



Community Connections Lewisham

Annual Report 2021-2022

This year, the Community Connections Lewisham (CCL) team has received 7833 referrals. 687 of these were escalated to Person Centred Plans (PCPs), with 526 clients getting a visit and 8 weeks’ worth of support from the team. 62 clients declined the service, 74 clients weren’t contactable, 24 were inappropriate for us to support in that way.

This year, 62% of our clients identified as women, 51% were from a BAME backgrounds and 74% were over 50 years old.

Between April 2021 and March 2022, the Community Connections Lewisham team made 13339 signposts and 4808 referrals to over 1110 different groups and services in Lewisham. A “signpost” refers to informing clients about a group or service in the borough and telling them how to access it – e.g. giving them the Advice Line phone number. A “referral” is sending a group or service a client’s details (with their consent), so that the client is contacted directly. 96% of our referrals were deemed suitable by the receiving organisations and 80% of the clients we referred had received the service they needed within their quarter of referral.

Our Community Development Worker has had 485 meetings with 165 different local groups.

Beyond the figures, what best describes CCL is what our clients and partners say about us:

Thanks so much for your help. My mum is quite excited about working with you.

You are legends! Thank you, that all sounds fantastic.

I’ll pass all of this on to my client, who I really hope will make contact with you very soon ☺

I have read all the information and am really impressed for what’s on offer so will weigh up my options to suit my needs. I will know a lot more in the next couple of weeks then prepare to move forward and join up. I really appreciate you contacting me. Thank you

Community Connections Lewisham (CCL) is a social prescribing project, delivered by Age UK Lewisham and Southwark. The service supports local residents to access a wide range of non-medical services and sources of support with the goal of improving their physical and mental health and wellbeing, motivating them to take greater control over their own health and lives. Like all social prescribing projects, it is based on a holistic vision of health, recognising that people’s health is heavily influenced by economic, social and environmental factors.

Community Connections aims to:

* Help individuals to stay happy, healthy, well connected to their local community and to make full use of their potential;
* Reduce pressure on health and social care services (in acknowledgement that around 20% of GP visits are for non-medical reasons and 40% involve mental health issues);
* Build stronger and more resilient communities, with strong links between statutory services and the voluntary sector.

The CCL team is made up of 4 full time (FT) Partnership Coordinators, 4 FT Community Facilitators, 1 Community Development Worker (0.8 FT equivalent), 1 Admin assistant (0.4 FT equivalent) and 3 managers (2.8 FT equivalent). Altogether we operate:

* An open access telephone line (0330 058 3464) open Monday to Friday 9:30 am-4pm where local residents and professionals can call to ask about local health and wellbeing provision.
* A partnership of 30 Voluntary and Community Sector organisations and statutory services supporting Lewisham residents with their health and wellbeing via a shared pathway.
* A casework service for clients who need a bit more support than can be provided in a couple of phone calls. We call this “Community Facilitation.” This support can last up to 8 weeks and would normally include a home visit.
* A support service for local community groups, helping them to promote what they do, to maximise their resources and their outputs and to be as inclusive as possible to cater to the needs of our clients.
* An online presence, with a website and lively social media accounts on Twitter, Facebook and Instagram.

The present report is organised under these five headings:

1. The Community Connections Lewisham phone line and online referral system – P.2
2. The Community Connections Lewisham Partnership – P.14
3. Community Facilitation – P.17
4. Community Development Work – P.22
5. Communications – P.23
6. **The Community Connections Lewisham phone line and online referral system**
	1. **Traffic on the phone line**

The team is divided every day between people on the phone line taking incoming calls, and people off the phone line, contacting clients who have been referred to us via our online referral form, via email, or following up on calls received on previous days.

The table below shows a monthly break down of the number of contacts we have had each month and the number of individuals contacted. We count as a contact all phone calls received and made, as well as text messages, emails and letters sent. We do not count incoming referrals received as contacts, and clients are de-duplicated by names on a monthly basis:

|  |  |  |  |
| --- | --- | --- | --- |
| Month | Individuals | Contacts | Average contact per/client |
| April 2021 | 880 | 1729 | 1.96 |
| May 2021 | 1006 | 1972 | 1.96 |
| June 2021 | 1091 | 2289 | 2.10 |
| July 2021 | 699 | 1948 | 2.8 |
| August 2021 | 681 | 1809 | 2.7 |
| September 2021 | 680 | 1702 | 2.5 |
| October 2021 | 606  | 1569  | 2.6 |
| November 2021 | 595  | 1398  | 2.3 |
| December 2021 | 627  |  1165  | 1.8 |
| January 2022 | 678 | 1488 | 2.2 |
| February 2022 | 788 | 1703 | 2.2 |
| March 2022 | 833 | 2000 | 2.4 |
| Average | 764 | 1731 | 2.3 |
| Total | 9164 | 20772 | 2.3 |

The number of individuals supported are de-duplicated per month, i.e. a person who gets in touch with CCL once in April and once in December will be counted as 2 individuals in the annual total of the above table. The de-duplicated number for the whole year is 4990 including 1236 logged as anonymous contacts as they didn’t want us to store information about them on our database.

The following chart shows the weekly changes in the number of contacts and individuals supported throughout the year:

The following chart shows the traffic of incoming calls on the phone line compared to the number of contacts daily, highlighting that answering incoming calls on the phone line is only one aspect of the work that we do with clients (incoming calls are counted as parts of contacts).

* 1. **Callers Profile**

Community Connections Lewisham is a resource not only for individual clients but also for professional agencies, from VCS (Voluntary and Community Sector) organisations to statutory services (such as GPs, Adult Social Care, etc). The majority of calls are from clients directly, or their families, friends and neighbours inquiring on their behalf. Most professionals call the line or email us to ask what services are available in the community (e.g. Is the Foodbank still doing deliveries? How can a client be referred to befriending services? Where can we find a fridge for someone who has recently been rehoused?). We value these calls as they enable us to train professionals on the current provision so not all clients who need community support need to be referred to us directly. Sharing our knowledge is a big part of how we manage the demand on our service.

