who were less engaged with the projects. In addition, it was not possible to interview people with learning disabilities so the views of these participants are not included in the data. Finally, the period when the interviews were conducted (during the pandemic) may have affected participants' responses, as they were being asked to recall events pre-pandemic. In all other ways the sample was diverse and benefitted from the inclusion of participants who did not speak English as their first language.

5.6 Conclusion

The Connect Hackney programme for people aged 50 and over is a community-based approach to addressing social isolation and loneliness and its adverse consequences for health and wellbeing. The projects which targeted men, people with learning disabilities, ethnically diverse groups and those with complex needs offered a diverse range of group activities and practical and emotional support for individuals. The findings support the continuation of targeted interventions to reduce loneliness and social isolation and improve wellbeing among older people.

Qualitative interviews with providers and participants identified new friendships and improved wellbeing for project participants. The targeted projects brought together people with shared experiences (celebrating commonalities in culture, background, circumstances) and this was a key element that enabled participants to flourish. Exploration of the ways in which these perceived benefits were achieved suggest a number of underlying features (e.g. regular participation in meaningful activities, the qualities and skills of project staff); which need to be adapted for particular groups and personal circumstances. For example, meaningful activities will vary across different groups that projects seek to work with. Findings on reach, engagement and retention have also extended those from earlier research in the broader local evaluation of the Connect Hackney programme to explore how generic factors to enhance, for example, engagement (e.g. the personal qualities and skills of project staff) were optimised for specific groups (e.g. for those with learning disabilities staff skills in facilitating social interaction were important). Findings on the impact of COVID-19 have documented the ways in which project staff and participants have responded and highlighted the vital new roles (e.g. supporting immediate needs) and continued roles (e.g. ensuring that participants can support each other remotely) projects have played.

Appendix A: Interview guide for providers

Interview guide for providers

<p>INTRODUCTION</p> <p>The interview should take about 1 hour 30 minutes. We will ask you questions about promoting and engaging participants in the project, how the project may work to reduce social isolation and loneliness, and the successes and challenges of running the project. We will also ask you some questions on how the current COVID 19 situation has impacted the delivery of your project. We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.</p> <p>If you do not want to answer a particular question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.</p> <p>Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u> Are you happy for me to record the interview? Have you got any questions before we start?</p>	
<p>WARM-UP AND BACKGROUND INFORMATION</p> <p>Can you tell me about your project and your role within it?</p> <p>Have you run similar projects with: <i>insert project relevant theme i.e. older men/ older people with learning disabilities/ older people with complex needs/ older people from BAME communities in the past?</i> <i>Prompts:</i> <i>If yes, can you tell me more... e.g.</i></p> <ul style="list-style-type: none"> > <i>What are the key learning points from this/these that you are applying to this project?</i> > <i>What some of the key things to take into account when working with an older age group?</i> <p><i>If not,</i></p> <ul style="list-style-type: none"> > <i>Have you run similar projects with other age groups?</i> > <i>What are some of the key differences when working with an older age group?</i> <p>What led you/your organisation to apply for funding from the CH programme?</p> <ul style="list-style-type: none"> ▪ <u>NB: Interviewee may not have been involved in decision or process. Ask as appropriate or consider incorporating alongside other questions on the overall CH programme.</u> <p>Can you tell me a little bit about the project? <i>Prompts:</i></p>	

<ul style="list-style-type: none"> > <i>Is your project new, developed specifically for CH or an existing/ long-standing project?</i> > <i>Who is/are your target group? (any entry or referral criteria?)</i> > <i>Have you employed any new staff?</i> > <i>Or kept the same staff and volunteers throughout project?</i> > <i>What skills and experience are needed for staff or volunteers to deliver the project?</i> > <i>Do they undertake any training?</i> > <i>What are the main elements or components of the project (e.g. types of activities - ask about specific activities if known)?</i> > <i>Is the project a fixed number of sessions or length of time or ongoing?</i> > <i>How long does each session last?</i> > <i>Are there other activities outside of the project? (social activities/trips etc, ways of connecting outside the group for e.g. newsletters, digital groups)</i> > <i>What are the intended benefits of the project (i.e. outcomes) for participants?</i> <p>How do you think older people feel about ageing in Hackney?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>What do they say?</i> > <i>What are their main concerns?</i> 	
<p>IMPACT OF COVID</p> <ol style="list-style-type: none"> 1. Can you describe the impact of COVID on your project? 2. How have you adapted your project to cope with the current situation? <p><i>Prompt:</i></p> <ul style="list-style-type: none"> > <i>Can you give some examples?</i> > <i>What have been the particular challenges?</i> > <i>How have you been able to overcome these?</i> > <i>What do you think the impact of your adaptations been?</i> > <i>*how well the adaptations are working and what impact it is having,</i> > <i>*anything they tried that hasn't worked/isn't working</i> > <i>*perceived broader impact of pandemic on their organisation and older people.</i> <ol style="list-style-type: none"> 3. Have you been able to maintain contact with all your participants? In what ways? 	

