

Ageing Better Isle of Wight: Final Evaluation Report

Author: Dr Naomi Harflett

Contributors: Sylvia Barker, Philippa Chapman, Geraldine Cooney,
Yasmin Jennings, Dr Victoria Mason-Angelow and Ewa Woodward

November 2020





National Development Team for Inclusion

First Floor
30-32 Westgate Buildings
Bath BA1 1EF
T: 01225 789135
F: 01225 338017

© 2020 National Development for Inclusion
www.ndti.org.uk

Acknowledgements: *Thank you to everyone involved in delivering Ageing Better Isle of Wight, in particular project leads and Programme Office staff, for supporting our data collection and taking time to share and reflect on your experiences over the four years.*

We are particularly grateful to the participants of the Ageing Better Isle of Wight projects who spoke to us – your contributions have been crucial in enabling us to understand the difference that the projects have had on the lives of older people, and the evaluation would not have been possible without your help.



Contents

SECTION 1: INTRODUCTION	4
SECTION 2: EVALUATION APPROACH AND METHODS	10
SECTION 3: WHO HAS THE PROGRAMME REACHED?	14
SECTION 4: WHAT WORKS FOR OLDER PEOPLE?	21
4.1 Social isolation	21
4.2 Wellbeing and quality of life	44
4.3 Co-production and empowerment	52
SECTION 5: WHAT WORKS FOR THE ISLE OF WIGHT?	61
5.1 Becoming Age Friendly	61
5.2 Impact on public, private and voluntary sectors	70
SECTION 6: WHAT ARE THE COSTS AND BENEFITS OF THE PROGRAMME?	77
6.1 Project unit costs	77
6.2 Costed case studies	79
6.3 Potential costs avoided	83
SECTION 7: WHAT WORKS FOR THE PROGRAMME?	87
7.1 Delivering the programme	87
7.2 Planning and designing the programme	92
7.3 The role of learning and evaluation	93
SECTION 8: SUMMARY AND CONCLUSIONS	96
APPENDIX	102



Section 1: Introduction

Ageing Better

Ageing Better is a six-year (2015-2021), £78 million investment to improve the lives of people aged over 50 by addressing social isolation and loneliness within local communities. Funded through The National Lottery Community Fund (TNLCF), Ageing Better aims to support people aged over 50 who are experiencing or at risk of social isolation and loneliness, so that they can lead more fulfilling lives, better connected to their communities.



Ageing Better purpose

Through 14 local partnerships Ageing Better is working to ensure that people aged 50 and over are:

- ❖ less isolated and lonely
- ❖ actively involved in their communities, with their views and participation valued more highly
- ❖ more engaged in the design and delivery of services that improve their social connections
- ❖ recognised for their positive contribution to society.

Ageing Better also supports:

- ❖ services that improve social connections to be better planned, co-ordinated and delivered
- ❖ the development of better evidence about how to reduce isolation and loneliness for people aged over 50, in order to improve the design of services in the future.

Ageing Better Isle of Wight

Ageing Better Isle of Wight (AB IOW)¹ was one of the 14 Ageing Better partnerships. The aim of the Programme was to make the Isle of Wight (IOW) a great place to grow older, encourage better relations between generations, and tackle social isolation and loneliness. The Programme ran for five years from April 2015 to March 2020 with an overall budget of £5.7 million from TNLCF.

The Programme was managed by Age UK Isle of Wight (Age UK IW) and consisted of 16 separate projects run by voluntary sector and private organisations (referred to as **delivery partners**). The 16 projects delivered as part of AB IOW are shown in Table 1:

Table 1: AB IOW projects

Project	Delivery partner	Time period
Age Friendly Island – Working to make the IOW age friendly through: Age Friendly training; older people’s Public Forums; a multi-agency Steering Group; Town and Parish Council work; intergenerational work; Celebrating Age festival and awards.	Age UK IW and Community Action IW	April 2015 – March 2020 12-month extension to March 2021 agreed for some elements of the project
Alternative Transport - Mapping transport options on the IOW, looking at potential solutions to fill gaps, and offering advice on transport options including via a Transport Advice Line.	People Matter IW	April 2015 – Summer 2017 Closed as part of the Programme Review in 2017
Alzheimer Café - Support for older people and those with early onset dementia, their carers and families, through eight monthly pop up cafes across the Island; delivery of dementia awareness training.	Alzheimer Café Isle of Wight	April 2015 – March 2020
Care for Carers – Providing one-to-one support to carers over the age of 50 to access local help available; running groups and activities for carers including drop-ins, peer support, crafts, activities and respite weekends.	Carers IW	April 2015 – March 2020
Care Navigators ² – Providing up to 6 sessions of support to people aged 50 and over in their homes including sessions around: social activities; day care; domestic support; falls prevention; benefits and housing issues; home safety and minor aids and equipment for the home.	Age UK IW	April 2015 – March 2020

¹ Ageing Better Isle of Wight was initially known as the Age Friendly Island programme. As one of the 16 projects delivered as part of the Programme is called the Age Friendly Island project this caused confusion; part way through the period, the Programme changed to being referred to as Ageing Better Isle of Wight. In this report we use Ageing Better Isle of Wight, the abbreviation AB IOW or refer to it as ‘the Programme’. When we use Age Friendly Island or AFI we are referring to the project.

² Through the Ageing Better funded period a varying proportion of the Care Navigator posts were match funded by CCG and My Life a Full Life funding. Ageing Better funding covered 3 full time equivalent posts.

Project	Delivery partner	Time period
Community Navigators – Supporting older people to participate in social and community activities through providing one-to-one support and setting up groups and activities.	Wight Home Care	April 2015 – March 2020
Creative Futures – Improving the lives of older people in residential care homes through providing one-to-one creative sessions. Volunteers were matched with residents based on their interests such as art or music.	Independent Arts	April 2015 – March 2018 Funding agreed for a 3 year period only
Digital Inclusion - Helping upskill older people to use computers, tablets and access the internet through one-to-one tutorials, group sessions and drop-ins.	Age UK IW	April 2015 – March 2020
Education 50+ - An intergenerational project supporting older volunteers to support schools and engage older people in their local community.	Age UK IW	April 2015 – Summer 2017 Closed as part of the Programme Review in 2017
Employment Support - Supporting people over 50 to get back into employment or change career through one-to-one support and group sessions.	Learning Links	April 2015 - March 2019 Closed due to organisation going into administration
Good Neighbour Scheme – A volunteer scheme providing low-level support to older people including home visits, phone befriending and hospital transport.	Age UK IW	April 2015 – March 2020
Isle Find It – An online directory of local events, services, community groups and businesses.	Citizens Advice IOW	April 2015 – March 2020
Men in Sheds - Working with older men across the IOW to set up sheds to provide a place for men to come together over a shared activity.	Age UK IW	April 2015 – March 2020
Mental Health Peer Support - Peer-to-peer support for older people suffering with mental health issues, through a range of activities and sessions including art, cooking, exercise and creative writing.	My Time, Richmond Fellowship	April 2015 – Summer 2018 Closed as part of ongoing review of project performance
Olderpreneurs – Providing support to older people wanting to set up their own businesses, through one-to-one mentoring, workshops and networking meetings. (Note that this project is also known as Start Me Up 50+).	IOW Chamber of Commerce	April 2015 – March 2020
SingAbout - Providing regular weekly singing groups for older people at locations across the IOW run by a trained practitioner, and a team of volunteers.	Independent Arts	April 2015 – March 2020

A small staff team of between 3 and 6 team members known as the **Programme Office**, were employed by Age UK to manage the Programme and support the delivery partners. A governing body, the **Ageing Better Management Group** (ABMG) provided guidance, approved budgeting decisions and held the Programme Office to account.

As well as supporting the aims of the national Ageing Better programme, AB IOW worked towards achieving four agreed Programme outcomes:



Ageing Better Isle of Wight Programme Outcomes

Programme Outcome 1: Older people will feel they have improved connections within their local community and reduced social isolation

Programme Outcome 2: Older people will feel empowered to coproduce local policies and services which become more responsive to their needs, now and in the future

Programme Outcome 3: Older people will feel the Island is age-friendly; those under 50 years will see older people as an asset, recognising their contribution to the community

Programme Outcome 4: Older people will feel an increased sense of health, wellbeing and quality of life

Context

Over the five years of delivery of the Programme, the IOW, the UK and indeed the world has seen many changes that have affected older people, their health and wellbeing. The context that a programme such as Ageing Better is delivered in has inevitable consequences on delivery and progress towards the desired outcomes. While this report is not the place for an exhaustive account of the factors that have impacted older people's lives over the last five years, it is important to highlight some particularly significant ones that will have had a bearing on either delivery of the Programme or on older people on the IOW.

An ageing IOW population – The UK has an ageing population with nearly 12 million people aged 65 or over³. In 2018 18.3% of the UK's population were 65 and over⁴; on the IOW this is significantly higher at 27.3%⁵. The IOW is popular as a retirement destination; the increase in migration in older age groups has been increasing in recent years, with more than three times as many arriving on the Island in 2017 than in 2012⁶. Around 1 in 6 (16.5%) of all households are occupied by a single person aged 65 or over, the eighteenth highest rate for all local authorities in England and Wales⁷.

Austerity – In 2010 the UK government initiated an austerity programme to eliminate the budget deficit and reduce the national debt. This resulted in cuts to welfare benefits and local authority budgets and a reduction in NHS spending growth that put pressure on health services. This continued through the decade and throughout the Programme period. While affecting all ages, older people represent a significant proportion of those with care, support and health needs and as such are particularly affected by pressures on health and social care systems.

Local health and social care initiatives – Over the period of the Programme the IOW has seen a number health and social care initiatives and funding come and go. In 2015 the IOW became a Vanguard site and 'My Life a Full Life' was set up as new way of working between health and social care. As part of this a Local Area Co-ordinator (LAC) scheme was set up, but this ended in 2019. There was inevitably some overlap between the LAC scheme, the Care Navigators and the Community Navigators and an impact on the AB IOW navigator projects as the scheme ended. The Better Care Fund – funding to join up health and social care services – has provided opportunities for the organisations delivering AB IOW projects to work together and develop new support and services that complement those funded by AB IOW.

COVID-19 – The pandemic and resulting lockdown hit the UK in March 2020, as AB IOW funding was ending for projects. While the impact of this is beyond the scope and time period of this evaluation, it will inevitably have an impact on the future and sustainability of the projects in ways as yet unknown.

³ Age UK (2019), Later Life in the United Kingdom 2019 www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/late_life_uk_factsheet.pdf

⁴ ONS (2019), Overview of the UK population: 2019 www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/august2019

⁵ Isle of Wight Council (2019), Joint Strategic Needs Assessment: Demographics and population 2017/18 www.iow.gov.uk/azservices/documents/2552-Isle-of-Wight-Demographic-and-Population-factsheet-2017-18-FINAL-SS.pdf

⁶ Ibid.

⁷ Ibid.

Overview and structure of the report

The learning over a five-year Programme involving many projects, organisations and stakeholders inevitably covers a wide range of areas. We believe that the learning from this evaluation is potentially of use to a number of audiences with varying interests. We have structured the report into four main findings section that we hope will appeal to readers with different interests:

Section 4: What works for older people? This section looks at the impact of the Programme on older people in three subsections:

- social isolation
- wellbeing and quality of life
- co-production and empowerment

This section will be of interest to those concerned with the impact of social isolation interventions and learning about what works.

Section 5: What works for the IOW? This section looks specifically at the work of the Programme around making the Island age friendly, and the impact of the Programme on the Island's voluntary, public and private sectors. It will be of interest to those concerned with 'age friendly' concepts and those with an interest in the IOW.

Section 6: What are the costs and the benefits of the Programme? This section considers the value for money of AB IOW by looking at the costs of the Programme and considering the benefits in terms of costs prevented to the public purse. This will be of interest to those concerned with the economic value of preventative interventions, including those commissioning such projects.

Section 7: What works for the Programme? This section considers what has been learned about what works to support the delivery of the Programme. The learning in this section will be of use to those delivering or funding long-term multi-project programmes.

A short summary of the key impact of the Programme can be found at:

www.ndti.org.uk/assets/files/AB-IOW-summary.pdf.



Section 2: Evaluation approach and methods

The National Development Team for Inclusion (NDTi) was commissioned to conduct a four-year (April 2016 to March 2020, years 2 to 5 of the Programme) local evaluation of AB IOW. The focus of the local evaluation has been to look at impact and learning at **Programme** level. This has been complemented by a range of other monitoring and evaluation activity conducted throughout the five-year period at national and project level:

National Ageing Better evaluation: Ecorys, working in partnership with Brunel University Institute for Ageing Studies and Bryson Purdon Social Research are conducting a national evaluation of the Ageing Better programme. The national evaluation includes a quantitative questionnaire, the Common Measurement Framework (or CMF) that is used in all 14 Ageing Better sites. This includes measures of loneliness and wellbeing. The data is available for use by local evaluators, and the local evaluation was designed to incorporate and complement the data collected through the national evaluation. In this report we refer to the questionnaire as the **national evaluation questionnaire**. Findings reports and briefings from the national evaluation can be found at:

www.tnlcommunityfund.org.uk/funding/strategic-investments/ageing-better#section-2

AB IOW monitoring and evaluation: The Programme Office had a monitoring and evaluation function throughout the five-year period. They were responsible for collecting Programme monitoring data, reporting progress against key performance indicators and administering and collating IOW national evaluation questionnaire responses. Additionally, monitoring and evaluation staff members conducted some focused analysis of the individual projects and made comparisons between IOW and other Ageing Better areas. The monitoring and evaluation team provided Programme monitoring data for the local evaluation and in the final year of the Programme supported the local evaluation by conducting analysis of the national evaluation questionnaire data.

Individual project evaluations: To support the individual projects in their sustainability, Shephard & Moyes Ltd were commissioned in 2018 to conduct project level evaluations for each of the projects that were operating in the final period of the Programme. In 2019 NDTi and Shephard & Moyes worked together to conduct fieldwork on the AFI project.

Approach and focus

We have adopted a broad realist evaluation approach to this evaluation. Realist evaluation seeks to understand not just whether something works, but what works, for whom, in what circumstances and how. This approach emphasises the importance of understanding local contexts, needs and priorities when seeking to understand the impact of interventions.

The first two years the evaluation focused on measuring progress towards the four Programme outcomes. In 2018 a review of the evaluation was carried out and the following areas of focus were agreed:

- 1) What's working for individuals?
- 2) What's working for projects?
- 3) What's working for the Programme?
- 4) What's working for the Island?
- 5) What is the economic value of the Programme?

These questions shaped the focus of the remaining evaluation activity and fieldwork and have informed the structure of this report.

Methods

This evaluation is based on a mixed methods approach that draws on both quantitative and qualitative methods of data collection. To minimise the data burden on projects, the local evaluation was designed to use existing data sources where possible and to complement this with additional methods to fill gaps or add depth. The following data sources have been used for this evaluation:

- National evaluation questionnaire responses (entry questionnaire n=1,234, follow-up questionnaire n=515)
- Programme monitoring data (number of participants, number of volunteers, annual budget and project quarterly monitoring reports)
- Data collected by individual projects where relevant to Programme outcomes (including Google Analytics, project surveys, feedback, evaluation forms and documents)
- Summaries of fieldwork conducted by Shephard & Moyes Ltd with the AFI project including interviews with AFI Young Volunteers, Public Forum participants and Steering Group members

This was complemented by primary research, primarily one-to-one semi-structured interviews, conducted by the NDTi evaluation team between 2016 and 2020 as summarised in Table 2. A total of 190 interviews or focus groups were conducted with 157 individuals. The number of individuals differs from the number of interviews/focus groups because some individuals were interviewed more than once (project leads were interviewed up to 6 times over the four years) and some interviews and the focus groups included more than one person.

Table 2: Summary of qualitative research conducted

	Number of individuals	Number of interviews/ focus groups
Project participants	89	80
Project staff	33	77
Volunteers	11	8
Programme Office staff/ABMG	10	11
Professionals (Steering Group members and Creative Futures care home staff)	14	14
Total	157	190

The following evaluation activity was also conducted as part of the local evaluation:

- Collection of change stories⁸ (n=209)
- Observations of project activity (n=13)
- Online follow-up Age Friendly training participant survey (n=30)

The national evaluation questionnaire

The national evaluation questionnaire was designed to be completed by participants at entry (i.e. when they start participating in a project) and at follow-up (when they stop using the project or at six monthly intervals). The survey contained a number of quantitative measures such as loneliness, well-being and health scores, frequency of social contact and participation. Comparing the entry and follow-up surveys should allow a measure of impact of the Programme on individual participants. However, there are some limitations that it is important to acknowledge in interpreting the data:

- It was agreed by the Programme Office that the questionnaire was not suited to the Alzheimer Café project due to issues around mental capacity to consent, or to users of Isle Find It online directory, and therefore it does not reflect the impact of these projects.
- The Programme Office and project leads consistently highlighted the challenges around having a 'one size fits all' questionnaire when the activity and participation of the projects varied widely. In particular, it was emphasised that it was not suited to individuals participating on a one-off or short-term basis.
- Project leads reported challenges they experienced in asking participants to complete the questionnaire due to the length and sensitivity of the questions. As a result:
 - There was a low overall response rate; 1,234 people completed an entry questionnaire, representing around 7% of people who have participated with the Programme
 - There was a relatively low follow-up questionnaire response rate. In total, 515 people (42%) completed a follow-up questionnaire

⁸ Change stories are a structured form of case study completed by project leads which focused on change that came about as a result of the project. In this evaluation they have been used to complement and validate findings from interviews and observations.

- Due to concerns about the questionnaire deterring people from participating with a project, project staff often distributed questionnaires after people had participated in a number of sessions, therefore they did not always accurately capture the baseline picture

These limitations should be recognised when interpreting the findings from the national evaluation survey and are reflected on specifically in Section 4.1 in relation to the findings on the impact on loneliness scores.

Ethical approval

Ethical approval was granted through NDTi's internal ethical approval process in 2016 and revised in 2018. Participation in the research was voluntary. Participants were given full information about the research and what would happen to the information they provided before agreeing to participate. To ensure anonymity for participants, individuals have not been named where they are quoted and any names used are pseudonyms. Due to the small number of staff in some projects, those working as part of the Programme Office and ABMG members, quotes are attributed to either 'project staff/volunteer' or 'Programme Office/ABMG' to ensure anonymity.

Unfortunately, due to the level of ethic approval needed, we were unable to include people who lacked capacity to consent to participate in research in this evaluation. This means that views and experiences of some participants of some projects, in particular those who participated in the Alzheimer Café and Creative Futures projects, are not represented. While we have included family member and carer participants of Alzheimer Cafés and Creative Futures staff members, this limitation should be acknowledged.



Section 3: Who has the Programme reached?

This section uses project monitoring data and responses to the national evaluation questionnaire, to describe the reach of AB IOW in terms of the number of participants and volunteers, and the demographic profile of those participating.

Participants and volunteers

Table 3 below shows the number of participants reported by projects in the period April 2016 to March 2020. Overall, there were 16,836 participants⁹ in the Programme across 15 projects¹⁰. In addition, the Isle Find It online directory had over 140,000 unique users¹¹.

Table 3: AB IOW participant numbers

Project	Number of participants
Age Friendly Island	1,454
Alternative Transport	703
Alzheimer Café	709
Care for Carers	1,560
Care Navigators	5,770
Community Navigators	2,737
Digital Inclusion	1,686
Education 50+	73
Employment support	206
Good Neighbour Scheme	407
Men in Sheds	363
Mental Health Peer Support	134
Olderpreneurs	323
SingAbout and Creative Futures	711
Total	16,836

⁹ As a result of projects ceasing activity and project offices closing in response to the COVID-19 lockdown in March 2020, monitoring data was not received for some projects in the final quarter of the Programme, therefore the true numbers will be slightly higher than the figure here

¹⁰ Note that the Creative Futures and SingAbout participant numbers are reported together

¹¹ Using Google Analytics definition of unique user

It should be recognised that participation has a different meaning for each project and reflects a wide range of levels of participation from receiving a one-off bit of advice, to receiving intensive one-to-one support over a short period of time, to participating at weekly or monthly sessions over the entire five years.

It also needs to be noted that there were considerable challenges around recording and calculating the number of participants. Projects were asked to report the number of new participants and the number of ongoing participants on a monthly basis. The figures above reflect the number of new participants recorded each month over the five years. As there was not a dedicated database for the Programme, people who attended more than one project will be counted for each project they attend, therefore the number of individual people reached was less than 16,836.

Table 4 shows the number of people who volunteered for each project. Across the Programme there were a total of 696 volunteers.

Table 4: AB IOW volunteer numbers

Project	Volunteer numbers
Age Friendly Island	115
Alternative Transport	29
Alzheimer Café	131
Care for Carers	22
Care Navigators	22
Community Navigators	74
Digital Inclusion	49
Education 50+	0
Employment support	26
Good Neighbour Scheme	88
Men in Sheds	0
Mental Health Peer Support	29
Olderpreneurs	3
SingAbout and Creative Futures	108
Total	696

Programme participant profile

The findings reported in this section are based on the 1,234 entry responses to the national evaluation questionnaire. This is limited for a number of reasons:

- It represents just 7% of the 16,836 participants
- Alzheimer Café and Isle Find It participants are not included and the level of response varied a great deal between the other projects, meaning projects are not equally represented
- The sample is non-random - some participants may be more likely to complete the questionnaires than others, meaning that the responses may not reflect “typical” participants

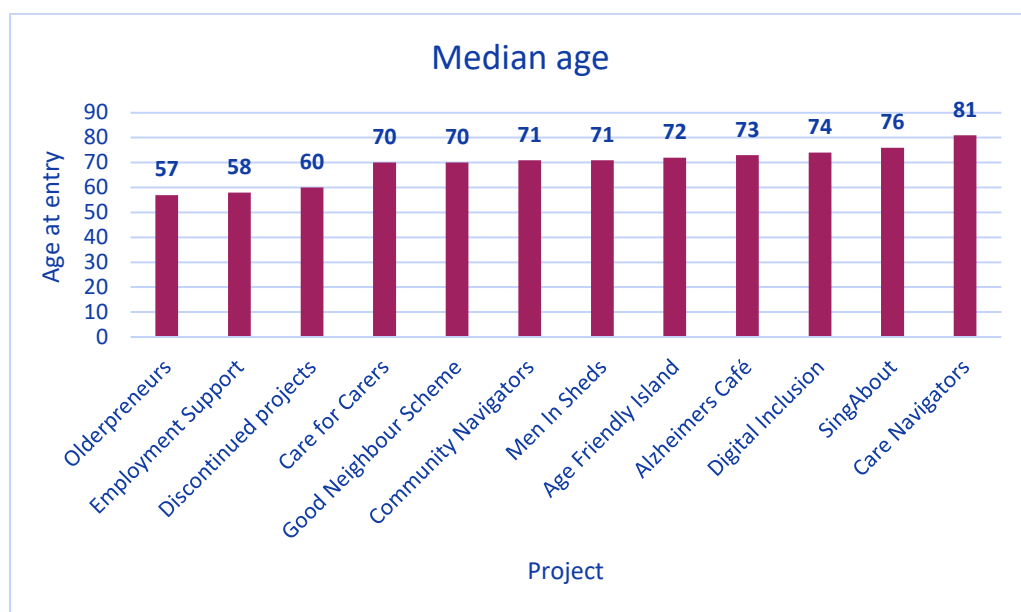
The findings in this section therefore should not be taken as representative of all Programme participants but are used to provide an indication of the profile of Programme participants using the best available data.

Age

The overall median age of respondents at entry was 71. As shown in Chart 1 this varies significantly by project with a median age of 57 for the Olderpreneurs project to a median age of 81 for the Care Navigators project. Perhaps unsurprisingly, the two projects with the lowest median age were those projects that supported people into work and self-employment.