* 1. **Referrers’ profile**

**●How are referrals coming through?**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Web Referrals | Incoming calls | Total |
| April 2021 | 106 | 524 | 630 |
| May 2021 | 78 | 491 | 569 |
| June 2021 | 86 | 692 | 778 |
| July 2021 | 119 | 579 | 698 |
| August 2021 | 148 | 583 | 731 |
| September 2021 | 49 | 587 | 636 |
| October 2021 | 25 | 623 | 657 |
| November 2021 | 29 | 540 | 569 |
| December 2021 | 80 | 511 | 591 |
| January 2022 | 93 | 488 | 581 |
| February 2022 | 120 | 480 | 600 |
| March 2022 | 160 | 535 | 695 |
| Total | 1093 | 6633 | 7735 |

**● Who are the referrers?**

The chart below gives a breakdown of who our referrals have been coming from:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Self/ NOK/ Friend** | **Social Care** | **Health Sector** | **VCS** | **Housing** | **Other** |
| **Q1** | 1543 | 79% | 93 | 5% | 140 | 8% | 99 | 5% | 20 | 1% | 40 | 2% |
| **Q2** | 1445 | 70% | 103 | 5% | 140 | 7% | 145 | 7% | 19 | 1% | 20 | 1% |
| **Q3** | 1392 | 76.6% | 131 | 8.6% | 162 | 10.2% | 42 | 2.3% | 7 | 0.4% | 33 | 1.8% |
| **Q4** | 911 | 61% | 243 | 16% | 245 | 16% | 68 | 5% | 19 | 1% | 10 | 1% |
| **Total** | 5291 | 75% | 570 | 8% | 687 | 10% | 354 | 5% | 65 | 1% | 103 | 1% |



As you can see, the vast majority of referrals come from clients directly. This is helpful, as it means that these people are directly looking for help and receptive to it. It also means we have the opportunity to discuss clients’ situations directly with them, to help identify any further support they could benefit from that they may not be aware of. However, over the course of the year there has been a significant increase of referrals coming from Adult Social Care and the Health Sector, which shows that CCL’s relationships with the statutory sector are strengthening again after the interruption caused by the COVID 19 pandemic.

CCL also received referrals from 66 different Voluntary and Community Sector organisations, including Lewisham Food Bank, Entelechy Arts, Lewisham Speaking Up, Humankind, Change Grow Live (CGL), Blind Aid, Advice Lewisham, 999 Club, Forest Hill Job Centre and Lewisham Carers.

**Referrals from key partners**

However, as per the table below, incoming referrals from our key partners in the VCS are still very low, which will be a development point for the project in 2022-2023.

|  |
| --- |
| Key Partner Organisations referring to CCL 2021-22 |
| Organisation | No. of Referrals |
| KPR - 999 Club | 2 |
| KPR – Blind Aid | 5 |
| KPR - Community Falls Team | 11 |
| KPR - Food2You | 1 |
| KPR - Foodbank | 38 |
| KPR – Good Gym | 1 |
| KPR - IAPT (Improving Access to Psychological Therapies) | 33 |
| KPR - Lewisham Carers | 4 |
| KPR - Lewisham Primary Care Dietetics | 2 |
| KPR - Occupational Therapy | 7 |
| KPR - South London Healthy Homes Programme | 2 |
| KPR - VSL 1:1 Befriending | 3 |
| KPR - Humankind | 9 |
| Grand Total | 118 |

Obviously because most of our cases are self-referrals, referral sources are not the best way to understand how our clients get to us. This is why every month for a week we ask every client self-referring where they have heard about us. The results for 2021-2022 can be found in the graph below:

“Others” include DWP, Housing associations, IAPT, Children’s centres and leaflets and posters in the community. The “Social media” slide of the pie comes to 0% but there were actually 5 people out of the 845 who answered the survey that had heard from us in that way.

**2**. **Clients’ demographics**

**● Gender**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Male** | **Female** | **Non binary/ Genderless** |
| **Q1** | 37.9% | 62% | 0.1% |
| **Q2** | 35.8% | 64% | 0.2% |
| **Q3** | 38.6% | 61% | 0.4% |
| **Q4** | 39.5% | 60.2% | 0.3% |
| **Average** | 38.0% | 61.8% | 0.3% |
| **PCP clients** | 39.5% | 60.0% | 0.6% |
| **Lewisham 2020**[[1]](#footnote-1) | 49% | 51% | Data not available |

● **Ethnicity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **White** | **Black** | **Asian** | **Mixed** | **Other** |
| **Q1** | 48% | 37% | 7% | 4% | 4% |
| **Q2** | 48% | 39% | 5% | 4% | 4% |
| **Q3** | 50% | 38% | 6% | 3% | 3% |
| **Q4** | 50% | 35% | 6% | 4% | 5% |
| **Average** | 49% | 37% | 6% | 4% | 4% |
| **PCP clients** | 46% | 40% | 7% | 5% | 3% |
| **Lewisham 2020**[[2]](#footnote-2) | 52% | 26% | 11% | 8% | 3% |

The above shows that CCL’s clients are slightly less White than the Lewisham borough make up, which is likely to reflect health and wellbeing inequalities between ethnicities.

● **Age Range**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Q1** | **Q2** | **Q3** | **Q4** | **Annual total** | **PCP clients** | **Lewisham in 2020** |
| **Clients aged 18-29** | 60 | 6% | 61 | 6% | 57 | 6% | 57 | 6% | 235 | 6% | 33 | 7% | 45,073 | 14.6% |
| **30-39** | 83 | 8% | 98 | 9% | 94 | 10% | 98 | 10% | 373 | 9% | 36 | 7% | 61,164 | 19.8% |
| **40-49** | 142 | 13% | 123 | 12% | 116 | 12% | 57 | 6% | 438 | 11% | 56 | 11% | 47,279 | 15.4% |
| **50-59** | 171 | 16% | 176 | 16% | 170 | 18% | 165 | 17% | 682 | 17% | 82 | 16% | 37,327 | 12.1% |
| **60-69** | 181 | 17% | 194 | 18% | 158 | 16% | 199 | 21% | 732 | 18% | 84 | 17% | 21,948 | 7.1% |
| **70-79** | 210 | 20% | 188 | 18% | 164 | 17% | 212 | 22% | 774 | 19% | 101 | 20% | 12,337 | 4.1% |
| **80+** | 224 | 21% | 228 | 21% | 204 | 21% | 176 | 18% | 832 | 20% | 108 | 22% | 7,973 | 2.6% |

The above graph shows the CCL’s clients are substantially older than the Lewisham make up, and that the clients receiving longer term more in depth support are older than the CCL client average. This reflects the challenges faced by older adults in maintaining their health and wellbeing, but also their willingness to engage with motivational interviewing techniques and making health life changes.