<p>4. What have your participants told you about how they're feeling/coping in the current situation?</p> <p><i>Prompt:</i></p> <ul style="list-style-type: none"> > <i>Can you give some examples?</i> > <i>What are their main challenges?</i> > <i>What could be done to address these?</i> <p>5. What more do you think the Programme could do to further support providers in the current situation?</p> <p>6. Have you been able to share knowledge and ideas with other providers about how to cope in the current situation?</p> <p><i>Prompt:</i></p> <ul style="list-style-type: none"> > <i>Can you give some examples?</i> > <i>Has this made a difference to how you have restructured your project?</i> 	
<p>REACH AND ENGAGEMENT</p> <ul style="list-style-type: none"> ▪ <u>NB: Researcher to modify if provider previously participated in interviews for RER report. Also, check dashboard data on characteristics of those participating to feed into conversation.</u> <p>7. How have you publicised and promoted the project to your target group(s)?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>What methods have you used (e.g. leaflets and other print media, word of mouth, referrals and partnerships with other organisations)?</i> > <i>Which methods were most or least successful?</i> > <i>Challenges for promotion?</i> <p>8. What have you found to be the best ways to get participants to come to the first session?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>What features of the project did you promote to encourage people to attend? Or which features were most appealing to your participants?</i> > <i>(Retention) And to keep them coming?</i> <p>9. What have you found to be the main barriers to getting participants to come to the first session?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>(Retention) And to keep them coming?</i> 	

<p>10. Why do you think that participants attend the project at the start? What are their motivations for taking part?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>Learning a new skill?</i> > <i>Meet other people/friendship?</i> > <i>Free activity?</i> > <i>Fun?</i> > <i>Health and wellbeing?</i> > <i>(Retention) And to keep them coming?</i> 	
<p>CO-PRODUCTION, ASSET-BASED WORKING & VOLUNTEERING</p> <p>11. What sort of approach have you used to develop and deliver your project?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>How was your project developed? (e.g. co-production and/or asset-based working)</i> > <i>Who has been involved in its development?</i> > <i>How is the project delivered and who is involved in project delivery?</i> > <i>What partnerships are involved in development or delivery? What is made possible through these partnerships?</i> <p><i>If co-production/asset-based working is used:</i></p> <ul style="list-style-type: none"> > <i>What is working well?</i> > <i>What are the main challenges? Were you able to overcome these?</i> <p>12. Were older people involved in the design and/or delivery of the project?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>At what point(s)?</i> > <i>Now that the project has started?</i> > <i>Can you describe how they were involved and what contributions they've made?</i> > <i>What difference have these contributions made to the project?</i> <p><i>If no:</i></p> <ul style="list-style-type: none"> > <i>What made it difficult to involve older people in the design and delivery?</i> <p>13. Were older people involved as volunteers on the project?</p> <p><i>Prompts:</i></p> <p><i>If yes:</i></p> <ul style="list-style-type: none"> > <i>What role did they play?</i> > <i>What did you do that helped them to become volunteers?</i> > <i>What difference did your older volunteers make to the project?</i> > <i>What impact do you think volunteering had on your older volunteers?</i> 	

<ul style="list-style-type: none"> > <i>How has their contribution been recognised?</i> > <i>What have you found to be the main challenges of involving older people as volunteers?</i> <p><i>If no:</i></p> <ul style="list-style-type: none"> > <i>What made it difficult to involve older people as volunteers in your project?</i> 	
<p>THEORY OF CHANGE AND PERCEIVED IMPACT</p> <p>14. Thinking back to our discussion on benefits/outcomes for participants earlier, what benefits have you seen for the older people attending your project?</p> <p><i>(For each outcome) Can you give me an example?</i></p> <p><i>Prompts for possible outcomes:</i></p> <ul style="list-style-type: none"> > <i>Reduced social isolation & loneliness</i> > <i>Improved physical/mental health and wellbeing</i> > <i>Enjoyment</i> > <i>Improved confidence in navigating the borough to participate in activities they enjoy</i> > <i>Improved self-esteem/resilience</i> > <i>Empowerment/increased agency</i> > <i>Improved access - DI, health & social care, community</i> <p>15. What do you think are some of the key mechanisms through which your i has been able to achieve these outcomes (i.e. how do the key elements of your project achieve the expected benefits?)</p> <p><i>(For each mechanisms) Can you give me an example?</i></p> <p><i>Prompts for possible mechanisms:</i></p> <ul style="list-style-type: none"> > <i>Gaining knowledge, new skills, confidence, self-expression?</i> > <i>Increasing social interaction, social support, developing new friendships/networks and maintaining these?</i> > <i>Increased feeling of connectedness - cultural, community, social?</i> > <i>Improved healthy behaviours?</i> > <i>Staff - encouragement, support, listening?</i> > <i>Course content/free activity?</i> > <i>Location/ easy access</i> <p><i>Can you describe how these mechanisms work with your participants in the context of your project?</i></p> <p>16. Do you think the outcomes and mechanisms have been different for some of your participants?</p> <p><i>Prompt:</i></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> > <i>all age groups? (60-74; 74+)</i> 	

