



NORTH  
LONDON  
**CARES**

## **Winter Wellbeing Report 2014/15**

**CAMDEN & ISLINGTON**

April 2015

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## 1. Executive summary

North London Cares' Winter Wellbeing project has become an important part of the local community landscape over the past four years. This year, we aimed to run our most comprehensive project to date. Commissioned jointly by Camden and Islington Councils' Public Health departments, and working in partnership with various local community and business organisations, the objective was to help over 65s in those two boroughs to stay **warm, active, healthy and connected** during the most isolating time of year.

Broadly, those ambitions were met. Our Winter Wellbeing delivery team **knocked on 3,601 doors**, speaking directly with **1,692 older neighbours face to face**. Many of those neighbours reported feeling reassured that they hadn't "been forgotten" and that there was a familiar face that they could call should difficulties arise during the winter months. 278 of those neighbours were supported more deeply, through direct interventions. Blankets were delivered to 44 neighbours who felt cold in their homes. 195 older neighbours were referred to the Councils for further support – advice with benefits, a visit from an energy doctor to help keep homes warm, or other housing or social support. 30 of our most vulnerable neighbours for whom rapidly changing circumstances and high fuel bills caused specific anxieties were supported with £100 grants.

Meanwhile, some **379 partners were engaged** through the project – including GPs, libraries, local businesses which interact with isolated people, schools which donated hampers, and other community organisations in our target boroughs.

The value of these interactions and interventions cannot be captured purely through statistics. But it is significant, given that the Winter Wellbeing project seeks to reach some of the most vulnerable, that 62% of the neighbours who received deeper interventions live alone, and 49% consider themselves disabled. Moreover, 96% of people benefitting from extra help through the project valued the support they received. 91% felt more positive as a result of their interventions. This points to a **major and direct impact for the Council's investment** in these dynamic outreach methods.

Clearly, a project as ambitious as this and with so many time pressures and moving parts has areas for improvement. In particular, we are keen to ensure that, in future, response rates to "deeper interventions" are rapid and relevantly timed. This year, by the end of March, only one out of every two deeper interventions had been "completed". These interventions were all referrals made to the Council – so where possible the resource and communications allocation both between North London Cares and the Councils, and internally within each organisation, could be tweaked in time for a potential project next year. In addition, data sharing and protection should be tightened before the beginning of the next Winter Wellbeing project.

That said, the project's benefits remain clear and timely. We believe the ambition – and therefore the budgets – could be expanded in future years; a longer term, or even year-round, commission would enable this to occur, with more planning and evaluation time built into the project timelines and schedules. In the meantime, we hope this report is valuable to those studying and considering preventative community-based health and social measures for the future.

**ALEX SMITH**, Chief Executive

## 2. Introduction

Since 2011 North London Cares has worked with local authorities and other community partners on our Winter Wellbeing (or “Winter Warmth”) project. The aim of the project is to ensure that older people in Camden and Islington can remain **warm, active, healthy and connected** during the potentially isolating winter months. Councils, healthcare providers, and other agencies are, of course, already on high alert during the cold weather, and North London Cares’ Winter Wellbeing project aims to complement and deepen their work by offering a **community outreach dimension** in a way that larger organisations are often unable to.

From a strategic public health perspective there are two ambitions. The first is to make contact with those who may be **housebound or isolated**, to ensure that people who might otherwise be unforthcoming in accessing mainstream public services do not fall through the gaps in statutory provision. The second is to take a **preventative approach**, identifying concerns early on so that they do not become emergency cases. The core of the project is therefore based around door-knocking at the homes of local older people, providing accessible interactions and interventions to potentially vulnerable neighbours through a combination of **conversations, activities, provisions and referrals**.

Winter Wellbeing began as a supplement to the Social Clubs and Love Your Neighbour (LYN) (one-to-one) projects that make up the core of the North London Cares offer. Over time, however, the project has become more and more central, now effectively existing as the third plank of North London Cares’ community network, and fulfilling an essential community outreach role. This is the fourth year that North London Cares has carried out the project in Islington, and the second year in Camden, so we wanted it to be significantly more ambitious in scope this time round.



As well as being commissioned and supported by the Camden and Islington Public Health departments, this year North London Cares also partnered with London Cancer in Camden, as part of their ‘Small c’ campaign. The aim of this new partnership was to distribute literature and **forge interactions** with people on the subject of cancer – to raise awareness, reduce the stigma surrounding the disease, and to increase the number of people presenting at doctors with possible signs.

This report details all of the above work, setting out the aims, methods, outputs, outcomes, findings and evaluations we have made in order to make the project even more relevant next time, so that our partnership can continue to support as many older neighbours as possible to stay warm, healthy, connected, healthy and, of course, fulfilled in the future.

### 3. Context

Centrally located within the capital and with an already diverse culture and demographics, Camden and Islington were two of the earliest London boroughs to be altered by the **globalisation, digitisation, migration and gentrification** that have re-shaped so much of the city in recent years. The result is that both areas are home to the full spectrum of people, ranging from some of the capital's 'highest flyers' right through to some of its most deprived people.

This level of social mix gives both boroughs an enormous amount of culture and dynamism, but it also means that **social problems** and **public health inequalities** are at times magnified in ways they might not be elsewhere. This is particularly true among many of the older people which North London Cares seeks to support, who often grew up in traditional working-class north London communities – or else arrived in early waves of migration and integrated with those communities – and who have witnessed a great deal of change. Many of the people we meet through the Winter Wellbeing project and our other core activities are typical of this, feeling **isolated from a world** they believe is changing too fast and beyond their control.

In addition to this, changes in the environment have led to people feeling anxious about **unpredictable weather**<sup>1</sup>, and particularly about the isolating potential of very **cold, dark winters**. 2012/13 brought repeated heavy snow and at least five bitterly cold snaps right up until April<sup>2</sup>. This creates health risks and increases **morbidity and mortality**, and makes socialising or visiting relatives harder – affecting people's wellbeing and adding to mental and physical health vulnerabilities.



North London Cares' aim is to **combat the social and generational divides** described above by building a community network of young professionals spending time with and supporting their older neighbours, and to reinforce or recreate the social bonds and mutual stakeholding which might otherwise be undermined in a rapidly changing world.

Winter Wellbeing is a key part of this, mitigating against the problems presented during the harshest part of the year and attempting to ensure local older people do not feel left behind by isolating weather conditions, the pace of change around them, or the perceived remote nature of some statutory services.

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<sup>1</sup> See **North London Cares: Community Resilience Report 2013**: <http://northlondoncares.org.uk/blog/community-resilience-project-the-full-report/>

<sup>2</sup> See **North London Cares: Winter Warmth Report 2012/2013**: <http://northlondoncares.org.uk/blog/winter-warmth-2012-2013-the-full-report/>

## 4. Aims

### 4.1 Project aims

North London Cares' Winter Wellbeing 2014/15 project was commissioned by Camden and Islington Councils' joint Public Health department. The service specification agreement stated that the **key aims** of the project were:

- To enable older and vulnerable residents to remain **safe and warm within their own homes** through **preventative activities** targeting exposure to excess cold and fuel poverty;
- To **improve the access** of older and vulnerable residents to **health and housing services**, grants and benefits that they are eligible for through information and **direct referral** into these services;
- To ensure older and vulnerable residents who may be socially isolated are identified and linked into 'befriending' services and existing **community social activities**.

The service specification agreement with the Councils also stated that in order to meet these aims the **key objectives** were:

- To target priority wards in Camden and Islington through a **door-knocking campaign**;
- To distribute **resources and leaflets** outlining existing health, housing and social care services;
- To work closely with the WISH+ and SHINE teams in Camden and Islington to **address wider issues** potentially impacting on the **neighbour's health**;
- To offer 'befriending' and/or **visits** for people identified as being socially isolated;
- To link people socially isolated or at **risk of social isolation** into community-based **social activities**;
- To provide emergency support such as **warm clothing and blankets, hot meals** or one-off **small fuel grants**, to people identified as being **most in need**.



## 4.2 Door-knocking

Working closely with the Camden and Islington Public Health team – as well as with Adult Social Services, Seasonal Health and fuel poverty teams at the respective councils (and with London Cancer in Camden) – Winter Wellbeing 2014/15 set out to have meaningful contact with residents of at least 1,750 addresses in both Camden and in Islington. As a bare minimum we wanted to provide leaflets and information on how people could **better access local services, activities and interactions** – both through North London Cares and the local authorities and other organisations – but the ideal was face-to-face contact in a way that would **reassure neighbours**, and provide genuine human contact and help at a challenging time.



Whether we managed to speak to neighbours or not we gave everyone: a) a North London Cares Winter Wellbeing leaflet with a contact number and information about those services and activities, b) a council brochure about staying safe in winter, and c) a flyer reminding neighbours to get flu jabs, and how they could do so. In addition to this, neighbours in Camden were given literature from London Cancer.

For those we spoke to who were in need of specific assistance we offered a range of different interventions, including:

- Delivery of **blankets, jumpers, coats and socks** when people were struggling with the cold – and in some cases hot food;
- Provision of **hardship grants of (normally) £100** – for people suffering from fuel poverty and rapidly changing circumstances which might deepen isolation and/or anxiety;
- Signposting to North London Cares' **Social Clubs** and **Love Your Neighbour** programmes, and making introductions to the core North London Cares staff running those projects where appropriate;
- **Referrals** to Wish+ (Camden) and SHINE (Islington) respectively for people in need of:
  - Urgent resolution of broken boilers and other heating issues;
  - An 'energy doctor' to help insulate or warm their homes;
  - Financial advice on cold weather payments or other benefits;
  - Other domestic support – e.g. repair work;
- Other referrals, where necessary, aiming to address more serious issues such as **mental health problems**, physical health and **occupational therapy needs**, and social care provisions.

## 4.3 Community partners

Although the door-knocking element is the central plank of Winter Wellbeing, it is also vital to create a climate where the support North London Cares and local authorities provide is located within a wider community context. Older people who feel left behind can be suspicious of new things and are therefore unlikely to take up services they haven't come across before, so obtaining the endorsement of trusted community partners was essential.



As a result, North London Cares' branding and reach were important. An isolated older person is significantly more likely to respond to a leaflet through their front door, for example, if they have seen the leaflet somewhere before, so we wanted to 'layer' the message and build on the work the charity has done in previous years.

But it was also important to obtain the genuine buy-in of local figures, many of whom had known older **neighbours in the community** for many years. The ideal was that these individuals were familiar with North London Cares and felt comfortable signposting

or even referring (with permission) customers and patients to the charity.

To this end we aimed to take a number of steps to achieve our objectives, including by:

- Speaking to businesses in all of the surrounding areas we targeted, focusing especially on the **greasy spoons, pubs, betting shops, food shops, laundrettes** and other small businesses often frequented by older people. We had tried this last year, with limited success, so aimed to do it on a much larger scale and in a more concerted way this time round;
- Speaking to **GPs** to encourage them to make social prescriptions to North London Cares and to generally publicise the connections and support available through the charity;
- Engaging with **libraries, community centres**, and other community partners to encourage them to publicise the project and its benefits to neighbours;
- Using North London Cares' own **Social Clubs**, and those of partner organisations, as a vehicle through which to raise the issue of Winter Wellbeing, providing information and identifying vulnerabilities where they existed among regular attendees.

## 4.4 Internal goals

With the Public Health departments of both councils now working as one we aimed to be better organised and more ambitious this year, hitting the ground running at the start of December with the goal of knocking on **3,500 doors overall** (compared to 2,330 last year and 1,400 the year before) – and ideally doing so by the end of February to coincide with the coldest period of the year.

As part of this we wanted to professionalise the set-up, so that there was more of a 'system' in place which other staff could fit into in future years. We also aimed to get the North London Cares volunteer base more heavily involved than they had been in previous winter projects.



So the broad aim, this time round, was to streamline Winter Wellbeing and make it functional enough that it could be rolled out in future to new parts of Camden or Islington, or to other parts of the year, with relative ease, as well as to meet the needs of the older neighbours encountered as quickly and efficiently as possible.