**● Postcode**

We have also captured the postcode for 2992 of the 4990 clients we worked with this year, and here is how they are spread out across the borough:



607

823

912

650

With a breakdown per ward:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ward  | Neighbourhood  | Clients 2021-22  | %  | Neighbourhood Total  | Neighbourhood %  |
| Brockley  | 1  | 159 | 5% |   |   |
| Evelyn  | 1  | 158 | 5% |  |   |
| New Cross  | 1  | 153 | 5% |  |   |
| Telegraph Hill  | 1  | 137 | 5% | 219 | 20% |
| Blackheath  | 2  | 112 | 4% |   |   |
| Ladywell  | 2  | 122 | 4% |  |   |
| Lee Green  | 2  | 123 | 4% |  |   |
| Lewisham Central  | 2  | 216 | 7% |  |   |
| Rushey Green  | 2  | 250 | 8% | 291 | 28% |
| Catford South  | 3  | 152 | 5% |  |   |
| Downham  | 3  | 165 | 6% |  |   |
| Grove Park  | 3  | 135 | 5% |  |   |
| Whitefoot  | 3  | 198 | 7% | 227 | 22% |
| Bellingham  | 4  | 256 | 9% |  |   |
| Crofton Park  | 4  | 125 | 4% |  |   |
| Forest Hill  | 4  | 154 | 5% |  |   |
| Perry Vale  | 4  | 191 | 6% |  |   |
| Sydenham  | 4  | 186 | 6% | 352 | 30% |
| Total  |    | 2992 | 100% | 2992 | 100% |

* 1. **What did clients want support with?**

The chart below shows the reasons for the referrals received, and the issues clients have presented. One client can be presenting with many different issues and therefore would have been counted many times in the below graph.

For an overview we can summarise ‘Presenting Support Needs’ into general categories:

* 1. **Referrals and signposts**

During the financial year 2021-2022, the Community Connections Lewisham team made 13 339 signposts and 4 808 referrals to over 1 110 different groups and services. This is 3.6 referrals or signposts per individual supported (18339 signposts and referrals for 4990 individuals), which shows that everyone who contacts CCL gets offered guidance. A “signpost” refers to informing clients about a group or service in the borough and telling them how to access it – e.g. giving them the Advice Line phone number. A “referral” is sending a group or service a client’s details (with their consent), so that the client is contacted directly. Some services are only accessible through referrals, like the Foodbank or Good Gym.

The charts below show a breakdown of the different types of services we referred or signposted people on to. The complete list of all the signposts and referrals made by the team can be found in the Appendix.

The comparison of this chart with the graph of “Presenting support needs” on the previous page highlights the holistic support that the CCL team offers: we go beyond clients’ presenting needs to tackle the root cause of the issues, and open the conversation to more “personal” areas such as health and wellbeing or finances.

It is interesting to note that while 18% of clients present with requiring support with Finances, 30% of clients do receive Referrals and Signposting related to Advice services. This demonstrates the effects which financial hardship can have on all aspects of our client’s lives, even if they do not identify it as a support need when first accessing our services. It also ties in with the chart below, demonstrating that food is the one of the highest categories for which referrals and signposts are required, which is intrinsically linked to a client’s financial situation.

* 1. **Case studies**

Case studies enable us to give context and meaning to the numbers by describing the work done with a few particular clients this quarter. The clients’ first names have been changed to protect their anonymity.

● **Annie**

Annie is a 22 years old female who didn’t wish to disclose her ethnicity. Annie has Cerebral Palsy, and a Learning Disability. She also has PTSD, Anxiety and Depression. Annie is also a domestic abuse survivor. She was first referred to CCL in 2020 by Athena, after being abused by her father. Her case was closed as we were not able to contact her.

Our Partnership Coordinator met Annie at our weekly drop-in, where she came to ask about a freedom pass. In the course of the conversation, Annie opened up and shared that she had moved from away from her abuser and was given temporary accommodation. She told her Partnership Coordinator that she had been in hospital for two suicide attempts in the past 6 months, and was having to share her new accommodation with a mentally ill older man who was abusing her, and damaging the property. This was triggering her PTSD and causing her abilities to decline. She was socially isolated and wanted positive influences from new people.

CCL’s Partnership Coordinator referred Annie to Adult Social Care as a safeguarding concern, and to Lewisham Community Wellbeing, she will join a peer support group and Sydenham Garden. They also supported Annie to write a letter to her Housing Officer, as she had been trying to contact them for quite some time without success.

 Annie has now been moved to new accommodation, and is now looking at exploring more opportunities to meet people her own age and develop her musical talent.

● **Akhil**

Akhil is an 85-year-old Indian man living in Lewisham with his wife. Akhil is registered Blind and has various health conditions including Angina and Arthritis. Akhil has been a long-term user of the Community Connections Lewisham service, regularly calling to request volunteer support with shopping and picking up medication from his local pharmacy.

Akhil has gotten to know the staff at Community Connections Lewisham better over the time of calling, and his trust and confidence in us has grown. Initially, conversations could be challenging, as he refused to discuss his situation in-depth and would not explore further options for support that meant he would be less reliant on volunteers. Following one conversation regarding shopping support, one of our Partnership Coordinators asked Akhil if there was anything else we could help with, and he asked about support available to apply for a Taxicard

One of our Community Facilitator has since visited Akhil at home and learnt more about his situation. They have been able to support Akhil in applying for not just a Taxicard but also Dial-A-Ride, as well as a Benefits Check to ensure Akhil is getting all the financial support he is entitled to.

Thanks to his transport schemes memberships, Akhil is now much more autonomous to do his shopping, and is feeling relieved and more confident.

1. **The Community Connections Lewisham Partnership**

Community Connections Lewisham is continuing to grow its partnership of voluntary sector organisations and statutory sector services supporting local residents’ health and wellbeing, to ensure we have the knowledge and resources available to best respond to the needs of our clients.