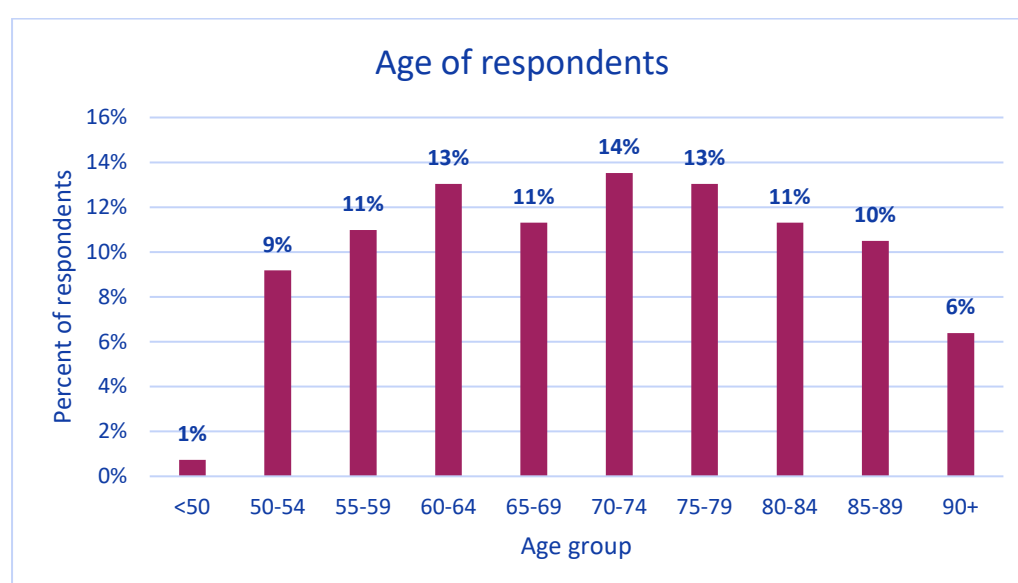
Chart 2 shows the age distribution of respondents. This shows that the Programme engaged people from a wide range of age groups, from their 50s to 90 and over. Overall, 41% of respondents were aged 75 or over.

Chart 1: Median age at entry to Programme, by project



Source: National evaluation questionnaire (n=1,220)

Chart 2: Age of respondents on entry to Programme



Source: National evaluation questionnaire (n=1,220)

Gender

Nearly two thirds of respondents (64%) were female, and 36% were male (n=1,218), whilst 53% of the IOW population aged 50 are female and 47% are male¹². This suggests that the females are over-represented in this cohort.

Ethnicity

The vast majority of respondents were white (99.3%) with only 0.7% of respondents reporting non-white ethnicity (n=1,213). This compares to 97.3% and 2.7% of the IOW population¹³ suggesting that people of non-white ethnicity may be under-represented among AB IOW participants.

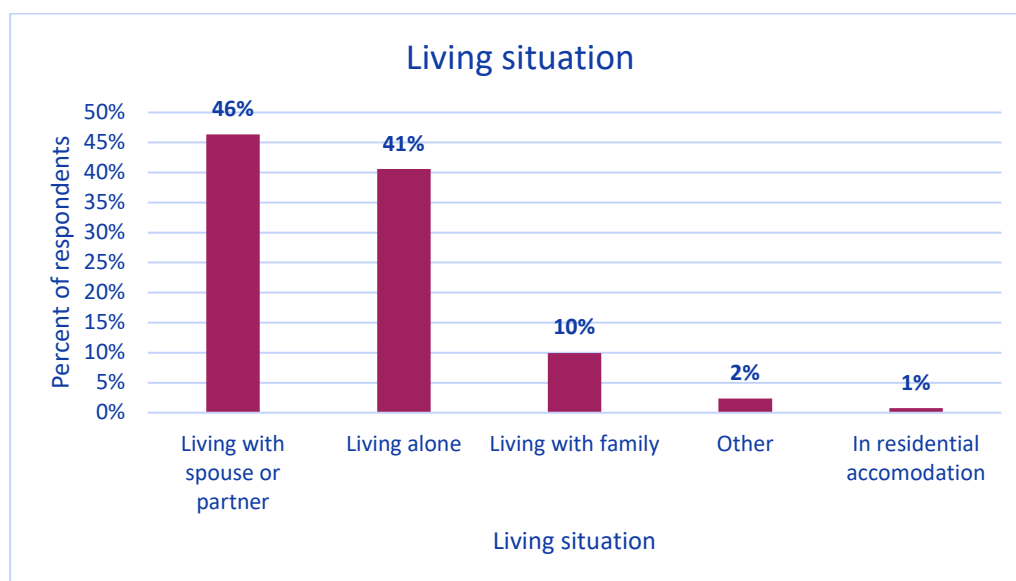
Living situation

Nearly half of respondents (46%) lived with their spouse or partner at entry, 41% lived alone and 10% lived with family. While this shows that the Programme reached many older people who live alone, it is interesting to note that many lived with either a partner or family.

¹² ONS (2019), Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2018, www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2018

¹³ ONS (2012), 2011 Census: Key Statistics for Local Authorities in England and Wales, www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/2011censuskeystatisticsforlocalauthoritiesinenglandandwales

Chart 3: Living situation on entry to Programme



Source: National evaluation questionnaire (n=1,215)

Carer or disability

Overall, 27% of respondents indicated that they were a carer at entry (n=1,203). This compares to 17% in the IOW population¹⁴. This over-representation is not surprising given the older age of Programme participants and the inclusion of a carers project.

A total of 54% of respondents said they had a long-standing physical or mental illness, or disability at entry (n=1,199)¹⁵.

Geographical reach

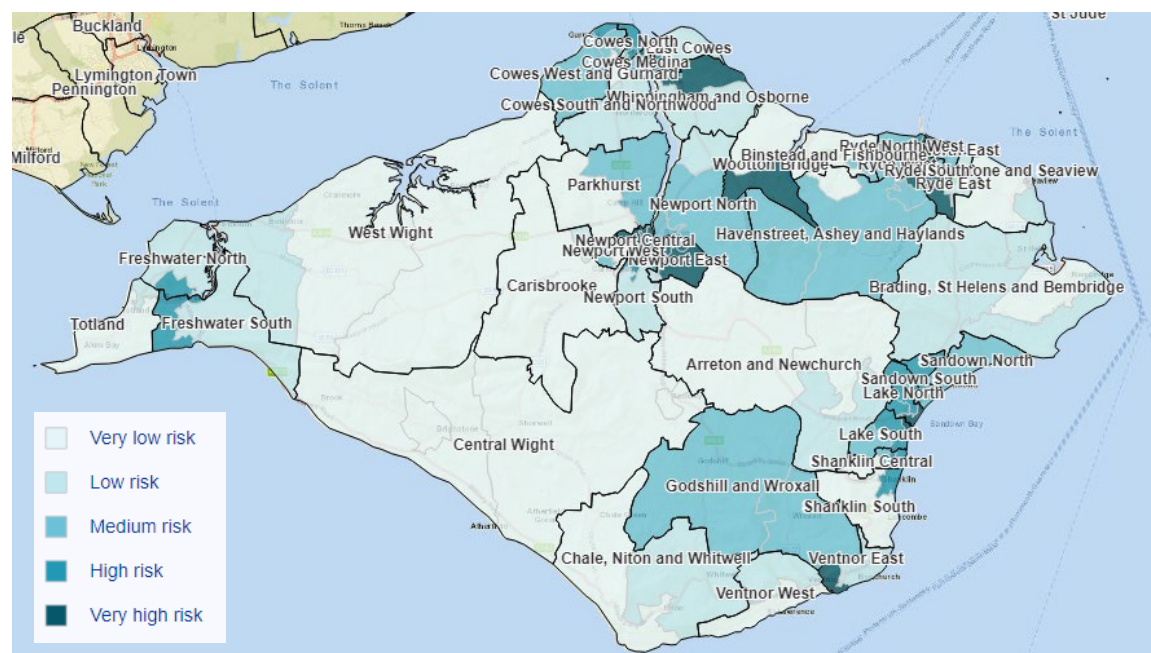
Figure 1 shows the geographical location of respondents. This shows that respondents engaging in the Programme lived in locations across the Island including the less populated areas suggesting that the Programme successfully reached people beyond the main towns on the Island.

¹⁴ Census 2011

¹⁵ Question not directly comparable to Census

Social isolation

Figure 2: Age 65+ risk of loneliness



Ageing Better Isle of Wight final evaluation report | NDTi | November 2020

In Oct 2015 to June 2016, as part of the national evaluation, Ecorys conducted an IOW household population survey of people aged 63 and over (n=409)¹⁶. This found that the mean overall loneliness score as measured by the De Jong Gierveld scale¹⁷ was 1.8. The average mean loneliness score of IOW national evaluation questionnaire respondents at entry to the Programme was 2.52 (n=1,057). As a higher score indicates a higher level of loneliness, this suggests that the Programme successfully reached people who were experiencing higher levels of social isolation and loneliness.



Key findings

- ❖ There were 16,836 participants of AB IOW, with a median age of 71. Females and people of white ethnicity were over-represented.
- ❖ 41% of participants lived alone, 27% were carers and 54% had a long-standing physical or mental illness, or disability.
- ❖ National evaluation questionnaire respondents were more lonely than older people in the IOW population. This suggests that the Programme successfully reached older people experiencing social isolation and loneliness.

¹⁶ Ecorys, Brunel University and Bryson Purdon Social Research (2016). Fulfilling Lives: Ageing Better National Evaluation Population Survey (Wave 1)

¹⁷ See Section 4.1 for more detail about the De Jong Gierveld measure



Section 4: What works for older people?

This section of the report focuses on the impact of the Programme for older people. It addresses the aims of the national Ageing Better Programme:

Ageing Better aims to support people aged over 50 who are experiencing or at risk of social isolation and loneliness, so that they can lead more fulfilling lives, better connected to their communities.

and three of the AB IOW Programme outcomes:

Programme Outcome 1: Older people will feel they have improved connections within their local community and reduced social isolation

Programme Outcome 2: Older people will feel empowered to coproduce local policies and services which become more responsive to their needs, now and in the future

Programme Outcome 4: Older people will feel an increased sense of health, wellbeing, and quality of life

It does this in three sections, looking at the impact of the Programme on:

- social isolation
- wellbeing and quality of life
- co-production and empowerment.

4.1 Social isolation

What is social isolation?

Loneliness and social isolation are distinct, but related concepts.

Loneliness is a subjectively experienced aversive emotional state that is related to the perception of unfulfilled intimate and social needs... Social isolation, on the other hand, is an objective measure of social integration without subjective appraisal.¹⁸

¹⁸ O'Lunaigh et al (2012) Loneliness and cognition in older people: The Dublin Healthy Ageing study, *Aging & Mental Health*, 16:3, 347-352 (p347)

Social isolation is about the social connections people have, whereas loneliness is how people feel about and experience their social connections. People can be socially isolated and not feel lonely; and people can feel lonely and not be socially isolated. Social isolation becomes problematic when it leads to loneliness but limited social connections can also create issues for people accessing support, provision and services that they need.

The AB IOW Programme focused on addressing social isolation. In practice it can be difficult to clearly separate social isolation from loneliness. This is in part because people (including interview participants) tend to talk about loneliness as opposed to social isolation, and also because some of the quantitative measures used in the national evaluation questionnaire measure loneliness rather than social isolation. In this section while the focus is on social isolation, discussions inevitably refer to loneliness as well.

How does AB IOW address social isolation?

Before considering the impact of the AB IOW Programme on social isolation, it is important to understand how the Programme was designed to address social isolation. The Programme did not only focus on reducing the isolation levels of already isolated individuals, it had a clear preventative purpose. The Programme was designed to prevent and address social isolation at four levels:

Level 1: Whole Island

By aiming to make the Island age friendly and a better place to grow older, the Programme worked at the broadest preventative level, addressing structural whole island issues that can contribute to isolation.

The **Age Friendly Island** project was the main project that worked at this level (and is discussed in detail later in Section 5.1), tackling practical issues that affect isolation such as accessibility, as well as cultural and attitudinal issues. Other projects that operated at this level include **Alternative Transport** which tackled some of the transport issues on the Island and **Education 50+** that worked to promote intergenerational relationships.

Level 2: Older people population as a whole

A number of projects were aimed universally at the older people population, preventing social isolation by providing information and equipping older people with skills for wider access both to services and participation in society.

The main projects that operated at this level were **Digital Inclusion** through equipping older people with the skills to connect with friends, family and other communities online and promoting digital inclusion and **Isle Find It**, through providing online information about local and community events, groups and activities.

Level 3:
Older people
at particular
risk of
isolation

Most of the projects were targeted at older people at particular risk of social isolation, including carers, unemployed older people, men, people with dementia and people with mental health problems. These projects aimed to both prevent and tackle isolation.

The main projects that operated at this level were **Alzheimer Café, Care for Carers, Employment Support, Men in Sheds, Mental Health Peer Support, Olderpreneurs and SingAbout.**

Level 4:
The most
isolated
older people

Although not everyone they worked with was socially isolated, a small number of projects had the potential to reach the most isolated older people. Through the way they worked, these projects had the capacity to find and identify the most socially isolated people and work to address their isolation.

Through their navigating approach the **Care Navigators and Community Navigators** worked with people in the community that other projects may not have reached, and **Creative Futures and the Good Neighbour Scheme** worked with people who may be at greatest risk of isolation because of where they live - in care homes or living in their own homes often with limited ability to leave the house.

While the summary above identifies the level that each project was primarily working at, in practice most work projects worked across several, or all of the, levels to some extent. For example, while the Community Navigators had the potential to identify and work with the most isolated older people, a lot of the groups and activities that they ran were enjoyed by people who did not consider themselves to be isolated, therefore the project also worked at a preventative level. The Alzheimer Café project worked to prevent and tackle isolation through running the monthly cafes, but for some of the Programme period they were also funded to run training courses working to improve dementia awareness across the Island. While Digital Inclusion was primarily preventative, equipping older people with digital skills, some of the groups they ran created a forum for participants to meet new people.

Figure 3 illustrates these four levels as an inverted pyramid to emphasise the numbers of people the Programme reached at the different levels. From potentially affecting the whole island population at the top, to identifying and working with a small number of the most isolated older people at the bottom. The key point to emphasise here is that at levels 1, 2 and a significant proportion of level 3, the projects worked with people at the preventative level, meaning they were working to prevent isolation occurring, rather than tackling it. This is important to acknowledge when considering the quantitative evidence for the overall impact of the Programme on social isolation and loneliness levels, as the many challenges of measuring the impact of preventative interventions are well recognised. It is thus by design that many people that participated in the Programme were not (yet) socially isolated or not (yet) significantly socially isolated.

Figure 3: Programme reach at four levels



Impact on social isolation and loneliness

Throughout the four-year evaluation, 79 one-to-one interviews with older people participating in the projects were conducted. These interviews found clear evidence of projects working to support people to become less isolated:

"I was so lonely I cannot tell you the place I went to. I had no-one else to turn to, no brothers, no sisters no family, no partner... I missed my mum... They're like my plus one, my hand holder, I had no-one." Care for Carers participant, female, 52

"[My parents] were very, very sociable all their lives, but at 90 and 95 nearly all their friends had died, suddenly they had no-one and they had to create a new friendship group. It definitely, absolutely is fulfilling a need, it's definitely addressing isolation. It gave them new people to meet. They NEVER missed it, it was an important part of their social life." Alzheimer Café participant, female, 61

"Living alone it was very easy to become isolated and sedentary. SingAbout has transformed my life by introducing me to a plethora of new friends, by involving me in a community, by helping my mobility and by raising my spirits with song, fun and laughter." SingAbout participant

Change stories produced by project staff provided many examples of older people who had become less isolated or lonely through their involvement with the projects. Regular interviews with project staff and volunteers through the evaluation showed that those delivering the projects were confident in their role in reducing social isolation and improving connections:

“For many of our participants it’s the only time in the week they go out” SingAbout staff/volunteer

“People meet beyond the cafes, they socialise, have friendships... People see it as a lifeline – it’s more than what happens on that night, they call each other, support each other.” Alzheimer Café staff/volunteer

“We definitely support forming new social connections... Our greatest success is in interactions with people which lead to their increased involvement with the community” Community Navigators staff/volunteer

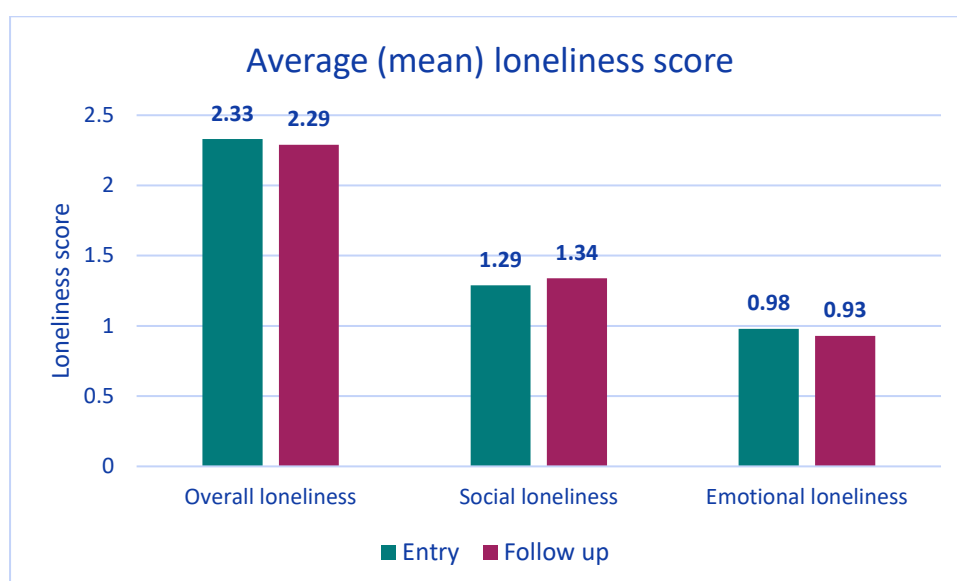
“I do feel the social isolation of the men who attend is greatly improved. The sheds provide a socially acceptable space for them to come to.” Men in Sheds staff/volunteer

The evidence found in the qualitative research is not however consistently reflected in the quantitative data on loneliness and isolation as measured by the national evaluation questionnaire. The questionnaire uses both the De Jong Gierveld scale and the UCLA loneliness scale to measure loneliness¹⁹. As AB IOW only started including the UCLA measure in April 2018, we have used the data from responses to the De Jong Gierveld scale as there are a greater number of follow-up responses. The De Jong Gierveld scale is a reliable and validated measurement instrument for emotional loneliness, social loneliness and overall loneliness (the emotional and loneliness measures combined). Social loneliness is described as occurring when someone is missing a wider social network, and emotional loneliness arises when a person is missing “intimate relationships” with others. Within this measure social loneliness, therefore, most closely aligns with the concept of social isolation.

A total of 387 respondents completed the entry and follow-up De Jong Gierveld scale questions. The mean overall loneliness score at entry for those who completed both was 2.33. The mean overall loneliness score at follow-up was 2.29. As higher scores indicate higher levels of loneliness this shows that there was a small decrease in the levels of overall loneliness, but this decrease is not statistically significant. The mean score for social loneliness (the measure most closely aligned with social isolation) at entry was 1.29 at entry and 1.34 on follow-up. The mean emotional loneliness score was 0.98 at entry and 0.93 at follow-up. These differences are not statistically significant.

¹⁹ See here for more information about the De Jong Gierveld scale and other loneliness measures <https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

Chart 4: Average (mean) loneliness scores at entry and follow-up



Source: National evaluation questionnaire (n=387 for overall loneliness, n=429 for social loneliness, n=396 for emotional loneliness)

The national evaluation questionnaire asks 'Thinking about people in your local area, how often do you speak to anyone who isn't a family member?' Responses are scored from 0 to 8, with 0 being less than once a year and 8 being every day or almost every day. Of those people who completed this question at both entry and follow-up (n=501), the mean score on entry was 7.14 and the mean score on follow-up was 7.12 indicating a slight decrease in levels of contact with non-family members but this difference is not statistically significant. Of those who responded to both entry and follow-up questionnaires (n=498), 29% stated they were not a member of any clubs, organisations or societies at entry compared to 28% at follow-up. The national evaluation questionnaire also measures perceived rate of participation in social activities by asking 'Compared to other people of your age, how often would you say you take part in social activities?'. Of those who responded at both entry and follow-up (n=480) there was an average score of 1.61 at entry and 1.71 at follow-up, a statistically significant increase. As a higher score indicates a higher perceived rate of participation in social activities, **this suggests that participation in AB IOW projects has a positive impact on how people perceive their participation in social activities.**

The quantitative evidence therefore suggests that overall, social and emotional loneliness levels did not change, and neither did level of contact with non-family members or membership of clubs, organisations and societies. The increase in perceived rate of participation in social activities was the only change that was statistically significant. This appears to be at odds with some of the qualitative findings described above. There are, however, several possible explanations for this.

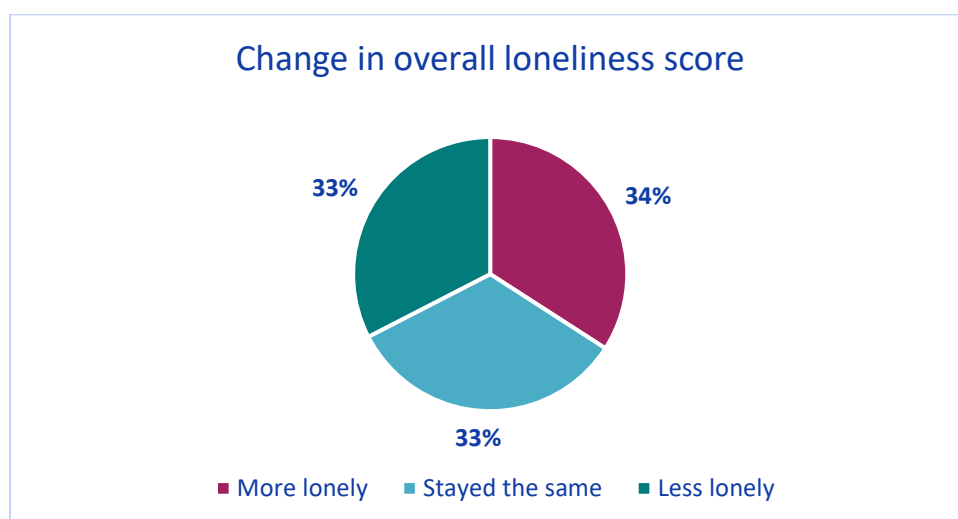
Firstly, there are issues related to how representative data on social isolation collected through the national evaluation questionnaire is, meaning that it may not fully detect reductions in social isolation that are happening:

- 1,234 people responded to the national evaluation questionnaire. This represents just over 7% of people who have participated with the Programme²⁰. It is a long questionnaire and projects have consistently reported challenges in getting people to complete it. It is not known whether the people who respond are typical of all participants – they might be more, or less, isolated than those who do not respond.
- Relatively few follow-up questionnaires were returned compared to the number of entry questionnaires. Whilst 1,234 people completed an entry questionnaire, only 515 people (42%) completed a follow-up questionnaire and 387 people (31%) completed the loneliness questions at both entry and follow-up. People who completed both entry and follow-up questionnaires were on average less lonely and had higher level of social contacts to start with. The average overall loneliness score for all respondents to the national evaluation questionnaire at entry was 2.52 (n=1,057), the average entry score for those who completed the loneliness questions at entry and follow-up was 2.33 (n=387). **This suggests that people completing follow-up questionnaires were less lonely to start with.** The average score for contact with non-family members for all respondents at entry was 7.0 (n=1,208) and the average entry score for those who also completed a follow-up was 7.14 (n=501). **This suggests that people completing follow-up questionnaires were those who already had a higher level of social contact.**
- Participants rarely completed the questionnaire at their most isolated. As projects had concerns about the length of the questionnaire deterring people, they often distributed them after people had participated in a number of sessions. Even when questionnaires were distributed at a first session, the discovery of a new welcoming group of people, or even the decision to attend a group may already have impacted on their feelings of isolation.

Secondly, as outlined above, it was a clear design of the Programme that much of the work the projects did was preventative; the intention was that Programme participants at risk of social isolation would be reached before they became isolated, or before they became very isolated. Prevention is very difficult to measure quantitatively without comparison groups. As shown in Chart 5, of the people who completed both entry and follow-up responses to the question, 132 people (34%) became more lonely, 129 people (33%) remained the same and 126 people (33%) became less lonely. For some people, maintaining the same loneliness score rather than experiencing a decrease can be a very positive outcome, particularly if their personal circumstances have worsened in the meantime as can frequently happen following bereavement or as a consequence of a deteriorating state of health.