<p>> <i>all ethnic groups?</i> > <i>all levels of mobility?</i> > <i>their motivations for attending?</i> <i>Can you give me an example of in what ways have they been different? E.g. What does confidence look like for different groups of people?</i></p> <p>17. Do you think there have been any unexpected outcomes or benefits from the project?</p> <p>> <i>Which participants specifically benefited from these?</i></p> <p>18. Do you think your participants/older volunteers still have concerns about ageing well in Hackney?</p>	
<p>IMPLEMENTATION</p> <p>19. Have you faced any barriers in implementing and running the project? <i>Prompt:</i> > <i>Can you give me some examples? (e.g. features of local context, difficulties in recruiting or retaining staff; staff skills)</i> > <i>Can these barriers be overcome?</i> > <i>What techniques/strategies have helped to overcome these barriers?</i></p> <p>20. Has the project been adapted from the project you originally planned? <i>Prompt:</i> > <i>How has the project changed and why?</i> > <i>What impact have the adaptations and changes had?</i></p> <p>21. If there was anything else you could change about the project to make it work more effectively, what would it be? <i>Prompt:</i> <i>If yes, what and why?</i></p>	
<p>SYSTEM CHANGE</p> <p>22. Can you tell me what involvement you have had with the Learning Network?</p> <p>23. Do you feel being part of the network has impacted your delivery or approach? <i>Prompt:</i></p>	

<p><i>In what way?</i></p> <ul style="list-style-type: none"> > <i>Signposting to other projects?</i> > <i>Gaining new knowledge or sharing learning from other providers/CH?</i> <p>24. Have you developed any new or existing partnerships through implementing the project?</p> <p><i>Prompt:</i></p> <ul style="list-style-type: none"> > <i>Involvement with other CH providers?</i> > <i>Involvement with primary care?</i> > <i>Involvement with businesses?</i> > <i>Has the CH project provided you with any knowledge/evidence that has helped you or any of your participants/volunteers contribute to other borough-wide initiatives? For example, have you (or any of your participants) been involved in the development of LBH's Ageing Well Strategy?</i> <p>25. Do you think there is any value of coming together and sustaining the network beyond the programme?</p> <p>26. Has performance monitoring had an impact on keeping the project on track?</p> <p><i>Prompt:</i> <i>If yes, in what way?</i></p> <p>27. What more support would the project like from Connect Hackney?</p>	
<p>SUSTAINABILITY</p> <p>28. What plans, if any, did you have (<i>i.e. prior to COVID19</i>) to sustain your project at the end of the CH programme?</p> <ul style="list-style-type: none"> > <i>What is your view on these plans now in light of COVID-19?</i> <p>29. How could CH assist you in sustaining your project at the end of the programme?</p>	
<p>30. Is there anything else you would like to tell me about the project that you think is important, that we haven't already spoken about?</p>	

Thank you!

Appendix B: Interview guide for participants

FINAL Interview guide for participants - Phase 2

<p>For interviewer to consider and adapt questions accordingly:</p> <p><i>Participant level</i></p> <ol style="list-style-type: none"> 1) <i>Participants from before lockdown – need to capture experience before and during lockdown</i> 2) <i>New participants since lockdown</i> <p><i>Project level</i></p> <ol style="list-style-type: none"> 1) <i>Projects that have been adapted to new context and still share similar features to when project was ‘in person’</i> 2) <i>Projects which have not been able to translate virtually, and projects are providing quite a different type of project</i> 3) <i>Projects that are still in emergency response mode providing humanitarian support.</i> 	
<p>INTRODUCTION</p> <p>The interview should last about 45-60 mins. We will ask questions about how you found out about the project and what you hoped to get out of taking part. We will also ask some questions about what you have liked and what could be improved. We would also like to ask you some questions about how COVID19 has affected you and your engagement with the project.</p> <p>We will feedback the results of this evaluation to Connect Hackney and the national Ageing Better Programme.</p> <p>If you do not want to answer a question, you don't have to, and if you feel uncomfortable, we can stop the interview at any point.</p> <p>Do you agree to take part? <u>We need you to fill in and sign a consent form. Is that OK?</u> Are you happy for me to record the discussion?</p> <p>Have you got any questions before we start?</p>	
<p>WARM UP <i>NB: consider participants might want to talk about COVID-19 and lockdown straight away, so may need to be factored into warm-up</i></p> <p>1) Can you tell me a little bit about yourself – <i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>Have you lived in Hackney most of your life?</i> > <i>Thinking back to before lockdown, were there any activities that you do routinely each week? E.g. social club, gym, volunteering, seeing a friend or relative.</i> > <i>Do you live by yourself or with others?</i> 	
<p>REACH, ENGAGEMENT AND RETENTION</p>	