Our full list of 33 Key Partners in 2021-2022 is: 999 Club, Adult Learning Lewisham, Advice Lewisham, Athena, BLG Mind, BlindAid, Catbytes, the Lewisham Community Falls Service, Dementia Support Hub, Food2You, the Foodbank, GCDA, GoodGym, Happy Feet, Humankind, IAPT, Lewisham Adults Safeguarding Board, Lewisham Primary Care Dietetics Service, Lewisham Refugee and Migrants Network, Linkline, Little Village, London Fire Brigade, METRO, Occupational Therapy, PLUS, the Police’s Safer Neighbourhood Team, South London Healthy Homes Programme, Stop Smoking Service, Sydenham Gardens, Voluntary Services Lewisham, Your Voice in health and social care. In the table below you can see the data return they have provided us in Quarter 4:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nb of referrals  | Suitable | Contacted | Unable to contact | Unsuitable | Still on waiting list | Received the service | Client declined service | **Why unsuitable ?** |
| 999 Club | 3 | 1 | 2 | 0 | 1 | 0 | 2 | 0 | 1x client was unsuitable as only wanted legal advice and various telephone numbers for courts in Bromley - they did provide him with this info. |
| Adult Learning Lewisham | 4 | 4 | 3 | 1 | 0 | 0 | 1 | 2 | 1x client booked onto a pre-course assessment but cancelled, 1x client interested but felt courses were too expensive |
| Advice Lewisham  | - | - | - | - | - | - | - | - | Not yet a Data Sharing Partner |
| Athena | - | - | - | - | - | - | - | - | Not yet a Data Sharing Partner |
| BLG Mind | - | - | - | - | - | - | - | - | Not yet a Data Sharing Partner |
| BlindAid  | 3 | 3 | 3 | 0 | 0 | 0 | 3 |   | 1x client was unsuitable for home visits due to challenging behaviour but regular telephone support is being provided |
| Catbytes | 22 | 21 | 14 | 1 | 1 | 7 | 12 | 0 | 1x client was unsuitable for home visits due to challenging behaviours |
| Community Falls Team  | - | - | - | - | - | - | - | - | Falls Team lack capacity to fill in our data returns |
| Dementia Support Hub | 5 | 5 | 5 | 0 | 0 | 0 |   |   |  |
| Food2You | 19 | 19 | 19 | 0 | 0 | 0 | 19 | 0 |   |
| Foodbank  | 424 | 423 | 424 | 0 | 1 | 0 | 423 | 0 | 1x client had too many vouchers issued so was not entitled to the voucher we issued |
| GCDA walking group and cooking classes | - | - | - | - | - | - | - | - | Moving to a new provider in May so referrals placed on hold through Q4 as we awaited more information |
| GoodGym  | 37 | 35 | 34 | 0 | 2 | 0 | 28 | 0 | 1x client too young for service, 1x task deemed unsuitable, 1x task cancelled by CCL, 6x tasks not completed due to lack of volunteers |
| Happy Feet | 4 | 4 | 7 | 0 | 0 | 0 | 7 | 0 |  |
| Humankind  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No referrals made |
| IAPT  | - | - | - | - | - | - | - | - | Not yet a Data Sharing Partner |
| Lewisham Primary Care Dietetics Service | 2 | 1 | 1 | 0 | 1 | 0 | 1 | 0 |  1x client unsuitable as registered with a GP in Bromley (out of borough) |
| Lewisham Refugee and Migrant Network | - | - | - | - | - | - | - | - | Not yet a Data Sharing Partner |
| Linkline | 5 | 4 | 5 | 3 | 1 | 0 | 1 | 0 | 1x client unsuitable as did not have a landline for equipment to be installed. 3x clients did not respond to contact attempts |
| Little Village | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 0 |   |
| London Fire Brigade | 7 | 7 | 7 | 1 | 0 | 0 | 7 | 0 |  |
| METRO  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No referrals made - new Key Partner at the end of Q4 |
| Occupational Therapy | 8 | 6 | 6 | 0 | 6 | 1 | 5 | 0 | 4x clients screened by Gateway and not passed to OT, 1x client referred to Housing Association, 1x client no OT needs identified  |
| PLUS | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1x client unsuitable as only wanted help to learn English which is not a service they offer |
| Police (Safer Neighbourhood Teams) | - | **-** | - | - | - | - | - | - | Not currently doing data returns  |
| South London Healthy Homes Programme  | 73 | 73 | 66 | 7 | 0 | 2 | 61 | 3 |   |
| Stop Smoking Service  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No referrals made |
| Sydenham Gardens | - | - | - | - | - | - | - | - | Not yet a Data Sharing Partner |
| VSL Befriending Network  | 22 | 22 | 14 | 0 | 0 | 8 | 14 | 0 |   |
| VSL Transport | - | - | - | - | - | - | - | - | Unable to provide any data for this service in Q4, most likely due to closure of service  |
| Your Voice in Health and Social Care | - | - | - | - | - | - | - | - | No response to request for data return |

The table below summarises the results of these data returns for the whole year 2021-2022:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nb of referrals  | Suitable | Contacted | Unable to contact | Unsuitable | Still on waiting list | Received the service | Client declined service |
| Annual total | 2949 | 2833 | 2559 | 90 | 80 | 136 | 2369 | 68 |
| Annual percentages | - | 96% | 86.7% | 3% | 2.7% | 4.6% | 80% | 2.3% |
| Total Q4 | 649 | 638 | 621 | 13 | 14 | 18 | 594 | 5 |
| Percentages Q4 | - | 97% | 94.20% | 2.00% | 2.10% | 2.70% | 90% | 0.80% |
| Total Q3 | 838 | 807 | 672 | 37 | 14 | 37 | 646 | 10 |
| Percentages Q3 | - | 96% | 80% | 4.4% | 1.7% | 4.4% | 77% | 1.2% |
| Total Q2 | 784 | 772 | 664 | 17 | 20 | 32 | 602 | 30 |
| Percentages Q2 | - | 98.5% | 84.7% | 2.17% | 2.55% | 4.08% | 76.8% | 3.82% |
| Total Q1 | 678 | 616 | 602 | 23 | 32 | 49 | 527 | 23 |
| Percentage Q1 | - | 90% | 88% | 3.4% | 4.7% | 7% | 77.7% | 3.4% |

1. **Community Facilitation**

While the phone line aims at signposting and referring clients onward as quickly as possible, Community Facilitators offer longer term support of up to 8 weeks. Through a Person-Centred Plan (or PCP) we help clients towards goals they set for themselves to improve their health and wellbeing. Community Facilitators meet with clients in their homes or contact them over the phone. They encourage clients to make healthy lifestyle changes such as learning a new skill, exercising more often, joining a social group such as a local lunch or woodworking club, or even volunteering their skills in a community garden.

Between April 2021 and March 2022, the Community Facilitation team reached and supported 526 individual clients to achieve their goals and increase their health and wellbeing through their community. We received 687 referrals, 62 clients declined the service, 74 clients weren’t contactable, 24 were inappropriate for us to support in that way.