²⁰ Based on 16,836 people participating with the Programme. See page 15 for explanation of how this is calculated and the limitations

Chart 5: Change in overall loneliness score between entry and follow-up



Source: National evaluation questionnaire (n=387)

Thirdly, some of the participants were not isolated nor likely to be at risk of isolation. Indeed, 97 of the 387 people (25%) who completed the entry and follow-up loneliness question scored 0 at entry, indicating they were not at all lonely. None of the projects required people to be isolated as a condition of participation, and the interviews found evidence of people who were extremely well connected with family and within their communities. Indeed, having individuals who are highly connected provided an important dynamic in the groups, enabling the more isolated people to increase their connections and engage in their communities. Furthermore, the Programme was not only about reducing and preventing isolation, it was also about improving the wellbeing and quality of life of older people (see Section 4.2); for some people improved or maintained wellbeing was the primary outcome, rather than reduced or prevented isolation.

Finally, it is likely, indeed some of the qualitative interviews found, that participation in the Programme did not reduce isolation levels for some isolated people. Social isolation and loneliness are complex; there are many and varying causes of isolation and loneliness and some people will have experienced isolation throughout their lives. Other people prefer solitude and may not have been seeking new connections. The interventions within this Programme were not suited to everyone, and did not work for some people.

We know that not everyone participating in the Programme was socially isolated at the time they participated and we know that participation in the Programme did not reduce social isolation for every isolated person. But we also know that over a third of the people responding to entry and follow-up questionnaires did experience a reduction in loneliness levels and through the qualitative research methods we heard many accounts of older people for whom the projects had a real impact on feelings of social isolation or loneliness. The remainder of this section therefore focuses on what has been learnt about what worked to reduce social isolation for those for whom social isolation *has* been reduced. This mainly focuses on the projects that operated at levels 3 and 4 - those tackling social isolation.

How are older people's feelings of social isolation reduced?

A limitation of quantitative measures of social isolation are that while they can measure whether someone is less isolated than they previously were, they do not allow an exploration into why and how they are feeling less isolated. The qualitative interviews allowed a rich insight into this. They found that there were many reasons for people feeling isolated and lonely: loss of a spouse, partner or parent; retirement and loss of purpose; caring responsibilities; physical disability or mobility; mental health problems. As such, the projects worked in different ways for individuals to make them feel less isolated.

Through the interviews we identified six key ways in which projects supported people to become less isolated, as illustrated in Figure 4 below.

Figure 4: Six ways people are supported to become less isolated





Making new connections

For some people the projects, particularly Alzheimer Café, Care for Carers, Community Navigators, Men in Sheds and SingAbout, facilitated an opportunity to make new connections. People had become isolated in their homes and their lives and needed a forum to enable them to meet some new people. For these people, a fairly straightforward intervention, simply providing a chance for people to get together or facilitating opportunities to meet and be with people was what was needed to make a difference. These connections may be contained within the group setting, but it provided them with new people to chat to, and the social contact at the groups gave them something to look forward to in their weeks:

“It’s someone else to talk to, you gradually get to know people. It’s made a helluva difference – I hate to miss it now. I am a lot happier if I can come out and have a chat. If I can get to this and go dancing on Tuesday – that’s enough” Care for Carers group participant, female, 80

“I didn’t mind what the activities would be, I wanted to meet people... I enjoy meeting other people, knowing about their lives, what they’ve been through in life. I think it’s nice to have somewhere to come.” Men in Sheds participant, male, 60s

Participants talked about people in the groups looking out for each other; it would be noticed if they did not attend for a couple of weeks and someone would check in on them and see if they were ok. For some people this was what they were looking for and was enough.



Developing friendships

For other people, the projects enabled them to develop these connections into friendships that went beyond the group setting. The interviews found examples of established friendships growing, that continued outside of the formal group settings:

“Five of us sit in one corner – we’ve now got into the habit of going to each other’s houses and having lunch and playing a few cards.” SingAbout participant, female, 89

“It’s helped me massively. I attend meetings, there’s always someone different, there are 6 or so people at most events. I’ve stayed in touch with many and one has become a personal friend.” Olderpreneurs participant, female, 54

“The shed is about male company – they are good friends, they’re all a good bunch, there’s no back biting, no politics, its lovely. It’s about making friends... It’s nice to go somewhere with the lads again, there’s a lot of banter going on, they’re a great bunch. It’s done me the world of good. They’re the nicest bunch of blokes I’ve ever met, seriously.” Men in Sheds participant, male, 76

While it was recognised by project leads observing the dynamics of their projects, that moving from connections to friendships could take time, and did not happen for everyone, there were clear examples of genuine friendships being forged through participation in the groups.



Feeling part of a community

Some older people were seeking the feeling of being part of a community, perhaps that they had lost due to limited mobility or through stopping work. Some people enjoyed being known and knowing people in their local community:

“If I walk through the village, I see several people from SingAbout and they all say ‘see you Monday’” SingAbout volunteer

“I came back from Newport on the bus the other day and there was a lady from the group on the bus and we got talking. I know a much wider group of people to say hello to when I’m out and about now.” SingAbout participant, male, 81

For others, feeling part of their community involved contributing to it, something that Men in Sheds participants in particular referred to:

“I wanted to do something useful instead of sitting at home, to be getting out in the community rather than just sitting indoors.” Men in Sheds participant, 76, male

“The shed has been able to pick up some of the services that the local council now can’t fund, like doing the flower beds in the town centre, building and repairing public benches - it is nice to be needed and to see the difference” Men in Sheds participant, male, 72

Some groups and projects provided a sense of community through the groups themselves:

“All groups have this community feeling, people start to look out for each other” SingAbout staff/volunteer

For these people it was a more general sense of wanting to feel part of something, rather than meeting and making individual friendships, that was important in reducing their social isolation.



Meeting people with shared experiences

Some people were isolated through their experiences, for example of being a carer, experiencing dementia, or being unemployed. Meeting people with shared experiences and providing peer support to each other led to feeling less isolated in their situation. As well as providing one-to-one support, Care for Carers brought people with caring responsibility together in range of groups, based around activities or self-care:

“I absolutely love it. I get to meet people, which I love... it’s brought in new friends on the same wavelength, we know how each other is feeling.” Care for Carers group participant, female, 75

“It’s a little bit of respite, I don’t have to think about anything. I meet and talk with people with similar problems and know I’m not the only one.” Care for Carers participant

Employment Support and Olderpreneurs brought people who were looking for work or setting up business together. The opportunity to be with people experiencing similar challenges made people feel less isolated at a time when they had often lost their employment based social contacts and networks:

"If I was on my own I would stay in the house and not go out, my depression would kick off even worse, it would go downhill. But I can walk in there on Friday, feel good, and talk to people who are on the same level as me, all looking for work, all friendly, cheerful. We're all in the same boat, we've all got one problem or another, we're all fighting for a job and to be seen." Employment Support project participant, female, 50

The role Olderpreneurs played in facilitating peer support was particularly valued. Setting up a small, often solo, business can be isolating, but people appreciated feeling that they had support both from the project staff and others in the group:

"I felt like I was in good company - a dozen or so people in same boat as me. I'm not alone here and not out of my depth, I'm in a room where everyone else is thinking – help!"
Olderpreneurs participant, male, 53

The experience of living with dementia or caring for someone with dementia can be an extremely isolating experience. The Alzheimer Cafés played an invaluable role providing a safe space to be and giving an opportunity to be with people experiencing similar experiences and challenges. One woman who moved to the Island in the last year with her husband who has early on-set dementia described feeling lonely and isolated. She found that friends, colleagues and even family had not known how to deal with her husband's dementia, were embarrassed and had distanced themselves. Since moving to the Island, they have been going to the Alzheimer Cafés and SingAbout:

"Alzheimer Cafés and SingAbout are the closest we've got to social life. We can both relax at these places. SingAbout is the only mainstream thing we can do." Alzheimer Café, SingAbout and Care Navigators participant, female, 67



Accessing vital support in order to address isolation

A point that was emphasised by a number of project staff was that for some people reducing social isolation, even if they were experiencing it, was not their biggest priority and they were not ready to address their isolation at the time they engaged with the project. This was particularly the case for the Care Navigators project but was also mentioned by Care for Carers and Community Navigator staff. In these projects some participants were in crisis or had urgent health or social care needs that had to be met first. Once these needs were addressed, people were then supported to address their isolation:

"We support them to the point they are in a position to address isolation – often other things, basics, have to be addressed first." Care Navigators staff/volunteer

"When we originally started the whole project it was about activities and social time. People do need social activities, they need to join things, but they need to get help and support. The crisis needs to be sorted, the cared for bit needs to be sorted, before you can get to the social activities." Care for Carers staff/volunteer

"I was in a rough place, a lot of pain and had lost my wife. [Community Navigator] came... she was a wonderful lass, she got lots of different people in to help. She said when I could walk I should get the bus and go to SingAbout. I went with her twice and she took me in."
Community Navigators and SingAbout participant, male, 88



Having a role or purpose

For some people attending groups or activities was not enough to reduce their isolation. Some people's isolation was clearly linked to their sense of a loss of role or purpose:

"I've lost all my roles in life – as a wife, as a mother, as a daughter, as a worker. Now I don't have any of that." Mental Health Peer Support participant, female, 70

This was often when people were recently retired; they did not want to be a passive recipient of a project but wanted to contribute and be part of it. This was particularly the case for Men in Sheds, where many of the men talked about wanting to use their skills:

"I'm happier now than I was – the club serves me very well. When I first retired I felt no purpose, I felt guilty because I should have been working. I wish I had joined a group like this earlier. It makes me look forward to Wednesday." Men in Sheds participant, male, 69

It was also the case for volunteers in several projects:

"I have done more in the last month than I have done in a year ...I have things written in my diary so I have things to look forward to... I have more structure to my week and I get up in the morning and think: 'Oh good, I'm off out and about'. I get up and go because I have a good reason to, whereas before I had to make myself go out." Community Navigators volunteer, female, 73

"I think that often older people like to help, we like to feel of use, have a purpose, a reason to get up and go out." Mental Health Peer Support participant and volunteer, female, 60s

"I'm a bit of a loner. When I first moved I did feel quite isolated, but now I'm fine and I don't feel isolated... I feel better when I'm using my life experience and skills by volunteering." GNS volunteer, female, 69

One male, who was 68 and married, had been a decorator and led a busy work life. He struggled with retirement and felt bored and lonely when his wife worked. Through Community Navigators he helped to set up and run a social group. He filled the days his wife was working by going to a church coffee morning where he recruited people for the group, helping to run the group and offering decorating and practical help to people he met through the groups. A combination of keeping busy running the group and using his practical skills addressed his isolation in a way that being an attendee of a project would not have done.

Social isolation interventions: what works to reduce social isolation?

The section above has shown that there were a range of ways that the projects worked to reduce social isolation for older people, often related to the reason(s) that they were isolated in the first place. Some people needed advice and support to address other needs first and these in theory could be met in a range of ways, not necessarily by social isolation interventions. Similarly, for those seeking a role or purpose, these could be met through other volunteering opportunities. In this section we focus specifically on the interventions that brought people together to facilitate connections, friendships and communities – Alzheimer Café, Men in Sheds and SingAbout, and groups run by Care for Carers, Community Navigators, Digital Inclusion, Employment Support and Olderpreneurs – to focus on what can be learnt from how people used these projects to understand what works to reduce social isolation.

Through one-to-one interviews with participants we identified five key elements that need to be in place for projects to facilitate friendships, connections or a sense of community, as illustrated in Figure 5.

Figure 5: Five key elements for social isolation interventions



Right activities, right places

The projects were all very different and each individual project found aspects that worked and did not work, in terms of reaching and engaging older people. Evaluation reports on each project conducted by Shephard & Moyes Ltd explored this in more detail at the project level. Looking across the projects, two main elements that have been key to successful engagement of older people at risk of social isolation stand out.

Firstly, they need to offer the **right activities**. The groups that really flourished were both flexible and person-centred. They adopted the ‘test and learn’ approach of the Programme, were prepared to try things out, learn about what worked and what did not, and make changes in response. Care for Carers ran groups for carers throughout the Programme, but these changed as the Programme

progressed, with a change in emphasis from activity-based to peer-support in response to what was working for people:

“That test and learn bit of it, try something, that doesn’t work, try something else, the flexibility, that has worked so well... It’s always been about the outcome, always been about the carers.” Care for Carers staff/volunteer

Care for Carers, Community Navigators, Digital Inclusion, Employment Support, Olderpreneurs and the Ace7 Alzheimer Café were all prepared to make changes to the way the groups were run in response to what they learnt and what older people wanted:

“In a drop-in I met a woman who was keen to play bridge. I looked into bridge clubs in the area and there weren’t any suitable ones. We set up a group and have about 12 people coming.” Community Navigators staff/volunteer

Secondly, projects need to offer groups and activities at the **right places**; the location of the projects is crucial. Two of the most consistently successful projects that focused on getting groups of older people together were the Alzheimer Café and SingAbout. Both projects operated in numerous locations across the Island meaning that people could access them easily, rather than having to travel to Newport, or bigger towns:

“I no longer walk to the shop as it is hard work but I can walk to the group every Monday” SingAbout participant, female, 89

One of the strengths of these projects was their readiness to respond to what people want and make changes to be more accessible:

“One of the café’s was quieter, we have now moved it to the town centre, in a nicer venue and to an evening – it has really taken off.” Alzheimer Café staff/volunteer

A particular challenge that the Mental Health Peer Support project experienced was that all of their support and activities were based in one centre in Newport, and while they attempted to set up some pilot groups in other areas these did not become established. One of the frustrations of the Community Navigator project was that they knew the model of working intensively in local communities and areas worked, but they did not have the staffing capacity to be able to do this at the level of depth needed in all locations across the Island.

Fundamental to both of these – right activities, right places – is being willing to ‘test and learn’ and putting older people at the heart of decisions. The latter is explored in more detail in Section 4.3 ‘Co-production and empowerment’.



How do people HEAR about projects?

“Going to that first group was my first step towards reducing my isolation. It was like a miracle to find that advert - I had no idea who to turn to.” Care for Carers participant, female, 80s

The interviews found that people found out about projects through a wide range of means. This included printed information - local newspapers, newsletters and flyers - and online through website searches, emails and social media, including Facebook. One online resource used was the Isle Find It site which has nearly 1,300 listings and over 750 local events at the time of writing. It received over

140,000 unique users, around 65% of whom were aged 55 or over. Libraries were an important source of information both through printed flyers and posters and the community librarian, as were GP surgeries.

The other source of information was through personal contact, and this may be particularly important for those already isolated, lonely or depressed. This was through word of mouth, personal recommendations of friends, family, neighbours

“News spreads by word of mouth on the Island, you get to hear about things.” Care for Carers and Community Navigators participant, female, 70

as well as through professional connectors - the Care Navigators and Community Navigators. The Community Navigators played a particularly important role here, with many of the interview participants mentioning their presence at a range of community venues and groups (e.g. church, WI, libraries, community cafes, Men in Sheds) as well as events:

“An old friend persuaded me to go the Big Cuppa about a year ago, all the agencies were there. I met [Community Navigator] there who told me about the project and she said ‘right you’re coming with me’” Community Navigators participant, female, 73

The interviews also found evidence of a number of older people acting as informal connectors themselves. These tended to be active community minded individuals who connected friends and neighbours to projects they became aware of:

“Through GNS I heard about Care Navigators and have referred a couple of friends who needed help” GNS volunteer, female, 60s

“I have told people at church about the Community Navigators and other projects.” Care for Carers participant, female, 70

Importantly, people often heard about projects through multiple sources before they made the decision to go. For example, they read about a project in a local newspaper or saw a poster, and then were encouraged to go by a friend. It seems that a range of means of sharing information about projects is important, not only because different people use different means, but because some people need to hear about it through a range of sources before they make the decision to go.



What supports people to GO to a project?

Hearing about and being aware of a project is just the first step. People then need to make the move from knowing about it, to going to it. This is about two things; transport to get there and having the confidence to take the first step and go to a project.

In terms of transport people used a mix of driving, walking, public transport and mobility scooters:

“Fortunately, I still drive. We are lacking things to do here.” Care for Carers and Community Navigators participant, female, 70

“I hope they don’t get rid of the free bus pass, it’s really important to me.” Alzheimer Café and Community Navigator participant, female, 82

People also relied on lifts from friends, neighbours and family and used community transport.

The Community Navigators played an important role transporting people to projects, particularly for their first visit. Having locations across the Island (as described above) or having good transport options are clearly important but the latter remains a challenge and a barrier, as described in more detail below.

Importantly, it is also about individuals having the confidence to take the first step. While some people are happy to go alone, others had seen a poster or flyer about an activity that interested them but did not go until they had a 'way in' through either a personal contact – being invited along by a friend or neighbour, or being supported to go by a Community Navigator, professional, volunteer or project lead.



What supports people to STAY involved with a project?

Knowing about a project and going for the first time are the first two steps. To enable people to make the connections that they are seeking, develop friendships, or feel part of a community, the projects need to ensure people stay involved. The interviews found three factors that were important in ensuring people stay involved.

Firstly, **groups need to be welcoming and inclusive** – having made an approach to a group, 'fitting in', and feeling 'comfortable' were important in maintaining involvement:

"Absolutely, anybody can go, you can just walk through the doors and they'll welcome you with open arms, you don't have to have a referral or anything, you can walk through the door and they'll welcome you in, it's really easy." Alzheimer Café participant, female, 48

"I'm an introvert really, but that's the thing about this particular club, there's no pressure, it's really nice, there are no politics. It's magic – I love it because no pressure. Everyone just there to have a good time." Men in Sheds participant, male, 69

"I got a great welcome, I didn't know anyone but everyone was so friendly... Now everyone says hello Harry when I go in." SingAbout participant, 81, male

"It's very easy, they're incredibly friendly. I think it's great, very well run, it's run with love" Alzheimer Café participant, female, 67

Secondly, **socialising time needs to be built in** – this helped with making people feel welcome, and created opportunities to build connections and make friendships:

"We always have tea and biscuits and a chat...and a great laugh." Community Navigator group and Digital Inclusion participant, female, 70s

Thirdly, **people are supported with access to transport** – while people often needed support to get to a group initially, once they were there, people often identified others to share lifts with, or the people running the groups supported them to find ways of getting there to enable them to attend regularly. In response to challenges that people experienced accessing transport to get to groups, some projects got involved in arranging transport or providing it themselves:

"I can get to these places by bus but it's difficult so [Community Navigator] usually picks me up." Community Navigators participant, female, 73

Alzheimer Café arranged for the community transport bus to collect people to come to some of the cafes and SingAbout funded taxis for some people with no alternative transport.

While helpful, these solutions are problematic in terms of sustainability, and the Community Navigators voiced their frustrations at spending time transporting people when they could be doing other work.

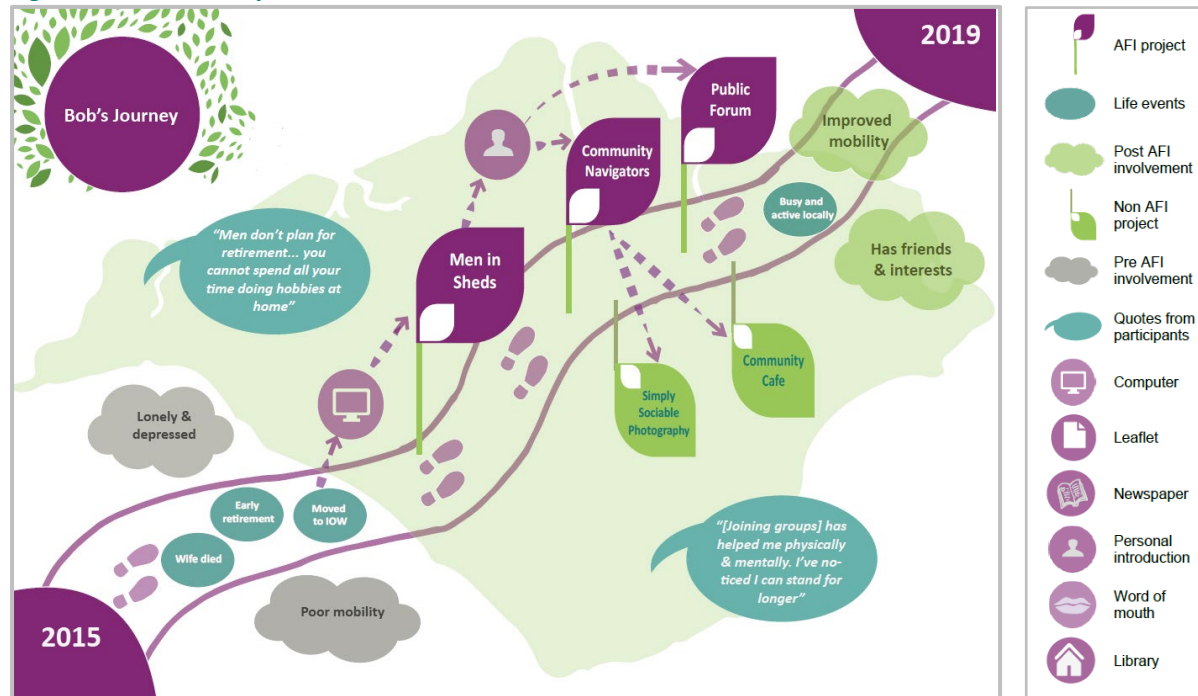


How do people **MOVE** on to other projects?

While for some isolated people involvement with one group or project helped to make them feel less isolated, a key finding was that for many people it was building up a range of groups or activities that led to reduced social isolation. Through fieldwork with participants of projects from 2016 to 2018 we frequently found that people we interviewed because of their involvement with one project, were also participating in others. In September 2019 we conducted some focused fieldwork with participants who had been involved with multiple projects to look specifically at how they found out about and moved between the different projects²¹.

The interviews found that once someone had become involved in one project it could lead to them becoming involved with other projects. For example, Bob, (whose journey is illustrated in Figure 6) who was feeling lonely and depressed, found out about Men in Sheds online. He became involved in his local shed and the project lead told him about the AFI Public Forum which he started attending. A Community Navigator went to the shed to meet the men, found out about Bob's needs and interests and told him about other projects he might be interested in. Following this he became involved with two non-Ageing Better projects, Simply Photography and the Community Café. The first involvement with Men in Sheds, led to Bob building an active social life, making new friends and becoming active in his local community.

Figure 6: Bob's Journey



²¹ See https://www.ndti.org.uk/uploads/files/AB_IOW_Participant_journeys_report_-_final_Feb_2020.pdf for full report

For some people, likely to be the more isolated or less connected people, accessing the first project was crucial. Once people accessed a project, two forms of support kicked in. Firstly, they were opened up to an **informal** network of other people participating in the groups. They met others at the group who made recommendations to them, invited them to join them in going to another group or offered lifts:

“My social life has expanded by getting involved in groups...we help each other and share information.” SingAbout participant, female, 70s

Secondly, they were opened up to the more **formal** networks of project leads, workers or volunteers. The project or group lead made ad hoc suggestions as they got to know people and their needs, or announcements were made about other groups or events:

“I joined SingAbout and it has led to many other things...the teacher told me about the AFI forum” SingAbout participant, female, 70s

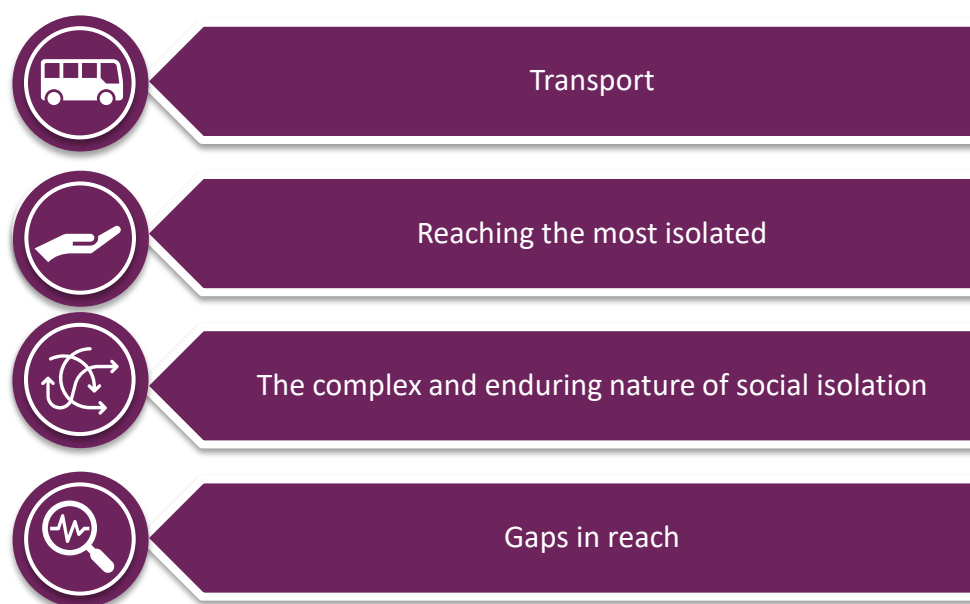
There were also more structured introductions from project staff from other projects coming to visit. For example, members of staff from Care for Carers went to Alzheimer Cafés on a regular basis to let people know what the project could offer and identify people who may need additional support from their project.