<p>2) How did you find out about the project [name of project] originally pre-COVID-19 and lockdown?</p> <p><i>NB: Flexibility required - consider this may be covered above with COVID19 questions</i></p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > Leaflets, media, from health or other services, from friends or family > How was the project described to you? <p>3) What were your reasons for joining the project?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > Gaining knowledge and/or learning new skills? > Improve confidence > Meet other people and/or make new friends? > Free activity? > Have fun? <p>10) How did you feel the first time you attended the project?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > Worried about getting there? > Nervous/unsure what to expect - meeting new people/being in a group/content/activities <p><i>If they found it difficult:</i></p> <ul style="list-style-type: none"> > What helped or encouraged you to attend for the first time? e.g. welcoming environment/facilitators - kind, approachable and non-judgemental, listen/group dynamics - friendly, social atmosphere/ objectives or content of the project - interesting, meaningful, new, difficult/challenging, varied, fun? > Did feelings change over the course of the project? <p>11) What features of the project encouraged you to keep coming to the sessions?</p> <p><i>Prompt:</i> Can you tell me more...?</p> <ul style="list-style-type: none"> > Would you recommend the project to a friend? > Was there anything that stopped you from attending? 	
<p>IMPLEMENTATION</p> <p>12) If there was anything you could change about the project to make it better, what would it be?</p> <p><i>Prompt:</i> If yes, what, and why? e.g.</p> <ul style="list-style-type: none"> > Level of one-to-one support? > Content of the project/course; pace of activities/course? > Structure of project/course - more/less structure? > More time/opportunities for socialising? > More opportunity to get involved in design/delivery? 	

<p>THEORY OF CHANGE AND IMPACT</p> <p>13) What aspects of the project did you enjoy and why?</p> <p><i>Prompts (examples tailor to link to specific project)</i></p> <ul style="list-style-type: none"> > Gaining knowledge/skills? > Socialising with facilitators and participants? > Making new friends? > Feeling better about oneself, feeling more confident? > Having fun? <p>14) How do you feel the project has helped you?</p> <p><i>Prompts (for interviewer to check covered):</i></p> <ul style="list-style-type: none"> > Gaining knowledge/skills? > Socialising with facilitators and participants? > Making new friends or social networks? > Feeling better about oneself, feeling more confident in navigating the borough to participate in activities I enjoy or to try other activities? > Having fun? > Improved physical/mental health and wellbeing? > Improved self-esteem/resilience? > Empowerment/increased agency? > Improved access - DI, health & social care, community? > Have these improvements lasted over time? <p>15) Did you have any contact with anyone from the project outside of the hours of the project?</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> > F2F with facilitator or another participant (as an acquaintance/friend)? > On social media/WhatsApp group? > By telephone/video call? 	
<p>CO-PRODUCTION, ASSET-BASED WORKING & VOLUNTEERING</p> <p>16) Have you been involved in developing or delivering this project in anyway?</p> <p><i>Prompt:</i></p> <p><i>Either before COVID or since</i></p> <ul style="list-style-type: none"> > Can you tell me more...? e.g. in the format/structure of the project/types of activities/content on offer/promoting the project/facilitating/peer-to-peer learning/mentoring/admin support etc providing feedback at the end of each session > Do you feel your input has been listened to and valued? > If yes...how? > If no...how would you have liked your input to be recognised? 	

<p>17) Have you been involved as a volunteer in this project? <i>Prompt:</i></p> <ul style="list-style-type: none"> > <i>If yes, can you tell me about your role?</i> > <i>If no; would you have liked the opportunity to be more involved?</i> <p>18) Have you been involved as a volunteer in any other local community projects/activities? <i>Prompt:</i></p> <ul style="list-style-type: none"> > <i>Can you tell me more...?</i> <p>19) Would you like more opportunity to be involved in designing, developing community projects, activities, and services for older people in Hackney? <i>i.e. more involvement in the decision-making process</i></p>	
<p>IMPACT OF COVID</p> <p>4) When was the last time you attended [name of project] before lockdown? <i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>How long had you been attending the project/ how often?</i> > <i>How has not being able to attend the [name of project] affected you?</i> > <i>Can you give me some examples?</i> > <i>Do you feel differently now than you did at the start of lockdown?</i> <p>5) Are you/ how are you managing to stay in touch with the project? <i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>Online/Social media/telephone?</i> > <i>With project staff/volunteers?</i> > <i>With other participants?</i> > <i>How often?</i> <p>6) How have the project staff supported you during this time? <i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>Can you give me some examples? (practical/emotional etc)</i> <p>7) How has the project changed from before? <i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>Can you describe how?</i> 	