**3.1. Clients demographics**

Most of the demographics data can be seen above, in comparison to our overall equalities data. There are a few bits of extra information that we capture in the context of Person Centred Plans though:

● **Health Conditions**

Out of 461 clients whose case we closed this quarter, 303 reported to have some health conditions. These are reported in the table below in the order of most frequent:

|  |  |  |
| --- | --- | --- |
|  | Number ofclientsaffected bythis condition | % of clients affected by thiscondition compared to overall number of clients |
| Mental Health Diagnoses |  |  |
|  | Depression | 75 | 16.3% |
|  | Anxiety | 67 | 14.5% |
|  | Low mood | 53 | 11.5% |
|  | Schizophrenia | 17 | 3.7% |
|  | Loss of self confidence | 16 | 3.5% |
|  | Stress | 12 | 2.6% |
|  | Post-Traumatic Stress Disorder | 11 | 2.4% |
|  | Suicidal ideations | 11 | 2.4% |
|  | Bipolar disorder | 6 | 1.3% |
|  | Hoarding | 6 | 1.3% |
|  | Borderline personality disorder | 6 | 1.3% |
|  | Psychosis | 5 | 1% |
|  | Attention Deficit Hyperactivity Disorder | 4 | 0.87% |
|  | Obsessive-Compulsive Disorder | 2 | 0.4% |
|  | Self-harming | 2 | 0.4% |
|  | Paranoia | 2 | 0.4% |
|  | Agoraphobia | 2 | 0.4% |
|  | Eating Disorder | 2 | 0.4% |
|  |  |  |  |
| Physical Health Diagnoses |  |  |
|  |  |  |  |
|  | Mobility difficulties (no wheelchair) | 80 | 17.3% |
|  | Diabetes | 59 | 12.8% |
|  | Breathing difficulties | 52 | 11.3% |
|  | Arthritis | 52 | 11.3% |
|  | Chronic Pain | 31 | 6.72% |
|  | High blood pressure | 28 | 6% |
|  | Cancer | 23 | 5% |
|  | Heart problems | 19 | 4.1% |
|  | Wheelchair user | 18 | 3.9% |
|  | Chronic Fatigue | 8 | 1.7% |
|  | Multiple Sclerosis | 5 | 1% |
|  | Kidney Failure | 4 | 0.87% |
|  | Irritable Bowel Syndrome | 4 | 0.87% |
|  | Incontinence | 4 | 0.87% |
|  | Gastric Problems | 3 | 0.65% |
|  | Bed bound | 2 | 0.4% |
|  | HIV | 2 | 0.4% |
|  |  |  |  |
| Sensory, neurological and cognitive difficulties |  |  |
|  |  |  |  |
|  | Visual impairment | 48 | 10.4% |
|  | Stroke/Brain injury | 22 | 4.8% |
|  | Dementia | 21 | 4.5% |
|  | Learning Disability | 21 | 4.5% |
|  | Epilepsy | 19 | 4% |
|  | Memory impairment  | 17 | 3.7% |
|  | Autism | 17 | 3.7% |
|  | Hearing impairment | 16 | 3.5% |
|  | Parkinson’s Disease | 7 | 1.5% |
|  | Vertigo | 2 | 0.4% |
|  | Fibromyalgia | 1 | 0.2% |
|  |  |  |  |
| Other  |  |  |  |
|  | Substance misuse | 15 | 3.3% |

**● Residential status**

● **Employment status**

**●**

**3.2. Outcome measures**

We measure the impact that our casework has on clients by presenting them with a set of six statements when we first make contact and begin our Person centred plan with then, and by re-presenting them with the same 6 questions when the support has ended.

The statements are taken from the Warwick Edinburgh mental wellbeing scale (WEWB), which continues to be used by social prescribers nationally. Clients have to rate themselves on a scale from 1 to 5, 1 being “This doesn’t apply to me at all” and 5 being “This completely applies to me”. To the WEWB we have added one statement: “ I feel aware of what services are available in the borough”.

The below diagram shows on average the increase client’s report on the wellbeing scale:

The below graph shows the percentage of clients having reported an improvement on each scale in 2021-2022:

**3.3. Case Studies**

 **● Michael**

Michael self-referred into CCL by calling our helpline. He is a 54 year old white British gay man. Michael was feeling ‘trapped’ as both his mental and physical health made getting out and about difficult. This caused him to feel very isolated. Particular concerns were around his mental health, which has worsened recently due to the recent loss of his mother. Michael presented with severe anxiety, Leukemia, HIV and arthritis. The main areas of help that he identified were mental health support and increasing his social interaction.

As these two areas were most important to Michael, our Community Facilitator referred him to IAPT for mental health support, signposted him to Lewisham Bereavement Counselling and researched groups. They also signposted him to community centres, social groups, exercise groups and volunteering opportunities. Furthermore, he was referred to befriending services; Compassionate Neighbours and LGBTQ+ specific Opening Doors.

During the next conversation, Michael told his Community Facilitator that his phone was broken and he could not afford to replace it. From our Community Calling Scheme, Michael was provided with a free smartphone with unlimited texts and calls and 6GB of data a month. This allowed him to keep in touch with family and friends, professionals and carry out life admin including, online banking and emails.

After following up with Michael a few weeks later, he had his first counselling session booked in for IAPT, and has been receiving support from bereavement counselling. He has also been contacted from both befriending services and is on a waiting list to be matched with volunteers. He told his Community Facilitator that these few things falling into place motivated him to sort out other areas in his life including, applying for PIP and contacting Change Grow Live to help him with his alcohol and drug problem. Michael is also interested in a few social groups that he was signposted to and wants to join them once he begins his counselling sessions.

From never feeling good about himself nor feeling positive about the future, 6 weeks later Michael now feels confident in himself and very optimistic. Markedly, receiving support from services for his mental health has given him the space to improve other areas of his life including his social interactions, finances, and his alcohol and drug problem.

● **Amanda**

Amanda was referred to CCL by Lewisham Community Wellbeing. She is a 49 year old Black British Caribbean woman. Amanda is an Asylum Seeker who has experienced domestic abuse, homelessness, longstanding drug abuse. She also suffers from Schizophrenia. As she is already receiving mental health support and immigration advice, the reason for referral was for her to feel part of society again by giving back to those in need.

Amanda told our Community Facilitator that she wanted to volunteer to help the elderly and isolated individuals. This was important to her as she used to work as a nurse and wanted to care for people again.

Her Community Facilitator researched volunteering opportunities that matched Amanda’s caring nature and was focused on helping people directly. They signposted her to volunteering opportunities including, Good Gym, Good Sam and GCDA Lewisham Healthy Walks.

After following up with Amanda 2 weeks later, she had joined Good Gym as a runner and had already completed two tasks. She had delivered shopping to an elderly person and had visited a nursing home to socialise with the residents. She told her Community Facilitator how much she enjoyed it and the benefit it had on her mental health condition. She is looking forward to completing more tasks and wanted to know about further volunteering opportunities so she could pick up another volunteering role.

This found confidence also made her feel ready to begin socialising with others. She was interested in social and exercise groups. Her Community Facilitator signposted her to the Queen’s Walking Group, a Tea & Chat group, Wild Cat Wilderness, We Walk Wednesdays and GCDA Lewisham Healthy Walks and Cookery Classes.

