

***The Community Connector Project:  
An Interim Evaluation***

***Adult Services***

***November, 2013***

**City and County of Swansea  
Dinas a Sir Abertawe**



## Forward

This interim evaluation of the Community Connector Project sets out the findings of a series of semi-structured interviews with people who have made use of the project, both as people and as professionals. Twelve months in, the conclusion appears to be that people are very positive and professionals are sceptical. As the report acknowledges, these are the same findings of similar projects carried out elsewhere.

The Connectors have built up an in-depth knowledge of their network area and the community activity taking place. Where it has been difficult to identify suitable activity for people, they have set up groups across the city, bringing people together in local facilities and supporting them to take ownership of the group and offer mutual support. Around 250 people with social care needs now get together on a weekly basis to have fun and build friendships.

The Community Connector posts are jointly line managed by Planning Officers and ACM Team Leaders. It is interesting to note that respondents to the evaluation ranged from feeling that the posts should be based and managed solely within ACM Teams to being outsourced to the third sector. Consensus is a long way off.

A key part of the project is working with other departments and agencies, in order to shift the balance from providing support and services to supporting people with social care needs to have ordinary, independent lives. Collaboration and partnership working is central to the sustainability of Social Services, and Connector posts are based in a Communities First office and with the NHS Community Resource Team, as well as in Social Services offices. This may have been at the expense of the visibility of the project with some teams. A rota of hot desking is being put in place to address this. Regular meetings are now being held with staff from a range of agencies working in each network area.

Change is difficult, and embedding change takes time, especially if there is a perception that the change may challenge established roles.

I would like to pay tribute to the five Community Connectors. What they are being asked to do is difficult and different. The first six months of the project were beset by changes in personnel and sickness issues. The remaining staff pulled together and worked to keep the show on the road. Result! Thanks also to the Planning Officers, Team Leaders and partners, and to Matthew Dardecker for carrying out this evaluation.

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## Executive Summary

- § Project was introduced as a two-year pilot in September 2012 against a backdrop of developing early intervention strategies, financial sustainability and people's The Community Connector sense of well-being.
- § Five 'Connector' posts were created primarily to
  - support people to stay independent
  - reduce social isolation
  - put people in touch with community resources
  - support people to move through services .
- § Now entering its second year, this evaluation report looks back on the first year of the pilot.
- § The results of this evaluative report are largely predicated on a series of semi-structured interviews with professionals drawn from the Social Services department, the Connectors themselves and people referred to the project.
- § A complex picture emerged during the course of the research.
- § The comments received from the interviews with professionals were generally critical in nature. However, given the infancy of the Project this result is perhaps inevitable; indeed, the staff interviewed often qualified many of their statements with a 'newness' caveat.
- § The criticisms received could be seen to coalesce around three themes of 'embeddedness of the Project', 'Communication/ICT problems' and 'organisational issues'.
- § By contrast, service users were extremely positive about the Connectors and their work of connecting people with community resources.
- § Indeed, there were many extremely encouraging stories from service users where they had been assisted to access community groups by the Connectors; in some cases the interventions had transformed lives.
- § Overall, there is much to praise about the project as well as to work on in the second year.

## 1. Introduction

### 1.1 Context

- Key policy drivers, within the context of sustainable social care services, continually emphasise the importance of improving people's 'well being' through early intervention and preventative strategies.
- For example, as its name would imply, the new Social Services and Well-being (Wales) Bill, launched in January 2013, places well-being at the forefront of national debate.
- The Bill, too, devotes a section to 'preventative services' in which local authorities have a duty to develop services which, *inter alia*, prevent or delay the development of people's needs for care and support.
- Academic studies, meanwhile, have long shown that one way of maintaining and enhancing wellbeing is through interventions which develop 'social connectedness'.
- From their consultations with older people, for example, Hoban *et al.* (2013, p.5) cite:

"Relationships and social contacts with family, friends and within communities were highlighted as essential to well-being. As well as offering practical support, these connections bring a sense of belonging and feeling valued to older people. They also offer the well-being benefits gained from fun, good conversation and laughter. The contribution of groups and clubs to well-being was frequently mentioned along with volunteering and supporting others."

- In light of an increasing evidence base, a number of initiatives have been piloted with the aim to strengthen and enhance people's 'social connectedness'.
- An early forerunner was the introduction of local area coordination (LAC) in Scotland whereby "local area co-ordinators would each support... individuals and families to build up strong networks, work across traditional service boundaries, work with other agencies and local community groups to promote inclusion and act as an information point" (Stalker *et al.*, 2008, p. 216).
- Similar schemes are now being adopted elsewhere within the United Kingdom and locally through the 'Community Connector Project' – the subject of this report.