We also set out, this time round, to conduct our most detailed evaluation so far of the Winter Wellbeing programme, to assess the level of impact and identify areas for improvement (see Section 11).



## 5. Project summary

In terms of delivery Winter Wellbeing was again a success:

- As the numbers in the side panel show, we knocked on half as many doors again compared with last year, and had a third again as many face-to-face interactions;
- An extra £550 was distributed in small grants – £3,050 in total across Camden and Islington;
- We made nearly twice as many referrals to the councils as in 2013/14. Of 363 individual interventions, 141 were internal NLC interventions (blankets, grants, etc.) and 222 were council referrals (boilers, energy doctors, benefits queries, etc.);
- We expanded sevenfold the business engagement part of the project, meaning far greater exposure within the community;
- The project was delivered more quickly and with a higher level of professional infrastructure than in previous years. We expanded the geographical spread, working in a total of 12 neighbourhoods – six in each borough;
- People responded well to the project, and were pleased and sometimes impressed that it was taking place;
- Heating bills were, as last year, a significant issue, and continue to be the primary negative association people have with winter (although financial support like the warm homes discount has mitigated this a little);
- Extreme instances of undetected health problems and dangerously cold homes were not common, although we did identify some such cases;
- Instances of extreme isolation were more common. Overall there did seem to be a small but significant number who had genuinely fallen through the gaps;
- The London Cancer aspect of the work in Camden was by and large successful, although mainly as a preliminary round of messaging.

### Delivery in numbers

- **3,645** leaflets containing cold weather information given to older people, including at events (**2,015** last winter)
- **3,601** doors knocked (**2,396** last year)
- **1,692** face-to-face interactions (**1,360** last year)
- **278** people receiving further help (compared to **192** last year), with a total of **363** individual interventions
- **£3,050** distributed in fuel grants to 30 people struggling with heating costs (**£2,500** last year)
- **379** community partners spoken to – including **352** businesses (just **50** businesses last year)
- **44** blankets delivered and **195** people referred to the council (compared to **40** and **106** last year)
- **122** people spoken to at events
- **40** hampers delivered to older neighbours – provided by community partners

Meanwhile our in-depth evaluation, conducted for the first time and which surveyed over 150 people, allowed us to explore the impact that the Winter Wellbeing project had on those for whom we provided deeper interventions:

- Overall responses to the project were extremely good – people felt positive and valued the support they had been given;
- Many of the key messages – i.e. ‘warm, active, healthy and connected’ – gained significant traction, and were in some cases echoed back almost verbatim;
- Nearly two thirds of neighbours who received ‘deeper interventions’ lived alone and almost half considered themselves disabled;
- But, on a less positive note, many had not at the time of the survey received the practical support they needed, specifically from the local authority departments, by the end of the project – or only received follow-up calls after the situation had become urgent;
- This is partly the result of internal processes at both councils, but also the result of patchy communication between North London Cares and specific council departments. We have made recommendations for how we can avoid ‘black hole’ referrals in future (see Section 12).



## Evaluation in numbers

- **96%** valued the support they had been given
- **91%** felt more positive as a result of interactions
- **92%** felt they had been communicated with well
- **62%** lived alone and **49%** considered themselves disabled
- But only **50%** said their issues had been resolved and only **55%** said problems had been dealt with quickly
- **39%** were still waiting to hear back on referrals (we have followed up with the relevant council departments on these instances and are now working on outcomes)

## 6. Operations (methodology)

With a limited window within which to reach neighbours – and the unpredictable pressures created by tough winter weather conditions – getting the operational side right was essential. This was especially true as we were also piloting the project in south London at the same time (through North London Cares' new sister charity, South London Cares), meaning more logistical and geographical moving parts. As with last year we were reliant on Camden and Islington councils to provide aggregated data, specifically address lists, for neighbours over the age of 65 in some of the more isolated parts of our boroughs.



### 6.1 Approach

Forward planning and good division of labour was essential to getting the project right. We mapped the addresses beforehand to maximise efficiency, allocated clearer roles within the Winter Wellbeing team for non-door-knocking components, and created an internal referral pathway for “deeper interventions” (beyond the initial doorstep conversations), such as referrals or receiving blankets, connections or small grants.

- **Door-knocking**

- Once we'd received address lists from our partner councils, we aggregated them geographically, putting them in order so that field work was as time-efficient as possible;
- We also divided the addresses into manageable sections of “turf”, usually between 40 and 60 doors within one or two neighbouring estates;
- We were careful to liaise early with partners about leaflets and other resources so that lack of literature did not become a barrier to delivery;
- The lists we worked from were almost entirely comprised of council properties and tended to be focused in areas of highest deprivation;



- Each week we assigned one member of staff to back office roles and referral-processing, so as to keep on top of the growing list of deeper interventions required and logistical challenges which the project raised;
  - Members of the team door-knocked Monday to Saturday most weeks, between 10am and nightfall (4pm to 5pm);
  - We were unable to knock on about 10% of doors in the aggregated address lists (216 in Camden and 210 in Islington) – either because residents had died or moved, or because buildings were inaccessible (these are not included in the final numbers because we were unable to deliver a leaflet or have any interaction);
  - We were occasionally joined in door-knocking by NLC volunteers, who we monitored and provided with scripts, and on one occasion by two Camden Councillors;
  - In preparation for the London Cancer element of the Camden work we attended training so we were comfortable discussing the issue of cancer.
- **Community partners**
    - We were more focused in approaching businesses this time round, concentrating on the arterial roads which run through the boroughs and next to the estates we were working in, so as to create a “community consensus” around Winter Wellbeing;
    - The main feedback from last year regarding businesses was that many were hard to engage and less willing to help than they first seemed – so we took a scale rather than a substitution approach, in the hope that a small proportion of a large number would support the project (rather than relying on a targeted few);
    - We called or visited a number of GP surgeries within both boroughs;
    - We built on North London Cares’ existing relationships with local community centres to publicise the project;
    - We hand-delivered to libraries, and used libraries’ internal circulation mechanisms to distribute the leaflets to their memberships;
    - We used North London Cares’ own Social Clubs – as well as community partners’ over-65s events – as a platform for speaking to additional older neighbours.



## 6.2 Challenges

Our biggest challenge was in obtaining the targeted address lists. Due to data protection protocols these are understandably guarded very closely by local authorities, something which made the project much more challenging, particularly in Islington where protocols are particularly robust. Not only did the fact that we did not have full lists from the start affect planning, meaning we were unable to map the boroughs fully until midway through project delivery, but it meant we were ultimately unable to reach our target of 1,750 doors for Islington because we did not have enough target addresses (see Sections 7 and 9). We tried to mitigate against this by returning to some of the doors we had previously failed to reach (see above) to see if we might have better luck on a second attempt, but this was a laborious process and yielded only a few additional interactions.



Reaching GPs was difficult last year and again proved tricky this time round. A lot of time was consumed leaving messages and chasing up practice managers. As with businesses, we tried to mitigate against this by increasing the scale of our GP calling, so as to “cast a wider net”. The effect of this was limited, though, and we ultimately decided that while the weather was cold we needed to prioritise door-knocking – which allowed us to make an immediate, tangible difference – over calling GPs.

In line with North London Cares’ Three-Year Impact Evaluation, conducted over 5 months in 2014<sup>3</sup> (which suggests there is scope for mobilising the volunteer base more effectively in the Winter Wellbeing project), we tried to recruit volunteers for three set piece Saturday events. We blogged about the work we were doing<sup>4</sup> and promoted it regularly on social media and through NLC’s large supporter email list. However, uptake

of the Winter Wellbeing project volunteering opportunities remained low compared with the high volunteer turnout at North London Cares’ Social Clubs and through its Love Your Neighbour project. It seems that a more permanent strategy for mobilising volunteers to support the Winter Wellbeing project may be required.

Recommendations for improving and fine-tuning the Winter Wellbeing project are detailed in Section 12. Meanwhile, immediately below, Table 1 sets out the smaller challenges we faced and what we did to mitigate them.

<sup>3</sup> <http://northlondoncares.org.uk/blog/the-difference-you-make-nlcs-impact-evaluation-2011-2014/>

<sup>4</sup> <http://northlondoncares.org.uk/blog/witty-eccentric-inspiring-how-nlcs-winter-connections-show-north-londons-deep-textures/>

**Table 1 – Practical challenges faced and solutions devised to overcome them:**

Challenge	Why?	Solution
<b>Reaching the most isolated residents</b>	Many of the most vulnerable residents were unwilling to open their doors.	We were sure to carry council and North London Cares branded ID cards, and in the cases where people were unwilling to come to the door we spoke to them over intercoms, and posted leaflets or handwritten notes. However, it should be noted that there were probably a very small number of the most isolated whom we were unable to reach entirely, due to fears about coming to the door.
<b>Inaccessible buildings</b>	Reluctant caretakers or closed intercom systems.	Council teams were very helpful in offering fobs and permission letters for inaccessible buildings where required.
<b>Slow blanket deliveries</b>	Our blanket supplier took ten days to deliver.	We switched blanket suppliers but the problem persisted – and an additional problem was caused by older people becoming jealous of those with different blankets. In future years it will be important to pre-order a large enough number to last the duration of the project, so as to avoid potential backlogs.
<b>Engaging with people who did not speak fluent English</b>	Camden and Islington have large Italian, Spanish, Bangladeshi, Somali and Chinese over-65 populations, many of whom do not speak English.	In some instances – Spanish residents, for example – we had the language skills within North London Cares’ pool of staff to cross the communication barrier. With others, younger relatives were often available to act as interpreters. Where the language barrier could not be crossed we made a note of the address in preparation for a second visit. We also had Somali and Bengali literature produced by the council.

## 6.3 Timeline

Below is a timeline of how we divided up the work streams for the project.

	Nov '14	Dec '14	Jan '15	Feb '15	Mar '15
Mapping					
Knocking doors					
Engaging with businesses					
Speaking to GPs					
Community events					
Evaluation and final report					

## 7. Delivery summary

This section provides the delivery breakdown for the project as whole, across both boroughs.

### 7.1 Door-knocking by area

The table to the right (Table 2) shows a breakdown of doors we knocked in each borough.