Amanda now feels part of society again giving back to those in need. She is continuing to volunteer as a Good Gym runner completing tasks and helping people across the borough of Lewisham. She feels more confident and her mental health has improved, encouraging her to access local social groups.

1. **Community Development work**

Our Community Development Worker’s role is to support the groups to which our Community Facilitators refer, i.e. the smaller, local lunch clubs, craft groups, community gardens and others that will make a difference daily in the lives of our clients. The Community Development Worker (CDW) is a link between the local groups, our team and the statutory sector, attending regular meetings and maintaining relationships to make sure everyone is aware of the current provision.

### This year, our Community Development Worker had 485 meetings with 165 different local groups. After a big re-consenting exercise in quarter 4, our CDW mailing list has grown from 433 contacts to 333 different VCS groups, for a total of 663 professionals, including 141 professionals from statutory services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Conversation topic  | Number of groups discussed with in Q1 | Number of groups discussed with in Q2 | Number of groups discussed with in Q3 | Number of groups discussed with in Q4 |
| Introducing CCL and Community Development Work  | 52 | 52 | 39 | 63 |
| Connecting one group to another / Building partnerships  | 35 | 44 | 35 | 68 |
| Applying for new funding  | 18 | 15 | 22 | 22 |
| Recruiting volunteers  | 16 | 13 | 6 | 20 |
| Publicity  | 15 | 21 | 18 | 38 |
| Project planning | 14 | 14 | 10 | 25 |
| Trustees | 13 | 7 | 4 | 3 |
| COVID 19 opening / rules  | 11 | 1 | 1 | 3 |
| Premises  | 8 | 5 | 4 | 18 |
| Group activities information | 7 | 35 | 28 | 55 |
| Policies and procedures  | 6 | 6 | 1 | 2 |
| Setting up | 5 | 10 | 8 | 11 |
| Going online / digital inclusion | 5 | 2 | 0 | 3 |
| Legal structure  | 3 | 8 | 1 | 5 |
| Training | 1 | 2 | 5 | 9 |

### Out of the 182 groups that have responded to our survey, see below a breakdown of their Target groups and the issues they address:

|  |  |
| --- | --- |
| **Target group** |  |
| Everyone | 81 |
| Older people | 28 |
| Other specific groups including residents of a specific area, homeless people, families,  | 22 |
| People with a disability or other long term condition | 21 |
| Specific cultural or ethnic group | 19 |
| Younger People | 17 |
| Men | 9 |
| Women  | 4 |
| Religious community | 1 |
| LGBTQI+ | 1 |

|  |  |
| --- | --- |
| **Issue addressed** |  |
| Social isolation | 74 |
| Poor mental health | 45 |
| Poor physical health | 38 |
| Information and advice | 37 |
| Poverty | 31 |
| Digital exclusion | 21 |
| Advocacy | 17 |
| Unemployment  | 13 |
| Climate change/ Environmental issues/ link to nature for urban dwellers | 6 |
| Transports | 1 |

76 had the whole borough as their catchment area, 57 were based in Neighbourhood 1, 49 were based in Neighbourhood 2, 42 were based in Neighbourhood 3 and 48 were based in Neighbourhood 4:



48

42

49

57

12 survey respondents were community gardens and 16 were places of worship.

1. **Communications**

**5.1. Background and Strategy**

**● Background**

In March 2021 CCL recruited their first Communications Officer (2.5 days a week) to begin developing and implementing a communications strategy. The outbreak of Covid-19 a year before had brought about substantial changes to our service, which had been re-launched as ‘Community Connections Lewisham’ in September 2020 following six months of secondment to the *Lewisham* *Covid-19 Emergency Response Hub*. Most significantly, our new service retained the Monday-Friday phone line that had proved so vital during the turbulent early months of Covid. Also, having now merged our team with Age UK’s former ‘SAIL’ project, we began forming a network of key partnerships with local organisations from both the voluntary and statutory sectors that we could refer our service-users to directly. In light of these developments it seemed a crucial time to start building a public facing communications strategy; one that would raise awareness of our service among isolated adults in Lewisham, as well as building our profile among professional organisations in the borough.

**● Communications Strategy: Key goals and actions**

We began by identifying three main goals of our communications strategy, together with a set of corresponding outcome measures for each. They can be summarised as follows:

1. **Reaching out to potential clients:** ensuring that everyone 18+ in Lewisham is aware of what CCL does and how to contact and refer to us

***Outcome measures:***

* Qualitative increase in referrals to CCL: an increased percentage of referrals that are relevant to the types of support CCL can provide
* Increased number of referrals of clients for whom social prescribing can serve a preventative purpose rather than only addressing existing problems and/or barriers
1. **Promoting the Voluntary Community Sector (VCS) within Lewisham:** supporting our key partners and other groups & services with a view to raising the profile of the VCS in Lewisham

***Outcome measures:***

* Increased awareness of local groups and services in the general public so that people can self-refer and to ensure CCL’s support goes to people who need it the most
* Increased awareness of local groups and services among professionals from the VCS and statutory sector, to foster a cross-pollination for the benefit of the general public
1. **Strengthening our partnership with Lewisham Council:** for the VCSto become an indispensable component of Lewisham Council’s overall strategy for improving health & wellbeing in the borough

***Outcome measures:***

* Increase the efficiency of client’s journeys through the system and support statutory services to focus their efforts on the clients who need it the most
* Ensure all the different Council teams know what CCL does and cannot do, how to refer and how to get in touch with us if they have any questions about local health and wellbeing provision.

**5.2 Digital Communication**

**● CCL Website**

Using Wordpress and with the support of our Age UK IT staff, our Communications Officer developed content and branding design for a new CCL website [www.communityconnectionslewisham.org](http://www.communityconnectionslewisham.org). Some of the main areas covered in the website are:

* A Home page summarising our work, featuring our promotional video, and outlining the three key ways to make contact with us: our Monday-Friday helpline, our weekly drop-in, and via our online referral form
* Communicating what our service offers and how it works; for example, *What is CCL*, *Meet the team* and *Is CCL the right service for you*, the latter outlining areas of support that we can and cannot help with in order to reduce the number of inappropriate referrals. It also has a *News* section featuring regular posts about developments to our service such as the launch of our weekly drop-in
* An online referral form through which professionals can refer individuals, or individuals can refer themselves
* A *Key Partners* page outlining our list of local partnerships and promoting their work
* Tracking our achievement so far through presenting a series of successful client case studies, as well as making our quarterly reports downloadable from the website