## **1.2 Community Connector Project**

- The Community Connector Project was established as a two-year pilot in September 2012 as part of Swansea's Transforming Adult Social Services Programme (TASS).
- The Project can be seen within the national context discussed above of sustainability, early intervention strategies and improving people's well being.
- Five Connector posts were created, each covering the geographical footprint of the Health Community Networks – City, Bay, Penderi, Llŵchwr and Cwmtawe.
- The aim of the Connector role, in essence, is to act as a facilitator: putting people referred to them in touch with local groups to reduce issues such as social isolation and thereby improving wellbeing.
- Referrals are chosen principally by adult social work or intake teams but they can originate from a number of sources, including health colleagues and the third sector.
- The people referred to the Connectors, it was envisaged, would typically have social care needs, possibly but not exclusively lower level needs, and who may benefit from accessing community-based activities.
- Crucially, within the context of sustainability, the Connectors will find, where possible, low or no cost alternatives to traditional 'mainstream' council-run social care services.
- Other aspects of the role can be seen as becoming part of the professional network within their designated communities, establishing, strengthening and enhancing social groups as well as building community capacity.
- September 2013 marks the halfway point of the Connector Project pilot and this report evaluates progress over this first year.

## 2. Methodology

- The results of this evaluation are largely predicated on a series of semi-structured interviews with Social Services' professionals as well as a sample of service users who had been referred to a Connector.
- That said, a brief (quantitative) analysis of referral data is included in the report (see Section 3).
- Interviewees were asked a number of questions but essentially these questions coalesced around three themes: what worked well, what had not worked so well, and what improvements they thought could be made for the second year of the Project.
- The Social Services' professionals interviewed were three (assessment care management) Principal Officers, eight team leaders covering all adult service areas as well as the Connectors<sup>1</sup> themselves. The Head of Adult Services also provided her own comments on the Project.
- For service users, a non-random purposive sampling frame was used to select participants for telephone interview.
- Purposive sampling is, essentially, where the researcher chooses the sample based on who they think would be appropriate for the study.
- It was not possible to choose a random sampling frame from the referral data because of the incompleteness of the data (not every referral contained a contact telephone number) as well as the fact that those referred sometimes had, for example, a hearing difficulty or perhaps suffered from dementia.
- The limitation of using non-random sample in terms of generalizability is acknowledged.
- Moreover, face-to-face interviews would have proved a more appropriate research method given the individuals in this study; such a method would also have provided, arguably, richer data than that produced by telephone interviews.
- However, face-to-face interviews were simply not possible within the time constraints and resources of this evaluation exercise.

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<sup>1</sup> All five current connectors were interviewed – with a further interview taking place with a Connector who had left midway through the first year of the project.

## 2.1 Selection of service users for telephone interview

- Since the beginning of the project, 329 referrals (Sep 2012 to July 2013) were made. However, referrals were only selected from the last four months (April to July 2013) to ensure that people's experiences of dealing with a Connector were relatively fresh in the mind for when the telephone call was made.
- Since the start of the Project, referral data has been organised around four age groups for management reporting: under 65, 65-74, 75-84 and 85 and over.
- For the four months April – July 2013 the ages of 120 clients were recorded by Connectors.
- The details of these clients were sorted by the age bandings above and a 30 per cent sample taken for each age banding.
- However, identifying individuals appropriate to participate in the study for the reasons stated above proved difficult and, therefore, in the end, the numbers interviewed were slightly lower than 30 per cent per age band (see Table 1).
- In total, 37 people were selected for telephone interview.
- A letter was sent to selected individuals on 22<sup>nd</sup> August 2013 informing them of the evaluation and requesting their assistance with the research.
- Telephone interviews were conducted in the two-week period of 2<sup>nd</sup> to 13<sup>th</sup> September.
- By the end of the two-week period, ten people could not be contacted despite repeated attempts; one referred person, meanwhile, contacted the researcher following the research invitation letter to say that they did not want to receive a telephone interview.
- The number interviewed was thus 26.