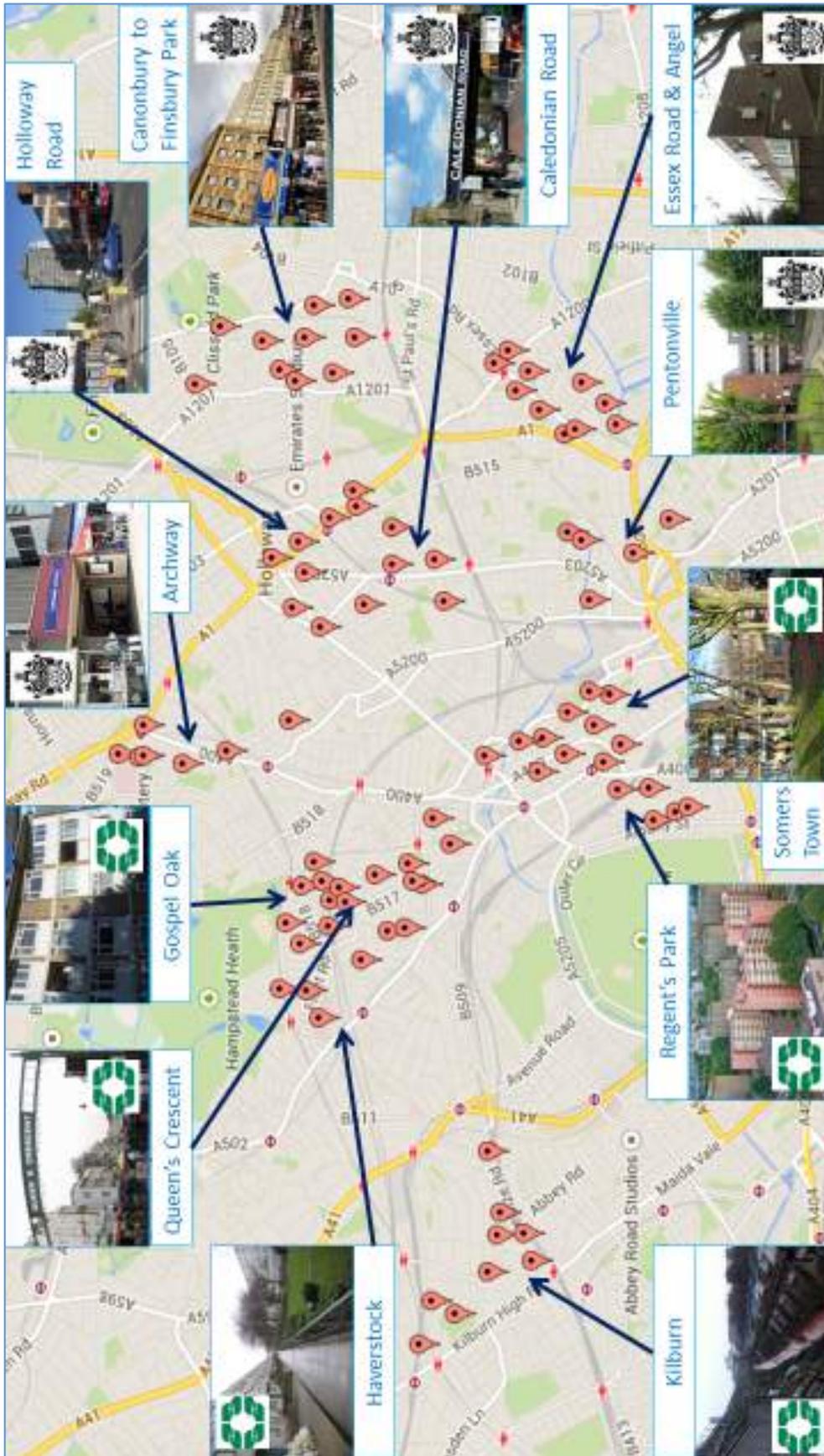
In both Camden and Islington we achieved a much greater geographical spread than in previous years, extending as far northwest as Kilburn in the former and as far south as Essex Road in the latter. The estates which were new to the Winter Wellbeing project are signified with an asterisk.

**Table 2 – neighbourhoods in which we focused:**

Borough	Area	Doors
Camden	Gospel Oak	108
	*Somers Town	548
	Regent's Park	229
	Haverstock (and Chalk Farm)	373
	Queen's Crescent	413
	*Kilburn	443
	<b>Total</b>	<b>2,104</b>
Islington	*Pentonville (and King's Cross)	183
	Essex Road and Angel	235
	Canonbury to Finsbury Park	343
	Holloway Road	205
	Caledonian Road	281
	Archway	250
<b>Total</b>	<b>1,497</b>	



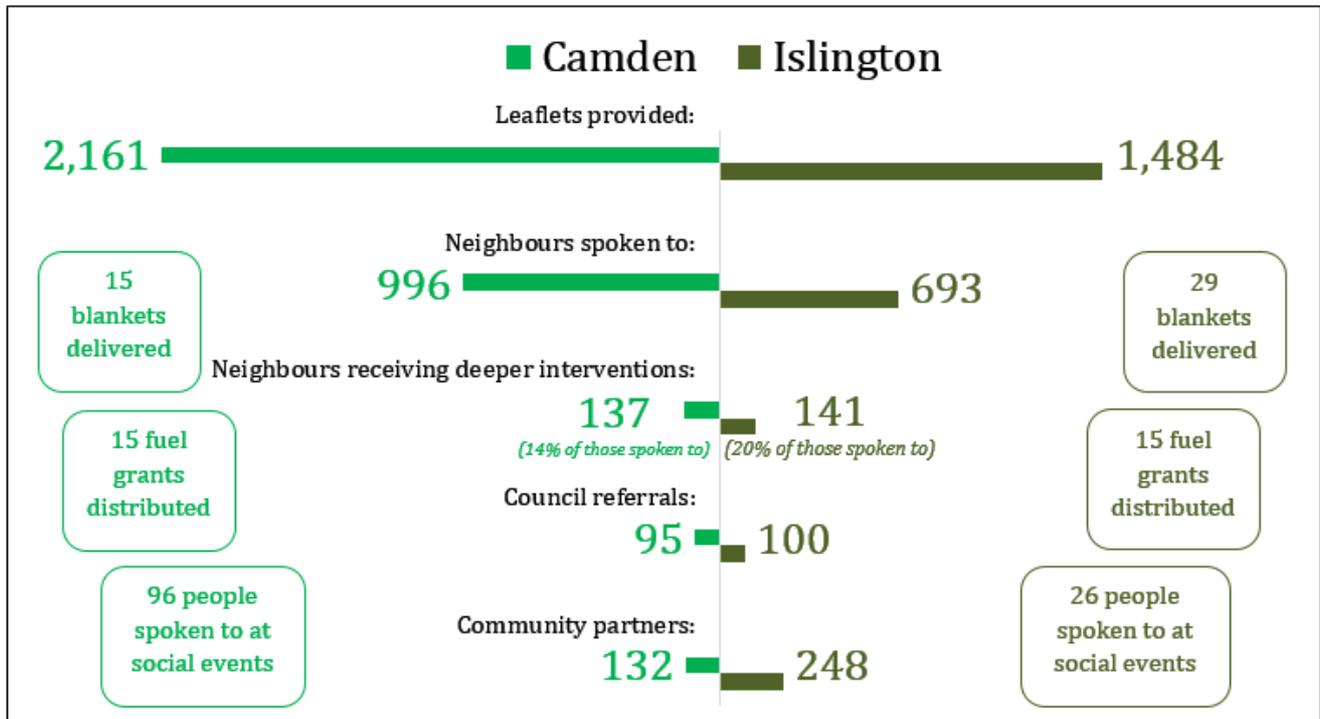
The map below shows the geographical distribution of the areas in which we worked:



## 7.2 Overall delivery outcomes

The chart below (Chart 1) shows the core delivery data for each of the two boroughs:

**Chart 1 – Core delivery data, comparing Camden and Islington:**



In total, across both boroughs, we **knocked on 3,601** doors and addressed an additional 122 people at North London Cares' Social Clubs and other local events for older people. A tiny minority (78) refused to take materials or else did not speak enough English to make use of literature, but for the overwhelming majority we were able, as a bare minimum, to provide leaflets and other reading materials, meaning that basic information about staying warm and the services and activities provided by North London Cares, the Councils, and local health providers was given to a **total of 3,645 people** (and perhaps more due to multiple occupancies).



Of these we had **face-to-face conversations** about the staying warm, active, healthy and connected with 1,692 people – of whom we arranged a **deeper intervention for 278**. We delivered 44 blankets, referred 195 people to their council (for a variety of service provisions), and distributed a combined £3,050 in fuel grants (£100 each). Many people received more than one type of intervention – for example a fuel grant *and* an energy doctor referral, or warm clothes *and* a blanket – and in some cases people with multiple or complex needs received four or five different types of help. In total we made **363 individual interventions**; 173 in Camden and 190 in Islington.

We also obtained the endorsement of **379 community partners** across both boroughs. Most of these were small businesses (352), but there were also GPs, community centres, etc.

All of this is broken down in more detail in Sections 8 and 9.



## 7.3 Comparison of the two boroughs

### Numbers

The difference between the two boroughs in terms of overall numbers is noticeable, with Camden residents receiving around 600 more leaflets than Islington (and 300 more face-to-face interactions). This was largely because of the issues we had in Islington with data protection, explained above.

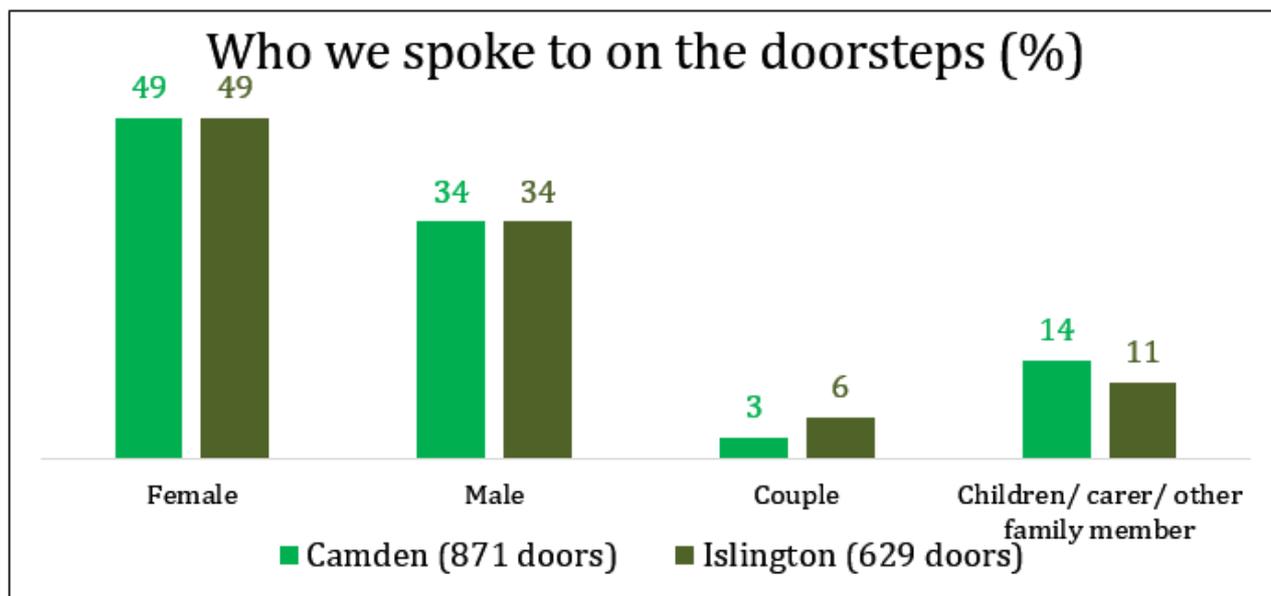
As has already been mentioned, we returned to some of the addresses we initially could not reach at the end to mitigate this. We also tried to compensate, to a small degree, by focusing more heavily on businesses in Islington than Camden, in the hope that we could build the “community consensus” there even if we did not have as many individual interactions.

In future years, as we seek to expand the scale and vision of the Winter Wellbeing project, the question of accessing address lists will be key in terms both of allowing us to execute the project efficiently, and of allowing us to guarantee parity between the two boroughs in our deliverables.

## People

Chart 2 (below) shows the breakdown of the people we spoke to on their doorsteps. It divides all the doorsteps where we managed to make contact with someone into instances where we spoke to *just a man*, instances where we spoke to *just a woman*, instances where we spoke to a couple, and instances where we spoke to another family member.

**Chart 2 – Who we spoke to on the doorsteps, comparing Camden and Islington (%):**



At around 3:2 the ratio between men and women was roughly equal in both boroughs – perhaps reflective of the wider likelihood of women living longer. But interestingly we spoke to more couples in Islington and to more children and carers in Camden. This perhaps reflects the different demographics of the two boroughs, with larger proportions of Asian families in Camden (especially in Somers Town and Regent’s Park), meaning different family dynamics and higher instances of children living with parents.

Although the interactions with carers did not enable us to have direct contact with an older neighbour, we felt they were still of value and worth including as interactions like any other. Frequently they led to deeper interventions (referrals, additional visits, blankets, etc.), and even when they did not, served an important purpose in raising awareness, flagging issues, and above all helping carers and relatives to feel supported by the community and the council.

## Need

As well as the differences in numbers between Camden and Islington, there was an interesting inconsistency in the uptake of support, with Islington residents half as likely again as those in Camden to ask for deeper interventions (in spite of smaller initial contact rates). 20% of neighbours spoken to in Islington had a deeper intervention, whereas only 14% of neighbours in Camden asked for extra help. This could be because there are more big social housing estates in Islington, and indicators do suggest it is a more deprived borough, but those distinctions are probably not enough, on their own, to explain the extent of the difference in deeper intervention take-up we experienced.