The following data shows the growth of engagement with our website over the course of the year:

|  |  |  |
| --- | --- | --- |
| **MONTH**  | **Page views** | **Visitors** |
| April | 1286 | 461 |
| May | 1465 | 413 |
| June | 1457 | 484 |
| July | 1633 | 518 |
| August | 1469 | 454 |
| September | 1551 | 503 |
| October | 1791 | 594 |
| November | 1882 | 502 |
| December | 1936 | 542 |
| January | 1779 | 517 |
| February | 2227 | 769 |
| March | 2326 | 760 |
| **Annual Total** | **20,802** | **6,517** |

|  |  |  |
| --- | --- | --- |
| **Quarter** | **% increase in number of page views compared to the previous quarter** | **% increase in the number of website visitors compared to the previous quarter** |
| 2 | 10.6 | 8.6 |
| 3 | 20.5 | 11.1 |
| 4 | 12.9 | 24.9 |

Across the whole year our website received an average of 17.8 visitors per day and 57 pages views per day. As the data in tables above shows, there was a steady growth in the total number of website visitors and total page views during each successive quarter. There was also an exponential growth in the number of website visitors from each quarter to the next. Other positive trends revealed by this data include a steady increase in the number of online referrals submitted throughout the year, with the final quarter having more than double the number of referrals received in the first. It was also encouraging to see increased viewings of our *‘Is CCL the right service for you’* page since it was published in May, indicating an increased awareness among professional referrers of what types of support we can and cannot provide.

**● Social Media**

Increasing CCL’s social media presence was another key part of our online communications strategy. During the first quarter we established new profiles on Facebook and Instagram, and updated our existing Twitter page. All three were updated with our new logo, service information, and new photographic content.

Since then, posts and stories have been shared regularly to promote our service and new developments as they have arisen, such as our ‘Community Calling’ mobile phone scheme, our promotional video, and our weekly drop-in that began in March this year. We have also used these profiles to highlight the benefits of social prescribing, share positive client stories and quotes, and promote the work of the voluntary community sector in Lewisham, especially the work of our key partners. For the latter this has included a vast array of services, projects and events; for example, the VSL Christmas project, South London Healthy Homes (support with reducing energy costs), Covid-19 Vaccination pop-up clinics, Downham Day, ‘Bellingham Linking Lives’ befriending service, Lewisham Foodbank, and London Fire Brigade.

The following tables outlines the growth of our social media profiles throughout the year:

|  |
| --- |
| **Facebook** |
| **Quarter** | 1 | 2 | 3 | 4 | **Annual Total** |
| Total number of followers at the close of the quarter) | 502 | 552 | 575 | 612 | 612 |
| Total followers gained this quarter | 41 | 50 | 25 | 37 | 151 |
| *N.B. we had 461 followers at the start of this annual year since we redesigned our existing Facebook page that had been set up in 2018.* |
| **Instagram** |
| **Quarter** | **1** | **2** | **3** | **4** | **Annual Total** |
| Total number of followers at the close of the quarter) | 162 | 235 | 316 | 372 | 372 |
| Total followers gained this quarter | 139 | 73 | 81 | 56 | 349 |
| **Twitter** |
| **Quarter** | **1** | **2** | **3** | **4** | **Annual Total** |
| Total number of followers at the close of the quarter) | 252 | 295 | 338 | 389 | 389 |
| Total followers gained this quarter | 33 | 43 | 45 | 51 | 170 |

The results are generally positive, with Instagram being the platform on which we have attracted the largest growth in our social media following. In contrast, engagement levels on Facebook have been relatively disappointing and we have tried to improve this in recent months through proactively contacting and joining public groups that are specific to particular neighbourhoods in Lewisham. In terms of demographics, the data we have from Facebook and Instagram (these being linked accounts) shows that 81.3% of our followers live in London, and that over the past year our following has been 73.4% female and 26.6% male.

**● External content**

During the course of the year our Communications officer produced a number of articles and content that were published in external e-newsletters, magazines and websites. These include:

* **Arts Network Magazine** (mental health charity based in Lee)-Article on the work of CCL with special focus on mental health, featured in the August edition of their monthly ‘*Stay connected’* magazine (1250 print copies disseminated among vulnerable Lewisham residents)
* **Lewisham Council website-**Updated information about our new CCL service was sent to and updated on Lewisham Council’s website. This included the council’s web pages on ‘*Social Prescribing*’, ‘*Looking after your mental health during Covid-19’* and ‘*Keeping older people safe and independent*’
* **Lewisham Adult Social Care Newsletter Aug-Sept 2021**
* **Lewisham College**–information shared across their social media channels
* **Lewisham Youth Hub**–information about CCL tailored towards young people aged 18-25
* **Positive Ageing Council**-Autumn/Winter 2021 Newsletter
* **Age UK Lewisham & Southwark’s main website** - Updated information about our new CCL service was sent and added to AUKLS’s main website

**● Promotional Video**

*Background*

One of the first objectives of our Communications Officer was to oversee the development and completion of a short promotional video. CCL did not have any up to date video content and in light of our post-covid relaunch it was an ideal time to create a promotional film. During the 2nd quarter, our Communications Officer carried out research into the costs involved in making a film, such as 1-2 days of filming, video editing, transport and promotion etc. We began looking for a local film making company could help us produce a high quality and effective film within our budget. Following discussions with 5 local organisations, a decision was made to work with *‘Broken Hearted Youth Theatre’*, a Lewisham based Film and Theatre Company targeting individuals from disadvantaged backgrounds. Over the next few months we held several planning meetings with director Michael Van der Put, conveying our main aims to him and, with the aid of his professional experience and feedback, gradually fine-tuning our video plan in terms of its message, content, and target audience.

*Establishing our main goals and content:*

Given the breadth of our work it became clear early on that the video would become overlong and/or confusing if it attempted to cover every aspect of our service. Within no more than 4 minutes we wanted to cover as much of our work as possible whilst still maintaining a simple message and a coherent, engaging narrative. We decided its main goal should be to increase awareness of our service among potential service users (and their families, friends and carers) rather than specifically targeting local professionals. Also, despite our being an 18+ service we decided that it should focus primarily on how we tackle social isolation and loneliness among older Lewisham residents. This felt appropriate since older adults represent the majority of our service-users and because promoting social groups and activity is at the heart of social prescribing.

In terms of presentation, we decided that the most practical approach would be to talk about our service from the perspective of three of our staff members; a manager, a Partnership Coordinator and a Community Facilitator. These three staff members, along with our director, began the process of script writing and interview preparation. Each of them would share what they do in their everyday roles, giving examples of how they’ve supported service users and encourage residents to get in touch over our newly established phone line. Alongside this we wanted the video to feature a broad range of local groups in the community that we regularly signpost our service users to. Over 100 groups were invited to express their interest in being included in the video and by mid-September we had received positive responses from 30 groups across the borough.