It was clear through the interviews that navigators, particularly the Community Navigators had an important and active role to play here. They attended many groups, projects and drop-ins with the specific aim of linking people to other projects. They identified people, got to know individuals and their interests and needs and provided very personalised information about other groups and projects people may be interested in. They often facilitated people getting to groups through arranging transport or providing lifts themselves.

Challenges to addressing social isolation

There is an inevitable challenge in research that focuses on talking to people who are participating in projects, in that we primarily get insight into what has worked for those that have been involved and stay involved. We do not get the same level of insight into what has not worked for those who choose not to engage or who disengage. However, through interviewing project leads at regular intervals throughout the four year evaluation, and through interviews with members of the Programme Office, we were able to get their reflection on some of the key challenges they felt they faced in addressing social isolation, as summarized in Figure 7 below.

Fig 7: Key challenges in addressing social isolation



Transport

Throughout the Programme there was a consistent acknowledgement that transport remained a major challenge. At the Programme planning stage it was recognised that transport would be important, but it was also acknowledged that transport provision would not be something that could be delivered as part of the Ageing Better Programme. The Alternative Transport project was commissioned to map transport options and address a specific transport challenge experienced on the IOW, that of accessing health appointments and services. In practice this project struggled to deliver in this specific area and funding for the project ended in Summer 2017.

While projects did what they could to find transport solutions for individuals accessing their projects, it was consistently recognised that this has remained an unresolved issue throughout:

“Transport remains the main problem, getting people to and from sessions – we had a couple where the husband had a stroke and can’t drive any longer so neither of them can come.”
Project lead

“The main issue is transport... It’s not necessarily about identifying the groups and interests, it’s the logistics of getting them there and keeping them engaged.” Project lead

“Transport is still a huge need and challenge... It’s one of our wicked problems.” Programme Office/ABMG



Reaching the most isolated

While we have seen from qualitative interviews that the Programme has reached some isolated individuals, there was concern voiced from project leads and the Programme Office that they did not feel confident that they were reaching the most isolated people, or there was no way of knowing if they were:

“The other question is have we been able to get to hard to reach groups? You don’t know what you don’t know. I think we have made considerable headway for a number who might be considered hard to reach, but whether we got to the most isolated - I don’t know that we know that.” Programme Office/ABMG

*“Whether we are reaching **the** most isolated - I don’t know”* Programme Office/ABMG

Overall, the project leads and Programme Office did not feel confident in their learning about how to identify or engage the most isolated people through delivery of the Programme.



The complex and enduring nature of social isolation

While the Programme did address isolation for some participants, it also needs to be acknowledged that the range of interventions offered through the Programme was not right for everyone. As social isolation is complex and has different causes, solutions for social isolation are likely to be equally as complex. While for some, having a group or forum to facilitate meeting others is enough, for others it will take more than this, something one of the project leads observed:

“It’s not usually that there’s not a service or activity, there are plenty of groups, coffee mornings etc. – but that’s not always what people want.” Project lead

One participant of Mental Health Peer Support described how addressing her loneliness needed more than somewhere to go:

“If you’re lonely they tell you to join a choir, join a club, do some volunteering. But I’ve tried a book group and a choir and they’re cliquey. I volunteered at a charity shop and it was really boring, it was rubbish, they don’t want to know you. These things don’t help loneliness.”
Mental Health Peer Support participant, female, 70

Others described how attending groups was not for them:

“I went to a social coffee and quiz afternoon at a local care home but it was not for me at all. These things are passive, I like a good debate and good conversation. [Community Navigator] tries, but it’s hard to find things either I can do or I’m happy doing.” Community Navigator participant, male, 82

“Groups aren’t for me, I wouldn’t want to be a member of a group, I would have used to be the one who would run them...I think groups are more suited to women” Care Navigators participant, male, 78



Gaps in reach

The Programme has not attempted to deliver a one size fits all solution to social isolation and projects have clearly been targeted at some of the groups of people most at risk of loneliness (unemployed people, carers, people with dementia, men). However, on reflection, some people have identified particular gaps. Some interview participants highlighted their concern at the closure of the Mental Health Peer Support project. Although there was conviction that it was the right decision for that particular project at the time, there was a concern that this left a clear gap in provision for people with mental health problems. Although there is an issue with mental health provision on the Island more generally, as people with mental health problems are a group known to be at risk of isolation, this also represents a gap in the Programme:

“I’m very disappointed that the mental health project stopped, because I think that mental health needs are huge” Programme Office/ABMG

“The whole mental health area has not been as successful as we hoped” Programme Office/ABMG

Also, unlike some of the other Ageing Better Programmes, none of the projects in the AB IOW Programme targeted minority groups such as Black, Asian and minority ethnic (BAME) or LGBTQ older people. Although awareness of this limitation has grown over the period of the Programme, not having a dedicated focus in these areas limited the Programme’s ability to address these gaps:

“I think there are probably cohorts of our community, minority groups like LGBTQ+, multicultural population, we know they have changed over 5 years, but we don’t know where to go with it” Programme Office/ABMG

As a result, there has been little learnt about what works for older people from these groups, indeed a lack of focus on these older people runs the risk of excluding these groups further.



Key findings

Although there has not been an overall reduction in the mean loneliness of scores of national evaluation questionnaire respondents, 33% of respondents experienced reduced levels of loneliness and 33% stayed the same. This is a positive outcome for a Programme that is aimed at preventing social isolation as well as tackling it.



Key findings

Qualitative interviews found that the projects delivered as part of AB IOW led to reduced levels of social isolation through enabling older people to:

- ❖ Make new connections
- ❖ Develop friendships
- ❖ Feel part of a community
- ❖ Access the support they need
- ❖ Meet people with shared experiences
- ❖ Have a role or purpose



Key learning

Five factors key to making social isolation projects work are:

There need to be the **right activities, in the right places**

People need to **hear** about a project

People need to **go** to a project

People need to **stay** at a project

Some people need to be enabled to **move** to other projects

4.2 Wellbeing and quality of life

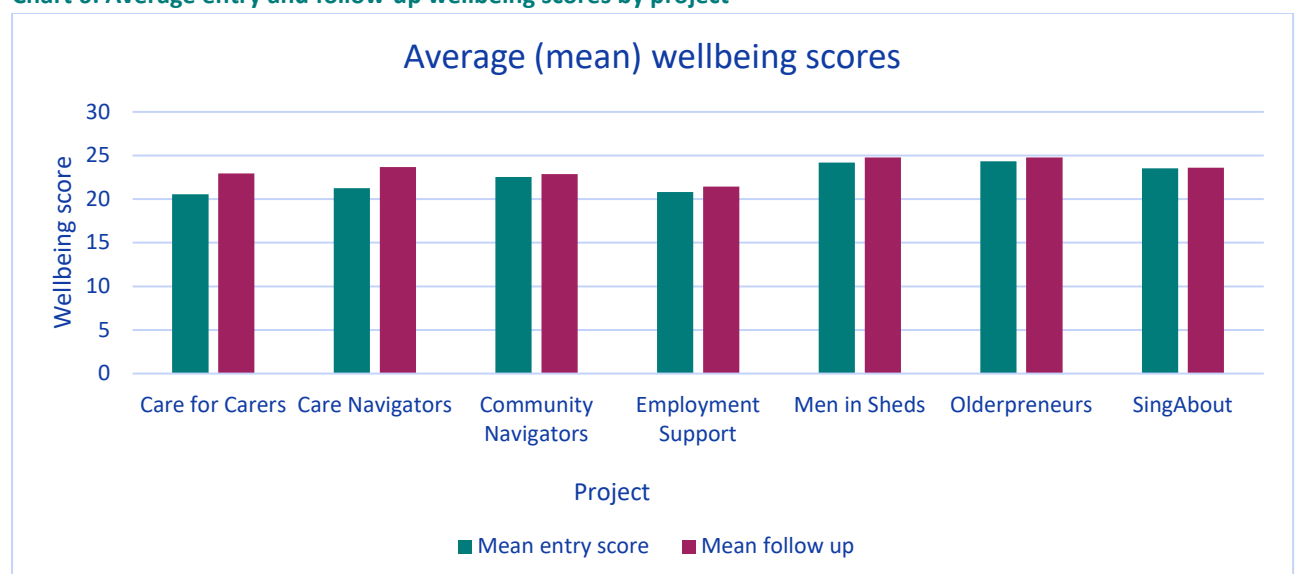
A reduction in social isolation is closely associated to improved wellbeing, quality of life and health. When older people talk about their reduced social isolation it is often in terms of their improved wellbeing and quality of life. However, as discussed above, not everyone participating in the Programme was isolated. Some of the projects – in particular Care Navigators and Care for Carers - had a primary focus on the wellbeing of older people and tackling isolation was just one element of this. Older people may have poor wellbeing or quality of life for a range of reasons – as a result of physical ill health, mental ill health, long-term conditions, mobility issues, low income, caring responsibilities, bereavement, or as a consequence of unemployment, retirement or separation/divorce late in life. This section considers the impact of the Programme on the wellbeing, quality of life and health of older people both for those who are socially isolated, but also for those who have poor wellbeing or quality of life for other reasons.

Impact on wellbeing

The national evaluation questionnaire uses the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) seven-item scale to measure wellbeing. Scores range from 7 to 35, with a higher score indicating higher levels of wellbeing. Of the 426 people who completed both entry and follow-up wellbeing questions, the mean wellbeing score was 22.76 at entry and 23.69 at follow-up, indicating a statistically significant increase in wellbeing. Wellbeing scores improved for 50% of people, and either improved or were maintained for 66% of people. It is important to highlight the relatively high proportion of respondents (16%) over the age of 85 years. As they are a particularly vulnerable cohort, it can take very little to set them back a long way. In this context either a marginal improvement or maintaining wellbeing can be regarded as a very positive outcome.

Chart 6 shows the average entry and follow-up scores for the 7 projects that received at least 25 follow-up responses. While the small numbers mean that differences are not necessarily statistically significant, it is interesting to note that the projects with the greatest increase in wellbeing score were Care Navigators (n=79) and Care for Carers (n=35), the projects with the most clear focus on wellbeing. (See [Appendix 1](#) for a breakdown of responses and scores)

Chart 6: Average entry and follow-up wellbeing scores by project



Source: National evaluation questionnaire (n=374)

The 79 interviews with participants of the Programme also provided rich insight into the widespread impact of the projects in terms of wellbeing and quality of life of older people. With very few exceptions interviewees described the very positive impact that involvement with the projects had on their wellbeing and quality of life. In addition to improving wellbeing as a result of reducing social isolation, the interviews revealed that there were four other key ways that the projects worked to improve wellbeing, through:

- access to support needed
- improving self-confidence
- improving physical health
- improving mental health

While we explore these separately below, it should be noted that in practice they are very closely related and often overlap.

Figure 8: Key routes to improved wellbeing



Access to support needed

The Care Navigator project had a clear brief to help older people to access the support they need to improve their health and wellbeing, including supporting people to navigate health, social care and voluntary sector provision and access welfare benefits. A large proportion of their work supported people to: access reablement support; apply for blue badges; make applications for benefits including Attendance Allowance; set up care packages; or arrange practical support such as cleaning and gardening to enable people to live well in their homes. Changes such as these can have a significant impact on people's wellbeing:

“It has had a huge impact on her quality of life. The Attendance Allowance helps make a huge difference to the practical things and the psychological side of things. It would have been easy for her to get depressed.” Family member of Care Navigators participant

“It was one of the biggest blessings. I’m so grateful someone could come in and help me in the house. I now have a gardener once a week and someone to shop and clean with a little bit left over to help me maintain the house. It has taken a great load off my mind – one of the most wonderful things that has ever happened.” Care Navigators participant, female, 92

The Care for Carers project provided a huge range of support for carers. The one-to-one support often included helping with applications for benefits, respite care and supporting people to do Carers Assessments. One woman who was feeling anxious about finances in retirement as she was caring for her mother, received advice from Care for Carers about Carers Allowance, Carers Credit and Attendance Allowance:

“I don’t feel so frightened about retirement now as I’ve got financial help. This has reduced my anxiety.” Care for Carers participant, female, 61

The project also helped people to access the right support and care package for the people they were caring for:

“Carers IOW were the only people that listened. If it hadn’t been for [staff member] my husband wouldn’t have gone into full time care.... I wouldn’t be here without them.” Care for Carers participant, female, 75

As well as providing people with an opportunity to socialise and meet people in similar situations, the Alzheimer Cafés were structured to provide opportunities for people to find out about and then access support that they may need. The café sessions included talks on a wide range of subjects including sessions from visiting speakers about available support. The cafés were also regularly attended by other agencies, including Dementia Nurses and Care for Carers staff who identified people who were in need of advice and support.

While the main purpose of the Good Neighbour Scheme was to provide befriending support, some of the volunteers provided practical help including doing shopping for individuals or putting their bins out:

“Of course, if I didn’t get this help I wouldn’t have anybody to do anything for me... It makes all the difference” GNS participant, female, 94

Securing increased income, care packages, respite and practical support can have a significant impact on the wellbeing of older people often through enabling them to retain their independence and remain in their homes.



Improving self-confidence

Confidence is extremely fragile and can easily be lost in older age in response to life events, with older people very quickly becoming fearful and anxious. For some participants, the projects they were involved with simply gave them a reassurance that there was help available if they needed it:

"It's made a difference. The pressure has been taken off. If I want information or need something I know where to go. Where else would I go for this? It's a great comfort." Care Navigators participant, male, 78

"I don't know what I would do without it – you know you have somebody you can go and talk to." Care for Carers participant, female, 80

For others it was about the confidence to interact and socialise with people following a loss, or as a result of ill health:

"I was in a rough place, in a lot of pain having lost my wife... It gave me back my confidence when I was the lowest I have ever been... It saved me without me realising it." SingAbout participant, male, 88

"For my parents it was an excuse to get ready, dress up, go out, feel good about themselves – my dad would put on his tie, my mum puts on her lipstick." Alzheimer Café participant, female, 61

Losing a job or facing unemployment can knock confidence at any age but can be particularly acute in older age, with people feeling they are competing against younger people or feeling they lack current or necessary skills. Participants of Employment Support and Olderpreneurs described the positive impact the projects had on their self-confidence and future outlook:

"It's given me a lot more confidence about the possibilities of maybe getting a job... It has made me realise I'm not necessarily on the scrap heap, I just need to be a bit more positive about what I can bring to the table... it's made me a bit more positive about being 50." Employment Support participant, female, 50

"I feel really good about what I am doing... I didn't want to be made redundant but this has given me the opportunity to continue with my career and work for myself." Olderpreneurs participant, female, 54

"If we had ideas and they weren't going anywhere that would be depressing, but actually we are in the process of breaking out, celebrating what we are all doing. Imagine how it would be if we hadn't tried....It increases our confidence climbing up the knowledge base." Olderpreneurs participant, female, 50s

The Digital Inclusion project played a significant role in improving the confidence of older people around technology, which in turn then supported them to access services, facilities and friends and family:

"I'm more switched on about things, I have a better understanding, better information. It's about confidence. I would probably give it to somebody else to do it for me but now I have to think through it for myself, how to get out of problems." Digital Inclusion participant, male, 60s

"I can now contact my family on the mainland via facetime and my friend in Canada." Digital Inclusion participant, female, 70s



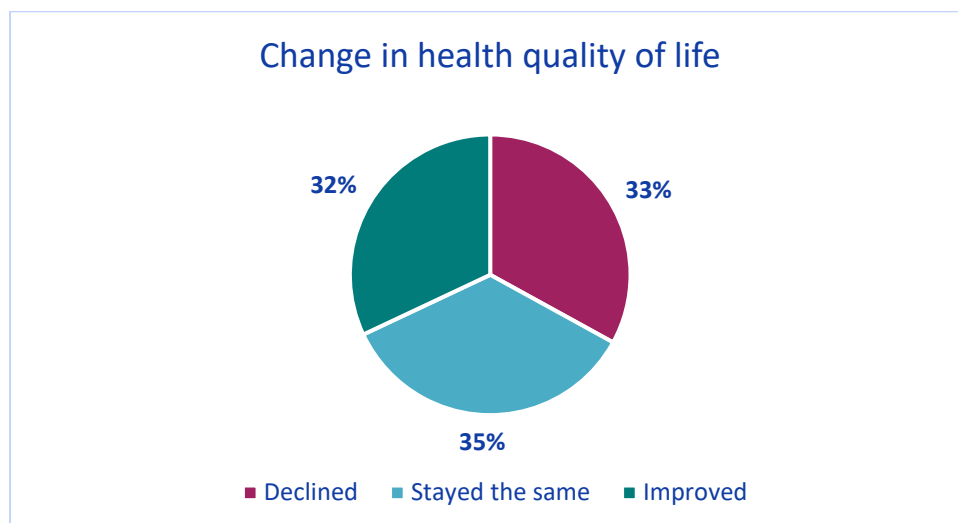
Improving physical health

The national evaluation questionnaire uses the EQ-5D scale to measure health quality of life. This includes questions on mobility, self-care, ability to do usual activities, pain/discomfort and anxiety/depression. The dimensions are scored to provide an overall score between 0 (representing equivalence to death) to 1

(representing equivalence to perfect health).

Of the 464 people who responded to the question at both entry and follow-up, there was no change in the mean score – it was 0.69 at both entry and follow-up. As shown in Chart 7 32% of people experienced improved health quality of life at follow-up (n=149), 35% experienced no change (n=164) and 33% experienced a decline in their health quality of life (n=151). Given that physical health often deteriorates in older age and the prevalence of long-term conditions such as dementia increases, the finding that 67% either experienced improved health quality of life or maintained their health quality of life is a significant positive outcome for the profile of Programme participants.

Chart 7: Change in health quality of life at follow-up



Source: National evaluation questionnaire (n=464)

Table 5 shows the percentage of people reporting improved health quality of life broken down by the 8 projects that received 25 or more follow-up responses for this question. Although the low number of follow-up responses for some projects mean that differences may not be statistically significant, it is interesting to note that the two projects with the biggest percentage of people reporting improved health quality of life were Care Navigators and Care for Carers, with 46% from each project reporting an improvement.

Table 5: Respondents reporting improved health quality of life by project

Project	Number of people completing question at entry and follow-up	Percent reporting improved health quality of life
Care for Carers	39	46%
Care Navigators	87	46%
Community Navigators	65	37%
Men In Sheds	44	32%
Employment Support	36	25%

Project	Number of people completing question at entry and follow-up	Percent reporting improved health quality of life
SingAbout	51	24%
Olderpreneurs	88	23%
Digital Inclusion	27	22%

Source: National evaluation questionnaire

The Care Navigators initially operated from GP surgeries, and those Care Navigators funded through Ageing Better operated alongside Care Navigators funded by different sources of health funding. As such, the primary emphasis of this project is more clearly on health than the other AB IOW projects and these results reflect that. In 2017/18 an independent evaluation was conducted on the Care Navigator service by Wessex Academic Health Science Network²². This research found that there was a statistically significant improvement in all four measures they looked at, including health status and health confidence.

It is encouraging to see that the support provided by Care for Carers may also have resulted in improved physical health for a group of people known to be at particular risk of poor health.

The other measure of health used in the national evaluation questionnaire is the EQ VAS score which measures self-reported health. Respondents are asked to indicate on a thermometer of between 0 and 100 how good or bad their health is that day from worst imaginable health state (0) to best imaginable health state (100). Of the 467 people who responded to this question at both entry and follow-up, the median²³ score was 70 at entry and increased to 75 at follow-up, representing an improvement in self-reported health. In total, 215 people (46%) reported an improvement in health state, 73 people (16%) stayed the same and 179 people (38%) reported a decline in health state. These are broadly similar results to the EQ-5D measure, with 62% of people reporting either the same or improved self-reported health.

While physical health was not a direct focus of other projects, interview participants reported improvements to their health in a variety of ways. Singing has been shown in a number of other studies to benefit health²⁴ and many of the SingAbout participants talked about improvements in breathing and fitness from action songs and walking to the groups:

"I move around doing the action songs... we do exercises and it improves my breathing."
SingAbout participant

"I no longer walk to the shop as it is hard work but I do walk to the group every Monday – it's so good for getting me out and about and moving. Sometimes it's hard work to walk there, but walking home is easier because I have a lovely rhythm" SingAbout participant, female, 89

SingAbout project staff described the case of one man, who had had a stroke. Initially he had been a passive participant, rarely joining in with singing and not engaging with other members of the group.

²² Wessex Academic Health Science Network (2018), Independent Evaluation of Care Navigators on the Isle of Wight
www.wessexahsn.org.uk/img/projects/Isle%20of%20Wight%20Care%20Navigators%20Evaluation%20Report%20FINAL.pdf

²³ Due to the pattern of responses usually shown in the data, the median average rather than the mean is generally used

²⁴ Goldenberg, R. (2018), Singing Lessons for Respiratory Health: A Literature Review, Journal of Voice, 32 (1)

Over a number of months, he began to sing with the rest of the group and also make basic conversation with some of the other people in the sessions. His wife reported that he started chatting and singing at home too.

A number of Men in Sheds participants also commented on the improvements in their physical health through involvement in the sheds keeping them active:

“It has helped me a great deal with my physical health. It gives you confidence and gives you a boost.” Men in Sheds participant, male, 76

“Being in the shed has helped my mobility, I can stand for longer” Men in Shed’s participant, male, 60s

One Digital Inclusion participant highlighted the benefit of learning how to use the internet in terms of the new information she had access to around her health:

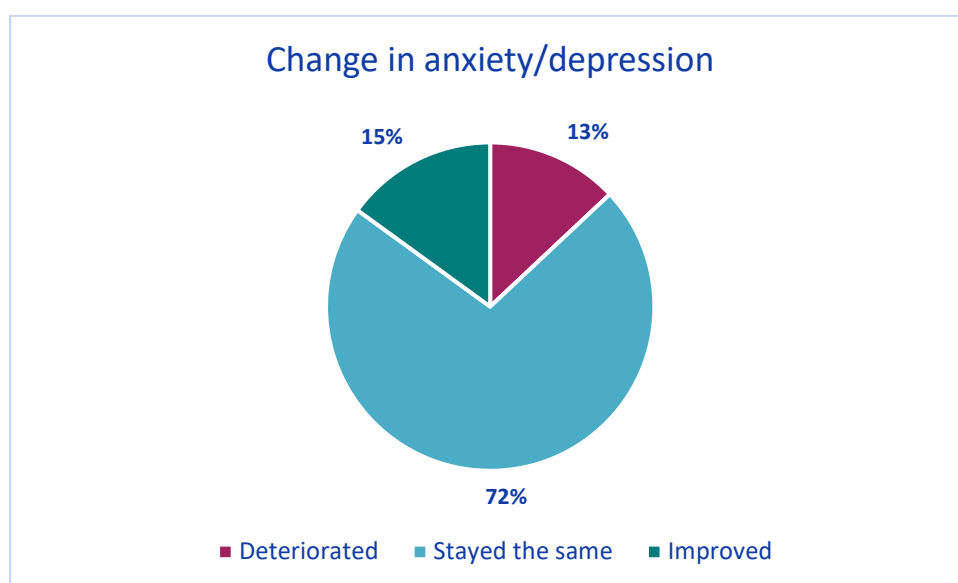
“With my health issues – I’ve been able to look things up and learn about it, which I find reassuring.” Participant of Digital Inclusion, female, 66



Improving mental health

One of the five dimensions that are measured as part of the EQ-5D is anxiety/depression, where people are asked to indicate whether they are: not anxious or depressed; moderately anxious or depressed; or extremely anxious or depressed. Of the 488 people who completed the question at both entry and follow-up, 75 (15%) indicated an improvement in their levels of anxiety/depression, 352 (72%) stayed the same and 61 people (13%) indicated a deterioration in their levels of anxiety/depression. While this appears to indicate that a relatively small proportion of people experienced an improvement, as the measure is intended as only one element of the wider health quality of life measure it is a fairly blunt instrument for measuring anxiety and depression and will not detect small improvements.