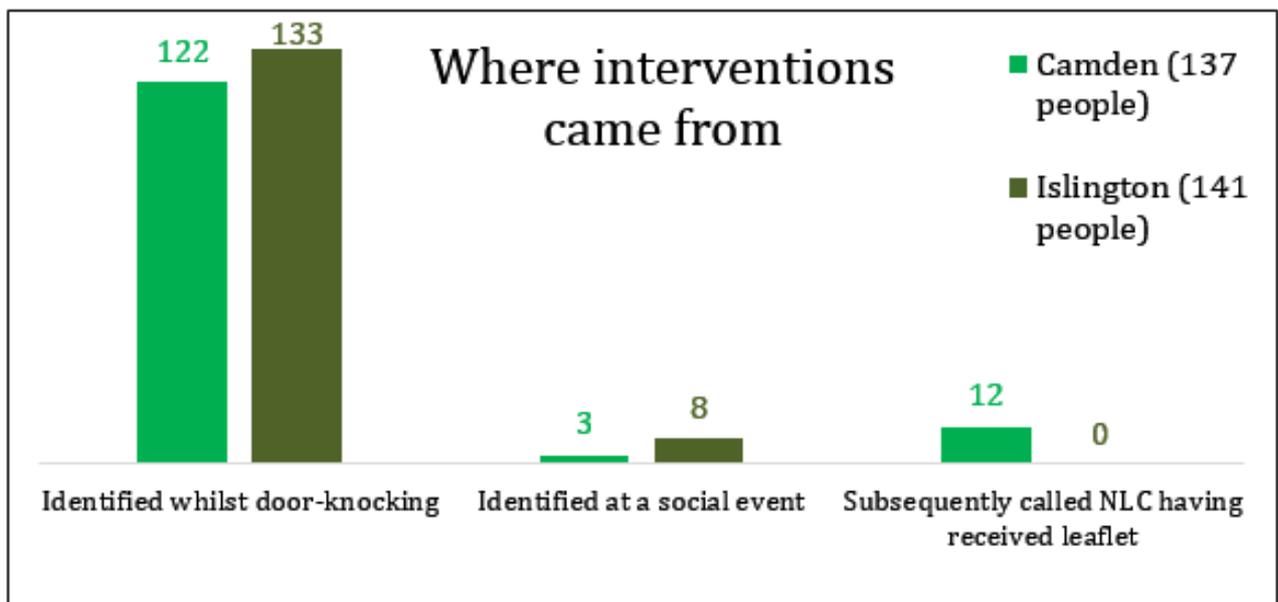
Interestingly, the two boroughs have reversed since last year, when just 14% of neighbours spoken to in Islington had further interventions, compared to 17% in Camden. It is worth noting that Kilburn, a new addition to the Camden project, had a particularly low intervention rate of just 11%, which perhaps pulled the overall average down. That could demonstrate the added value of the project occurring repeatedly over the years – and the importance of brand recognition – though it’s also worth noting that reaching out to new people in new areas, and fixing their issues for the long term, is an important objective of the Winter Wellbeing project.

**Where interventions came from**

Chart 3 (below) shows, the overwhelming majority of interventions were made as a direct result of door-knocking, with people we were able to make direct verbal contact with. This was supplemented by a small number from Social Clubs, and shows the vital importance of a face-to-face interaction, as compared with an anonymous leaflet drop.

The increased likelihood of Camden residents to make follow-up calls afterwards, meanwhile (compared to Islington residents), is interesting – and again difficult to explain.

**Chart 3 – Where interventions came from, comparing Camden and Islington:**



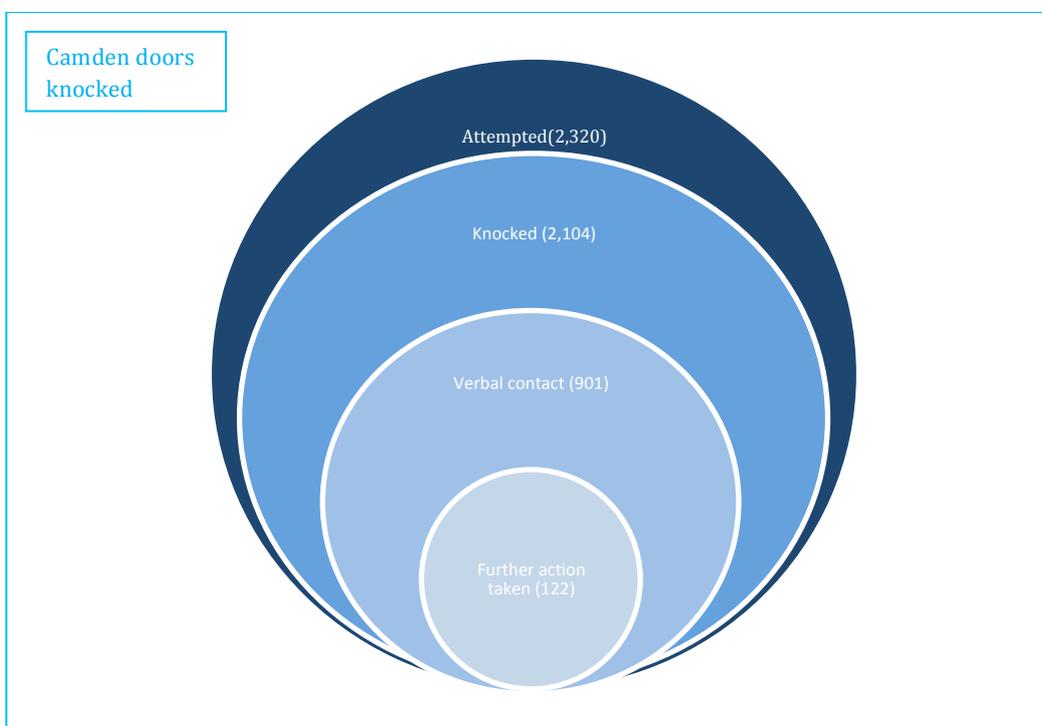
## 8. Camden

The Camden aspect of the Winter Wellbeing project was a success, both in terms of outreach and interventions. That said, there were fewer interventions than in Islington proportionally.

### 8.1 Camden door-knocking

As the concentric circles in Chart 4, below, show, we attempted to knock on 2,320 doors in Camden, but we were unable to reach 216 of these at all. We therefore managed to knock on 2,104 doors in total, speaking to people at 871 addresses, which meant that, including 30 couples, we spoke to a total of 901 people on the doorsteps. We delivered information to all of those we did not have a face-to-face interaction with, with the exception of 23 who refused entirely and 16 who did not speak English. Note that we did not count an attempt as a 'No English' if there was another member of the family to translate.

**Chart 4 – Core delivery data (interactions and interventions) for Camden:**



We also took the new step this year of having leaflets printed in Somali and Bengali. We distributed these in businesses and also gave them to neighbours of these nationalities – particularly in the Regent’s Park and Queen’s Crescent areas of the borough. The need for this was slightly rarer than expected, as there was invariably a child or grandchild present to translate, although it still helped in a number of cases.

Ultimately door-knocking helped us to identify 122 people in need of deeper interventions (14% of all people spoken to face-to-face). This is a significant proportion and suggests a genuine desire and need for support among older residents. With these individuals we took telephone numbers – or the telephone numbers of relatives – and made follow-up calls within three days.

In addition to the 122 interactions made whilst door-knocking, some 12 residents made subsequent contact with us of their own volition, having received the leaflet. Again, this relatively small number indicates the value of face-to-face interactions over simply ‘leafleting’.

### **Case Study 1: Mr Filby (name changed)**

We first came across Mr Filby while door-knocking in Kilburn – the first time we had worked in the area. Mr Filby is blind and his wife was very ill. He was struggling to pay the bills and was not confident accessing council services.

In the end we supported Mr Filby through 5 different types of intervention, delivering blankets, sending a £100 fuel grant, and referring him to the council for several different types of support.

He was very grateful, telling us we had found him at a “low ebb”, when a range of practical challenges had combined to make him feel helpless and frustrated.

## **8.2 London Cancer**

North London Cares’ Winter Wellbeing delivery team undertook a day’s training with London Cancer prior to the project, so as to be comfortable broaching the topic of cancer and discussing symptoms and treatments. We were given literature as part of the ‘Small c’ campaign (which aims to de-stigmatise the illness and encourage people to present at doctors should they have possible cancer symptoms), which we distributed and discussed with each of the neighbours through our door-knocking within the borough of Camden – **a total of 2,104 doors, from which we had direct verbal contact with 901 people.**

This aspect of the project worked well, although it is worth noting that the subject remained difficult to broach and explicit and extended interactions about cancer itself were not common. We tended to show people the literature and briefly explain the ‘Small c’ campaign, but, due to people’s reticence, did not push people about the topic. This was partly because people were not forthcoming themselves, and partly because we were distributing several messages at the same time, and did want to confuse people.

Although conversations were usually fairly brief when it came to the subject of cancer, we hope that they provided the first layer of messaging in the efforts to re-frame the disease – and were therefore useful as a means of laying the foundations for a deeper awareness, thought and conversation with doctors.

## **8.3 Camden events**

Although door-knocking was the central component of Winter Wellbeing, we also gave out information and spoke to people at local events for older people. This included some of North London Cares’ own Social Clubs, including a gathering of 60 older people in partnership with Abbey Community Centre in the west of the borough in December. (This event explains why we managed to speak to more people at Camden events than those in Islington. The events figures would otherwise have been roughly equal for the two boroughs.)

In total we spoke to 96 people through events in Camden, providing literature to all and forging three additional deeper interventions. The Abbey Community Centre event was a particular success, allowing us to reach a high number of attendees, and although the format did not make it as easy to forge interventions, it was indispensable in spreading the Winter Wellbeing and cancer messages.

### 8.4 Camden interventions

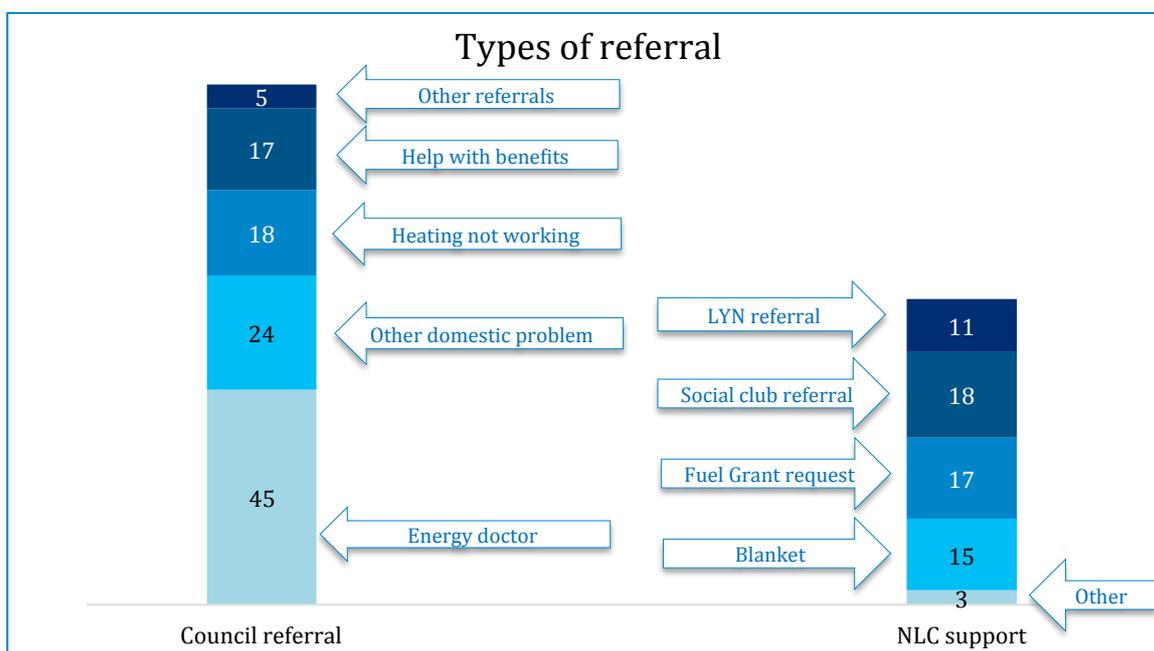
In total we made 173 separate deeper interventions in Camden – spread across 137 residents. 64 of these were North London Cares interventions and 109 were direct referrals to Camden Council. In the vast majority of cases Camden Council referrals were made through Wish+, although there were a small number of referrals to do with mental and physical health – as well as to departments such as Housing – which were not within the Wish+ remit and so were referred to other departments.