**Table 1. Selection of service users for telephone interview**

<b>Age group</b>	<b>Total number of referrals April - July 2013 where age recorded</b>	<b>Number selected for interview (approximate 30%)</b>
Under 65	45	14
65 -74	20	6
75-84	39	12
85+	16	5
<b>TOTAL</b>	<b>120</b>	<b>37</b>

### 3. Referral Data

- The sources of referrals are shown in Table 2.
- Interestingly, 'other' is the modal source, slightly greater than Intake.
- This perhaps suggests that third sector and community organisations are on-board with the project.
- The lack of any GP referrals was corroborated by interviews with Connectors who felt that, despite attending GP network meetings and promoting the Project to GP practice staff, take-up was minimal.
- Some Connectors felt that at the start of the Project that they were an underused resource but 'things had begun to pick-up' more recently.
- This is supported by the referral rates: during the first cycle of reporting – September 2012 to March 2013, referrals per month averaged 26; for April to July 2013 the rate increased to 37 per month.

**Table 2. Source of referrals Sep 2012-July 2013**

<b>Network/ Referral Source</b>	<b>Number of referrals</b>	<b>Per cent</b>
Age Cymru	9	2.74
Dementia workers	5	1.52
GP	0	0.00
Hospital	8	2.43
Intake	65	19.76
LD	8	2.43
MHS (CMHTs and Service Provision)	5	1.52
OP East	34	10.33
OP West	15	4.56
OPMH	5	1.52
Other Community Connector	31	9.42
Self referral	38	11.55
Sensory assessment service	8	2.43
YP	31	9.42
Other	66	20.06
None recorded	1	0.30
<b>TOTAL</b>	<b>329</b>	<b>100.00</b>

- In terms of age, for referrals where age is recorded, the modal group of those referred is under 65 (see Table 3) which accords with the overall breakdown of Social Services clients (see Table 4).



- When comparing the data, there appears to be an over-representation of people referred in the 65-74 and 75-84 and an under representation of those aged 85 plus.
- This is perhaps understandable though given the Connectors' emphasis on supporting people into social groups and the likely different needs of these age groups.

**Table 3. Referrals by age group**

<b>Age Group</b>	<b>Number of referrals</b>	<b>Per cent</b>
Under 65	72	36.18
65-74	39	19.60
75-84	54	27.14
85+	34	17.09
<b>Total</b>	<b>199</b>	<b>100.00</b>

**Table 4. Social Services service users by age group**

<b>Age Group</b>	<b>Service users</b>	<b>Per cent</b>
Under 65	2443	38.09
65-74	650	10.13
75-84	1403	21.87
85+	1918	29.90
<b>TOTAL</b>	<b>6414</b>	<b>100.00</b>

- It should be borne in mind, however, that one area of concern discussed in the next section is that the current system of recording of referral data, it was felt, did not necessarily reflect the amount of work done by the Connectors and that both a more flexible and robust method was needed for the second year.
- This caveat therefore needs to be considered when interpreting the data presented above.

#### **4. Professionals' views**

- A number of favourable comments about the Project emerged from the interviews with senior managers, team leaders and the Connectors themselves.
- These included the fact that Connectors were well-thought of, were working well as a team and that they were building up an extensive knowledge base of their respective localities.

- One Connector stated that they were told by another professional that ‘they were the missing link’ within the Community: the ‘go to’ person who can signpost, link up and advise both professionals and members of the community when they have an issue they were unsure of.
- However, as perhaps would be expected by a pilot, the critical comments outweighed the positive feedback.
- These critical comments were subjected to a thematic analysis and are presented below.

#### **4.1 Embeddedness of project**

- Given the infancy of the project a number of issues emerged which related to the fact that the initiative was, as one interviewee put it, still to be ‘bedded in’.
- For example, assessment and care management staff did not yet feel that that they were fully ‘connected’ with the Community Connectors: they felt that the Connectors needed more of a physical presence amongst teams.
- As a consequence, making a referral to a Connector, or the assistance they could provide, was not always in the forefront of social workers’ minds.
- One team leader suggested a regular exchange of personnel with a member of ACM staff attending a Connector team meeting and vice versa.
- Team Leaders were sometimes critical of the suggestions made by Community Connectors, deeming them too simplistic and made without a thorough understanding of the needs of a particular service or the service users themselves.
- There was the view that people were being directed into mainstream social groups without an appreciation of, for example, their learning disability or the fact that they had dementia.
- One team leader added:

“It is important to note that not everyone wants to be linked up with a group. Sometimes you can feel more lonely and isolated if you are misplaced in a group. The CCs seem to be pre-occupied with groups and need to have more skills in working to identify activities for individuals.

- Team leaders acknowledged, however, the embryonic nature of the project and therefore that it was unlikely that the Connectors would already understand the nuances of the different service areas.