Chart 8: Change in anxiety/depression at follow-up



Source: National evaluation questionnaire, (n=488)

The qualitative interviews found clear evidence of participation in the projects leading to improvements in a number of individuals' mental health. For some people this was about a positive improvement in general mood. Many participants emphasised the uplifting nature of singing in the SingAbout sessions:

"I'm elated when I leave the choir..." SingAbout participant, female, 82

Creative Futures project worked with people in residential care homes who were often at the end of their life. A member of staff at one of the care homes described the impact she observed:

"It makes a difference – it's making them happy at the end of their life, that's what it's all about." Care home staff

For other people, participation in the projects led to a more significant reduction in depression and anxiety, including for those with diagnosed mental health problems:

"I suffer from depression, so being indoors is no good for me. When I'm here I don't want to go away, so I'm coming down 5 days a week, whether it's gardening, carpentry, whatever it is, concreting slabs... I feel 100% better than I was when I first started. I couldn't sleep, I'd be wide awake thinking about things." Men in Sheds participant, male, 60s

"I was getting depressed as I don't like having nothing to do. Since I started here, I've never been depressed". Community Navigators participant, male, 68

"I have something to look forward to each week... I lost my wife of over 63 years and have no family. When I was first introduced to SingAbout I felt life wasn't worth living, now I look forward to the next 10 years and reaching my family average of 98 years." SingAbout participant, male, 88

"I live on my own, I find looking at four walls all day monotonous... She's helpful. I can talk to her. She listens to what I'm interested in and suggests things that I'm interested in... It's pulled me out of depression" Care Navigators participant, male, 69

A volunteer with Mental Health Peer Support first became involved as a service user when she was very depressed. As her mental health improved, she was able to contribute as a volunteer, which helped maintain her stability:

"It keeps me up rather than down... It definitely maintains my wellbeing." Mental Health Peer Support participant and volunteer, female, 60s

The quantitative and qualitative data both show that participation in the AB IOW projects had a positive impact on the health, wellbeing and quality of life of older people and for some people, as the quotes above demonstrate, this is very significant. It is evident that although improved wellbeing and quality of life are often closely linked to addressing isolation, there were also projects that were clearly playing a role in improving wellbeing where isolation was not always or not necessarily an issue. This was evidenced most strongly for the Care Navigators and Care for Carers projects but there were also demonstrable health and wellbeing benefits of participation in Alzheimer Café, Community Navigators, Creative Futures, Digital Inclusion, Employment Support, Good Neighbour Scheme, Men in Sheds, Mental Health Peer Support, Olderpreneurs and SingAbout projects.

This is a particularly positive finding given the older age of many of the participants (41% are aged 75 or over). In older age when health and mobility issues are more prevalent, and physical deterioration or emotional losses over time more common, simply maintaining physical and mental health and wellbeing at previous levels is a significant positive outcome.



Key findings

There was a statistically significant increase in the mean wellbeing scores of national evaluation questionnaire respondents between entry and follow-up, and 50% of respondents experienced an improvement in wellbeing. This finding was consistently backed up by qualitative interviews and is a particularly positive finding given the older age of many participants.



Key findings

The projects worked in four main ways to improve wellbeing:

- ❖ Access to support
- ❖ Improving self-confidence
- ❖ Improving physical health
- ❖ Improving mental health

4.3 Co-production and empowerment

AB IOW Programme Outcome 2 is “Older people will feel empowered to co-produce local policies and services which become more responsive to their needs, now and in the future”. One of the aims of the national Ageing Better Programme is that older people are “more engaged in the design and delivery of services that improve their social connections”. This section considers the impact of the Programme in terms of progress towards greater participation and co-production among older people.

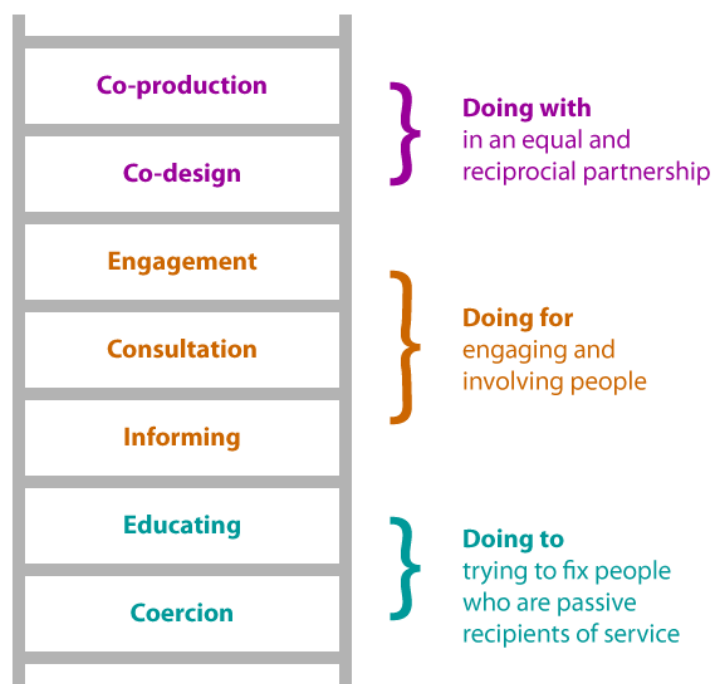
Co-production can be described as:

The relationship where professionals and citizens share power to design, plan, assess and deliver support together. It recognises that everyone has a vital contribution to make in order to improve quality of life for people and communities.²⁵

²⁵ TLAP (2020), ‘What is co-production?’ www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/

Co-production can happen at different levels, from the level of the individual, when individuals plan and direct the care and support they need, to the community level where a range of people, groups and organisations come together to discuss, plan and produce solutions to any given issue. As the ‘ladder of participation’²⁶ in Figure 9 illustrates, co-production can be seen as the ‘top’ of the participation ladder; the form of participation which involves the most equal level of participation.

Figure 9: Ladder of participation



While co-production is the ultimate goal, it does not mean that other forms of participation are not of value. In this section we explore the participation of older people across the projects in terms of informing, consulting, engaging and co-designing, as well as co-producing. We do this by looking at the evidence around progress towards increasing the levels of participation among older people at four levels: the individual level; project level; Programme level; and co-production of local services and policies.

Co-production at the individual level

There is evidence from the fieldwork, particularly through the interviews with project leads, of individuals being empowered to co-produce their own support, with some of the more intensive one-to-one interventions being highly individualised and person-centred. The support provided by Care Navigators was based around person-centred individual support plans, based on a detailed assessment of the person:

“Reaching those who are lonely comes out of a person-centred approach using an open conversation with them and finding something which works for them.” Care Navigators staff/volunteer

²⁶ TLAP (2020), ‘What makes co-production different?’ www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/in-more-detail/what-makes-co-production-different/

One Care Navigator client described the value of this approach to her:

“She helps me to think about things but doesn’t tell me what to do.” Care Navigators participant, female, 80

In the Care for Carers projects this really developed as the project progressed. Commenting on how their approach had changed since the start of the project a member of staff explained:

“We are taking the lead from carers, now - really listening to people instead of turning up with a shopping list.” Care for Carers staff/volunteer

The support provided by Community Navigators was shaped by the interests of the individuals involved, both in the one-to-one support provided, and in the setting up of groups and community activities:

“Empowering comes from working off the interest of the people and acting as a facilitator, not deciding on provision yourself.” Community Navigators staff/volunteer

The Creative Futures project’s main aim was to match volunteers with residents of care homes based on the residents’ personal creative interests, for example:

“We matched Frank with a volunteer who was born in France and the two enjoyed a number of conversations about European and international travel, including an iPad session where they shared stories about where they had lived and looked at photographs. Frank loved these sessions and talked about his life travelling and working all over the world.” Creative Futures staff/volunteer

In the period it was running, the Mental Health Peer Support project was entirely structured around participants being able to shape their own involvement from the weekly timetable of groups and activities. The Digital Inclusion individual tutorials were based on the person’s particular IT needs and level of experience; Employment Support was tailored to the needs, work experience and backgrounds of the participant; and Olderpreneurs support was individualised for the person’s stage, confidence and experience in planning and setting up a business. There was a strong sense that this was very much the ethos and desired approach of all the projects within the Programme. Of the projects delivering an element of one-to-one support, none of them offered a ‘one size fits all’ approach; all described the critical importance of listening to people’s needs, taking on board their wishes and desires and responding accordingly.

Co-production at project level

One of the fundamental challenges regarding true co-production at the project level, was that the Programme that was commissioned by TNLCF did not build in a requirement for the projects to do this. Many of the projects (Alzheimer Café, Care for Carers, Care Navigators, Creative Futures, Digital Inclusion, Good Neighbour Scheme, Mental Health Peer Support and SingAbout) were either existing projects or projects that had been piloted, that secured the Ageing Better funding to continue, expand or develop. The others were commissioned as largely pre-designed projects, in most cases without significant opportunities for true co-design or co-production involving older people. Where AB IOW was commissioned as a set of projects ready to start delivery, in other Ageing Better areas, an initial period for co-production of projects or schemes was commissioned and funded.

This created a fundamental challenge, beyond the control of the project leads, to bringing true co-production into their projects.

Despite this, some significant elements of the projects were co-designed or co-produced, with the Men in Sheds project providing the best example. The sheds usually began with informal sessions, where men come together to talk about what they would like to do. From there, supported by the project lead, the men were involved in creation of the space, looking at the venue, thinking about how they could use it and what they would like to do:

“All of the sheds are set up with men in the local area who will use them. I work with them to set up their constitution, rules and I support someone to run the shed in the first instance... We co-produce the constitution and then I gradually hand over the reins to the men to run the Sheds themselves.” Men in Sheds staff/volunteer

As the Ageing Better funding ends, the sheds are planning to continue as self-sustained groups run by the men. While most of the Alzheimer Cafés followed the strict structure and criteria required to be an Alzheimer Café²⁷, the Ace7 group for people with early onset dementia which was set up through Ageing Better funding was set up and run differently. The Ace7 group members decided how the group would be run and what they wanted to do; it was led by the individuals in the group and genuinely co-produced. Through this experience project staff learned a lot about co-production and this has influenced how other elements of the project were run:

“I’ve been absolutely swayed by co-production... I’ve learnt that co-production works”. Alzheimer Café staff/volunteer

While it was operating, the Mental Health Peer Support project was part of a peer and volunteer led organisation. People who were referred were known as peers and those who lead groups or activities were known as volunteers. The weekly schedule of groups and activities that ran from the centre (which included art, crafts, walking, brunch club, creative writing, culture club, music, bridge and yoga) was user led, designed and constantly evolved in response to ideas and suggestions. There were monthly meetings of staff, volunteers and peers where anyone could put something on the agenda, and things are put to a vote:

“We have a say in everything, they listen, as peers, as volunteers, we’re involved in everything. If I wasn’t listened to, I wouldn’t still be here.” Mental Health Peer Support participant and volunteer, female, 60s

The Care for Carers project had a strong commitment to co-production in the different elements of the project that they planned. Whenever they did something new, they invited carers in that particular area in to work with them - for example, when they produced a mental health book, they involved carers of people with mental health problems and it was piloted with mental health carers:

“The book came from them, they put it together, said you need this, not that, everything was done with carers – in their language” Care for Carers staff/volunteer

²⁷ See www.alzheimercafe.co.uk/ for more details

Through seeing the benefits of co-production, the project remained committed to working in this way:

“This is pivotal - if I sit in my ivory tower, I lose touch. We’ve always been in touch with the people. The minute you step away, then you’ve lost it... it has to be true co-production.” Care for Carers staff/volunteer

There are other examples of the co-design and co-production of specific elements of projects. The Care Navigators steering group co-produced the Care Navigators leaflet. Participants of SingAbout were involved in shaping the recruitment process for session practitioners and in planning and designing special singing sessions.

There is also evidence of older people participating at different levels of the participation ladder; informing, consulting and engaging. Many of the projects had formal feedback mechanisms to collect participants’ views in order to inform future delivery. Digital Inclusion, Employment Support, Olderpreneurs and SingAbout collected feedback on the courses, workshops and groups they ran. Care for Carers used focus groups, questionnaires and feedback cards to get people’s views on their services, and Community Navigators produced their own project survey. Alzheimer Café had comments books at cafés to encourage feedback and suggestions and the Isle Find It online directory had a feedback mechanism on the website. These projects respond accordingly to issues raised. For example, Employment Support changed their course structure and moved from workshops to more one-to-one sessions, and Olderpreneurs changed the structure of their networking events so that new clients could hear about the experiences of longer standing clients.

Alternative Transport, Care Navigators and Isle Find It set up formal steering groups to inform the delivery of the projects with the aim of including older people. In practice all three struggled to sustain people’s interest and experienced problems with maintaining numbers:

“We tried to include older people through Digital Inclusion but we don’t get interest or they don’t stay involved.” Isle Find It staff/volunteer

The Care Navigator project stopped running their steering group as they did not have the time to run it in the context of high demand for their services and staff changes. Other projects did not have formal mechanisms for feedback but encouraged direct face-to-face feedback through conversations between participants and project leads.

Some projects have consulted on specific subjects. For example, Alternative Transport ran a consultation with hospital users to identify issues of mobility around the hospital, and Digital Inclusion consulted around charges for their services to find out whether introducing charges would create a barrier to using the workshops and sessions.

It should, however, be noted that very few of the participants interviewed had participated in the projects in these ways, and many were not aware of the channels through which they could have a say. The national evaluation questionnaire asks respondents to state whether they have been involved in: sharing ideas to help plan a new activity, deciding how an activity will be delivered, helping to run an activity for other people, gathering information to see if an activity is making a difference and/or being consulted about policies or services. Each item is scored as 1. An increase in the average score therefore shows greater participation in different co-design activities (but note that it is not intended to measure depth of involvement within each co-design activity). Of the 480 people who responded to the question at both time-points, there was an increase in the mean score from 0.82 at entry to 1.11 at follow-up suggesting a slight increase in involvement.

The questionnaire responses found that 73 of the 245 people (30%) who had not been involved at entry had become involved by follow-up. However, 64 of the 245 people (26%) who had been involved at entry were not involved at follow-up. Although some people had become involved, as others had stopped their involvement overall there was just a small increase from 49% being involved at entry to 51% being involved at follow-up.

Interviews with the project leads and project staff provided insight into some of the reasons for this, and some of the challenges that were experienced by projects trying to encourage greater levels of participation. Project staff reported that many older people expressly did not wish to become more involved, often saying they felt they had done enough of that in their lifetime, they were wary of organisational politics or simply did not want the work involved:

“Although the idea is to empower local older people to set up things themselves, we’re finding that we still have to facilitate them as the older people don’t want to take them on... The older people are happy for it to exist but they don’t necessarily want to run them”
Community Navigators staff/volunteer

One participant of Care Navigators, a male, aged 78, explained how although he had been a very involved and active person throughout his life he did not feel he had the energy to do so at this point. Others were too busy:

“We could get more involved if we wanted - there seems to be no bounds to it, but we are now fully occupied.” Community Navigator participants, female, 66 and male, 77

The Care for Carers project staff noted the difficulty of involving carers, as it is hard to ask them to leave the person they care for. Care Navigators staff highlighted the particular challenge of involving older people who are representative of their participants:

“We’ve tried different things, it’s hard. The people who come in are the ones who can drive, they may be older people but not they’re not necessarily who we are aiming at - they’re 65 and mobile, they can drive, when actually we’re working with 85+.” Care Navigators staff/volunteer

It should also be emphasised that when individuals did come forward to participate, they often required significant support from the project staff to help to develop ideas, turn them into reality, and ensure they run effectively, as experienced by the Men in Sheds project. Co-production takes time and resource to do effectively:

“Co-production process is difficult and can be extremely slow.” Men in Sheds staff/volunteer

These examples show that projects provided opportunities for participation at varying levels and most had an ethos towards engagement and involvement of participants. There is good evidence that all of the delivery projects valued the views and contributions of their clients and sought to deliver their services in accordance with the feedback received. The vast majority ensured that older people were involved (to the extent they wanted to be) in the informing, consulting and engaging steps on the participation ladder, but securing their involvement in co-designing and co-producing was more challenging.

Co-production of the Programme

In the design stage of the Programme, before the funding was secured, older people were consulted with to collect their views about what was needed to address social isolation among older people on the IOW. This subsequently fed into the design of the Programme and the project selection. Since then, however, while there were opportunities for older people to have a say in some of the individual projects as described above, there were not significant opportunities for older people to be involved in continuing to shape the overall Programme:

*“There is a deficit at programme level, older people are less involved in decision at the beginning or ongoing, it’s more like here’s what we’ve designed **for you**.”* Programme Office/ABMG

The four Programme outcomes were not co-produced with older people and, with the exception of some consultation via the Public Forums about what people would like to see being done differently, older people were not involved with the Programme review in year 3. There was a representative of an older people’s organisation on the ABMG and an older person as Chair of the ABMG but this was the same individual throughout and was not rotated. Given the emphasis on empowerment and co-production in both the aims of the national Ageing Better Programme and the AB IOW Programme outcomes, this seems incongruent. Furthermore, the benefits known to be associated with involving older people in co-production at this level have not been realised and this could have had a significant impact on delivery.

Co-production of local policies and services

One of the purposes of the AFI project was specifically to focus on encouraging and facilitating participation and co-production of local policies and services particularly through the Public Forums. Public Forums were held four times a year in several locations across the Island for people to share information, discuss ideas and find sustainable solutions to issues affecting older Island residents. The Public Forums changed locations and format over the 5 years, but throughout the time over 500 older people participated in them.

The Public Forums provided a platform for many levels of participation - engagement, consultation, co-design and co-production with older people. One example is the Trading Standards Isle of Wight Against Scams Partnership (IWASP) that was formed to address doorstep crime and scams on the Island. Initially the Public Forums were used as a platform for consultation – the AFI project officer led sessions to gather people’s ideas about what would help to stop people from being a victim of scams, and what sort of reminders or messages they need. Participants of the Public Forum then worked with Trading Standards to co-produce tools to help older people avoid scams. This was then complemented by working through the Steering Group to develop a Charter for organisations to sign up to say what they will do to counteract scams (see Section 5.1 for more detail about the work of the Steering Group). As Trading Standards did not have the resource to get a group of this kind together for their work on scams, the Public Forum gave them an opportunity and platform work in co-production with older people in a way that would otherwise not have been possible. Other subject areas raised and discussed through the Public Forums were employment, loss of banking on the high street, accessible pavements, outdoor spaces, service redesign, dementia and health care services. Some of the issues raised through the Public Forums were then addressed through task and finish groups facilitated by the AFI project staff with a sub-group of older people to address the issues.

There has been great success in terms of the number of people who have participated in the Public Forums over the period of the Programme and some of the issues addressed, and interviews with older people have found that there was very good awareness of the Public Forums across the Island. However, the AFI project staff working to support the Public Forum have reflected throughout the 5-year period on how they are working to give older people a voice and the team are ambitious for further change. Reflecting on the progress made, they have some concerns that it has been a core group of older people who regularly participate and that they are not necessarily representative of all older people. They would also have liked to have seen the Public Forum become more integrated within the decision-making structures of the statutory sector on the Island and they have looked to other Ageing Better areas, such as Torbay, where they have an Older Persons' Assembly. The AFI project has been successful in securing an additional 12 months of Ageing Better funding for some elements of the work to continue. The project hopes to use this time to support an older people's steering group that will sit on the existing steering group, other forums such as council boards and groups, and other mechanisms on the Island such as patient participation groups.

The AFI project team also facilitated co-production around specific identified issues, with an example being some work around age friendly GP surgeries. The AFI team worked with a GP in Ryde and their Patient Participation Group, to hear their views on what the practice was doing well for older people, and what could be improved. This led to the development of the Age Friendly Surgeries Charter, a blueprint that offers surgeries a framework to work with. The project applied for additional funding to co-produce a short film and a toolkit with the patient group to help practices on the IOW and across the UK understand the importance, value, and purpose of becoming an age friendly practice. The developed toolkit was taken to the Public Forums for wider feedback.

Encouraging people to become involved in having a say about local policies and services was not only within the realm of the AFI project. A number of projects reported different ways in which they did this. The Mental Health Peer Support project encouraged peers to become involved with a consultation on changes to local mental health services. In response to an issue raised by older people via a Community Navigator, a Parish Council agreed to fund a new resting place on a popular pathway to enable older people and people with mobility issues to use it. Care for Carers responded to an issue raised by participants about the Carers Assessment process which led to them being involved in the redesign of the assessment. The Alzheimer Cafés have been used to collect the views of people with dementia to inform the Health Watch Report which is used to plan services for dementia.

The national evaluation questionnaire asks respondents 'Do you agree or disagree that you personally can influence decisions affecting your local area?'. Of the people who completed both entry and follow-up responses (n=481) 41% agreed at entry compared to 47% at follow-up. This suggests that participation in the projects may encourage a sense of empowerment or ability to influence decisions.



Key findings

Older people were involved in designing and shaping their own individual support and services they received from the projects, particularly in the projects that deliver one-to-one support. There was a clear commitment by the projects to provide person-centred support putting the voice and needs of older people at the centre.



Key findings

While there are some good examples of genuine co-production at project level, there have been more opportunities for older people to participate in the form of informing, consulting or engaging rather than co-design or co-production.



Key findings

There was limited co-production at Programme level which is at odds with the aims of Ageing Better and represents a missed opportunity for the Programme to enable older people to have a genuine influence in the delivery of the Programme and to benefit from their involvement.



Key findings

Opportunities were created for, and taken up by older people, to influence and shape local policies and services. A higher proportion of older people felt they can influence decisions in their local area following participation with the projects. The AFI project played an extremely important role in supporting and facilitating this work across the Island.



Section 5: What works for the Isle of Wight?

Section 4 has focused on the impact of the Programme on individual older people who have participated in with the projects. A key aim of the Programme has been around making the IOW a great place to grow older, in particular making the IOW age friendly. This is reflected in Programme Outcome 3:

Programme Outcome 3: Older people will feel the Island is age-friendly; those under 50 years will see older people as an asset, recognising their contribution to the community

The Programme was shaped around the 8 World Health Organisation age friendly domains²⁸ of:

- outdoor spaces and buildings
- transportation
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services.

This section looks at the impact of the Programme at more structural and strategic levels. It does this in two ways; firstly looking specifically at the impact of the Age Friendly Island (AFI) project in relation to the aim of becoming age friendly, and secondly looking at the impact of the Programme as a whole on the public, private and voluntary sectors on the IOW.

5.1 Becoming age friendly

In contrast to the other projects which primarily focused on reducing loneliness and improving the wellbeing of individual older people, the AFI project has been working at a more strategic level to make the Island age friendly. It has done this through a number of strands:

Age Friendly training - Training aimed at staff and organisations that work with older clients or customers. It looks to address cultural attitudes to ageing, focusing on physical barriers, psychological barriers and environmental barriers.

²⁸ 'The eight domains of age-friendly', Centre for Ageing Better (2020) www.ageing-better.org.uk/age-friendly-communities/eight-domains

Public Forums - Holding regular Public Forums in a number of locations across the Island for people to share information, discuss ideas and find sustainable solutions to issues affecting older Island residents.

Steering Group - A multi-agency group involving representatives from the public sector, voluntary sector and private sector across the Island. The group tackles issues that affect older people by working in partnership across organisations and sectors.

Town and Parish Council work - Encouraging Town and Parish Councils to work together with older people to address local needs, including through: identifying Age Friendly Champions; producing Age Friendly Communities reports with identified recommendations; and making commitments through Age Friendly Charters.

Intergenerational work - Work in schools to deliver age friendly awareness sessions in assemblies and lessons and running a programme of Young Volunteers who provide support to older people in the community.

Celebrating Age – An annual Celebrating Age Festival, including a week to a month of events and an awards ceremony celebrating the achievements of local older people and their contribution to Island life.

In recognition that the evaluation methods adopted for the Programme both in the national and local evaluation were not adequately capturing the impact of this particular project, in 2019 (year 5 of the Programme), we undertook some focused research on the AFI project. This included interviews with members of the Steering Group, those involved in delivering the Town and Parish Council work, and an online follow-up survey with people who had participated in Age Friendly training²⁹, as well as analysis of data collected by the project including monitoring information and training feedback. The data received was analysed to explore the extent to which there is evidence of the Island becoming more age friendly in terms of:

- change in attitudes
- change in practice
- change in policy

Change in attitudes

One of the areas that the project tackled was attitudes towards older people, in terms of awareness and understanding of the needs of people as they age, addressing stigma and recognising older people as assets, not burdens.