17 people requested fuel grants – and grants were distributed to 15 (two requests were declined because neighbours did not meet the criteria). These grants are intended to help people in the deepest need, particularly those who have pre-existing health conditions, who spend highly on fuel bills, who do not have many close friends or family members around, and whose circumstances may have altered drastically during the winter, for example by a bereavement or unexpectedly high bills.



**Chart 5 – Types of referral, comparing NLC support types and Council support types:**

**NB:** Except “other referrals” (for example to mental health teams) all Council referrals were made to Wish+ (total to Wish+ 104).



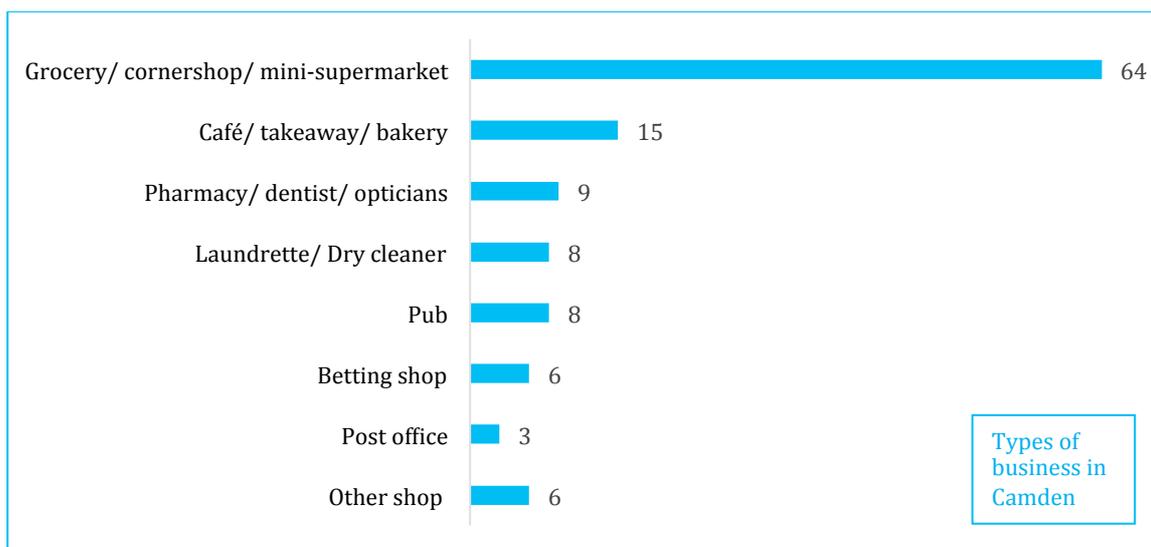
## 8.5 Camden community partners

### Businesses

Our scaling up of the business element of the project allowed us to reach many more local organisations than last year – 119 compared to 36 in 2013/14. We focused on the big roads running through the borough, and on the small rows of shops, pubs and cafes immediately adjacent to the estates where we were working. In order to better reach our target demographic, we chose the businesses at our own discretion, focusing on affordable community shops with a local or independent feel, and avoiding the many delicatessens and gastro pubs we came across – in order to better reach our target demographic of older neighbours.

Unlike last year, when there was a tendency for businesses to be tacked on at the end of a day's residential door-knocking, we set aside time specifically for targeting businesses this year, allowing us to reach many more. With about a third we left stacks of leaflets, and with the other two thirds we were permitted to tack posters into the window. As the chart below (Chart 6) shows, more than half were convenience or food shops of some kind, including some mini-supermarkets such as Tesco's. The 'Other' category includes pet shops, household, hardware, charity shops and Pawnbrokers, among others.

**Chart 6 – Types of businesses engaged by the project in Camden:**



As with last year responses were positive without exception. But, also as with last year, the fall-off rate was high, and many businesses did not put the leaflets up after initial enthusiasm, or even took them down once we had left. Our much higher overall number of businesses targeted hopefully mitigated some of this drop-off.

It seems that interactions with us were often perfunctory on the part of the business managers, but there were also a few people who became heavily engaged in the project. On the Regent's Park estate, for example, we met Himansu, a news agent who was already doing a lot of work in his spare time with over-65s in the area. We are now working with him, and with the Bengali Worker's Association, to look into setting up a social event on the estate.

## **Other Partners**

As with last year, GPs were very difficult to make contact with, and we were careful not to let the time-consuming process of calling them de-rail the other components of the project. Having made repeated calls from a list of 20 we eventually spoke to two and delivered leaflets to a third of the 20 surgeries.

We also spoke to three libraries and six other community partners – including Talacre Leisure Centre, Castlehaven and Queen’s Crescent Community Associations, and Henderson Court resources hub.

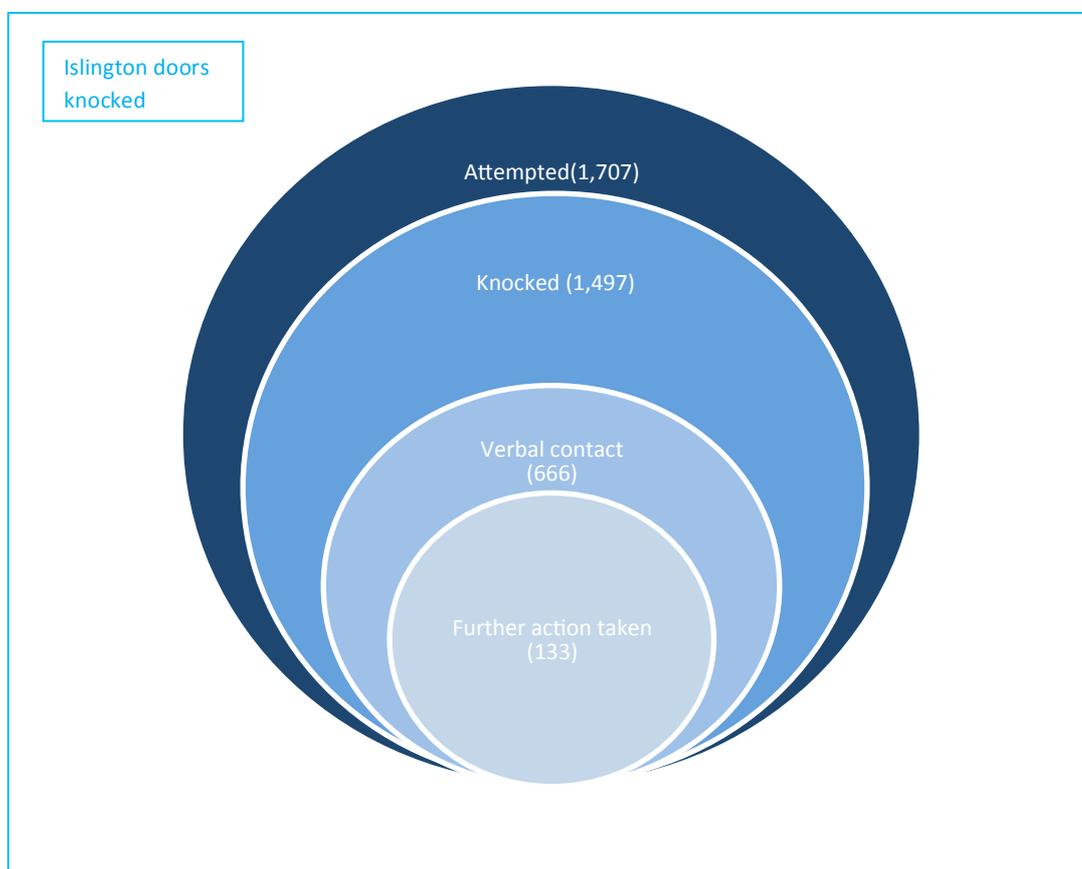
## **9. Islington**

Although we spoke to fewer people in Islington overall, particularly on doorsteps, due to the lack of aggregated address lists, we nevertheless were able to make more direct interventions in Islington than in Camden.

### **9.1 Islington door-knocking**

As the concentric circles in Chart 7, below, show, we attempted 1,707 doors in total, 210 of which we were unable to reach. We managed to knock on 1,497 doors, speaking to people at 629 addresses, which meant that, including 38 couples, we spoke to a total of 666 people. We delivered information to all of those we did not have a face-to-face interaction with, with the exception of 34 who refused to take a leaflet and 5 who did not speak English. Again, note that we did not count it as a ‘No English’ if there was another member of the family to translate.

**Chart 7 – Core delivery data (interactions and interventions) for Islington:**



Again we used the translated leaflets, although the Bengali and Somali communities are notably smaller in Islington than in Camden.

Ultimately door-knocking helped us to identify 133 people in need of deeper interventions (20% of people spoken to face-to-face). This is a significant proportion and suggests a genuine desire and need for support and connection among older residents. With these individuals we took telephone numbers – or the telephone numbers of relatives – and made follow-up calls within three days. Interestingly people in Islington were much less likely to call us of their own volition having had a leaflet than people in Camden, and we received almost no follow-up calls.

## 9.2 Islington events

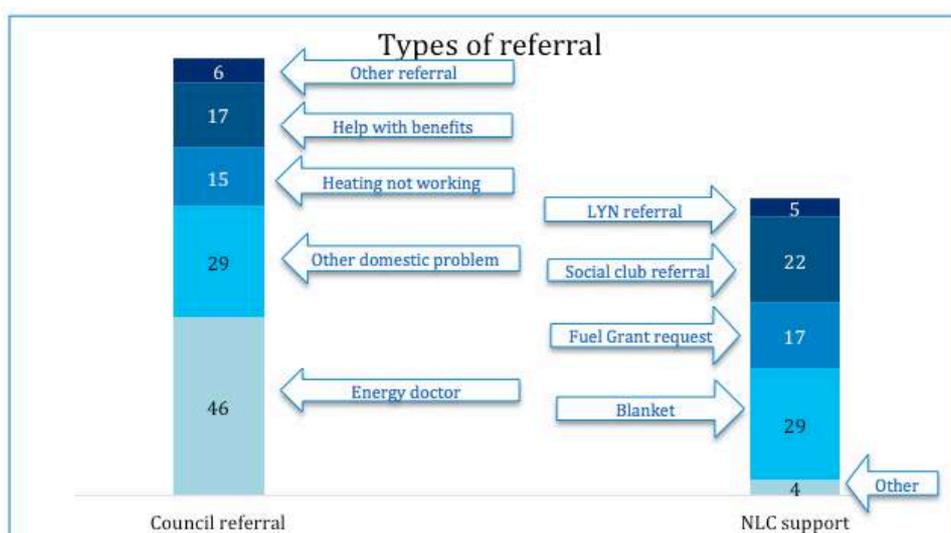
In addition to door-knocking we spoke to 26 people at three events in Islington – two of which were North London Cares Social Clubs and one of which was the Walter Sickert Community Centre coffee morning. In total we made 8 interventions as a result of these interactions. We did not promote Winter Wellbeing at a large set piece event in the way that we did at Camden’s Abbey Road Community Centre, but this is something we could potentially think about doing in future years. In particular, North London Cares has become a key partner in the Dance Hall Music event held for the last two consecutive years at the Upper Street Business Design Centre – which would be a great opportunity to present at and further connect people to our activities from.