<p>8) Are you enjoying the project in the new format? <i>Prompts:</i> <i>If yes -</i></p> <ul style="list-style-type: none"> > <i>What do you enjoy about it?</i> > <i>How is this making you feel?</i> > <i>How is it helping you?</i> > <i>What benefit do you feel you are getting from it?</i> <p><i>If no - how could it be improved/what more could be done?</i></p> <p>9) How do you think you will feel about returning to the project out in the community when possible? <i>Prompts:</i></p> <ul style="list-style-type: none"> > <i>Can you describe how? What things are you feeling apprehensive about?</i> > <i>What more support do you feel you need that would make you feel less apprehensive?</i> <p>8) is there anything from the current format of project delivery that you would like to maintain after COVID?</p>	
<p>20) Is there anything else you would like to tell me about the project that you think is important, that we haven't already spoken about?</p>	

Thank you!

Appendix C: Characteristics of participant interviewees

Figure 1: Gender of participant interviewees (N=35)

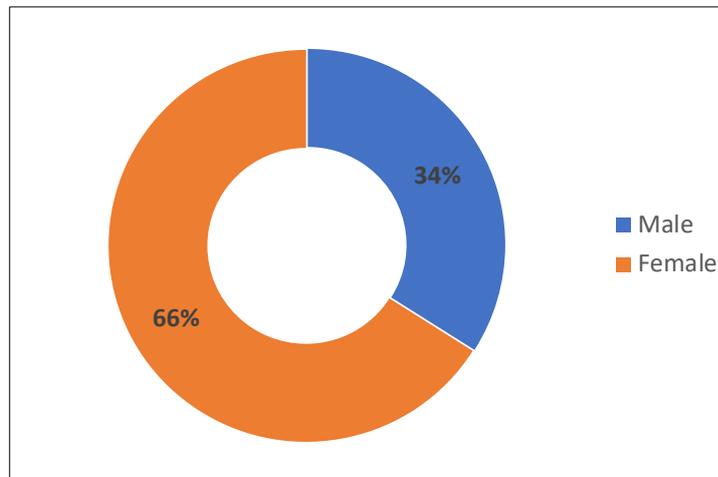


Figure 2: Age of participant interviewees (N=35)

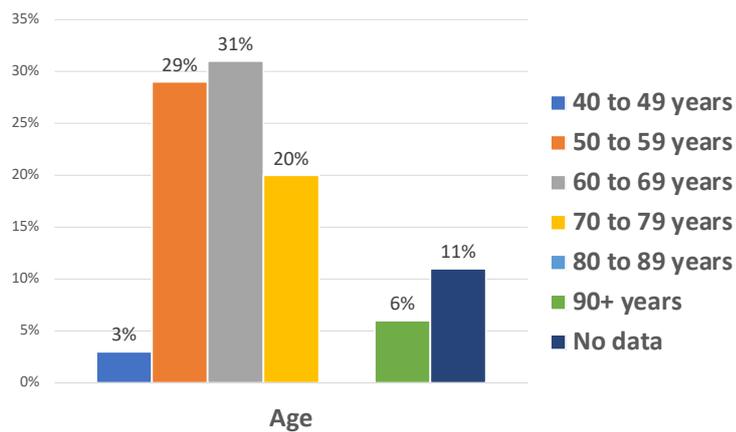


Figure 3: Ethnicity of participant interviewees (N=35)

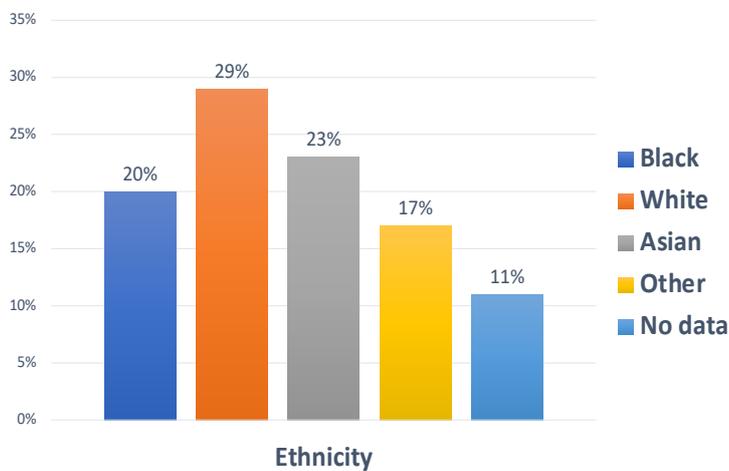


Figure 4: LGBT+ participant interviewees (N=35)