- For the second year of the project, though, they felt that the Connectors needed to access training to help them provide more informed choices to those referred to them.
- One Connector, when interviewed, did point to the fact that she did struggle to understand what services she could offer to people other than those over 65, and in particular those presenting with a mental health problem or with a learning disability.

## 4.2 Communication/ICT

- There often appeared to be a communication breakdown between ACM team and Community Connectors when dealing with cases and, at the root of this problem, appeared to be access to the social care database PARIS.
- At the outset of the project, Connectors were not given access to PARIS given the different emphasis of the roles: the Connectors are light-touch posts.
- Connectors felt that they were often being referred existing clients who were thus already on PARIS.
- Without access to PARIS, they were of the opinion that they did not know the background to the cases they were being referred: they did not know if they had been deemed eligible, whether they were receiving services and, if so, the type and quantity of service as well as if there were potential risks associated with the client.
- Connectors pointed to the fact that they had been asked to find services for service users who, they later found out, were already accessing day centres a number of times a week.
- Connectors also pointed to instances where there was a clear duplication of effort between ACM and Connectors because of a lack of a joint recording system.
- Team Leaders, similarly, felt that their staff were unsure what work had gone on with referrals passed on to Connectors given the absence of a shared ICT system or any agreed feedback mechanism.
- Both a team leader and a Connector separately came up with the similar solution of devising a referral outcome template which can be passed back to ACM teams which is then attached to a service user's record within PARIS.
- While access to PARIS was thought to be a problem, the current system of Connectors using spreadsheets<sup>2</sup> to record referral data was also thought to be not fit for purpose.

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<sup>2</sup> Referrals are recorded in a Microsoft Excel spreadsheet. The spreadsheet is returned monthly to Planning Officers and the Performance and Information Team so that referral activity can be analysed.

- Connectors gave the view that they were not malleable enough to cope with dealing with updates to historic referrals.
- They were opinion, too, that the spreadsheet did not accurately reflect the volume of work that they had undertaken: given that the spreadsheets only capture referral activity they do not reflect the time taken dealing with enquiries, attending meetings or establishing/organising social groups.
- Finally, from an administrative perspective, the spreadsheets are not conducive to providing management information reports and therefore a more robust method needs to be investigated for the second year of the project.

### 4.3 Organisational issues

- The current supervision arrangements of Connectors were highlighted by both team leaders and Connectors.
- One team leader thought joint supervision with ACM and planning team was not always easy to arrange; another interviewee thought that ACM were better placed to supervise the Connectors.
- Another commented:  
  
“A radical suggestion is that line management of CCs is transferred to Intake/ACM. Strong feeling that links with Intake/ACM need to be strengthened.”
- A number of interviewees also questioned whether the Connectors should be ‘housed’ within Social Services. One suggested that they should be situated within Community Regeneration while another felt that the Project was best suited to the third sector.
- Elsewhere, it was discussed whether more attention is given to the allocation of one Connector to each of the five Community Networks is too simplistic given the likely variation in workload demands.
- Finally, the issue of transport was a source of constant debate among Connectors and an area that perhaps the Authority needs to give more consideration to.
- Currently, those with eligible needs will typically get transport to services.
- For Connectors, who also deal with those with ineligible needs, organising transport to and from social groups was often difficult: those who were interested in attending a group could be put off by the prohibitive costs of taxis or not being able, due to their physical disability, of catching public transport.

## 5. Service user views and service user typologies

- Services users spoken to during the telephone interviews were, in the main, very positive about the project.
- Negative comments of any description were very much in the minority.
- Interviewees often praised the energy, professionalism and dedication of the Community Connectors.
- Comments such ‘It’s been a breath of fresh air’, ‘the [Community Connector] is always helpful; always meets us with a smile and a cup of tea’ and ‘it’s a brilliant idea’ underline the positivity toward the project.
- There were also many heart-warming stories of how the Connectors had helped people as exemplified by the following case:

“[The Connector] was dropping leaflets through the house....and then I spoke to her in person. I’m a very reserved person normally.....but she kept telling me to give a social group a try. I never normally go out on my own since my husband died but I’ve started going to a Club and it’s the best thing I’ve ever done...I was really apprehensive about going but once I was there everyone was so friendly.