## 9.3 Islington interventions

In total we made 190 separate interventions in Islington – spread across 141 neighbours. 77 of these were North London Cares interventions and 113 were direct referrals to Islington Council. In the vast majority of cases Islington Council referrals were made through SHINE, although there were a small number of referrals to do with mental and physical health – as well as areas such as housing – which were not within the SHINE remit. 17 people requested fuel grants – and grants were distributed to 15 in total (two requests were declined because neighbours did not meet the criteria).

**Chart 8 – Types of referral, comparing NLC support types and Council support types:**

**NB:** Except “other referrals” (for example to mental health teams) all Council referrals were made to Wish+ (total to Wish+ 107).



## 9.4 Islington community partners

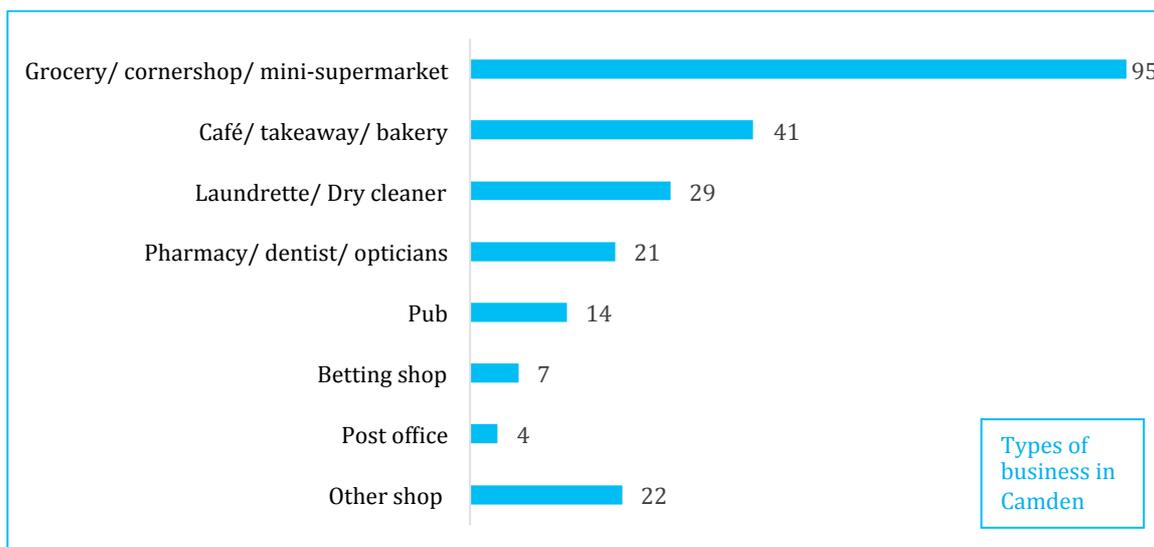
### Businesses

Again we scaled up the business component of the work in Islington, getting endorsement from 233 businesses, compared to just 14 in 2013/14. We reached out to many more businesses in Islington than in Camden, partly because we wanted to compensate for having fewer doors to knock, but also because the estates in Islington were a little more spread out than those worked on in Camden (which were mostly, Kilburn aside, coalesced at the centre of the borough) – meaning a greater spread of businesses.

Again, we focused on the big roads running through the borough, and on the small rows of shops, pubs and cafes immediately adjacent to the estates we were working, avoiding Islington’s many bistros and organic food shops – as well as places like chicken shops, which are mainly frequented by younger people.

We blocked off several days specifically to work on this element of Winter Wellbeing. Again we left leaflets either tacked into windows or in a stack on the counter, depending on the proprietor’s preference. The ratio was roughly 2:1. As Chart 10, below, shows, nearly half were convenience or food shops of some kind, including some mini-supermarkets such as Tesco’s.

**Chart 9 – Types of businesses engaged by the project in Islington:**



Again responses were positive, if seemingly sometimes perfunctory, and many people praised us for the work and promised to “send people our way”. But again the understandable focus on the commercial bottom line was non-negotiable, and often leaflets had been removed or were invisible upon our return.

While most interactions were brief there were a number of people in businesses who appeared much more interested, such as Julia Cheasty, the new landlady of Tommy O’Flynn’s Bar (opposite Clissold Park), who was so positive about the project that she has offered to run North London Cares fundraisers at the pub.

## **Other Partners**

Again, GPs were very difficult to make contact with, and we were careful not to let the time-consuming process of calling them de-rail the other elements of the project. Having made calls from a list of 20 we eventually spoke to one surgery and delivered leaflets to two more.

We also distributed literature to nine libraries (some in person, some using the libraries department's internal distribution mechanism), as well as three Community Centres and Tenants and Residents Associations (TRAs).

### ***Case Study 2: David (name changed)***

We first met David, a charming St Lucian man living near Archway, in a previous Winter Wellbeing project. The year before he had needed a small amount of help and had joined two North London Cares Social Clubs, but this year his problems had become more severe.

“I feel my body failing me. I feel that I need extra help,” David said. He had once been a very strong man – a boxer – and his strength of will was impressive. “I feel pain conquering me. But I will conquer pain,” he told us.

We delivered blankets and a fuel grant to help with his immediate challenges, and also made a referral to the council explaining his increased physical or occupational therapy needs.

He is someone who, through the Winter Wellbeing campaign, we have come to know fairly well, and we will be sure to check on him as often as possible between now and next winter.



*"It's good to have people stopping in and checking up on you."*

## 10. Findings

### 10.1 Responses to the project

Speaking generally, people were **pleasantly surprised** that the project was taking place, and in many cases it seemed to challenge a preconception that they had been left behind or forgotten. "Oh, so we're not forgotten, us oldies! I thought we were getting on everyone's nerves these days by living too long!" said one woman, in Gospel Oak.



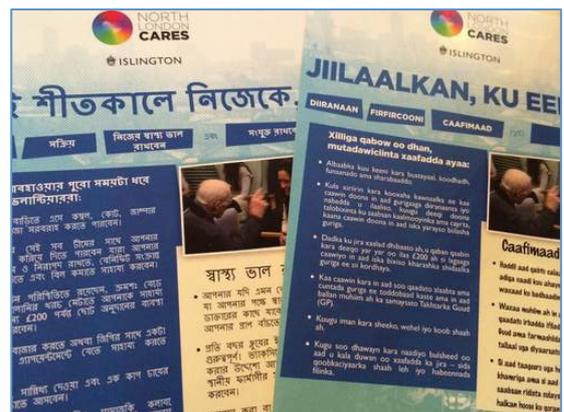
There was also a sense, for the first time, that **people were familiar with the Winter Wellbeing** project and had begun to see it as part of their winter landscape. A man in Tufnell Park told us "You came here last year and sorted out all my problems, so I don't need anything this time round. Thank you!" Members of the Somali and Bangladeshi community were also generally impressed that leaflets had been translated into their native language.

### 10.2 Preparedness for cold weather

The winter weather was high in the minds of most people we spoke to, and despite comparatively mild weather this year, older people were feeling the cold. Most seemed to be aware that they were at a higher risk and were familiar with the precautions they needed to take.

The majority of homes were warm, with heating often controlled externally (as is common in Camden and Islington council housing), meaning that the number of people in deep, deep need was very low. In most cases people knew where to go if they were really struggling.

**Energy costs** were very much on the minds of many of the people our teams spoke to. Many of those who were struggling with the cold were doing so not because the facilities weren't there for them to heat their homes, but because they were too expensive to fuel.



Most said that ultimately they were coping with energy costs, but that they did so at the expense of other necessities – or that they went without heat and wore warm jumpers instead. There was a general attitude of stoicism, with many commenting to the effect of “you just do what you have to do to get by”; in most instances people attempted to absorb their bill within their general cost of living. For people who were deeply anxious about the cost of living in winter, with rapidly changed circumstances further deepening that worry, we offered small grants based on pre-agreed criteria and made referrals to Wish+ and SHINE for further advice on benefits.

***"Knowing that someone cares, that help is available, is important."***

### 10.3 Resilience and social cohesion

The number of people actively refusing a leaflet (slamming the door or becoming aggressive) was very low. Residents in the vast majority of cases **welcomed our presence** even if they did not feel they required our help. Although many were initially suspicious – especially when they realised we were from a charity (something they generally associated with being asked for money) – outright hostility was extremely rare and many people repeated sentiments of previous years that they were grateful that we were not sales people or politicians. From a community aspect, we consider this an important part of North London Cares’ contribution.

Many of the people we spoke to live with relatives, or had a relative close by. Others – especially those who were much older or particularly frail – seemed to have regular visits from a carer provided through the council. Most of the very vulnerable individuals we came across (including some with possibly serious or complex mental health issues) seemed to be on the radar of social services when we investigated further.

### 10.4 Involvement of London Cancer

The involvement of London Cancer was a real asset to the project, and is something we believe should be continued in future years – potentially in both boroughs. Overt conversations about the disease were fairly unusual, but people were interested in the literature and grateful to us for delivering it. Conversations of this type reinforced the importance of the issue – and we hope it provided a valuable first round of layering in the effort to de-stigmatise cancer.

***"It was very nice. I had lots of contact and the people were very caring."***



## 11. Evaluation

This year, for the first time, we conducted an outcomes-focused evaluation at the end of the Winter Wellbeing project. The aim was to return to neighbours who had received one or more deeper interventions with during the project, to ensure follow-ups had been made and to obtain feedback for future projects.

Our understanding, on the basis of our experiences through the project, was that beyond those who had needed material support, many of the other people we spoke to felt happier and more secure as a result of interactions – even if they did not need direct help. However, we restricted the evaluation to those for whom we had arranged deeper interventions.

### 11.1 Methodology

Using a short questionnaire put together in partnership with the joint public health teams in the commissioning councils we carried out 153 follow-up telephone surveys with people who had benefitted directly from the project, meaning we managed to speak to more than half of the 278 people who received deeper interventions. We did this over a comparatively short timeline of about ten days during mid-March, using a field researcher team of three.

#### **Aims**

Our aim during the evaluation was to establish:

- The circumstances of neighbours asking for direct support from the project;
- The nature of this help;
- The effectiveness of the referrals made and the support provided;
- The overall level of impact our interventions had and the extent to which the project improved wellbeing.

#### **Challenges**

Conducting telephone research with older neighbours is often difficult. Challenges include poor hearing, loss of memory, mistrust, and struggles with technology. There is also often a mismatch between the essentially qualitative and impressionistic way in which older people respond to questions, and the demands of quantitative research reliant on grading systems and Likert scales.

Our approach to this was to use staff from within the existing Winter Wellbeing team to conduct the research, so that we were as familiar as possible with these challenges and able to respond in an empathetic and patient way. When people generally had no recollection we did not pursue the interview, but if there was some awareness of the visit we had made to them then we persevered.

The other problem was that some people did not have home phones – or did not answer their phones. We tried, in some of these instances, to visit people at home. Nevertheless, we were not able to obtain feedback from everyone that received help, and some of the feedback is from people with only partial recollection, so it is worth remembering that this research is imperfect. However, we carried out enough surveys to obtain a statistically significant and representative overview of how the project had gone.

## 11.2 Profile of people supported

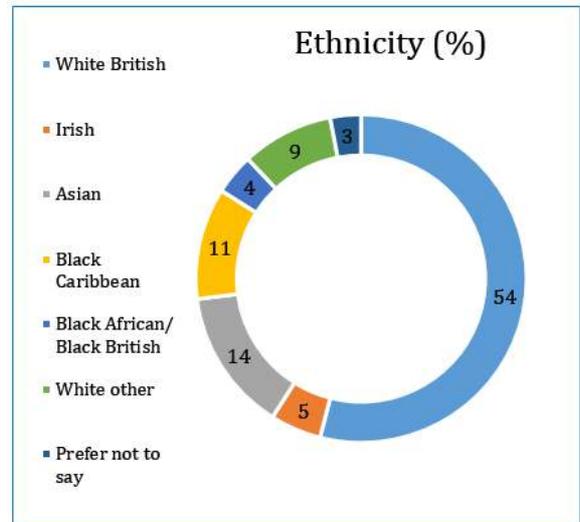
### Who we spoke to

The split of those we surveyed was exactly 50%-50% between the Camden and Islington, so this should represent a fairly accurate cross-section of those who received support.