²⁹ As the AFI project did not have contact details for all training participants the survey was distributed via the contact for each organisation. As a result, it did not reach all training participants and the response was relatively low at 30 respondents. The findings reported in this section from this survey are therefore not necessarily representative but can provide an indication of the impact of the training.

Greater awareness and understanding

Age Friendly Training was developed by the project team and delivery began in the first year of the Programme. The training addresses cultural, physical, psychological and environmental barriers that older people may encounter. The training sessions use practical demonstrations, interactive exercises and use of simulation equipment to gain a better understanding of the difficulties people may face on a daily basis. Over 600 people participated in Age Friendly training sessions, from a range of organisations including the Fire and Rescue Service, IOW Council, Southern Water, Tesco, the Library Service, the Prison Service, Red Funnel ferry company and Southern Vectis bus company.

The follow-up survey found that 28 of the 30 training participants (93%) agreed that Age Friendly training gave them greater understanding about the practical challenges and issues that older people face in day to day life. Respondents provided examples of their change in awareness and understanding of people's experiences as they age:

"It gave me a better understanding of how with age, confidence is diminished and small problems like being able to read your own meter can be difficult for the elderly and also how they can become easily confused by our terminology" Southern Water employee

"It gave me a lot more empathy and understanding for some customers' needs and wellbeing. I am now a lot more patient and confident with people." Library Service employee

"It has raised awareness and communication skills [of our officers], plus knowledge of the support available and the right agency to refer to" Hampshire Police employee

The intergenerational project particularly focused on the attitudes and awareness of younger people. A total of 5,891 children and young people participated in age friendly awareness sessions – including assemblies, presentations and workshops - in 35 different schools. The young volunteers element of the project gave young volunteers the opportunity to provide support to older people in the community. Although this element of the project was resource intensive and stopped in the final year of the Programme, 112 young volunteers had volunteer placements. In an interview, one young volunteer reflected on the impact of the volunteering on her own perceptions:

"It has changed my perceptions – I understand more what it's like to be blind. I would have expected her to be more dependent on people, but she wants to go out and be independent which is really inspiring" Young Volunteer

Recognising older people as assets

Older people can often be portrayed as a burden, particularly in the media where focus can be on costs of an ageing population and the "problem" of how to provide and fund older people's support needs. The AFI project actively sought to encourage the recognition of older people as assets in a number of ways, but particularly through the annual Celebrating Age Festival. The festival involved many organisations across the Island running events such as walks, coffee mornings, singing, dancing and crafts. The festivals culminated in a Celebrating Age awards ceremony where awards were given out for categories such as Age Friendly Entrepreneur, Age Friendly Contribution to the Community and Age Friendly Volunteer. The festivals were successful and well attended events and had a high profile on the Island. In 2019 the Celebrating Age Festival held 119 events involving 47 organisations.

The evidence suggests that Age Friendly training also had a positive impact on the way that the contributions of older people are viewed, with 23 of the 30 follow-up survey respondents (77%)

agreeing that Age Friendly training gave them greater understanding about what older people can contribute and offer to the community.

The Young Volunteers project gave young people an opportunity to interact with older people in a way they may not have done otherwise and through this, recognise the mutual benefits experienced through the arrangement:

“It’s become more like a friendship – I enjoy her company.” Young Volunteer

Change in practice

One of the areas of greatest impact has been around the changes in practice that have happened on the IOW as a direct result of the work of the AFI project. There is evidence of individual people taking action in their own lives, local areas making changes and organisations changing the way they operate.

Individuals taking action

There is evidence of how individual people who participated in different elements of the project have done things differently and taken action in their own lives, homes, communities and working environments. End of training evaluation feedback collected by the AFI project found that 100% of people attending Age Friendly training said it will make a positive change to their work practices and confidence in working with, understanding and assisting older people (n=181). The NDTi follow-up survey found that 73% of respondents said that Age Friendly training affected how they interact with older people in their workplace and 62% said that the Age Friendly training affected how they interacted with older people outside of work, in their personal life and in their community (n=30):

“I tried to chat more to people I perceived as vulnerable or lonely. Had one particular success with a lady who was recently bereaved. We now chat whenever she comes into the library.”
Library Service employee

“By gaining a better understanding and being able to recognise potential restrictions and limitations for older people I am able to offer more tailored information, activities and advice.” Fire and Rescue Service employee

“It is the little things that an individual can do that makes the difference - for example opening a brand new jar of jam that arthritic fingers struggle with... I often do little things like that” IOW Council employee

The training is being rolled out to more employees across a greater number of organisations and is continuing beyond the funded period as ‘charged for’ training. Encouraging people to make small changes to how they interact with older people in their work, home and community life, could cumulatively have a significant impact. In particular, as this builds over time and is also seen by others as it may have a ‘demonstration’ effect.

Local areas taking action

The aim of the Town and Parish Council work was to encourage town and parish councils to work together with older people to address local needs. Through the project:

- 14 people took on a voluntary role as an Age Friendly Champion in their town or parish
- Age Friendly Communities reports were produced in 10 towns and parishes
- Age Friendly Charters have been produced in 10 towns and parishes

Age Friendly Communities reports included identified recommendations for the area and the Age Friendly Charters included commitments made by the town or parish council.

Although some positive changes were seen, this element of the AFI project experienced the greatest challenges in making significant changes. There was a particular challenge around engaging with town and parish council clerks. The role of clerk varies depending on the town or parish; some clerks cover more than one parish and their hours vary from working just a few hours a week to full time. The project staff experienced great frustration with attempts to communicate and engage with them:

“Everyone’s busy, and everything takes time with parish councils. With clerks part time, infrequent parish council meetings, and the many volunteers involved, it could take at least three months to get agreement to anything.” AFI project staff/volunteer

There was also a challenge around recruiting people to the role of Age Friendly Champion and once in the role, sustaining their engagement.

In the attempted fieldwork for this part of the project, only one champion responded to our invitation to be interviewed and no town or parish clerks responded. No champions or clerks responded to an online survey that was sent to them following poor response to the initial invitation to be interviewed. However, project staff reported a number of changes in local areas that came about as a result of this work, including an improved bus service, accessible paths and improved lighting to a Community Centre, a local programme of social events for older residents, a new bench provided at a bus stop and the establishment of an Accessibility Forum. Through the evaluation activity that we were able to conduct, however, it was not possible to establish whether, or to what extent the changes were attributable to the Age Friendly Champions, community reports or charters.

Businesses, services and organisations taking action

Perhaps the most significant and far reaching impact of the AFI project has been the work around mobilising a wide range of businesses, services and organisations across the Island to come together to make the Island age friendly.

The Steering Group is a multi-agency group run and facilitated by AFI project staff involving representatives from organisations in the public sector, voluntary sector and private sector across the Island. The Steering Group tackles issues that affect older people by working in partnership both across organisations and across sectors. The Steering Group was closely linked with the Public Forums, with issues being raised in one taken to the other and vice versa. Some issues that arose through the Steering Group were taken on by task and finish sub-groups to focus on practical changes. In early 2020, towards the end of the Programme, 27 organisations were working together through the Steering Group including the Fire and Rescue Service, police, the library service, IOW

Council, Tesco, Alzheimer's Society, Citizens Advice Bureau, Red Funnel, Southern Vectis and the CCG. The Steering Group has worked on issues such as employment, scams and an Age Friendly Charter.

Interviews with eight members of the Steering Group and project staff found consensus that it was an effective and impactful way of working. Some cross-sector work is common, for example, the health and social care sector often works with voluntary sector providers. The Steering Group is particularly unusual however, in the way it brought together other public sector bodies such as the Fire and Rescue Service, police and the library service, with businesses such as supermarkets, and providers of services such as utilities and transport. Organisations emphasised how valuable it was to have the opportunity to network and share information with other organisations, especially those in sectors outside their usual contacts, but crucially it then enabled them to work together to address issues in ways that would not previously have happened:

"The Steering Group opened us up to other partners who we would have had great difficulty talking to before... without the Steering Group we would never have got as far as we have now with this work." Trading Standards, IOW council

"We've ended up working with some of them in ways that would not have happened"
Southern Vectis

Bringing these organisations together and working in this way is a significant success of the Programme.

The Steering Group and the Age Friendly training elements of the project have been mutually supportive; some organisations became involved in the Steering Group as a result of attending training and some members of the Steering Group promoted the training in their own organisations. There is evidence that participating in Age Friendly training leads to organisations making changes, with 15 of the 30 respondents of NDTi follow-up survey respondents reporting that their organisation took specific action as a result of the Age Friendly training and gave examples of specific changes:

"We used the information gained to inform the redesign of our new reception area" IOW Council employee

"We changed some of the features in [the library] to take into account some of the factors we learned on the training. Improved lighting, better signage, stock moved to better location." Library Service employee

The examples below describe some of the changes in practice that came about as a result of the AFI project, often as a result of more than one element of the project.



Tesco

The idea of a 'Time for you' till in supermarkets was identified through the Public Forum in recognition that shopping can feel stressful and pressured for older people. As part of the Celebrating Age Festival in 2017, Tesco, a member of the Steering Group, ran a 'Time for you' till. This led to an increase in customer satisfaction from 57% to 63%. As a result of this Tesco now run a 'Time for you' till 52 weeks a year. Staff at the till have taken part in Age Friendly training.



Library

The largest library on the Island now has an age friendly area with adapted seating, improved lighting, better signs, a targeted notice board and stock moved to better locations. This was done using information gained through the Age Friendly training and guidance from the Age Friendly Island project.



Southern Vectis bus company

Southern Vectis have incorporated Age Friendly training as part of the compulsory training for all their bus drivers through a train-the-trainer approach and a training kit produced by the Age Friendly Island project. The training has led to steps being taken to improve bus services for older people including changes to bus timetables so drivers can allow more time for passengers to board and for drivers to wait until people have sat down before the bus moves. Southern Vectis have made a number of changes to make their buses more accessible: buses having low floors that are easier to access; light coloured floors that are better visually; and drivers are open to the public rather than behind screens in order to help communication. Southern Vectis worked with the AFI project to design 'Safe Journey' cards for people to show to the driver. Southern Vectis report fewer trips and falls on buses and increased customer satisfaction.



Isle of Wight Against Scams

Isle of Wight Against Scams Partnership (IWASP) has been formed to address doorstep crime and scams on the Island. Through the Steering Group, IOW Trading Standards has worked with organisations including the Police, Fire and Rescue and Citizens Advice Bureau to form the partnership and develop a Charter for organisations to sign up to say what they will do to counteract scams. The Public Forum also worked with Trading Standards to help them produce tools to help older people avoid scams.



Dementia Friendly Church Services

The Age Friendly Island project has worked collaboratively with two Island churches to establish Dementia Friendly Church Services. These services are more informal, designed with the needs of people living with dementia in mind. Accessible Service Booklets are used with traditional hymns and prayers. Not only are the services dementia friendly but they are accessible for people with many different access needs. The services have proved to be popular with a steady number of attendees. The AFI project have worked with two churches who will now continue to run these themselves, three times a year.

Change in policy

Impact in terms of identifiable changes to policy is an area where the AFI project demonstrated less impact, although this may be partly due to the longer timescales required for changes at policy level to be considered, accepted and implemented.

Nevertheless, there are some examples of organisations involved either in the training or the Steering Group that have made changes to their policies. For example:

- Hampshire Police have gained a better understanding of employee needs for those aged 50 to 60 and have changed shift patterns to reduce the number of unsociable hours worked
- the Library Service now have a new category for borrowers with dementia or their carers which means they no longer have to pay fines for overdue books
- Trading Standards have changed the way they work with vulnerable people, including letting people make statements by video.

In response to the Town and Parish Council work, 'age friendly' is now embedded into the parish plan for one parish and is a regular agenda item for another parish council. In one parish the Age Friendly Champion reviews planning applications for their age friendliness.

We did not find evidence of more strategic or Island wide policy changes, for example within the local authority. However, as described in more detail in Section 5.2, the AFI project has received additional funding to continue for 12 months. This will prioritise strategic work, and the project team are optimistic that further changes at policy level will be seen over the next year.

Observations of age-friendliness

We can see that a range of sources of data have found clear evidence and examples of the Island becoming more age friendly as a result of the work of the AFI project. Throughout the qualitative fieldwork conducted across the four years of the evaluation we asked people – both older people participating in the projects and people responsible for delivering and managing projects and the Programme – about their view on whether the Island is age friendly or a good place to grow older. Overall, the vast majority of people felt that it is:

"The Isle of Wight is a great place to get old – there's a great variety of things to be involved in, lots to do." Olderpreneurs participant, male, 57

"I think people on the Island are more kindly and patient than on the mainland. I think there is a better attitude to ageing than on the mainland." Alzheimer Café participant, female, 61

"It's always been known that people come here to retire, so it's a good place for the old. There's a lot here for them to do, beaches, country walks, fresh air." Men in Sheds participant, male, 60s

Although not necessarily directly attributable to the AFI project or the Programme more widely, a number of people commented that they had observed an improvement over recent years:

"There's a culture change across the Island. You can feel that difference as you're walking around" Programme Office/ABMG

A clear and consistent observation was the change in Southern Vectis buses, with many people commenting on the positive changes of drivers waiting until they had sat down to move, even when they were not aware that it had anything to do with the Programme:

“Unbelievable – every person there [the Public Forum] who used the buses recognised the change. Absolutely incredible” Public Forum participant, male

“I think it’s a good place to grow older. I believe it is.... I think it’s getting better all the time. I think there are more opportunities for older people to come together and be listened to – I’ve been to a forum for older people, that was interesting. I’ve seen changes, a lot of them positive – for example on the buses, they’re more considerate, they wait for you to sit down.” Mental Health Peer Support participant, female, 60s

However, this was not universal and there were also some strong feelings that the Island was not a good place to grow older, primarily because of problems to do with health and social care provision:

“I don’t think the Island is age friendly – with the cuts in care how can it be?” Project lead

“It’s a great place to live if you’re not ill. When you start getting ill that’s when the limits come in... If you’re reasonably healthy it’s great.” Care Navigators participant, male, 78

While the evidence suggests that there have been some really significant positive changes in the aim of becoming more age friendly, these comments emphasise the challenges and limitations of operating in a context of austerity and cuts when basic health and social care needs are not necessarily being met.



Key findings

The work of the AFI project, in particular the Age Friendly training and the Steering Group, has had significant impact, on people’s attitudes, on the actions that individuals take, and on how organisations operate. This is the most innovative element of the Programme and, if changes can be maintained and developed to include more significant longer-term policy changes, it has the potential to have the greatest impact.



Key learning

Four factors are key to supporting the changes seen on the Island:

- ❖ **Having the right mechanisms to involve the right people** – Having complementary mechanisms of the bottom-up approach of the Public Forum to facilitate the voice of older people, and the Steering Group to mobilise people with the right level of authority and control over resource allocation to make change happen.
- ❖ **Cross-sector working** – Having a unique and valued opportunity through the Steering Group to address issues, exchange information and create partnerships through cross-sector and cross-organisation working between public, private and voluntary sectors, and demonstrating that this works better and more effectively than working in silos.
- ❖ **Age Friendly Training** – Having high quality age awareness training that complements other activity and promotes change at individual, community and organisational levels.
- ❖ **Time** – Having a funding for a period that is long enough to enable change at this level to happen and start to become embedded.

5.2 Impact on public, private and voluntary sectors

In the section above we have reflected on the considerable impact of the AFI project specifically in the focused area of making the Island more age friendly. In this section, we consider the impact of the Programme more widely, particularly in terms of the impact of a funded multi-project Programme, spanning 5 years, managed and delivered largely by the voluntary sector to the voluntary sector itself, the public sector and the private sector. It should be noted that the findings described below are primarily based on interviews with people working within the Programme itself – the Programme Office, ABMG and project leads. Although in early 2019 (year 4 of the Programme) we attempted to interview a small number of key individuals within the public and voluntary sector, unfortunately none of those invited to be interviewed responded. It should be recognised therefore that the findings below are reflections from within the Programme, rather than outside the Programme.

Voluntary sector

A significant area of impact of the Programme has been the impact that it has had on the voluntary sector on the IOW. As part of the Ageing Better Programme, the voluntary sector, through Age UK IOW, was given funding to manage, commission and deliver a programme involving primarily other voluntary sector organisations of different sizes, both new and very established. Taking this role was a first for Age UK IOW:

“The interventions weren’t new and interesting, what is new and interesting is letting the voluntary sector commission themselves. We commissioned ourselves – this is the most interesting learning.” Programme Office/ABMG

Working in this way - giving the money and the responsibility to the voluntary sector – has enabled the voluntary sector to flourish in a number of ways.

Partnership work

Although it was recognised in interviews with project leads and Programme Office staff that the IOW has a good history of working in partnership that pre-dated the Programme, it is clear that a five year Programme where organisations worked together for common outcomes provided additional opportunities to do this.

Interviews with the project leads throughout the Programme found that they consistently reported how much they valued the opportunity to come together through the Programme, including through delivery partner meetings, to link up and network with others. There were many examples of the projects finding ways to work together for the benefit of older people – referring individuals to other projects, joint working (for example the Employment Support project working with the AFI project around a mentoring scheme, Digital Inclusion participants providing feedback on the Isle Find it website), and visiting other schemes to promote their project.

It was also clear that the Programme worked to promote partnership working well beyond the voluntary sector partners who were delivering funded projects. The interviews conducted with older people who had used multiple projects found that project staff, particularly Care and Community Navigators would refer people to a whole range of groups, services and organisations, regardless of funding, in the interests of the individual older person. Events held as part of the Celebrating Age Festivals included many organisations, not just those that were funded by Ageing Better.

As we have seen above, a number of the Steering Group members themselves are voluntary sector organisations that are not part of the Programme. The Programme has thus also provided additional opportunities for the voluntary sector itself to work together, building on and extending further a strong history of partnership work.

New opportunities through partnership

As well as working together for the benefit of older people, being part of the Programme has had an impact on the way that the delivery partner organisations approach future work and funding:

“The legacy is the relationship between the projects – everything we do we think partnership.” Programme Office/ABMG

“As a sector I think it’s given us extra confidence, extra resilience, the added value of thinking more collaboratively.” Programme Office/ABMG

The Programme has created some specific new opportunities for significant joint work which would not otherwise have come about. The IOW Living Well approach, funded through the IOW Council's Improved Better Care Fund is a person-centred, holistic way of providing co-ordinated health and social care for people aged 18 and over. Carers IW (Care for Carers) and Age UK IOW (Care Navigators) are two of the four voluntary sector partners delivering this support.

The organisations have acknowledged that it was working together through AB IOW that led to them applying for the funding as partners:

“Partnership has been massive for us. If we were isolated on our own, we would not have gained as much... Living Well for example – we were given the option to go it alone or go into partnership... we decided to do it in partnership. Ageing Better gave us the opportunity to work with these organisations so partnership is easier.” Project lead

“We’ve all learnt about working with other projects. I think that the experience and learning of working with other organisations helped with setting up Living Well.” Project lead

Since working together through the Programme, Carers IW (Care for Carers) and Alzheimer Café have begun working together to develop an IOW Dementia Awareness Partnership.

Stable longer-term funding

A number of the project leads highlighted the very unusual situation within the voluntary sector of having funding secured for 5 years and the opportunities for development this has brought. Voluntary sector funding is often very short-term, with 2- or 3-year funding considered long-term. Particularly in the case of health or social care funding, it is not uncommon for funding to be reviewed annually. This leaves little freedom to plan for the future or to be creative or innovative, as a lot of time and resources can be taken up by applying for future funding. In contrast, Ageing Better funding has enabled the organisations to become more established and stable and has given them freedom to test new ideas and see what works:

“I think the biggest impact is that delivery partners haven’t had to scramble around for funding. It has allowed them to mature and develop. They’ve become more sophisticated, it’s allowed continuity of delivery, continuity of staff.” Programme Office/ABMG

“Having 5 years funding has given delivery partners the opportunity to become strong and sustainable – I think this is the legacy.” Programme Office/ABMG

“It made a massive difference having five years funding... The five year funding gave us time to prove ourselves and be flexible to meet unmet need – it gave us the time and freedom to see what works, change and adapt to meet need. Without that we wouldn’t be where we are. The time and the freedom to test and learn enabled us to find out what works and demonstrate our impact.” Project lead

The combination of long-term stable funding enabling organisations to thrive and the opportunity to develop new partnerships has led to a strong feeling that the voluntary sector is in a stronger position as a result of Ageing Better funding:

“I think it’s leaving behind a more cohesive third sector” Programme Office/ABMG

“A thriving voluntary sector is the legacy” Programme Office/ABMG

Public sector

While it has been more of a challenge, the Programme has also had an impact on the public sector on the IOW. In interviews over the last four years Programme Managers and the AFI project staff have talked about the challenge of engaging with the key public sector organisations and individuals at a strategic level. The absence of adult social care representation on the ABMG and initial absence of IOW Council representation on the Steering Group were noted as particular concerns. Over the final year of the Programme however, in-roads have been made in this area, with the Head of Ageing Better having a place on the Health and Wellbeing Board and representatives from the Council becoming involved in the Steering Group. The recent involvement of IOW Council has led to a significant recognition from the Council of the importance of age friendly and clear intentions to embed it going forward:

“The Council accepts that age friendly is important. We want to capture everything done so far to make it integral across the Council. We want to develop short term goals – what activities and projects can be done that can become part of working life, and what are the longer-term ambitions? If the Council can be the role model and provide opportunities, then the others should follow – we should be taking the lead.” IOW Council

As part of the 12 month extended Ageing Better funding that the AFI project has received, the current plan is for a member of the AFI project staff to be seconded to work in the Council to develop a detailed action plan for the future.

The learning from the AFI project is important here, in particular recognising that this sort of change and impact takes time:

“I think 10 years would be realistic – it’s taken 5 years to start to make the big changes. It’s about shifting cultural attitudes.” AFI project staff/volunteer

“Getting the right people takes time - this took 4 years.” AFI project staff/volunteer

In terms of the impact on the health and social care sectors, the Programme has played a particularly interesting role in enabling the voluntary sector to demonstrate what works. This is primarily illustrated in the case of the Care Navigators. The Care Navigators project was initially piloted by health funding and it came about as result of a need identified by GPs - that people were using GP appointments for non-health matters or matters that could be addressed with other support. While the team of Care Navigators has always included some health funded posts, three of the Care Navigator posts were funded through Ageing Better for the full 5-year period. The funding for the other posts came through a variety of sources of health funding, usually for 12 months at a time, with funding for the next financial year often not being confirmed until a month or two before. However, the stability of the Ageing Better funded posts enabled the project to really demonstrate and evidence what works, which in turn led to the health funding being secured year by year:

“The public sector at the time were not prepared to take a risk to see if it would make a positive difference. By being able to fund the 3 posts through Ageing Better it gave the opportunity to run a pilot which was able to influence how health and social care funding got spent.” Programme Office/ABMG

One factor in the success of the Care Navigator project has been their integration into the health and social care systems. Part way through the Programme the Care Navigators became part of Integrated Locality Services and joined multi-disciplinary meetings to identify care and support packages for individuals. Sitting alongside statutory agencies was significant in the Care Navigator service becoming part of “the system” and enabled the Care Navigators to become known and recognised:

“They’re a key linchpin. They are part of the system in my opinion”. Programme Office/ABMG

“We’ve been recognised by the statutory sector, we’ve sat in the multi-disciplinary meetings, we’ve been seen and involved and known.” Project lead

Through working closely with these groups, the Care Navigators were able to demonstrate to the statutory sector the value of the way they work:

“Through this we’ve been able to show social workers how to do things differently – I think they’ve influenced the culture, it had been very traditional until this, the funding gave them opportunity to do this.” Programme Office/ABMG

“The CCG is now seeing the value of some of these things.” Programme Office/ABMG

Those involved believe that having this opportunity to demonstrate their value to other sectors has led to Age UK securing other funding:

“We’ve been given money to trial a team at the hospital on a reablement ward around support with discharge from hospital. 5 years ago I don’t think we would have been approached to do that.” Programme Office/ABMG

“It has led to the voluntary sector getting other health and social care funding, like Living Well. This wouldn’t have happened before.” Programme Office/ABMG

Crucially, linking to the points made above, it has provided an opportunity to demonstrate to the public sector what both Age UK as an organisation, but more importantly the voluntary sector as a whole, can add to public service provision:

“The voluntary sector now supports the health and social care sector. It has created faith in the voluntary sector in delivering health and social care.” Programme Office/ABMG

The Care Navigators is just one of the AB IOW funded projects and provides the clearest illustration of the impact individual projects can have, through demonstrating what works and becoming integrated in “the system”. Other projects also demonstrated their value to public sector, most notably the support provided by Care for Carers and the education element of Alzheimer Café. These show how long-term funding and becoming integrated in “the system” can have an important impact on public sector delivery in a very different way to the overall approach of the AFI project – a bottom up approach, demonstrating what works, as opposed to a strategic whole Island approach.