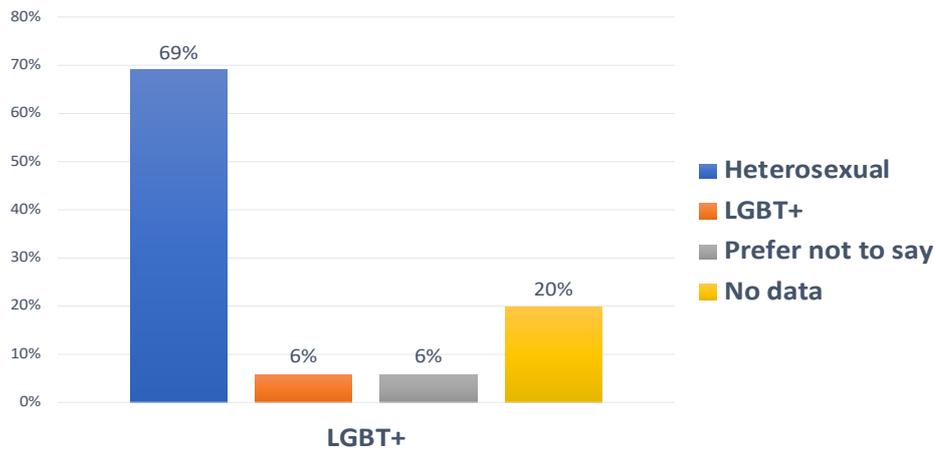


Figure 5: Living arrangements of participant interviewees (N=35)

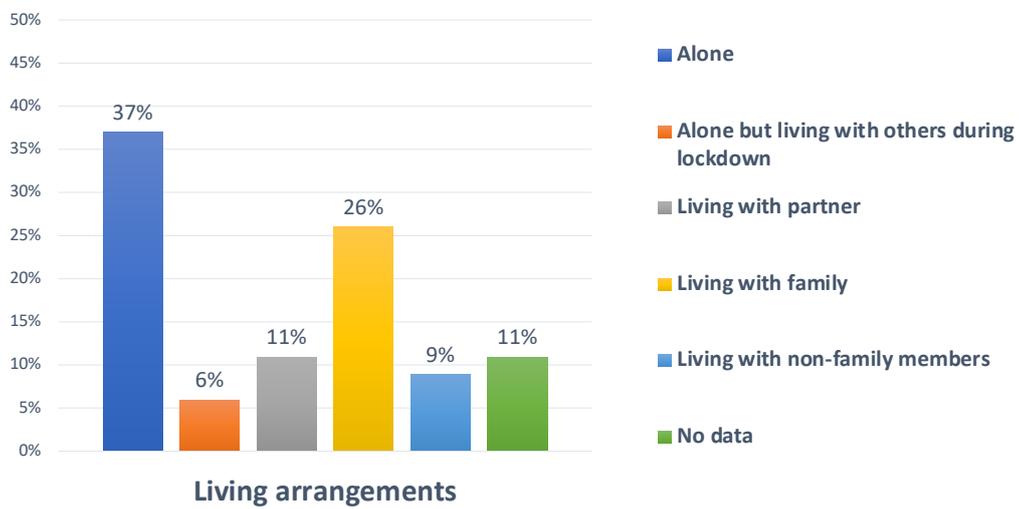


Figure 6: Presence of long standing illness or disability amongst participant interviewees (N=35)

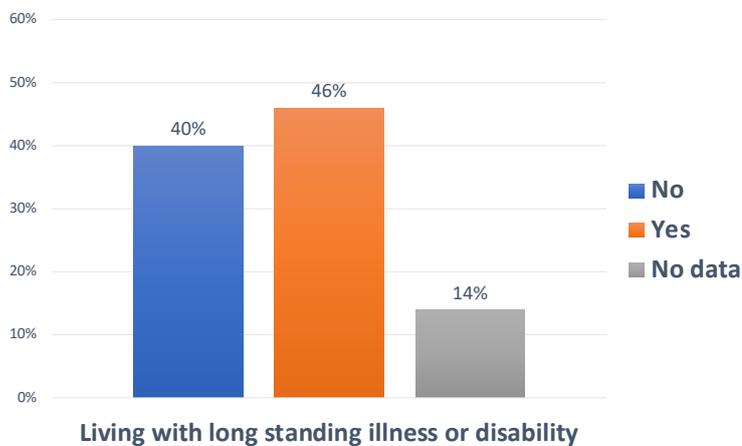


Figure 7: Carer status of participant interviewees (N=35)