In terms of gender **39% were male and 61% female**, again reflecting the ratio nationally (and the figure we ourselves had taken during fieldwork).

The ethnic picture, as Chart 11 (right) shows, reflects the predominantly White British composition of those we spoke to – along with a significant proportion of Irish, Caribbean, South Asian and White Other (European) ethnicities. The comparatively White British (and, anecdotally, working class) element of the demographic is **striking for such a diverse area**, and often adds to people’s sense of feeling out of step with a younger, wealthier, and more diverse community evolving quickly around them.

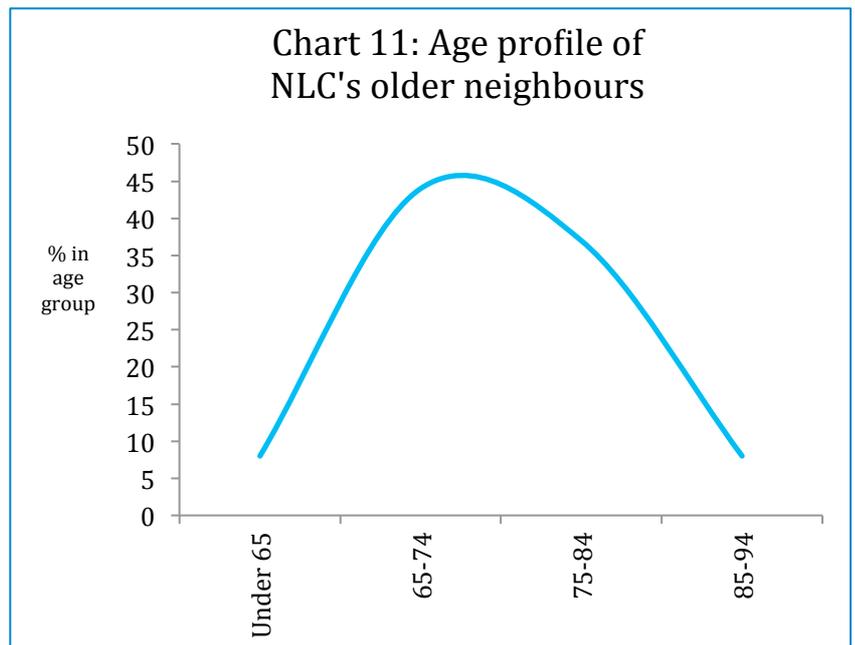
**Chart 10: Ethnicity of people receiving deeper interventions (across Camden and Islington)**



### Vulnerability

As Chart 12 (right) shows, 8% of those we surveyed at the end of the project were under 65. 44% were 65-74, 37% were 75-84 and 8% were 85-94. 3% refused to give their age. The fact that nearly half are in the generally more infirm and isolated over-75 age group shows that many of those we reached may have been among the most vulnerable.

Moreover, 62% of those we spoke to lived alone, 49% said they considered themselves disabled, and 6% were carers. The



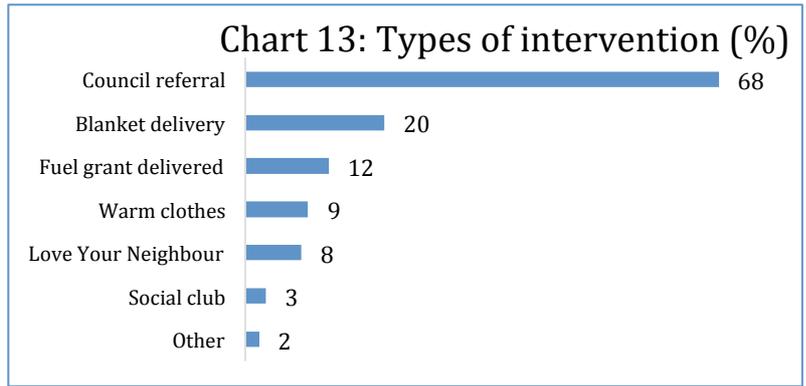
proportion living alone is exactly double the national figure<sup>5</sup> of older people living by themselves. That number, coupled with the high proportion of disability, suggests that those receiving help were predisposed to isolation.

***"I feel I have re-engaged with society."***

<sup>5</sup> [http://www.ons.gov.uk/ons/dcp171776\\_325486.pdf](http://www.ons.gov.uk/ons/dcp171776_325486.pdf)

### 11.3 Help provided

All people surveyed as part of the evaluation were asked about the type of intervention they had received. As Chart 13 shows, 68% had received a referral to council, while 54% had received an intervention directly from North London Cares (some neighbours had both).



29% of those we surveyed had had their initial interaction with the Winter Wellbeing project in December, 56% in January and 15% in February. Almost all came into contact with Winter Wellbeing as a result of someone knocking on their door.

### 11.4 Effectiveness

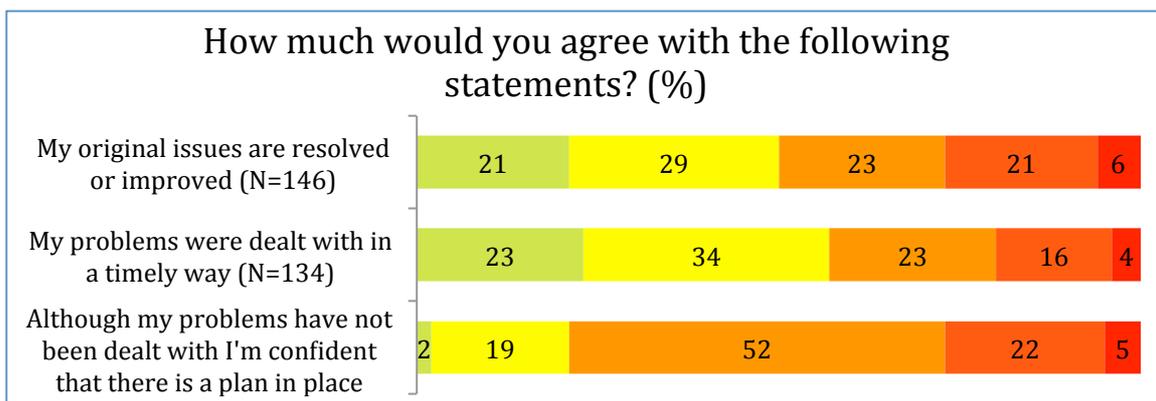
We learned through the evaluation that one of the weaknesses of the Winter Wellbeing project was the extent to which specific practical issues were ultimately resolved and dealt with – at least by the middle of March (see Chart 14, below).

A combined 50% either ‘Agreed’ or ‘Strongly Agreed’ that their problem had been resolved and dealt with. This leaves half who were ‘Neutral’ (23%) or in disagreement (27%) when it came to this question. Among the 67 people who were neutral or in disagreement on this question only 21% were confident there was a plan in place to resolve their situation.

***"The heating in the house was broken for 2 months over the winter. Although NLC referred me to the council, the council didn't do anything about it for too long. It's finally been fixed and they gave me £25 as compensation, which wasn't enough."***

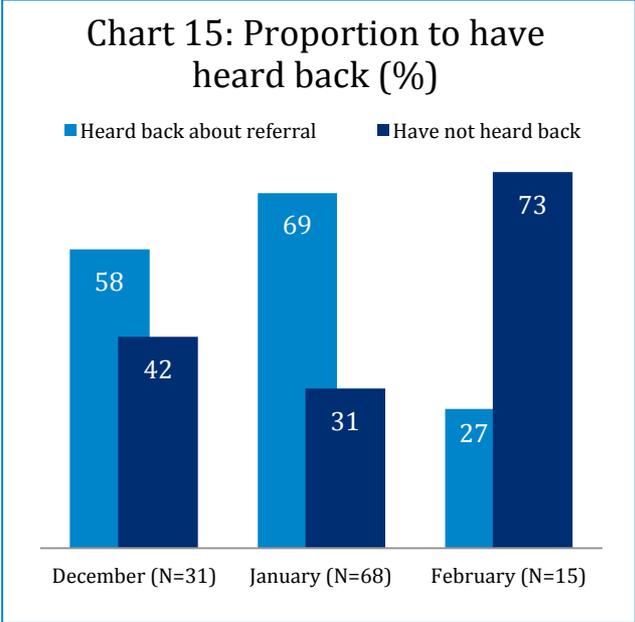
When quizzed about the ‘positive timeliness’ with which their case had been dealt with, there was again a significant proportion (43%) who were ‘Neutral’ or in disagreement. All blanket and warm clothes deliveries were handled within a couple of days, and fuel grant deliveries were carried out on the basis of a seven day turnaround, so it seems that the issue of slow resolution of issues lies with turnaround times for referrals (which make up the lion’s share of interventions within this sample).

**Chart 14 – Satisfaction with the services received (for Camden and Islington):**



Indeed, when asked “Have you heard from the people you were referred to?” 39% said they had not – a figure that is far too high. It is possible that some of these are North London Cares internal referrals (for Love Your Neighbour and social clubs). However, we were working on a strict weekly turnaround with these as well, on top of which they only make up a fraction of all referrals within the impact evaluation, so this was probably not the core problem.

Rather, our concern is that referrals made to councils take a long time to process – and in a lot of cases were, in March, still ‘in transit’ within their respective council referral pathways. Although this is a general frustration with some local authority services, and the workload of referrals created specifically by the Winter Wellbeing project adds to the winter workload, this is something that we are keen to address in future projects.



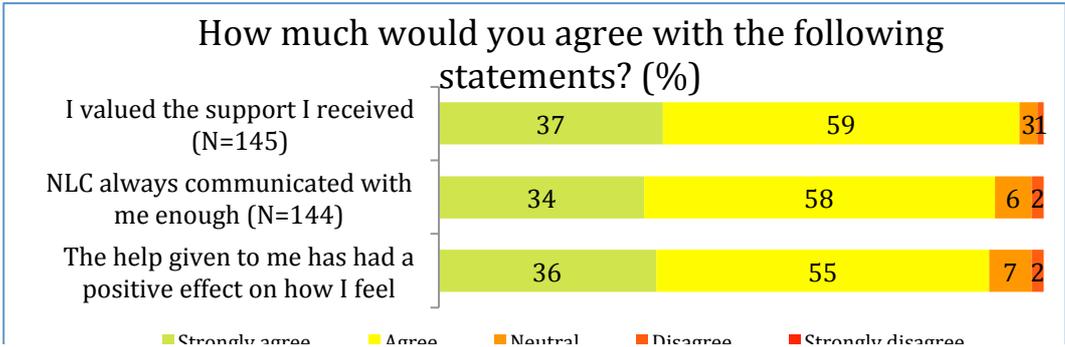
**Chart 15** (left) shows the proportions of people surveyed whose referrals had received a direct follow-up call, comparing referrals made in December, January and February. Whilst sample sizes for each month vary, the figures show that there is a pipeline of sorts, with those referred in December and January more likely to have heard back than those referred in February. However, the fact that so many who referred in December have still not heard back is a concern. For North London Cares staff working on doorsteps – and for the overall credibility of the charity and the council, it is important that assurances of help do not look like empty promises. (NB: Note that in

*the case of all of those who had been followed up we re-referred them to make sure their problem had not been lost in the system.)*

### 11.5 Impact

On a more positive note the way older neighbours answered other questions about the project yielded much more positive responses. **96% valued the support they received. 92% reported being communicated with well. 91% felt better as a result of their interaction** with the project. This suggests that the broader goals of the project – of making sure neighbours feel supported, increasing dialogue within communities, and improving wellbeing – are being achieved. Many spoken to were exceptionally warm about the project.

**Chart 16 – Satisfaction with the services received (for Camden and Islington) part 2:**



On a further positive note, there was a real sense that people understood the project and what it was trying to achieve. When respondents were asked, without prompting, what their doorstep interaction had involved, all mentioned staying warm, but many had taken more sophisticated messaging from the literature and their conversations with our staff and volunteers.