Private Sector

The impact that the Programme has had on the private sector - on businesses, utilities and service providers - was a particularly innovative element of this Programme. As described in Section 5.1, the AFI project had a broad purpose of making the Island age friendly and this included private organisations and businesses. While the voluntary sector and the health and social care sectors are natural bedfellows when it comes to addressing the needs of older people, the private sector more widely (with the obvious exception of private providers of care and support) is less commonly a target for social interventions and programmes aimed at improving the lives of older people. It is our understanding that the IOW is unusual within the national Ageing Better programme in working with the private sector.

As we have evidenced above, the AFI project has successfully made being age friendly an accepted concern of a wide range of businesses. Age Friendly training is becoming part of many businesses, impacting on both employees and the way businesses are run. As the training is being successfully sustained as a 'charged for' training course and is very popular on the Island, there is potential for this to have a very significant continuing impact on how businesses are run, their accessibility, and how they treat employees and customers. We have also seen how private sector organisations have seen for themselves the benefit of being involved in the Steering Group working with voluntary sector and statutory sector organisations.

A key factor to the success in this area has been that the AFI project has been able to demonstrate the business case for being age friendly. The IOW has a substantial older population, with many people retiring to the Island – older people are not passive recipients in need of care and support, they are consumers and customers of the private sector. By increasing the understanding of the needs of older people through the Age Friendly training and through the Steering Group, businesses have been able to see that there is a business case for 'age friendly'. This can be demonstrated in the examples outlined in Section 5.1 – in Southern Vectis reporting reduced falls on their buses and Tesco reporting increased customer satisfaction.

As the Programme was drawing to a close and funding for the projects ending, there was a particularly successful example in this area. Leading on from a meeting between Age UK IOW and Wightfibre (an IOW broadband provider), Wightfibre agreed to directly fund the work of the Digital Inclusion project by employing the Digital Inclusion Officer. This includes continuing the work of the project in providing one-to-one support in customers' homes. The company were interested in how they could support customers who were struggling with broadband, as this was taking up a lot of the company's time and resource. Having the fundamental elements of one of the Programme's projects being taken on and funded by a local business is a significant positive impact and provides a further example of a private organisation acknowledging the significant business case for being age friendly.



Key findings

Having stable five-year funding has enabled the voluntary sector to thrive, providing individual organisations the freedom to test what works, as well the opportunity to develop strong relationships which have led to partnership working and securing additional funding.



Key findings

The work of the Age Friendly Island project has led to impressive cross sector working to address issues that affect older people, particularly successfully involving businesses and services that do not usually work in this way. Recent success in bringing the council on board and securing a further 12 months of funding to develop this paves the way for further strategic, policy and cultural changes that have the potential for significant impact on the lives of older people on the IOW.



Section 6: What are the costs and benefits of the Programme?

The findings sections so far have shown that AB IOW has improved the lives of older people and is making the Island a better place to age. While reducing costs to the public purse was not an explicit aim of AB IOW, with the Programme being delivered against a backdrop of austerity and funding cuts in the statutory sector, costs, benefits and value for money are inevitable considerations alongside the change to people's lives.

As part of the local evaluation AB IOW commissioned a cost benefit analysis. Due to the amount and detail of data needed and the resource required it has not been possible to conduct a full cost benefit analysis for each of the funded projects. Instead this section provides information on costs in order to reflect on the value for money of the work that has been delivered through Ageing Better funding. We present an illustration of the benefits by looking at the potential costs avoided to the public purse through the work delivered by the projects. It does this through looking at:

- 1) **Project unit costs:** An estimate of the cost per participant of each project
- 2) **Costed case studies:** Three case studies that provide an illustration of the costs to the public purse that can be avoided through the work of the projects
- 3) **Potential costs prevented:** A consideration of the costs to the public purse that would need to be avoided to match the costs of funding some of the projects

Because of the time that this analysis was undertaken and the data available, the projects included in this section are those that were funded in Year 4 of the Programme (2018-19).

6.1 Project Unit Costs

Table 6 below presents an estimate of the cost per participant of the 11 projects that were working with older people in the financial year 2018-19. The AFI project has not been included as it focuses primarily on change to the Island as a whole, rather than individual older people.

The unit costs have been calculated by dividing the amount of Ageing Better funding provided to deliver the project in 2018-19 by an estimate³⁰ of the number of participants who experienced the project in the same period.

³⁰ There are a number of caveats to this estimate: a) As explained on page 15 projects were required to report the number of ongoing participants and the number of new participants on a monthly basis. Because an individual who was a new participant one month will be counted as an ongoing participant for subsequent months and an annual figure is not part of the reporting requirements, the actual number of participants per year is not known. The estimate here is based on the sum of the new participants each month and the number of ongoing participants reported in the first month. We have used this as an estimate as it avoids double counting of individuals. However, for some projects it is likely to *underestimate* the actual number, as ongoing participants who did not participate in the first month but return in later months will not be counted; b) Due to data collection issues for the GNS project in 2018-19, the estimated number of participants is based on 2019-20 figures; this is a less reliable estimate than for the other projects; c) Some projects operate in a number of localities on the Island. If an individual goes to more than one locality, they will be counted as a separate participant in each one. This does not affect the unit cost as they were 'consuming' more than one unit of the project.

It should be highlighted that ‘participant’ means very different things in different projects, from one-off pieces of advice, to intensive one-to-one support over a number of months. The number of participants for the ‘Isle Find It’ project reflects the number of unique users to the website³¹. The unit costs presented here therefore are not intended to be used to make comparisons of value for money between the different projects.

The unit costs presented below (for Year 4 of the 5-year Programme) do not include set up costs to the project, or periods where the projects were becoming established. Because of this they are more indicative of the unit cost of sustaining or maintaining the projects as they were being delivered, rather than representing the cost of delivery over the whole Programme period.

In-kind costs that would usually be reflected in a cost-benefit analysis (such as free use of rooms and facilities and volunteers) have not been included in the costs. For some projects these in-kind costs can be significant. This ability to use community resources and mobilise volunteers is a strength of some of the projects and enables them to provide value for money. The unit costs therefore provide an indication of the cost of continuing to deliver or sustain the project if the in-kind provision and volunteer contribution were to remain stable.

Table 6: Estimated cost per participant for projects operating in 2018-19.

Project	2018-19 Ageing Better funding	Estimated number of participants 2018-19	Estimated cost per participant 2018-19
Alzheimer Café	£18,298	285	£64.20
Care for Carers	£75,731	297	£254.99
Care Navigators	£269,976 ³²	1,176	£229.57
Community Navigators	£92,878	980	£94.77
Digital Inclusion	£26,397	403	£65.50
Employment Support	£55,986	85	£658.66
Good Neighbour Scheme	£113,322	567	£199.86
Isle Find It	£39,418	37,404	£1.05
Men in Sheds	£51,164	275	£186.05
Olderpreneurs	£83,667	102	£820.26
SingAbout	£50,810	589	£86.26

³¹ Using Google Analytics definition.

³² The Care Navigators project was match funded by the Clinical Commissioning Group (CCG), this figure is 50% Ageing Better funding and 50% CCG funding

The table shows that some of the projects delivered at very low unit costs. The Alzheimer Cafés, Digital Inclusion and SingAbout all had an estimated cost per participant in 2018-19 of £86 or less. The cost per unique user for the Isle Find it website was just over £1. The Care Navigators cost an estimated £230 per participant and the Community Navigators cost an estimated £95 per participant. Olderpreneurs and Employment Support had higher unit costs (£820 and £659 respectively) due to the in-depth one-to-one support they provided. However, they also had the potential to generate significant economic benefits through reductions in unemployment benefits and particularly in the case of Olderpreneurs, through contributing to the Island's economy. Furthermore, both these projects had younger participants on average and were working primarily at a preventative level, so they can be seen as an investment in the future.

6.2 Costed Case Studies

AB IOW aimed to improve the lives of older people through tackling and preventing social isolation and poor health and wellbeing. In addition to the negative impact on an individual's quality of life, social isolation and poor health and wellbeing incur costs to health, social care, local and central governments.

In this section we present three costed case studies to illustrate the ways that the projects worked to reduce and prevent costs to the public purse. The individuals and scenarios described here are based on evidence collected through the evaluation of the Programme (qualitative interviews with participants, participant 'change stories' and interviews with project leads). The cases described are not "real" individuals but they are made up of different elements of real people's stories. The projects unit costs calculated above have been included, and published unit costs from trusted sources have been applied³³.



Bridget's story

Bridget, aged 73, and her husband moved to the IOW 8 years ago when her husband retired. Since moving her husband developed dementia and Bridget became his carer. As the dementia progressed, Bridget found her husband needed increasing amounts of her time and care until she felt she could no longer leave him on his own. Bridget and her husband have not had children and they haven't made really close friends since moving to the Island. Bridget felt there was no-one she could call on for help and she felt isolated. She wasn't able to enjoy the social activities they had previously enjoyed as a couple and her husband could no longer drive. She was feeling physically and mentally exhausted and in desperation had started to think she would need to look into residential care for her husband.

³³ GMCA (2019), Unit Cost Database v.2.0 www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/
Curtis, L. and Burns, A. (2018), Unit Costs of Health & Social Care 2018, Kent: PSSRU www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2018/



Bridget's story (continued)

Bridget heard about the Alzheimer Cafés through her GP and went with her husband to their local café. She appreciated being among other people who could relate to how she was feeling and found it a relief being somewhere where she didn't have to worry about her husband. At the first café they went to, a worker from Care for Carers introduced herself and told Bridget about what they do. They visited Bridget, helped her apply for Attendance Allowance and supported her to apply for funding for respite day care. Bridget now goes to the monthly Carers Café and a weekly craft session run by Care for Carers, and with her husband goes to the Alzheimer Café every month. Having the extra income means they can take taxis to get to the groups and the cafes when they can't use public transport. Bridget has joined a local walking group and goes walking when her husband has respite care.

Having this bit of time for herself to do something she enjoys, having the opportunity to have a social life with her husband, as well as having people to talk to at both the Alzheimer Café and Care for Carers has made Bridget feel she is able to cope. She knows where to go to when things are hard and she is also aware of the different help she can get as her husband's dementia progresses, which she has found reassuring. She realises there may be a point in the future that her husband needs residential care, but for now she feels able to cope.



Costs & Benefits

Costs: The estimated cost of two people attending an Alzheimer Café for a year is £128. The estimated cost of providing advice and support through Care for Carers is £255. The cost of Attendance Allowance for a year is £4,451³⁵. The cost of respite care for a year is £5,148³⁶.

Benefits: The costs saved as a result of someone with a memory or cognition support need avoiding residential care for a year is £30,524³⁷.



Savings

Through Bridget's use of Ageing Better funded projects costing £383, there is an estimated cost of £9,599 to the public purse and an estimated saving of £30,524. This is a net saving to the public purse of £20,925.

³⁴ Attendance Allowance higher rate 2018-19: £85.60

³⁵ GMCA (2019) Average gross weekly cost of day care or day services for older people, England 2018-19: £99

³⁶ GMCA (2019) Average gross weekly expenditure on supporting older adults (65+) with a memory or cognition support need in residential care, England 2018-19: £587



Joyce's story

Joyce, 87 is widowed and living in her own home, which is difficult to access by public transport. Over the last few years Joyce had relied on her friend to give her lifts to get out and about. When her friend died, she became lonely and isolated. The only place she went was to her local shop and her GP. Joyce's GP was concerned about her low mood and wellbeing and felt she was seeking appointments for the social contact, so referred her to the Care Navigators.

A Care Navigator came to visit Joyce and talked about her needs. The Care Navigator suggested she tried her local SingAbout group to address her isolation. Joyce was able to walk to her local SingAbout and found it to be friendly and welcoming. She finds the singing uplifting and feels the short walk keeps her active. Someone she met at SingAbout invited her to a coffee morning run by the local church. She now goes to SingAbout and the coffee morning every week and enjoys seeing people she knows through these groups to chat to when she goes to the shop. She is feeling less lonely and has stopped going to the GP for social contact.



Costs & Benefits

Costs: The estimated cost of providing support and advice through a Care Navigator is £230. The estimated cost of someone participating in SingAbout for a year is £86.

Benefits: The costs saved as a result of someone avoiding 2 hours of GP time over a year are £408³⁷. The costs saved as a result of someone suffering from depression avoiding service provision for a year are £1,004³⁹.



Savings

Through Joyce's use of Ageing Better funded projects costing £316, there is an estimated total saving of £1,412 to the public purse.

³⁷ PSSRU (2018) GP cost per hour of patient contact 2018-19: £204

³⁸ GMCA (2019) Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year 2018-19: £1,004



Mike's story

Mike was made redundant from his job as a factory operative when he was 59. He had enjoyed the social aspect of work and felt lonely and isolated without it. His self-esteem also took a knock as a result of being unemployed and he was feeling low. He found it difficult to look for work as he hadn't had to use IT at work before and felt intimidated and overwhelmed by computers. He felt his age was a barrier and that he could not compete with younger people. At an appointment at the Jobcentre Plus, he was given information about the Employment Support project and agreed to an appointment. He received one-to-one support from an adviser at Employment Support who helped him to write a CV and apply for jobs online. He used the drop-in sessions to get more confident with using computers and for the peer support from others in the same position as him. Mike was successful in getting a temporary Christmas job as a picker in a warehouse and the job was made permanent after the Christmas period. Now he is working and earning again, he feels better about himself and doesn't feel isolated and his low mood has lifted.



Costs & Benefits

Costs: The estimated cost of providing advice and support from through the Employment Support project is £659.

Benefits: The costs saved as a result of a workless Jobseeker's Allowance claimant entering work for a year is £12,882⁴⁰. The costs saved as a result of someone suffering from depression avoiding service provision for a year are £1,004⁴¹.



Savings

Through Mike's use of Ageing Better funded projects costing a total of £659, there is an estimated total saving of £13,886 to the public purse.

³⁹ GMCA (2019) Fiscal benefit from a workless Jobseekers Allowance claimant entering work for a year 2018-19: £12,882

⁴⁰ GMCA (2019) Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year 2018-19: £1,004

6.3 Potential Costs Avoided

The case studies above provide an illustration of some of the ways in which the AB IOW projects prevented costs to the public purse. The challenges of measuring or estimating the value of preventative interventions is well recognised and is one of the factors that made it difficult to conduct a full cost-benefit analysis for this Programme. In this section we use an approach which considers how many incidents (e.g. episodes of depression or anxiety, unemployment, use of residential care) would need to be prevented by the projects to match the financial costs of running them.

Currently the projects are funded by TNLCF through the Ageing Better Programme and the savings outlined are savings to the public purse. The purpose of this section and the case studies above is to illustrate the potential economic impact the Programme has had on the health and social care sectors on the IOW.

There are a number of points to highlight in the calculation of potential costs avoided:

- The project costs and the number of participants are from the period April 2018 to March 2019 (Year 4 of the 5-year Programme) as set out in the table on page 78. As described above, the number of participants are estimates and may underestimate the true number of participants, therefore the numbers used in the calculations below are conservative.
- As described above, the costs used here are funded costs and do not include in-kind costs.
- Some of the ongoing participants will have incurred project costs before 2018-19, but equally some of the benefits will continue beyond the 12 months.
- The unit costs of prevented or avoided costs have been taken from trusted sources of unit costs for 2018-19⁴¹.
- The potential cost savings outlined here are not all cashable savings, meaning they may not result in a direct reduction in expenditure that can be released elsewhere.
- The examples below illustrate just one area of cost savings per project. In reality, many projects have the potential to avoid or prevent costs in several areas.

While this approach is a somewhat crude way to assess the economic value of the projects, in the absence of full cost benefit analyses it provides a way of considering the value of the projects by weighing up the potential costs avoided compared to cost of the intervention.

⁴¹ GMCA (2019), Unit Cost Database v.2.0 www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

Curtis, L. and Burns, A. (2018), Unit Costs of Health & Social Care 2018, Kent: PSSRU www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2018/



The cost of supporting an older adult with a memory or cognition support need in residential care for a year is £30,524⁴².

If the support and education provided through the Alzheimer Cafés resulted in 1 of the 285 people supported by the Alzheimer Cafés avoiding residential care for a year, the costs saved would match the costs of funding the project⁴³.



The cost of residential care for an older person for a year is £21,320⁴⁴.

If the support provided by Care for Carers resulted in 4 of the 297 people supported by Care for Carers avoiding residential care for a year, the costs saved would match the costs of funding the project⁴⁵.



The cost of GP time is £204 per hour⁴⁶.

If the support provided by Care Navigators resulted in 442 of the 1,176 people supported by the Care Navigators avoiding three hours of GP time, the costs saved would match the costs of funding the project⁴⁷.



The cost to the public sector of someone being out of work for a year is £12,882⁴⁸.

If the support provided by Employment Support resulted in 5 of the 85 people supported by Employment Support being in paid work for a year, the costs saved would match the costs of funding the project⁴⁹.

⁴² GMCA (2019) Average gross weekly expenditure on supporting older adults (65+) with a memory or cognition support need in residential care, England 2018-19: £587

⁴³ £18,298/£30,524=0.60

⁴⁴ GMCA (2019) Residential care for older people - average gross weekly expenditure per person, England 2018-19: £410

⁴⁵ £75,731/£21,320 = 3.55

⁴⁶ PSSRU (2018) GP cost per hour of patient contact 2018-19: £204

⁴⁷ £269,976/£612=441.14

⁴⁸ GMCA (2019) Fiscal benefit from a workless Jobseekers Allowance claimant entering work for a year 2018-19: £12,882

⁴⁹ £55,986/£12,882=4.34



The cost of providing services for people suffering from depression and/or anxiety disorders for a year is £1,004⁵⁰.

If the support provided by the Community Navigators resulted in 93 of the 980 people supported by the Community Navigators avoiding receiving services for depression and/or anxiety for a year, the costs saved would match the costs of funding the project⁵¹.



If involvement in the Men in Sheds project resulted in 51 of the 275 people involved in the Men in Sheds project avoiding receiving services for depression and/or anxiety for a year, the costs saved would match the costs of funding the project⁵².



If participation in the SingAbout project resulted in 51 of the 589 people participating in SingAbout avoiding receiving services for depression and/or anxiety for a year, the costs saved would match the costs of funding the project⁵³.

⁵⁰ GMCA (2019) Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year 2018-19: £1,004

⁵¹ £92,878/£1,004=92.51

⁵² £51,164/£1,004=50.96

⁵³ £50,810/£1,004=50.61



Key findings

Analysis of the costs and the benefits of the projects have found that, in part due to good use of volunteers and community facilities, the projects delivered support, advice and interventions at a low unit cost per participant.



Key findings

Through preventative work, costs such as residential care, treatment for depression, GP use and unemployment benefits have been saved. For several of the projects, just a low number of incidents of use of publicly funded services (by a small proportion of the projects' participants) would need to be prevented by the projects to match the financial costs of running them. This suggests that the AB IOW Programme has potentially saved significant costs, particularly to the health and social care sectors on the IOW.



Section 7: What works for the Programme?

Sections 4, 5 and 6 have focused on the impact of the Programme on older people and on the IOW. This final findings section considers what's worked, and what hasn't worked to support the delivery of a 5-year multi-project Programme. Delivery of a long-term TNLCF programme and managing multi-organisational delivery was a first for Age UK IOW. Part of the purpose of the national Ageing Better Programme was to mobilise the community and voluntary sector to commission and deliver local solutions to address social isolation. It is hoped therefore, that this section will contain learning that is of use to Age UK IOW and community and voluntary sector organisations more widely around the delivery of long-term multi-project programmes, as well as funders commissioning the community and voluntary sector to deliver such programmes.

The first section focuses on what has worked to support the delivery of the Programme, the second section focuses on learning and reflection relating to both planning and design of the Programme, and the third section reflects on the role learning and evaluation have played throughout the Programme.

7.1 Delivering the Programme

AB IOW was a complex Programme involving many different organisations and different levels of management. A number of structures and functions supported the delivery of the Programme. This section considers these different potential sources of support, what worked well and what can be learned where things did not work so well.

Programme Office

Team capacity

The Programme Office was a staff team of people employed by Age UK IOW dedicated to the delivery of the Programme. Initially the team consisted of a Programme Manager, Programme Officer and Monitoring and Evaluation Officer. The size and capacity of the team has been a consistent challenge, with what was a very small team becoming very stretched as the Programme developed. The issue was addressed to some extent in years 3 and 4 of the Programme, particularly around monitoring and data capacity, and by the end of the Programme there was a staff team of 6 people (although all were part-time and still only represented a full-time equivalent of fewer than 3). While the growth in team undoubtedly helped, capacity remained a challenge throughout the Programme:

"I think when we did the bid we underestimated the time needed [for certain functions]... Age UK hadn't had experience of bids this size before. It could be good for the Lottery when awarding bids to look at this, and advise if it's not sufficient." Programme Office/ABMG

As this participant suggests, being new to delivering a Programme of this scale, it would have been useful for Age UK IOW to have been given more firm guidance by TNLCF at the initial commissioning stage about the appropriate size of staff team to fulfil the demands of managing and delivering such a Programme.

Team stability

Unusually in a 5-year Programme, two of the three initial Programme Office staff members remained in post throughout the Programme. This has been emphasised as important and valued by Programme Managers and project leads as they were able to provide consistency and continuity among other changes, particularly other staff changes.

Unsurprisingly, in a long Programme there were some staff changes. Most challenging for the delivery of the Programme was the changeover in Programme Manager role. Through the five years there were four members of staff who had responsibility for managing the delivery partners⁵⁴. This was one of biggest challenges in delivery of the Programme, both for the delivery partners

“Maintaining the early relationship with the programme overall was a challenge due to the frequent changes in staff and focus.” Project lead

“Having different programme managers has been challenging in itself, I don’t always think they fully understand what the projects are about coming in” Project lead

and for the people coming in to the role of Programme Manager

“The first delivery partner visits were quite challenging, they weren’t feeling good after [a lot of changes].” Programme Manager

Programme Managers coming in to the role found that they needed to focus on immediate and pressing delivery or operational issues, and had limited time or space to fully engage with things like getting a good understanding of the history and rationale of the project, thinking strategically, or to fully engage with evaluation. Programme Managers commented that the role could be challenging, both being answerable to many different bodies – Age UK IW, TNLCF, the ABMG – while also being responsible for managing the delivery of a large number of projects. As highlighted above, for most of the Programme period they had a very small team to support them in their work. To some extent this is a local challenge – recruitment on the IOW is known to be difficult, with a small pool of people with the relevant experience to draw from. However, our understanding is that there has been a high turnover in Programme Managers in other Ageing Better Programmes which suggests that some wider Programme learning and reflection about the challenges and support needed would be beneficial for future national programmes.

Relationship with delivery partners

The relationship with the delivery partner projects was a significant part of the role of the Programme Office. Support and communication between the Programme Office and the delivery partners was primarily through the structures of quarterly one-to-one meetings, usually with the Programme Manager and through quarterly delivery partner meetings.

⁵⁴ Although job titles have varied through the Programme for these roles we have used ‘Programme Manager’ to refer to them all in order to ensure anonymity

The experience of one-to-ones with the Programme Manager varied to some extent over the five years of the Programme. Overall, project leads have found the one-to-one support positive and beneficial:

“[Programme Manager] provides a very good and supportive role – as are the whole team. They are always there and the response is usually very quick.” Project lead

“We speak to them and get a solution, we can ask for help” Project lead

When it worked well it was essentially about getting the right balance between support and performance monitoring. Projects leads understood that they would be monitored for performance, but in turn they appreciated having support around difficult issues when, or if, it was needed, and they wanted to feel trusted. A small number of project leads felt that at times there was too much emphasis on monitoring and not enough on support. This was particularly the case at times of change in Programme Manager with one project lead commenting that they felt more scrutinised as a result of regular meetings with new managers.