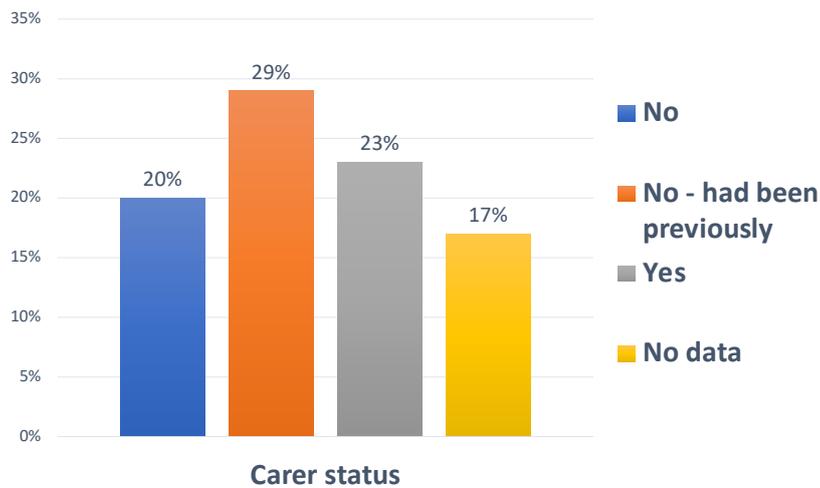


Figure 8: Participant interviewee stage in project (N=35)

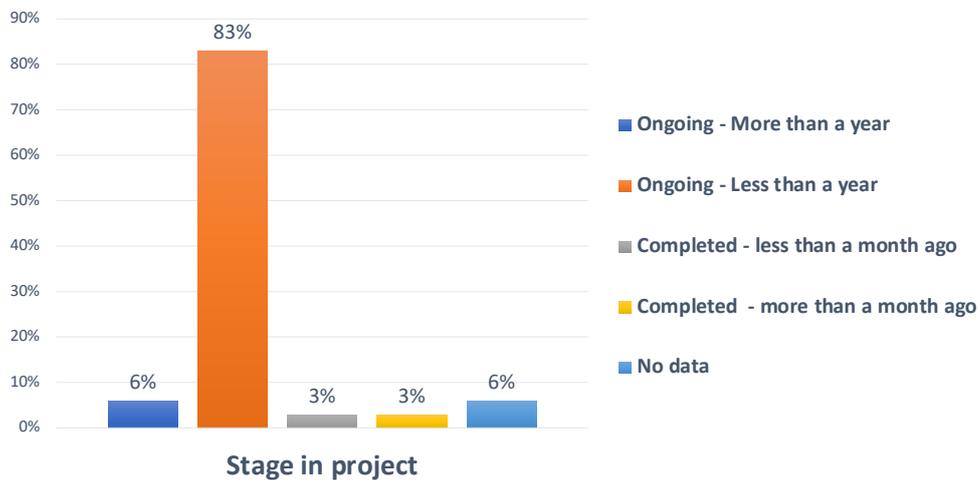
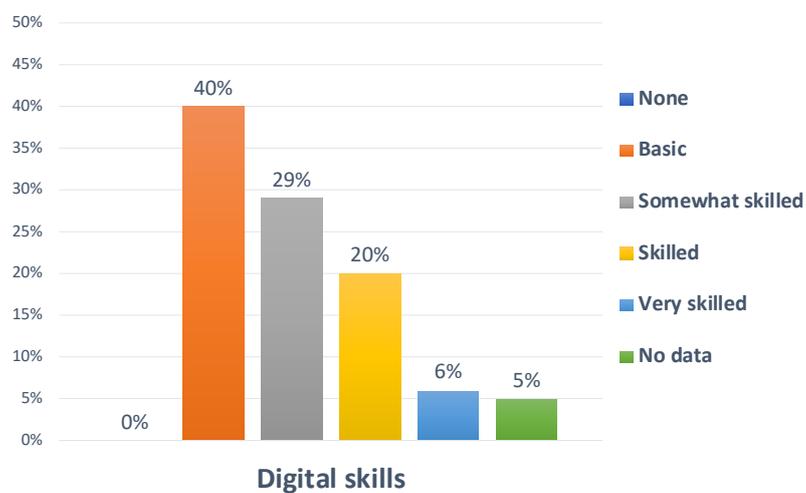


Figure 9: Digital skills of participant interviewees (N=35)