***"The boiler was fixed. I'd been waiting for a very long time and was really pleased they were able to do something about it."***

"Keeping warm, keeping healthy, making sure you have enough social contact," said Will, when asked about his interaction, while Lakshmi replied "Keeping warm, being aware of health and wellbeing – knowing there's help available." Of course, for some the interaction with North London Cares was still something relatively perfunctory and practical. But it was good to see that the wider message of the project did manage to gain some traction as well.

## **11.6 Distinctions between Camden and Islington**

Generally, patterns in the above evaluation figures are broadly in line across both the boroughs of Camden and Islington. Where there are distinctions, they are, on the whole, statistically very minor and so do not require much analysis. However, in some instances, comparison between Camden and Islington may be helpful so that we can learn from any minor discrepancies to improve the Winter Wellbeing project next year.

The majority (95%) of evaluation surveys of neighbours in the borough of Islington were conducted between March 4th and March 14th 2015, while the majority (97%) in Camden were conducted very slightly later, between March 11th and March 17th. This may skew the veracity of the data very slightly, as follow-ups on interventions may have taken place during interim days or after the surveys were conducted.

In Camden, 96% of surveys conducted were of neighbours who had received a deeper intervention after initially being contacted through our door-knocking efforts, while in Islington 89% of respondents to the survey had been initially contacted in that way. The remainder of the people surveyed had been initially identified by other means, for example at Social Clubs. This minor difference reflects the lower number of doors knocked in Islington throughout the project.

### **Perceived efficiency of interventions**

By the time our surveys were conducted (see dates above), 47% of neighbours in Camden had already heard back from relevant agencies regarding their deeper intervention (53% had not). In Islington 75% of people we surveyed had already heard back from agencies regarding their intervention; 25% had not. This shows that for the purpose and duration of the Winter Wellbeing project at least, Islington's SHINE service had a faster response rate than WISH+ in Camden.

**Resolution of issues**

In Camden, 47% of neighbours who received a deeper intervention agreed that their issue had been fully resolved by the time the survey was conducted. 30% disagreed, and felt that their issue had yet to be resolved. 24% were 'neutral' and expected that their issue would be resolved in due course, even if it hadn't at the time. In Islington 54% agreed that their issue had been resolved, while only 24% disagreed. Again this demonstrates that neighbours in Islington may have received their follow-up call quickly, while Camden follow-ups may have taken a little longer.

Relative satisfaction differences between Camden and Islington may also be demonstrated by the perceived timeliness of resolutions. In Islington 65% of neighbours said their issues had been resolved 'in a timely way'; in Camden that number was smaller at 51%.

**Perceived value of interventions**

When it comes to the perceived value of the interventions North London Cares made through the Winter Wellbeing project, the view of neighbours in Camden and Islington were broadly on line – there were no major discrepancies or features in one borough which were different in the other. The Table below (Table 3) shows the perceived value of interventions across Camden and Islington on four separate questions that were asked in the survey.

**Table 3 – Comparison in perceived value of interventions between Camden and Islington:**

	Camden		Islington	
	Broadly agree	Broadly disagree	Broadly agree	Broadly disagree
"I valued the support received from North London Cares"	99%	1%	93%	7%
"North London Cares adequately addressed the issues I discussed with them"	96%	4%	91%	9%
"North London Cares always communicated with me enough"	93%	7%	92%	8%
"The help given to me by North London Cares has had a positive effect on how I feel"	92%	8%	90%	10%



## 12. Recommendations

This year the project was, generally speaking, a logistical success. We had completed door-knocking by the end of February – at exactly the point where the weather started to turn warmer – and had completed all our interventions by the first week of March.

The challenge in future will not be one of replicating this year's results, but of **building capacity and resources** so that neighbours get the responses they need within a timely manner, and so that interventions can be scaled up, even more efficiently managed and executed in different areas, and perhaps even during **different parts of the year** (to mitigate against the lesser known dangers of very hot weather<sup>6</sup> and to help carry important winter messages even earlier).



In order to accomplish this we have several suggestions for fine-tuning Winter Wellbeing, some of which are for internal understanding and some of which will require the support of the council:

- **Procuring address lists early on**

- Our ideal scenario would be to have full address lists for both Camden and Islington by mid-November at the latest, giving NLC time to map the lists and allowing staff and volunteers to concentrate solely on interactions (rather than having to worry about practicalities);
- It is useful to bear in mind that roughly 10% of addresses tend to be 'Fails', i.e. we cannot access the door in spite of trying (so in order to meaningfully reach, for example, 2,000 people, it would be wise to start off with a list of at least 2,200).
- Data Protection is the primary obstacle in getting aggregated address lists, so NLC needs to improve understanding on data protection and security so as to be able to work with the council as efficiently as possible in procuring and storing the lists securely, for instance through 'Owlee';



<sup>6</sup> <http://northlondoncares.org.uk/blog/community-resilience-project-the-full-report/>

- **Improving forward planning**

- There is a three-month window (December to February) when North London Cares' priority needs to be frontline door-knocking and delivery of interventions. A funded 'planning month' built into the project in November would help deliver this. Additional lead-in time, budgeted from September, would be doubly effective;
- This additional time could be used to map lists, recruit volunteers, design and order new leaflets, receive training, raise awareness through additional public relations campaigns and to conduct a sustained period of engagement with businesses and other community partners – so that they are prepared at the start of winter, rather than only learning about the project mid-season;

- **Improving the literature**

- The low number of people calling up as a result of receiving a leaflet (without a face-to-face interaction) confirms what we already knew – that direct interactions and establishing trust make a world of difference. Market research should be conducted between now and next winter to see if there is any scope for making the North London Cares literature clearer and more appealing.
- The Somali and Bangladeshi translations were well received this time round. Another priority would be European languages, like Spanish, Greek and Italian, to reflect the large number of people within these demographics who we came across (and who were often living alone).

- **Moving GP presentations to the wider North London Cares remit**

- The GP component of Winter Wellbeing is the most time consuming and least fruitful, and – given the difficulty of contacting GPs at the best of times – seems like something which should effectively be a project or work stream in itself;
- Encouraging GPs to make social prescriptions to NLC is strategically essential – but reaching out to individual GP surgeries is ineffective. NLC should work with Camden and Islington CCGs to raise awareness of their work across the year.



- **Identifying isolation in private housing**
  - There are many people in both boroughs who have capital assets but who are cash poor. One of the next steps should be to try and reach private tenants and homeowners, whose isolation may go under the radar. This is something which, to be achieved, requires council support, as well as support from organisations such as the Camden Federation of Private Tenants.
  
- **Getting more volunteers directly involved**
  - One of the aims of Winter Wellbeing this time round was to get North London Cares volunteers to participate and engage with the project in the same way as they do with the charity's core Social Clubs and Love Your Neighbour projects, but although we had 3 Saturday door-knocking days advertised and several mobilisation "asks" this was something which we did not succeed in to the degree we had hoped – with just 7 volunteers getting involved across the project;
  - This is very much a team-based type of volunteering (compared to, say, Love Your Neighbour), so for future years we could try using the November period to be more creative about getting people involved – for example by framing a day's volunteering as an "office challenge" in partnership with one or more of North London Cares' corporate supporters. This is something we are already working on.
  
- **Establishing more clarity in the grants criteria**
  - Small grants make up a vital part of this project's effectiveness. They open the doors to deeper conversations, and provide a vital lifeline to the people most in need and whose circumstances have altered most dramatically as a result of the winter. As these grants are not statutory, some discretion is necessary in deciding which neighbours would most benefit from the small grants. Up to now, these judgements have been made based on specific criteria: a neighbour's income, expenditure on fuel, access or otherwise to state benefits, changing circumstances and pre-existing health conditions. That said, to ensure grants are distributed fairly, and that neighbours are better able to manage their own finances without relying on additional discretionary winter grants, neighbours applying for grants in successive years should be supported in more sustainable ways, for example by being directed to financial advice services.
  
- **Improving / speeding up referrals processing**
  - The long wait times for referrals to be followed up by council teams presents a big challenge. Winter is a busy time so logjams in certain departments are inevitable, but the referral pathways need to be improved so that individuals do not get lost in a 'black hole'. Dialogue between North London Cares and the council could improve so that the project is able to manage expectations, so that the council do not feel 'flooded' with unexpected referrals, and so that neighbours get the best service and response time possible.

- In many instances we were given or recorded incorrect phone numbers for older people on the doorsteps. This naturally meant that some people were uncontactable and therefore did not receive the follow-ups they expected. Next year, we should be mindful of the importance of double checking phone numbers with neighbours during the first interaction, and perhaps check it is correct by attempting a call on the spot.
- **Staggering the evaluation surveys**
  - We surveyed a total of 1531 older neighbours out of 278 who received “deeper interventions” (55%). 55 people (20%) of those neighbours who had received deeper interventions didn’t recall their interaction with us, and so were unable to complete the survey. Many people who were visited in December of the campaign made comments such as "You expect me to remember December?!" (One added, "But that was years ago!"). It may be worth completing one or two days of surveying for the evaluation at the end of each month of the project next year, to minimise the risk of neighbours forgetting their interactions with the project.
- **Increasing the overall budget**
  - The budget for this year’s Winter Wellbeing was £27,500, comprising £22,500 from Camden and Islington Councils’ public health departments and £5,000 from London Cancer. Taking into account staff costs, grants, blankets, leaflet design and production, evaluation, postage and other costs associated with the project, North London Cares will have a minor overspend on the Winter Wellbeing project of approximately £2,000;
  - In future years, as the project scales up and becomes more and more embedded in the winter landscape, we need to ensure the charity is not losing money in delivering the objectives. We would therefore seek to secure budgets of £30,000.
- **Increasing the number of face to face interactions through major events**
  - Given the clear effectiveness of face-to-face interactions over dropping leaflets through doors, it is worth considering a major set piece event for Camden older people, as occurred in Islington this year through the Age UK Tea Dance at the Business Design Centre and North London Cares’ Abbey Community Centre, both of which were highly attended.



## 13. Conclusion

Although, as last year, we have again had a relatively mild winter, we know from experience and anecdotal evidence that the short days, wet and grey weekends and colder weather of winter can entrench poor health and cause social bonds to wither, even if temporarily. The Winter Wellbeing project has proven, again, to be an important way of countering this, allowing us to connect with our most vulnerable neighbours during the most isolating season.

From the response to this year's Winter Wellbeing project, we know that the older neighbours our teams spoke to value the **extra interaction** they receive. For most, the leaflets and interactions provide a source of **additional comfort, reassurance and security** – bridging the generation gap and delivering soft outcomes in terms of people's **sense of connectedness to community and wellbeing**.

These outcomes have been shown by the Campaign to End Loneliness and other organisations to have a big, positive impact on people's health, as well as their longer-term wellbeing<sup>7</sup>.

For a significant minority of between 5% and 10%, this project achieves something even more tangibly and **immediately beneficial** – providing a lifeline to people who might not otherwise come forward for other state or community interaction or intervention, and making **primary and early secondary interventions** that prevent the need for later tertiary and acute interventions by the state or other agencies.

The value of the Winter Wellbeing project is in its ability to ensure even the most ill or isolated do not fall through the gaps in state and other community provision, and to embed a **preventative approach**, whereby practical, social and emotional issues are identified before they become emergencies – and whereby people learn how they can get the support or connections they need to live **more fulfilling lives** not just in winter time, but year round.

As the population ages, people live longer and other local authority services are reduced it is vital that this holistic offer – of **practical, social and emotional outreach and connection** during one of the toughest, most isolating periods of the year – is continued.

We are aware that this project has only scratched the surface of isolation in both Camden and Islington and in future would like to go further, continuing to work through the operational challenges associated with such an ambitious project, so that support can be given to as many people as possible, not just in the winter but throughout the year.

As demographics in Camden and Islington continue to change over the coming decade, and healthcare services are integrated further into the community through Clinical Commissioning Groups and other national and local government changes, we believe that **targeted outreach, isolation identification and integrated community** projects such as these will become ever more important.



<sup>7</sup> <http://www.campaigntoendloneliness.org/loneliness-research/>

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