Delivery partner meetings were facilitated quarterly throughout the 5 years. The format largely stayed the same, providing an opportunity for project staff to meet face-to-face, share information about their projects, network and build relationships. There was an opportunity for projects to provide updates and one or more projects provided a more in-depth update or presentation of their work. There was usually some developmental input, for example sessions run by the Hall Aitken consultant or a feature covering a particular area, such as sustainability. There was good attendance with most projects being represented at each meeting. Overall, project leads told us that delivery partner meetings were valued opportunities to hear about what the other projects were doing and to build relationships with each other:

“I’ve learnt an awful lot - about mental health, care issues, safeguarding etc and been able to pass this knowledge to [participants]. Also having trusted personal links from these meetings to seek any further advice needed is really useful.” Project lead

They were important in providing a platform for cross-project work and for facilitating relationships between the projects which then led to referrals between the projects. They were also important in making projects feel like they were part of the Programme rather than working in isolation.

The National Lottery Community Fund

Communication and support from TNLCF primarily happened in two ways, through the identified TNLCF Relationship Manager and through events organised by TNLCF. Overall, the national events and meetings were experienced positively due to the invaluable opportunity they provided of being able to learn from and share with other Ageing Better sites. In particular, it was noted that the opportunity to make direct links with the Programme Managers in other Ageing Better sites enabled them to offer good support to each other.

The TNLCF Relationship Manager was the key link between the Programme Office and TNLCF. Through the Programme period the IOW had a number of different Relationship Managers. When it worked well, this link between the Programme and TNLCF was a really valued form of support for the Programme Office:

“I couldn’t ask much more of [her]” Programme Manager

Members of the Programme Office described how the Relationship Managers gave legal and contract advice, provided support around dealing with difficult issues and acted as “a bit of a mentor”. However, there were also times when the relationship was experienced as unsupportive and challenging. Particular issues identified were when members of the Programme Office felt they did not receive clarity from the Relationship Manager about what was required of them in terms of information, reporting and timescales. The combination of changes in Relationship Manager and changes in Programme Manager created additional challenges with many new relationships needing to be built over the 5 years. It is clear that the role of the Relationship Manager was an important one in supporting the delivery of the Programme and further insight into what works well in this role would be beneficial.

As already noted, there were four people who had a Programme Manager role on the IOW. A specific challenge highlighted by some in these posts was needing to get to grips with the workings and requirements of TNLCF. This was experienced as a challenge to those coming in part way through a long complex Programme:

“There is no Lottery bible, I had to work it all out” Programme Manager

Recognising that in long-term programmes there is likely to be changeover in Programme Office staff, clear guidance in one central place would support those taking on this role.

Consultancy support

Ageing Better sites are provided with independent consultancy support by Hall Aitken, commissioned by TNLCF, which they can then access for tailored support around specific areas. On the IOW this was very positively experienced at key points, particularly at challenging times or around issues where the Programme Office felt they did not have experience or expertise. Particular areas valued included tendering, monitoring and evaluation, governance – especially around the ABMG, and mediating with TNLCF:

“The support was pivotal, she became my go to person” Programme Manager

While the support was very good and highly valued, the Programme Office members initially had some difficulty in grasping what the role of the consultant was and exactly what it could offer:

“I had no idea who Hall Aitken were, how they fitted in, it was never made clear, I had to work it out myself.” Programme Manager

As the consultancy support was clearly so valued, greater clarity from the start about the role of commissioned consultants, what support can be provided and how, particularly when there is a change in staff, would further maximise this support.

Ageing Better Management Group

The ABMG was borne out of a Working Management Group that came together to develop the proposal and bid for funding, and became the ABMG once the bid had been accepted. Some members were in it from the start and there were some changes in membership over the years. The reflections on the contributions and support provided by the ABMG in this section come primarily from interviews with Programme Office staff and a small number of members of the ABMG.

It should be highlighted that because of the poor response from ABMG members who were invited to participate in interviews, the views reflected here are weighted towards the views of the Programme Office. However, the lack of response from the ABMG members invited does also reflect the observations noted below in terms of difficulties with engagement.

There were some very dedicated and committed individuals on the ABMG and this was highlighted by interviewees, and their contribution appreciated. However, the issue of poor attendance was raised by a number of interviewees and was an ongoing challenge:

“Engagement was hard, getting them to turn up” Programme Office/ABMG

Some of the ABMG members held a number of roles on other boards and management groups; while this meant they had the potential to be well networked, it also impinged on their ability to commit the time needed for the ABMG. There were also concerns about the range of participants. The group struggled to get representation from the council (with the exception of Public Health), and in particular from adult social care. The lack of diversity of the ABMG in terms of age, ethnicity and sexuality has also been highlighted. The challenges in engagement and attendance had an impact on the contribution and effectiveness of the ABMG in terms of the support it provided to the Programme. With perhaps the exception of the lack of diversity, it is difficult to identify what could have been done differently. There is an inherent challenge around getting the ‘right people’ – those in positions to raise the profile of a programme – as they are also people who are less likely to be able to engage because of constraints on their time.

There were some aspects where the role and working of the ABMG were particularly valued including input on vision, support around the increased focus on programme monitoring, support to projects around unblocking barriers, and support to the Programme Office with project closures.

A particular area where it was felt that the potential of the ABMG was not realised was their role in providing strategic guidance. It was felt by some that the ABMG did not play a significant role in actively steering the Programme:

“It serves as a monitoring function” Programme Office/ABMG

“They are reactive rather than strategic” Programme Office/ABMG

There were mixed views about the role of the ABMG members in promoting the work of the Programme, with some feeling that they could have played a more significant role in using their positions to help raise the profile of the Programme both locally and nationally and others feeling that this was an important and successful function of the group:

*“I would have liked them to help raise the profile of the Programme locally and nationally”
Programme Office/ABMG*

“I think the role that statutory colleagues made was useful... there was information sharing back into other strategic boards. It meant that the Programme had a strategic level than it otherwise wouldn’t have done.” Programme Office/ABMG

7.2 Planning and designing the Programme

Through our involvement as evaluators for four of the five years of the Programme, we have identified a number of key issues around the planning and design of the Programme which may be useful to reflect on for future programme design and funding bids. These are based on our own reflections through being involved with the Programme for four years and on formal interviews with the Programme Office and those involved in the planning and early stages of the Programme.

Rationale for the model

It is evident through interviews with people involved in the planning and design and early stages of the delivery that there was a clear initial rationale for the Programme model; specifically that the Programme was shaped around the 8 World Health Organisation age friendly domains. Over time and with changes in staff, this seems to have been lost to an extent with noticeably less reference to it as the Programme went on. Having a good sense of the history of the Programme, its narrative and purpose, and the rationale behind what is being delivered and why, is really important for those responsible for delivering the Programme, making decisions about elements of the Programme and articulating to others what the Programme is doing and why. On reflection, for future funded Programmes, it would be beneficial to ensure that the rationale and the story or narrative of the Programme continues throughout the Programme and in particular is relayed to new staff.

Programme review

In 2017, in the third year of the Programme, a Programme review was undertaken. This involved all of the funded projects producing revised delivery plans and budgets for their projects for the remaining period of the Programme. The Programme Office and ABMG went through a process of assessing these, making decisions about future delivery and revising plans and budgets for the Programme. The Programme Office, ABMG and projects, which had been given 5-year funding, were not aware that a mid-Programme review would be required. The process created considerable work for them, a particular challenge for the projects with minimal paid staff who were responsible for delivery on the ground:

“It put me on standby mode, awaiting outcome about any resulting staffing changes and taking me away from my lead role.” Project lead

For the Programme Office the review came at a time when they were under considerable pressure with a very small team and new staff members who had not had the time to build up relationships with the project leads. While the review resulted in some of the projects receiving increased funding or funding to do things differently, two projects (Education 50+ and Alternative Transport) were closed. At the time this created a sense of anxiety among delivery partners, primarily due to the lack of understanding as to why these projects were closed and the subsequent concern by the remaining projects that their own positions may be vulnerable. The process made projects feel they were ‘under the spotlight’ and several projects reported that they did not feel trusted by the Programme Office.

There is wide acknowledgement that this Programme review was a difficult period both for the projects and for the Programme Office. Although the review was required by TNLCF, as the projects and the Programme Office were not aware that this would be a requirement within the 5-year funded period it led to a lack of trust between the Programme Office and the projects, and between TNLCF and the Programme Office and led to the most challenging period in the Programme. It would be unusual for funding to be awarded for a 5-year period without any process for review built in; however, the lack of awareness of this process led to an avoidable and difficult period. It is important that such expectations and the rationale for them are communicated clearly to organisations receiving funding to avoid such challenging periods.

Co-production

As described in more detail in Section 4.3 although the design of the Programme involved consultation with older people, after that there were no significant opportunities for older people to be involved in continuing to shape the overall Programme. This is at odds with one of the fundamental aims of Ageing Better nationally to encourage the design and delivery of services by older people and also with Programme Outcome 2 of AB IOW.

Unlike some of the other Ageing Better areas that included a funded period of co-design and co-production before individual projects were commissioned, the AB IOW Programme had a clearly set out 5-year delivery plan. Those working on the IOW application were not aware that a funded period of co-design and co-production was an option within the Ageing Better funding, and this was not made clear to them during the application stage. Neither was there a requirement to include a formal mechanism to involve older people in shaping the Programme as it was delivered. Those involved in the design of the Programme readily acknowledge that a funding proposal of the scale of this Programme was new to them and they would have done things differently with the benefit of hindsight. Ageing Better funding was aimed at the community and voluntary sector - organisations that will not necessarily have the experience, knowledge and expertise around designing long multi-project programmes. It seems there was an opportunity missed by TNLCF at the commissioning stage to ensure co-production was at the heart of the programmes commissioned and a mechanism in place for embedding it throughout delivery.

7.3 The role of Learning and Evaluation

While we recognise it is not possible to be impartial in this area because of our role conducting the local evaluation, we feel it is useful to include some reflection on the role of learning and evaluation throughout the Programme. The points here are informed by the interviews with the Programme Office and project leads, and our own observations.

As well as contributing to the monitoring of the Programme and measuring impact, where it works well evaluation should support a programme by providing opportunities for ongoing learning and reflection, and for using evidence to inform and improve the continuing delivery of the programme.

A particular challenge for the Programme has been the number of different bodies collecting data for different purposes:

- the monitoring and evaluation function of the Programme Office
- the national evaluation (in particular the national evaluation questionnaire requirements)
- the local evaluation
- the 'test and learn' focus of Ageing Better
- the individual project evaluations.

Some project leads reported 'data fatigue' with requests from different bodies and voiced their frustration around the national evaluation questionnaire. Programme Managers acknowledged that (understandably and necessarily) their priority when coming into the role was operational and delivery, and evaluation was not given the attention it needed.

Over the last two years of the Programme, the role of evaluation and learning received greater focus with a significantly expanded monitoring, evaluation and learning staff capacity within the Programme Office, the commissioning of individual project evaluations, a revised local evaluation plan and a learning event. In this period there was a significant amount of evaluation and learning activity: the monitoring and evaluation staff team members produced detailed analysis reports for projects returning sufficient numbers of questionnaire follow-up responses; Shephard & Moyes Ltd produced impact and learning reports for each project; and the local evaluation produced focused reports on the work of the AFI project, participant journeys and on costs and benefits.

While a lot of data and information was collected by a number of bodies, there was not a clear plan of the unique role or contribution of each, or how the results and evidence from this work could be used to inform each other. There were periods where the evidence and data collected was not used as effectively and efficiently as it could have been for ongoing learning or to inform delivery of the Programme. On reflection, it would have been useful to have a clear central plan setting out roles and responsibilities around monitoring, evaluation and learning to ensure that data collected was both relevant and used, and to have regular learning and evaluation reviews involving all parties engaged in evaluation. It would also have been beneficial to have more informal opportunities to share findings in a timely way with parties involved in both delivery and evaluation.



Key learning

The following factors were key to supporting the delivery of the Programme:

- ❖ Providing structured and regular opportunities for the delivery partner organisations to come together to network and share learning.
- ❖ Having a supportive link between the funder and those responsible for delivery.
- ❖ Having independent consultancy support tailored to the needs of the organisation, environment or programme manager.



Key learning

Learning from what has proved challenging has led to identifying the following factors that would support delivery further:

- ❖ Anticipating a change in Programme Manager and having processes in place to prepare for it.
- ❖ Having clear advice and guidance from the funders at the commissioning stage in key areas such as the size of programme team, planning for essential reviews and the need for co-production, and having clear written guidance about the requirements and expectations of the funder.
- ❖ Having a clear central plan setting out roles and responsibilities around monitoring, evaluation and learning to ensure that data collected is both relevant and used, and to have a regular learning and evaluation review involving all parties engaged in evaluation.



Section 8: Summary and conclusions

Over five years of delivery the AB IOW Programme has had a significant impact across a number of areas and generated substantial learning. 16,836 older people participated in 15 projects across all areas of the Island. In total, 11 organisations were directly involved in delivery of the Programme and organisations across the voluntary, public and private sectors Island wide were affected by the impact of the work of the projects. While the evidence presented in this report shows that this impact and learning is wide ranging, this concluding section draws out the key areas of impact and fundamental learning from the Programme overall.

Key areas of impact



1. Reducing social isolation

AB IOW was designed to address social isolation through interventions to prevent isolation as well as tackle it. The national evaluation questionnaire found that 33% of respondents participating in AB IOW projects experienced reduced levels of loneliness and 33% stayed the same. For an estimated two thirds of participants therefore, levels of social isolation were either reduced or maintained – a positive outcome for a Programme that was not solely aimed at those older people already experiencing social isolation. The projects offered a wide range of interventions including those aimed at groups of older people known to be at particular risk of isolation - carers, unemployed older people, men, people with dementia, people with mental health problems and people living in residential care homes. Older people experience social isolation for many different reasons and as such a range of activities, support and interventions work for people in different ways. Qualitative interviews found that the projects delivered as part of AB IOW enabled people to reduce their levels of social isolation through facilitating opportunities to: make new connections; develop friendships; feel part of a community; access the support they need; meet people with shared experiences; or have a role or purpose. Offering a range of activities, groups and interventions meant that the AB IOW Programme was able to both tackle and prevent social isolation for older people with very different needs and life experiences.



2. Improving wellbeing

Although improved wellbeing and quality of life are often closely linked to addressing isolation, some of the AB IOW projects clearly played a role in improving the wellbeing of older people where isolation was not always or not necessarily an issue. There was a statistically significant increase in the mean wellbeing scores of national evaluation questionnaire respondents, and 50% of respondents participating in AB IOW projects experienced an improvement in wellbeing. This is a particularly positive finding given the older age of many of the participants. At an age when health and mobility issues are more prevalent, and loss or bereavement more common, simply maintaining physical and mental health and wellbeing at previous levels can be seen as a significant positive outcome.

Qualitative interviews found that there were four key ways that the projects worked to improve wellbeing, through: access to support needed; improving self-confidence; improving physical health; and improving mental health. This was evidenced most strongly for the Care Navigators and Care for Carers projects but there were also clear health and wellbeing benefits through participation in Alzheimer Café, Community Navigators, Creative Futures, Digital Inclusion, Employment Support, Good Neighbour Scheme, Men in Sheds, Mental Health Peer Support, Olderpreneurs and SingAbout projects.



3. Value for money

Analysis of the costs and the benefits of the projects found that in part due to good use of volunteers and existing community facilities, the projects delivered support, advice and interventions at a low unit cost per participant. Through preventative work, many future costs such as residential care, treatment for depression, GP use and unemployment benefits were avoided. For several of the projects, just a low number of incidents of use of publicly funded services (by a small proportion of the projects' participants) would need to be prevented by these projects to match the financial costs of running them. This suggests that the AB IOW Programme offered both value for money and potentially saved significant costs, particularly to the health and social care sectors on the IOW.



4. Becoming an Age Friendly Island

AB IOW has had a notable impact on the voluntary, public and private sectors on the IOW. Having stable five-year funding enabled the voluntary sector to thrive, providing individual organisations the freedom to test what works, as well the opportunity to develop strong relationships which have led to partnership working and securing additional funding. The work of the Age Friendly Island project has led to impressive cross sector working to address issues that affect older people, particularly successfully involving businesses and services that do not usually work in this way. Recent success in bringing the council on board and securing a further 12 months of funding to develop this paves the way for further strategic, policy and cultural changes that have the potential for significant impact on the lives of older people on the IOW.

Key learning



1. Social isolation interventions

Qualitative research through the evaluation has led to identifying five factors that are key to making social isolation projects work:

- 1) **There need to be the right activities, in the right places** – It is important to have a range of activities and groups for people with different needs and interests, that are flexible and person-centred. The location of the projects is key, with the most successful models of delivery being those that operate in numerous community locations across the Island making them accessible to more people.

- 2) **People need to hear about a project** - A range of means of sharing information about projects is important (online, printed, word of mouth, events), not only because different people use different means, but because people often hear about a project through a range of sources before they make the decision to go.
- 3) **People need to go to a project** – To make the first move and go to a project, people need transport to get there, but importantly also the confidence to take the first step. Some people need support of a friend, family member or a professional to go to a project for the first time.
- 4) **People need to stay at a project** - Groups need to be welcoming and inclusive to maintain involvement. Socialising time needs to be built in to create opportunities to build connections and make friendships. People also need support with access to transport on an ongoing basis.
- 5) **Some people need to be enabled to move to other projects** – For some people building up a range of groups or activities that they are involved in is key to reducing their social isolation. For these people, involvement with the first project is key. Through this they are opened up to an informal network of other people participating in the groups who make recommendations to them, invite them to join them in going to another group or offer lifts. They are also opened up to the more formal networks of project leads, workers or volunteers who make suggestions and announcements about other groups, activities and events.



2. Making Island wide changes

The following four factors have been key in generating the change seen at the Island level:

Having the right mechanisms to involve the right people – Having complementary mechanisms of the bottom-up approach of the Public Forum to facilitate the voice of older people, and the Steering Group to mobilise people with the right level of authority and control over resource allocation to make change happen.

Cross-sector working – Having a unique and valued opportunity through the Steering Group to address issues, exchange information and create partnerships through cross-sector and cross-organisation working between public, private and voluntary sectors, and demonstrating that this works better and more effectively than working in silos.

Age Friendly Training – Having high quality age awareness training that complements other activity and promotes change at individual, community and organisational levels.

Time – Having a funding for a period that is long enough to enable change at this level to happen and start to become embedded.



3. Delivering a long-term multi-project programme effectively

Reflection on the way that the various structures and functions have supported the delivery of the Programme has highlighted the following factors that are key:

- 1) Providing structured and regular opportunities for the delivery partner organisations to come together to network and share learning.
- 2) Having a supportive link between the funder and those responsible for delivery.
- 3) Having independent consultancy support tailored to the needs of the organisation, environment or programme manager.

In addition, learning from what has proved challenging has led to identifying the following factors that would support delivery further:

- 1) Anticipating a change in Programme Manager and having processes in place to prepare for it.
- 2) Having clear advice and guidance from the funders at the commissioning stage in key areas such as the size of programme team, planning for essential reviews and the need for co-production, and having clear written guidance about the requirements and expectations of the funder.
- 3) Having a clear central plan setting out roles and responsibilities around monitoring, evaluation and learning to ensure that data collected is both relevant and used, and to have a regular learning and evaluation review involving all parties engaged in evaluation.

Areas that remain a challenge

While all of the projects and the Programme Office experienced a number of challenges during the Programme and many were overcome, a small number of consistent issues remained a challenge throughout and were a barrier to making further progress.



A lack of co-production – A weakness in the Programme was the limited genuine co-production both of the Programme as whole and the individual projects. The design of the Programme involved consultation but it was not co-produced with older people and there was very limited involvement of older people in decisions around delivery of the Programme. Some individual projects involved older people in co-designing or co-producing particular elements of projects or activity but genuine co-production on an equal basis, particularly in the design of projects, was rare. With the benefits of co-production widely recognised, it is likely that involving older people with some of the more fundamental designs, decisions and planning would have led to even greater impact.



Missing groups of older people – While the reach of the Programme was significant, it remains unclear whether AB IOW reached the most isolated older people on the Island. In addition, with the mental health project ending in 2018 and with no projects that specifically targeted minority groups such as BAME and LGBTQ, there are some groups of older people known to be at increased risk of social isolation or poor wellbeing that the Programme is unlikely to have reached.



Transport – A consistent and enduring problem on the IOW remains the challenge around limited transport. However positive interventions, groups and activities are, the challenge around older people being able to get to them remains a fundamental and unresolved issue for the Island.

Future

Ageing Better funding ended for 10 of the 11 remaining AB IOW projects at the end of March 2020 as the UK entered into lockdown as a result of COVID-19. This of course has had a significant impact on the work of the projects, most of which focused on bringing older people together socially, something which stopped almost overnight. The impact of the pandemic on participants of the Programme, how and whether the projects adapted to provide support in different ways, and whether social connections formed as a result of AB IOW projects have been sustained in other ways is unfortunately outside the scope of this evaluation. We do know that a number of the projects have been able to provide support to older people in alternative ways: the Good Neighbour Scheme has been able to quickly adapt to recruit and mobilise new volunteers to provide phone and shopping support; the Steering Group is helping support the IOW council's COVID-19 response and recovery plans; Isle Find it has been listing online and socially distancing events; and other projects are finding different ways to support older people.

Before the pandemic hit, the majority of projects were planning to continue in some form:

- **Age Friendly Island** – has received an additional 12 months of Ageing Better funding to continue its strategic work over the next year.
- **Alzheimer Café** – will continue running regular cafes through donations and volunteer support.
- **Care for Carers** – Carers IW will support carers through other funding sources but continues to seek further funding to be able to provide the level of support it was able to provide under Ageing Better funding.
- **Care Navigators and the Good Neighbour Scheme** – will continue to be delivered by Age UK as part of Age UK's revised locality based approach incorporating various funding streams.
- **Digital Inclusion** – Broadband provider Wightfibre is funding the Digital Inclusion Officer to provide one-to-one support.
- **Isle Find It** – will continue for the next year through Citizens Advice funding while seeking further funding to sustain the site in the longer-term.
- **Men in Sheds** – the individual sheds are planning to continue as self-sustained sheds, being run by the men without project staff support.
- **Olderpreneurs** – has secured council funding to continue with the mentoring support they provide.
- **SingAbout** – has secured grant funding to continue until 2022.

It is hoped that as lockdown and shielding restrictions ease, these projects will continue either as planned or will be adapted to suit the changing context. The **Community Navigator** project is the only project that has ceased delivery completely with the end of the funding.

AB IOW has had a significant positive impact on the wellbeing and isolation levels of many older people on the IOW and this should be celebrated. However, through the five years that the Programme has been operating the issues that led to the funding have not changed significantly in the UK or the IOW. The population is still ageing, isolation and loneliness among older people is still prevalent, and loneliness still has a very negative impact on older people's health and wellbeing.

Some of the causes of the problems persist and some are taking on a new shape. Older people have been significantly affected by the COVID-19 lockdown with many shielding in their homes with little or no face-to-face contact with anyone. Older people who have not experienced isolation before may have done so for the first time; for those already struggling with isolation and loneliness the experience of lockdown and shielding is likely to have exacerbated their situation. The indications are that while spending has increased significantly in certain areas in response to the pandemic, there may be significant cuts to central and local government budgets ahead. The impact of COVID-19 is far reaching and the extent of the impact at all levels is as yet unknown. What is clear is that older people will be in increasing need of support and interventions that promote their wellbeing and address social isolation and that there is an increased need to embed 'age friendly' at all levels going forward. Through strengthened voluntary sector organisations, good cross-sector working, a change in culture and greater knowledge about what works for older people, the projects involved in delivering the Programme and the IOW more widely are undoubtedly in a better position to address these future challenges and support older people as a result of AB IOW.



Appendix

Short Warwick Edinburgh Mental Well-Being Scale: Mean entry and follow-up scores by project

	Number of entry and follow-up responses	Mean entry score	Mean follow-up
Care for Carers	35	20.57	22.95
Care Navigators	79	21.27	23.69
Community Navigators	64	22.52	22.88
Employment Support	26	20.82	21.42
Men in Sheds	39	24.18	24.78
Olderpreneurs	86	24.35	24.78
SingAbout	45	23.53	23.6

Source: National Evaluation Questionnaire



Contact Information

Naomi Harflett, Research Manager
Email: Naomi.Harflett@ndti.org.uk

National Development Team for Inclusion

www.ndti.org.uk