Appendix D: Strategies used to reach participants reported by project providers

Strategies	Men				Complex needs			
	Hackney Dudes	Hackney Brocals	Gillet Square	Action on hearing Loss	Bringing the outside in	Carers collective	Connect at Core	Hackney Community Transport
Drop-in sessions	✓						✓	-
Printed materials in public spaces e.g. (libraries, community centres)	✓	✓	✓	✓	✓	✓	✓	-
Snowballing (word of mouth)	✓	✓	✓	✓				-
Street outreach (face to face)	✓		✓		✓			-
Social media (e.g. Facebook, Twitter)	✓	✓	✓	✓		✓	✓	-
Website	✓	✓	✓				✓	-
Media		✓				✓	✓	-
Open days, community events	✓		✓	✓			✓	-
Referrals – (e.g., GPs, other CH projects)	✓	✓	✓	✓		✓	✓	-
Promotion by community partners	✓	✓				✓		-
Provider organisation registers					✓	✓		
Connect Hackney magazine								-

Strategies	Ethnically diverse projects					Learning disabilities	
	Growing project	Happy Living	Sante Sage	Somali Elders	Table Tennis Club	Peter Bedford	St Mary's Secret Garden
Drop-in sessions							
Printed materials in public spaces	✓	✓	✓	✓	✓		✓
Word of mouth	✓	✓	✓	✓	✓		
Street outreach		✓		✓			
Social media		✓				✓	✓
Website						✓	✓
Other Media		✓					
Community events		✓			✓		
Referrals		✓	✓	✓		✓	✓
Promotion by community partners						✓	✓
Organisational registers	✓	✓		✓		✓	
Connect Hackney magazine							

Appendix E: Supporting immediate needs at the start of the COVID-19 pandemic and the first national lockdown⁷⁰

	Men	People with learning disabilities	Ethnically Diverse Groups	Complex Needs ⁷¹
Assessment of needs at regular 'check-ins' ⁷² (e.g. living alone/with others, food, medicines and health service needs, housing, mental health)	Gillet Square Elders Hackney Brocals Hackney Dudes Hearing Loss Project	Peter Bedford The Garden Social	Growing Together Happy Living Sante Sage Somali Elders Table Tennis Club	Bringing the outside in Connect at Core Carers Collective
Delivering resources (food, digital devices, medicines, activity packs, hearing aid batteries)	Hearing Loss project	Peter Bedford The Garden Social	Happy Living Sante Sage Somali Elders	Bringing the outside in
Delivering specific support beyond check-ins ⁷³	Gillet Square Elders Hearing Loss Project		Somali Elders	
Co-ordinating support from other organisations through referrals	Gillet Square Elders Hackney Brocals Hackney Dudes Hearing Loss project	Peter Bedford The Garden Social	Growing Together Happy Living Sante Sage	Bringing the outside in Connect at Core Carers Collective
Providing information about the virus and staying safe	Gillet Square Elders Hackney Dudes	Peter Bedford The Garden Social	Growing Together Sante Sage Somali Elders Table Tennis Club	
Preparing participants to engage online	Hackney Brocals Hackney Dudes			Connect at Core Carers Collective

⁷⁰ Based on interview data with providers and monitoring data up until September 2020.

⁷¹ Getting Out and About Locally not featured in table. This was a transport project which could not continue to operate during the pandemic.

⁷² Mostly done by one to one telephone calls using landlines or mobiles (including using WhatsApp for video or voice calls). The Somali Elders project also provided socially distanced door step visits. Some of their participants had no remote means of contact.

⁷³ Gillet Square Elders continued to offer one to one welfare advice and support via phone; the Hearing Loss project continued to provide hearing aid device support; Somali Elders provided befriending and mental health support due to high levels of need amongst participants.

Appendix F: Impact of COVID-19 on delivery of group elements of projects during and after the first national lockdown

	Men	People with learning disabilities	Ethnically Diverse Groups	Complex Needs
During first lockdown				
Project suspended				Getting Out and About Locally
Remote/socially distanced one to one support delivered only	Gillet Square Elders	Peter Bedford St Mary's Secret Garden	Somali Elders	
Continuation of some group elements remotely	Hackney Brocals Hackney Dudes Hearing Loss Project		Growing Project Happy Living Sante Sage Table Tennis Club	Bringing the Outside In Carers Collective Core Arts
As restrictions eased after first lockdown⁷⁴				
Project suspended				Getting Out and About Locally
Remote/socially distanced one to one support delivered only	Gillet Square Elders	Peter Bedford St Mary's Secret Garden		
Continuation of some group elements by remote methods only	Hearing Loss Project			Bringing the Outside In
Some in person (i.e. non-remote) group elements resumed	Hackney Brocals Hackney Dudes		Growing Project Happy Living Sante Sage Somali Elders ⁷⁵ Table Tennis Club	Carers Collective Core Arts

⁷⁴ Status as of September 2020

⁷⁵ No remote delivery of group elements, in-person only. All other projects delivering in person group elements also continued to deliver remote group activities.



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