*Filming and publication*

Filming was completed over two days, on the 8th and 29th of October. In the lead up to this we secured filming locations and coordinated dates with the various groups being filmed, as well as interview locations at Stanstead Lodge Community Centre and our own offices at both Laurence House and Age UK Bellingham. Along with staff interviews the final film features the following groups: *Catbytes IT drop-in, Wildcat Wilderness, Entelechy Arts Choir,* *Queens Walking Group, Stanstead Lodge Yoga class, Lewisham Speaking Up, Grove Park Community Group, Kinship Carers Hub cooking group, and the Lewisham Irish Centre*. In addition, camera man and photographer Mark Winterlin also captured stills for us to use on our website, including shots of the groups as well as iconic features of Lewisham such as the Horniman Museum, the Catford Cat and the Deptford Anchor.

Following a rigorous editing process, a final 3 minute film ‘**Breaking Social Isolation’** was completed by mid-January, and alongside this a shorter 1 minute edit entitled ‘**George’s Story’**, which focused on a specific client case study. Both videos were published on our website on the 4th February, as well as being shared and promoted across our social media sites and our YouTube channel. We will continue sharing it as part of our ongoing communications and plan to air it publically at the professionals networking event we are planning.

**● Quarterly Newsletter**

At the close of this business year we delivered our first digital newsletter; the first in a regular series of quarterly newsletters. Focusing on the period of Winter-Spring, the content priorities for the first newsletter were (1) sharing our promotional video (2) announcing the launch of our new weekly drop-in (3) the forming of new key partnerships with *Little Village* and Age UK’s *Happy Feet* service, and (4) sharing our achievements over the previous six months with key statistics and a link to our latest quarterly report.

It was created using Mailchimp software and sent out initially on the 1st March to a small mailing list of 30 subscribers, these being local professionals from the voluntary community sector along with our own staff team. Initial engagement was modest with an ‘open rate’ of 20% of recipients. Through our links with local statutory and VCS organisations the newsletter was delivered in the following few days to approximately 600 more recipients. This included several professional teams from Lewisham Council’s four neighbourhoods, including Social Work, Occupational Therapy, Mental Health and Community Development Teams. It was also shared by our Community Development Worker Michael Stuart to his mailing list of 400+ contacts, while our Partnership Coordination team disseminated the newsletter to each of our 22 Key Partner organisations. In sharing out the newsletter we invited people to subscribe to our mailing list, from which we had 22 email replies requesting to subscribe.

**5.3 Printed Promotional Literature**

Another important component of our communications over the year has been the production and dissemination of printed literature about our service. A significant proportion of our target group are digitally excluded due to a lack of IT skills and/or internet access, hence a particular aim has been to increase engagement with these residents. Printed material has chiefly consisted of the following:

**● CCL Main leaflets & dissemination across the borough:**

During the period of April-September 2021 each staff each staff member from our Partnership Coordinators and Community Facilitators team were assigned wards within the borough in which to disseminate our new (four sided) CCL leaflets and A4 sized posters. Drop offs were completed in the wards of Bellingham, Lee Green, Perry Vale, Brockley, Catford South, Forest Hill, Lee Green, Whitefoot, Downham, Grove Park, Ladywell, Deptford, New Cross and Telegraph Hill. They targeted a broad range of voluntary and statutory services and local businesses, including libraries, pharmacies, supermarkets, children’s centres, GP surgeries, community centres, post offices, youth clubs and leisure centres.

**● Literature around our weekly drop-in**

Our new weekly drop-in was launched on the 17th March and has continued running weekly at the PLACE/Ladywell building on Lewisham High Street (run by Lewisham Local). To promote it we created a new poster and two-sided leaflet, which so far has been shared around the areas of Catford, Ladywell and Central Lewisham, as well as having a large A1 sized poster put up in the venue’s front window. We have used the drop-in to share printed information such as our ‘*CCL Factsheets*’; a range of documents giving information on what’s available in the borough for a particular support need. Some examples would be our *Mental Health Support*, *Advocacy*, *Digital & IT Support*, and our *Employability Support* factsheets. These are typically 2-3 pages long and updated regularly. They’re also downloadable from our website.

**5.4. Face to face outreach**

Throughout the year our team gave face to face presentations about our service to an assortment of local organisations, including our key partners and other community groups. This included presentations from our Communications officer to (1) the *Lewisham Pensioners Forum* annual meeting and (2) *Sydenham Garden* (BLG Mind), presenting to a group of attendees coming to the end of their one year place.

In December we held the first of a bi-monthly meeting with our whole management team and Communications officer to review our communications strategy and outline our priorities for 2022. One of these main priorities was to increase face to face outreach through public events aimed at both service-users and professional referrers. This consisted of the following:

**● CCL Information sessions**

The first in a series of ‘Community Connections Information Sessions’ was presented online by Lewisham Partnerships Director Alice Groux. It was a way to explain to both Statutory and VCS professionals the purpose of social prescribing and how our service works, including how to refer to us, and what current provision looks like. We had 25 external professionals attend the first meeting and many useful questions and points were raised in the Q & A session at the end

**● Professionals networking event – Planning stages**

In January we began the early planning stages for an in-person networking event to be held at a suitable venue in central Lewisham. The event would be targeted at fellow professionals, gathering together all our key partner organizations, as well as Adult Social Care colleagues and an assortment of voluntary community groups. Through talks, case studies, a Q & A and a screening of our recent film, we would clarify how CCL works in practice, promote the health benefits of Social Prescribing, and celebrate what we have achieved so far. For the second half of the morning we would provide opportunities for networking among those present using interactive games and a complimentary lunch.

**● Summer Festival outreach events: initial planning and applications**

We also began initial planning for CCL’s participation at a number of regular summer events during the period of June-September. This would include running stalls at longstanding festivals such as People’s Day, Hilly Fields Fayre and Bellingham Festival. Our main aims will be to promote our service among local residents, raise our public profile within the Voluntary Community Sector, and raise additional funds through fundraising activities.

1. <https://www.observatory.lewisham.gov.uk/population/#/view-report/9df901355f4b4c11bb9d09d277001261/___iaFirstFeature> [↑](#footnote-ref-1)
2. <https://www.observatory.lewisham.gov.uk/population/#/view-report/9df901355f4b4c11bb9d09d277001261/___iaFirstFeature> [↑](#footnote-ref-2)