If I hadn’t gone I’d just be in the house, in the doldrums – it’s the best thing I’ve ever done going to this Club. It’s only two hours on a Tuesday morning but when I can go I really look forward to it. The pub [where Club is] is easy to get to...I have COPD and it’s a flat walk – not far at all and there’s so much going on. Today we had a computer class; there was a chappy there who taught us things....I had difficulty seeing the screen but he showed us how to magnify things. It really is wonderful.

- However, while there was much positivity about the project itself, some interviewed did not always feel it was necessarily ‘right for them’.
- Indeed, after discussions with the Connectors a picture emerged where, if the individual was motivated, the idea of connecting with social groups could really work; for others, however, without this motivation there was little chance of success.
- From the interviews with service users and Connectors it was possible to identify a typology<sup>3</sup> of people who had come into contact with the Community Connectors.
- Thus, people referred could often be seen to fall into four types: ‘the networker’, ‘the embracer’, ‘the resister’ and ‘the opposer’.

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<sup>3</sup> Identifying typologies, that is, classifying individuals according to similar traits, is often used in qualitative research as one way of making sense of textual data (see Gibbs, 2007)

- Within the typology, ‘the networker’ can be seen at one end of the scale as most highly motivated while ‘the opposer’ is at the opposite end of the scale.

### 5.1 The Networker

- The networker can be seen as someone who embraces the idea of being connected with social groups but takes it a stage further by becoming central to the group, taking on some forms of organisation as demonstrated by the following case:

*Mrs A is in her nineties and felt socially isolated as well as suffering from a number of chronic conditions. Although hesitant at first, she was encouraged to attend a social group by a current member who had initially found out about the group from a Connector. Since attending she has thrived: not only does she attend regularly, she helps organise transport for people to get to and from the club and also now acts as a facilitator within the group: Mrs A puts members in touch with people from inside and outside the group who may be able to offer advice and assistance – from how to get a fire alarm to where to get the best deal on a coach holiday.*

### 5.2 The Embracer

- The embracer similarly likes to be connected to a social activity but does not take an active part in the group.

*Mr B is 33 years old and lives with his mum and her partner. Mr B was referred to the Connector by a member of the Learning Disability Team as he was looking for social activities that he could engage in as he gets bored at home. The Connector suggested that he attended the social group in a central pub on Wednesdays 11:30am-1:30pm as he is able to travel independently. He thoroughly enjoys attending the group, and has continued to attend the group which has recently moved venue.*

### 5.3 The Resister

- Resisters seem to like the idea of accessing community groups but appear to find a number of excuses why they never can attend.

*Mrs C was a self-referral. She asked the Connector to get her involved in a social group. The Connector suggested a few ideas to her and but Mrs C felt that they were all too early in the morning.*

*The Connector went and visited a friendship club which was in the afternoon and made preparations for Mrs C to attend. The Connector would be taking her the first week.*

*However, Mrs C spoke to the Connector to say she said she was unable to attend on the first week. The Connector then spoke to her on the phone to*

*see if she would like to attend the following week; however Mrs C said she was unable to make it as her son was staying with her.*

*Mrs C has now informed the Connector that she will ring when she decides to go; she is not sure when that will be.*

#### **5.4 The Opposer**

- Opposers are typically apathetic about the Project and dismiss any suggestions to be connected to a social activity.
- Connectors discussed instances where people they came into contact simply did not want to engage with any idea of being put in touch with a group.
- Other people, however, were dismissive not because they were apathetic but because they were not in the 'right place' to think about it.

*Miss D is in her forties. She has recently moved into the local authority from a neighbouring authority. Miss D has a history of drug and alcohol dependency. She suffers from depression and has been in an abusive domestic relationship.*

*Miss D is angry that her direct payments and services have been stopped. Miss D has been offered a number of ways to access support services by the Connector, such as the mental health charity MIND which includes both a wellbeing group and a women's support group. Miss D has dismissed these suggestions as she was 'not in the right place'.*

#### **6. Conclusions**

- It is clearly difficult to draw firm conclusions in what is evidently a pilot project in its infancy.
- On the evidence above, however, it appears that there are many similarities with the findings of Stalker *et al.* (2008) in their study of the efficacies of local area co-ordination in Scotland.
- Like this study, professionals, as would be expected in a pilot, were often critical of the project, while individuals and families were positive about the support it could offer – even if it was not necessarily a good initiative for them personally.
- For the second year of the Project, discussions need to take place about a number of issues: these include linkages between ACM and Connector staff, transport to and from social clubs and better data recording systems.

- While there is much work to be done in the second year of the Project, there are examples of where the pilot has assisted people and, in some cases, transformed their lives.

## References

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